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Try this before the medication

Antipsychotics carry real risk for a person with dementia — falls, confusion, and a higher risk of death. Most behavior has a cause you can address without a drug.

1. The behavior is communication

Yelling, resisting care, pacing, or trying to leave are rarely "the dementia acting up" — they are usually an unmet need. Look for the trigger first.

INTERNAL

Pain, hunger, thirst, constipation, infection, fatigue, boredom, needing the bathroom.

ENVIRONMENT

Noise, glare or dim light, temperature, crowding, an unfamiliar room, a changed routine.

CAREGIVER

Who is helping, how fast, tone of voice, time of day, bathing or dressing.

> **Ask four questions:** What happened right before? Who was there? What time of day is it? What changed recently?

2. Non-drug approaches to try first

- ✓ **Meet the basic need.** Food, water, the bathroom, pain relief, a change of position.
- ✓ **Redirect, don't correct.** Change the subject or the room instead of arguing.
- ✓ **Turn down the room.** Less noise, fewer people, softer light, comfortable temperature.
- ✓ **Keep the day predictable.** Same wake time, same meals, same faces where possible.
- ✓ **Use their history.** An early riser needs an early activity; a night bather bathes at night.
- ✓ **Give small choices.** Two shirts, two foods — control lowers resistance.
- ✓ **Protect sleep.** No caffeine or big meals at night; fewer overnight wake-ups.
- ✓ **Write down what worked.** Unrecorded results mean a failed approach repeats for weeks.

Never argue, scold, or take the behavior personally. Ensure everyone's safety first, stay calm, and step away for a moment if you need to.

3. Questions to ask the care team

1. What specific behavior is this medication meant to treat?
2. What other causes — pain, infection, a new drug — were ruled out?
3. Which non-drug approaches were tried, and for how long?
4. What side effects should we watch for, and who do we tell?
5. When will the dose be reviewed for a gradual reduction?
6. Has a pharmacist reviewed all medications, including over-the-counter ones?

This handout is general education, not medical advice. Never stop or change a psychotropic medication on your own — reductions must be gradual and supervised

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