

CARER INFORMATION SHEET

Antipsychotic Medications Used in Delirium

*Delirium is a common medical problem that is characterised by changes in mental functions and often occurs in very sick older people. This medication information sheet should be used in conjunction with the **Delirium Information Brochure** (ask ward staff for a copy).*

All efforts are made to manage delirium using non pharmacological strategies, such as reassurance, a quiet environment and attention to all physical and medical needs. However antipsychotic medications may be necessary for a short time to help a distressed patient who is

- very fearful, aggressive, or agitated;
- suffers from frightening hallucinations or delusions (this is where the patient may think they see or hear something that actually isn't there);
- poses a high safety risk to themselves or others and can't be settled in any other way.

Psychotropic medications are those capable of affecting the mind, emotions and behaviour. All these medications have the potential to cause side effects so the patient is carefully assessed by the medical team before and during any treatment.

In particular **antipsychotic medicines** (tranquillisers) may be prescribed in small doses for short periods and are classed as 'typical' and 'atypical'.

Typical Antipsychotics

- **Haloperidol (Serenace):** a commonly used medication which produces a tranquillising effect on the central nervous system. It is not recommended for patients with a history of pre-existing parkinsonian symptoms, Parkinson's Disease or Lewy Body dementia. Parkinsonian symptoms involve slow movements, tremor, unusual repetitive movements or muscle contractions.

Atypical Antipsychotics

These are newer drugs, that may be less problematic in patients with with pre-existing parkinsonian symptoms, Parkinson's Disease or Lewy Body dementia.

- **Risperidone (Risperdal)**
- **Quetiapine (Seroquel)**
- **Olanzapine (Zyprexa)**
- **SEDATIVES** may be used as a last resort to enable treatment for severely agitated patients under close supervision. They are also useful if the patient is withdrawing from regular use of alcohol or benzodiazepines.
- **Benzodiazepines:** This group of medications can cause sleepiness or sedation. They include diazepam (Valium), lorazepam (Ativan), midazolam (Hypnovel) and clonazepam (Rivotril).

Carers are essential care partners for patients with delirium and your help and advice is valuable. If you have any questions about the medications or the treatment being offered to your relative please ask Medical, Nursing or Pharmacy staff.