TREATMENT CRITERIA AND DOSE REDUCTION PROTOCOL

Clinical indications for treatment:

Psychotic symptoms:
Delusions (paranoia, overt obsessive delusions)
Hallucinations (only if disturbing to patient)

-Dementia related and confusion related symptoms such as exit seeking, repeated requests, agitation around care, etc. are not indication for treatment.

-Overt anger and irritability that impact daily living and ability of staff to provide care may be treated with mood stabilizers such as depakote.

-Treatment is directed at specific symptom control and not based on subjective situational descriptions i.e. danger to self or others.

Dose reduction protocol:

In case of acute delirium the standard applied is to not to use antipsychotics for psychotic symptoms controls past two months since most acute delirium cases are expected to subside or resolve at that point. Bipolar cases and depression with psychosis cases were not targeted for systematic dose reduction. Psychiatry consultation is utilized in most such cases.
Dementia with psychotic symptoms was evaluated for dose reduction as part of every follow up visit and recertification.
Dementia patients with psychotic symptoms who have experienced a crisis or needed hospitalization for behavioral issues started dose reduction 6 months post crisis at the latest if earlier dose reduction is considered too risky in terms of precipitating a new crisis.
In case of BID dose, dose reduction started with the decrease or elimination of AM dose then reduction or elimination of PM/HS does. Two weeks intervals were used between dose reductions. Generally the dose reductions were at 25-50% of the total daily dose at each reduction step.
In difficult or high-risk patients the last step of dose reduction can be a QOD

dose to establish lack of symptoms on drug free days as a reassurance for both staff and families.
PRN dose can be eliminated one to two weeks after the last scheduled dose.