3-49 Doses of antipsychotics

TIPS Question:

My client was started on Risperdal 0.5mg T.I.D. for severe agitation and importuning behaviour. She has only been on it for one week. Risperdal has had a remarkable calming and non - sedating effect on her. Recently she has developed Parkinson's symptoms of drooling, shuffling gait and freezing. I would like to suggest we reduce Risperdal to 0.25 mg T.I.D. but I am concerned her agitated behaviour, which disrupts the entire unit, may return. Can this happen?

Response:

I think a slower rate of reducing the dose to strike a balance between benefits vs. potential side effects is the key here. E.g. reducing the dose to 0.25 mg bid and 0.5 mg at hs can be a starting titration mode.

If this person is starting to become agitated and causes disruption to the unit again, I would suggest increasing the dose again. Finally if this does not work you may have to choose another atypical antipsychotic such as Olanzapine or Qutiapine.

Please note: *TIPS information should be used similar to the way you would use information from a text book! TIPS is not intended to serve as an individual consultation service! P.I.E.C.E.S. participants should use this information in context and always work closely with the family physician involved in the care of the resident or client and with other Partners In Care to find solutions to individual resident/client issues.*