

Antipsychotic Medicine Responsive Behaviours

Examples:

Seroquel (quetiapine)
Risperdal (risperidone)
Zyprexa (olanzapine)
Haldol (haloperidol)

Responsive Behaviours NOT Helped by Antipsychotic Medicine

- Wanders or tries to go out
- Has trouble sleeping
- Seems unhappy, grumpy
- Hoards or hides things
- Calls out, screams, yells
- Makes noises such as clapping and tapping
- Can't sit still, needs to walk
- Uses wrong place as toilet
- Takes clothes off in public
- Eats things that aren't food

Antipsychotics can make responsive behaviours worse. Only use them for a short time when other strategies haven't worked and there's a risk of someone being hurt. Keep looking for reasons for behaviours.



Person-centred care is usually more helpful than medicine

REASONS for behaviours

- **Unmet needs** (hunger, thirst, tired, looking for toilet)
- **Surroundings** (too much noise, too many people, bad smells, caregivers are rushed)
- **Social and emotional needs** (lonely, bored, afraid)
- **Medical problems** (medicine side effects, pain, illness)
- **Sensory problems** (trouble hearing or seeing)

STRATEGIES that can help

- Work with families to learn routines, history, likes/dislikes
- Reduce noise (e.g. from television and alarms)
- Have a daily routine with familiar people
- Offer choices, don't argue
- Use fewer words, give them time to answer
- Use fewer medicines (ask for a medicine review)
- Treat their pain
- Make sure they wear their glasses and hearing aides

For more information: [See AUA Toolkit website](#)

Seniors Health Strategic Clinical Network (SCN) in collaboration with Addiction & Mental Health SCN