



You May Be at Risk

You are currently taking an antipsychotic drug

☐ Quetiapine (Seroquel®)

☐ Clozapine (Clozaril®, FazaClo®)

☐ Pimozide (Orap®)

☐ Ziprasidone (Zeldox®, Geodon®, Zipwell®)

☐ Perphenazine (Trilafon®)

☐ Haloperidol (Haldol®)

☐ Aripiprazole (Abilify®)

☐ Loxapine (Xylac®, Loxatine®)

☐ Chlorpromazine (Promapar®, Thorazine®)

☐ Prochlorperazine (Compazine®, Compro®, Procomp®)

☐ Risperidone (Risperdal®)

☐ Olanzapine (Zyprexa®)

☐ Fluphenazine (Modecate®, Permitil®, Prolixin®)



TEST YOUR KNOWLEDGE

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- 1

 Antipsychotic medication is sometimes prescribed to treat disruptive behaviors in people with dementia or sleep problems.

☐ TRUE ☐ FALSE
- 2

 The dose of antipsychotic medication that is currently being taken causes no side effects.

☐ TRUE ☐ FALSE
- 3

 Antipsychotics are the drug of choice for sleep problems.

☐ TRUE ☐ FALSE
- 4

 Antipsychotic drugs are the best available option to treat disruptive behaviors in people with dementia and sleep problems.

☐ TRUE ☐ FALSE





ANSWERS

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1 FALSE

It is not recommended to take an antipsychotic drug to treat disruptive behaviors in people with dementia or insomnia. People who take it are putting themselves at a:

- A higher risk of memory and concentration problems
- An increased risk of falls and fractures (hip, wrist)
- An increased risk of having a stroke
- A higher risk of dizziness, confusion, diabetes, weight gain, high cholesterol

2 FALSE

Even if you think that you have no side effects, and even if you take only a small dose, all antipsychotic drugs slow your brain performance and your reflexes.

3 FALSE

Antipsychotic medication is prescribed primarily to treat schizophrenia and bipolar disease. They are not the drugs of choice to treat insomnia or disruptive behaviors in people with dementia.

4 FALSE

Antipsychotic medication masks the symptoms associated with insomnia without solving the problem. They sometimes also remove the symptoms of agitation in patients with dementia without addressing the underlying cause. The risks associated with these drugs are serious. This brochure gives you alternative solutions.



6 You May Be at Risk

DID YOU KNOW?

Antipsychotics are in a family of drugs that serve to treat mental health problems, like schizophrenia and bipolar disease or behavioral problems related to dementia. Antipsychotic drugs can also be prescribed to treat insomnia or anxiety, although this is not a recommended use. Antipsychotics can cause multiple side effects, some of which can be quite serious. They should not be taken except under very special circumstances.

These drugs remain longer and longer in your body as you age. This means they can remain in your body for up to several days and could be making you tired, sleepy, and confused. They can impair your balance, cause a stroke or kill you. They also make you gain weight and may lead to diabetes, high cholesterol and memory problems.

Their sedative properties can cause you to be drowsy during the day which can lead to car accidents. Even if you are not experiencing these symptoms, be sure to speak to your doctor or pharmacist so that you do not develop them in the future. Alternate therapies are available to relieve your anxiety or improve your sleep with less side effects on your quality of life.

**Please Consult your Doctor or
Pharmacist
Before Stopping Any Medication.**

SO ASK YOURSELF...yes or no?

- ... have you been taking this antipsychotic drug for a while?
- ... do you feel tired and often groggy during the day?
- ... do you ever feel hungover in the morning, even though you have not been drinking?
- ... do you ever have problems with your memory or your balance?

AS YOU AGE

Age-related changes take place in your body and modify the way you process medications. Your chances of taking more than one medication increase as you age, as well as the possibility of a history of illness. Drugs stay in your body longer and diminished liver function and poor blood flow to your kidneys may increase side effects.

Unfortunately this is important information that is often not passed on to patients who are taking this drug. Please consult your physician or pharmacist to discuss this further. Alternate therapies could relieve your anxiety or improve your sleep with less side effects on your quality of life.



ALTERNATIVES

If you are taking this antipsychotic drug to help you sleep, there are lifestyle changes that can help.

