Appendix

This appendix was part of the submitted manuscript and has been peer reviewed. It is posted as supplied by the authors.

1. RedUSE treatment guidelines for reducing antipsychotic agent use

Antipsychotics in dementia

What are antipsychotics licensed for?
- Antipsychotics (e.g. risperidone, olanzapine) are used to treat schizophrenia and bipolar disorder
- Antipsychotics have modest effects (improve symptoms in one in five people) to treat severe aggression and psychosis associated with dementia

Why reduce antipsychotics?
- Use is associated with confusion, sedation and movement disorders (e.g. tremors)
- Antipsychotic use in people with dementia increases the risk of stroke and death
- Stopping treatment is safe
  - In a study of 100 RACF residents stopping antipsychotic treatment, researchers found that:
    - over two thirds of residents experienced no worsening of their behavioural symptoms 1 and 3 months after stopping treatment.\(^1\)

Quality use of antipsychotics to treat behavioural symptoms of dementia
- Determine other causes of behaviour before prescribing and treat accordingly
- Psychosocial strategies should be first-line and continued when antipsychotics are used (e.g. activities, pet therapy, aromatherapy, one-to-one attention)
- Use in residents with severe aggression psychosis that may cause distress and harm
- If an antipsychotic is used, then:
  - start with a low dose and increase slowly according to response
  - review regularly for efficacy and side effects
  - trial dose reduction/cessation, at least every 3 months

How to RedUSE antipsychotics?
*The suggested rate of withdrawal is to reduce the current daily dose by 50% every two weeks, with medication stopped after two weeks on the minimal dose.\(^2\)*

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<th>Number of tablets to be taken</th>
<th>Mon</th>
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A sample withdrawal schedule
for a resident taking 1 x 1mg risperidone tablet a day

References:
2. DNA Veterans’ Mates Therapeutic brief 11 – Antipsychotics in dementia 2007

The RedUSE project is funded by the Australian Government Department of Social Services under the Aged Care Service Improvement and Healthy Ageing Grant Fund.
2. RedUSE treatment guidelines for reducing benzodiazepine use

Benzodiazepines

What are benzodiazepines licensed for?
- Short-term (less than 2 weeks) for management of insomnia (e.g. temazepam)
- Short-term (less than 2 weeks) for the treatment of severe anxiety and agitation (e.g. oxazepam), with later use on an 'as required' basis

Why reduce benzodiazepines?
- Regular use (longer than 2 weeks) in older people is associated with:
  - impairment of memory and an increased risk of falls
- Stopping treatment is safe
  - In a study of 139 older adults stopping benzodiazepines, researchers found that subjects:
    - had no long-term adverse effects on insomnia or anxiety symptoms
    - reported improved memory, alertness and improved quality of life.¹

How to avoid withdrawal symptoms?
- The key steps for a successful withdrawal are:
  - assess suitability for withdrawal at the present time
  - gradually reduce benzodiazepine dose
  - ensure the withdrawal schedule is flexible and tailored to the individual

How to RedUSE benzodiazepines?

The suggested rate of withdrawal is to reduce the daily dose by 25% per fortnight.²

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A sample withdrawal schedule for a resident taking 2 x 10mg temazepam tablets

Supporting the resident during and after withdrawal
- Provide encouragement and support to resident, relatives and nursing staff
- Consider slowing g withdrawal if symptoms become troublesome

References:

The RedUSE project is funded by the Australian Government Department of Social Services under the Aged Care Service Improvement and Healthy Ageing Grant Fund