3-289 Discontinuing Zyprexa

TIPS Question:

Residents who have been on Zyprexa for long periods of time suddenly had the medication stopped instead of in stages due to new findings of increased risk to health. Should Zyprexa be discontinued in stages or should an alternative medication be prescribed at the same time Zyprexa is discontinued?

What are the significant factors you have learned as a result of working through the six-question template?

- The most significant factor I've learned is that all behaviour has meaning & when assessing a resident to not forget that every aspect of P.I.E.C.E.S. is part of who that resident is.
- P.I.E.C.E.S. encourages & provides the framework & opportunity for collaboration of all team members and so more resources & ideas are shared for the greater good of our residents.

Response:

It depends on the indication for prescribing Zyprexa from the onset. For example, if it is prescribed for psychotic illness, you need to evaluate the resident for whether psychotic behaviours are still active at this point or not. If it is active, there is merit to prescribe another antipsychotic while weaning off or stopping Zyprexa. If, on the other hand, no psychotic symptoms are evident, it is appropriate to discontinue the Zyprexa then assess the mental state of the resident again in 1-2 weeks period.

As for sudden vs. gradual weaning off the Zyprexa, or other antipsychotics for that matter, it is generally wise to wean the drug off gradually in the elderly residents if the dose is relatively high and you are able to manage this clinically without any repercussions. For example, if the resident is taking 10 or 15 mg daily and the reason for stopping the drug is potential cumulative side effects such as unsteady gait, then reducing the dose by 2.5 mg decrements every 3 days is reasonable while monitoring for re-emergence of psychotic symptoms. On the other hand, if there is an acute risk such as neuroleptic malignant syndrome, then stopping the drug suddenly is appropriate in these situations.

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.*