- **Exercise.** Physical activity helps people sleep better. But avoid vigorous activity for several hours before bedtime.
- **Keep a routine.** Try to go to bed and wake up at about the same time every day, even on weekends.
- **Try not to eat right before bedtime.** Eat three hours or more before going to bed.
- **Avoid caffeine after 3 p.m.** Some people need to avoid caffeine even earlier. Avoid consuming nicotine as it is a stimulant and might keep you awake.
- **Limit alcohol.** Alcohol causes sleepiness at first, followed by wakefulness.
- **Create the right environment.** Keep the bedroom peaceful. And avoid mental excitement before bedtime. Do not read or watch TV in bed. Do so in a chair or on your couch.

If the antipsychotic drug is being used to treat disruptive behaviors in people with dementia, try these alternative solutions.

- **Keep a daily routine.** People with dementia often become restless or irritable around dinner time.
 1. Do activities that use more energy earlier in the day, such as bathing.
 2. Eat the biggest meal at midday.
 3. Set a quiet mood in the evening, with lower lights, less noise, and soothing music.
- **Help the person exercise everyday.** Physical activity helps use nervous energy. It improves mood and sleep.
- **Don't argue with a person who's distressed.**
 1. Distract the person with music, singing, or dancing.
 2. Ask the person to help with a simple task, such as setting the table or folding clothes.
 3. Take the person to another room or for a short walk.
- **Plan simple activities and social time.** Boredom and loneliness can increase anxiety. Adult daycare programs can provide activities for older people. They also give caretakers a break.



MRS. ROBINSON'S STORY

She has been taking Quetiapine, an antipsychotic drug just like yours, to treat her insomnia.

"I am 65 years old and took Quetiapine for 10 years. A few months ago, I fell in the middle of the night on my way to the bathroom and had to go to the hospital. I was lucky and, except for some bruises, I did not hurt myself. I read that Quetiapine puts me at risk for falls. I did not know if I could live without Quetiapine as I always have trouble falling asleep and sometimes wake up in the middle of the night.

I spoke to my doctor who told me that my body needs less sleep at my age – 6 hours of sleep per night is enough. That's when I decided to try to taper off Quetiapine. I spoke to my pharmacist who suggested I follow the step-by-step tapering program (on the last page).

I also applied some new sleeping habits I had discussed with my doctor. First I stopped exercising before bed; then I stopped reading in bed, and finally, I got out of bed every morning at the same time whether or not I had a good nights sleep.

I succeeded in getting off Quetiapine. I now realize that for the past 10 years I had not been living to my full potential. Stopping Quetiapine has lifted a veil, like I had been semi-sleeping my life. I have more energy and I don't have so many ups and downs anymore. I am more alert: I don't always sleep well at night, but I don't feel as groggy in the morning. It was my decision! I am so proud of what I have accomplished. If I can do it, so can you!"



MR. SMITH'S STORY

He had been taking Quetiapine, an antipsychotic drug just like yours, to help treat his symptoms of dementia.





























Three years ago Mr. Smith, 78 years old, was diagnosed with Alzheimer's disease. He lives with his wife. At first he had memory lapses, made mistakes paying the bills, and got lost looking for where he parked the car. Last year he started wandering out of the house and physically resisted when his wife tried to bring him back inside. In the evenings he would not go to bed, was restless and became verbally abusive when told to go back to sleep.

The doctor prescribed Quetiapine to control Mr. Smith's wandering and aggressive behaviours. Quetiapine also helped him go to sleep at night. His daughter read that the side effects of antipsychotic medication can be serious for persons with dementia. She realized that her father was more drowsy and withdrawn since the Quetiapine was started, and that his gait was unsteady, putting him at risk for falls. She and her mother decided to taper Mr. Smith off the Quetiapine, under the supervision of their doctor and pharmacist.

They started keeping a daily routine, doing home exercises and balance training with Mr. Smith each morning. A big meal was given at mid-day and then his wife took him out most afternoons to keep him active. In the evening, she would put on music and ask him to help put away the dishes or fold the clothes. They extended bedtime to 11 p.m. After one month of tapering, Mr. Smith was less agitated and slept soundly. Both he, his wife and their children were happier with his interactions and involvement with the family.

TAPERING-OFF PROGRAM

We recommend that you follow this schedule under the supervision of your doctor or pharmacist to taper off your antipsychotic medication.

WEEKS	TAPERING SCHEDULE							✓
	MO	TU	WE	TH	FR	SA	SU	
1 and 2								
3 and 4								
5 and 6								
7 and 8								

EXPLANATIONS



Full dose



Half dose



No dose