Antipsychotics in Dementia: Are We Doing More Harm than Good?
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**Pharmacist Learning Objectives**
2. Compare and contrast the efficacy of at least 2 different antipsychotics for the treatment of behavioral and psychological symptoms of dementia.
3. Given a patient case, evaluate the appropriateness of antipsychotic prescription and recommend alternatives based on evidence-based literature.

**Pharmacy Technician Learning Objectives**
1. Identify common dose ranges for antipsychotics when used to treat behavioral and psychological symptoms of dementia.
2. Relate antipsychotic adverse effects to their receptor affinities.

**Activity Type:** Application

**ACPE Universal Activity Numbers**
- Pharmacists: 0798-999-18-057-L01-P
- Pharmacy Technicians: 0798-999-18-057-L01-T

1.25 contact hours / 0.125 CEU’s

**Case:**
You are the consultant pharmacist for Golden Gates nursing home and have received a pharmacy consult regarding management of BPSD symptoms in the following patient.

**HPI:**
RG is a 75 year old African-American woman who has been living at Golden Gates nursing home since January 2016, as she was unable to walk with assisted devices (i.e. cane, walker) at home. She requires nursing assistance with all transfers and ambulates using a wheelchair. She becomes disruptive at large recreational therapy events (i.e. screaming, talking loudly to other residents) and frequently has to be removed from the situation. At times, she can be seen crying in her room. Her daily routine including eating breakfast in bed around 8am, getting out of bed into wheelchair around 10:30am, eating lunch at 12pm, going back to bed around 2pm, and eating dinner in bed at 5pm.

**PMH:**
- Atrial Fibrillation
- Alzheimer’s Dementia (diagnosed 5/2012)
- Depression
- HTN
- Gout

**Current Medications:**
- Allopurinol 100mg PO Daily
- Apixaban 5mg PO BID
- Diltiazem CD 180mg PO Daily
- Donepezil 10mg PO Daily
- Lisinopril 5mg PO Daily
Objective:
BP: 124/66mmHg
HR: 55BPM
MMSE: 10

1. What non-pharmacologic interventions may be helpful for RG?
2. Would you recommend antipsychotic therapy for RG?
   a. If yes, please include the recommend agent with full dosing recommendations (i.e. titration, taper, etc.).
   b. If no, please indicate if you would recommend alternative psychotropic agents for the management of BPSD with full dosing recommendations (i.e. titration, taper, etc.).

Stephanie M. Ozalas, PharmD, BCPS, BCGP

Dr. Stephanie M. Ozalas, PharmD, BCPS, BCGP received her Bachelor of Science degree in Biochemistry/Molecular Biology from the Richard Stockton University of New Jersey and her Doctor of Pharmacy degree from the Ernest Mario School of Pharmacy at Rutgers University, where she completed her honors thesis on potentially inappropriate medications in older adults. She then completed a PGY-1 Pharmacy Practice residency at the VA Maryland Health Care System and a PGY-2 Geriatrics Pharmacy Practice Residency at the University Of Maryland School Of Pharmacy. Dr. Ozalas currently works as a Long Term Care Clinical Pharmacy Specialist at the Loch Raven VA Community Living Center; in which she precepts pharmacy students and residents, including acting as the Residency Program Coordinator for the University of Maryland School of Pharmacy PGY-2 Geriatrics Pharmacy Residency program. Her professional interests include geriatrics, long-term care, transitions in care, academia, and palliative care.

She very much enjoys being involved in both the state and national branches of the American Society of Consultant Pharmacists, including being the current Maryland-ASCP Organizational Affairs Committee chair. She was also selected to become a Lamy Champion with the Peter Lamy Center on Drug Therapy and Aging to help develop clinical and educational initiatives to advance geriatric care in the state of Maryland and beyond.