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Aged Care Quality and Safety Commission



WICKING
Dementia Research
and Education Centre

Psychotropic medications used in Australia

information for aged care

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What are psychotropic medications?

Psychotropic medications are *'any drug capable of affecting the mind, emotions, and behaviour.'* (MedicineNet, 2018).

The three main classes of psychotropics prescribed are antidepressants, anxiolytic/hypnotics (mostly benzodiazepines to manage anxiety and insomnia) and antipsychotics. Other psychotropic classes include anticonvulsants and stimulants. Because they affect the brain and mind, anti-dementia medication and opioids can be classed as psychotropic medication. When more than one psychotropic agent is used, especially in the elderly, the side effects and risks can be compounded.

Psychotropic use for behavioural and psychological symptoms in people living with dementia

First treatment options should be non-pharmacological, with emphasis on comprehensive assessment, addressing unmet needs, and supporting the person and their family and carers. However, there are specific and limited circumstances where psychotropics are used. Psychotropics should only be prescribed after medical assessment of specific symptoms and when individualised non-pharmacological strategies alone have not succeeded. Behavioural and psychological symptoms in people with dementia will often be temporary. When prescribed, psychotropic medication should be monitored for effect and side effects, reviewed after no more than three months and the dose reduced and stopped when possible, with the goal of using the lowest effective dose for the shortest period of time (Therapeutic Guidelines. Psychotropic. Version 7, 2013).





Consent

When psychotropic medication is proposed, obtaining 'informed consent' is essential. Information about the options, risks and benefits of prescribing a medication to a person with dementia must be conveyed to the person or their substitute decision maker, and it is important to check that this information is understood.

In an emergency, when the safety of the patient or others is at immediate risk, a doctor can act in the best interests of a patient unable to provide valid consent to their own treatment. When psychotropics are prescribed in such circumstances, informed consent should be obtained as soon as practicable if treatment is to be continued (RANZCP, 2016).

Consent for medication is governed by State and Territory laws.

Restraint

When psychotropic medication is used to manage behaviour, it may be classed as chemical restraint.

'Chemical restraint means a restraint that is, or that involves, the use of medication or a chemical substance for the purpose of influencing a person's behaviour, other than medication prescribed for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or a physical condition' (Australian Government, 2014 as amended, 2019).

For people in residential aged care, its use is governed by Quality of Care Principles 2014 made under section 96-1 of the Aged Care Act 1997.

Further resources on restraint can be found on the [Commission's website](#).

References:

Australian Government. Quality of Care Principles 2014, as amended 2019. Available at: <https://www.legislation.gov.au/Details/F2019C00613>
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Dementia Australia (2016) Drugs used to relieve behavioural and psychological symptoms of dementia. Help Sheet Q&A 4
MedicineNet (2018). Definition of Psychotropic. Retrieved from <https://www.medicinenet.com/script/main/art.asp?articlekey=30807>
RANZCP (2016). Antipsychotic medications as a treatment of BPSD Professional Practice Guideline 10. August 2016.
Therapeutic Guidelines. Psychotropic Version 7, 2013.



Psychotropic medications used in Australia (2020)

This list includes the psychotropic medications available in Australia, grouped according to class. The generic name is given first, followed by examples of brand names. Prescribers are expected to be familiar with any prescribing restrictions that apply to individual medications. Please note, this list is not exhaustive. For example, it does not include antihistamines which may be sedating, and less commonly prescribed agents are not listed.

Antipsychotics

Antipsychotic medications are used mainly to treat psychotic disorders and relieve symptoms such as hallucinations, delusions or disordered thought. Reasons for antipsychotic use in people with dementia include severe agitation and aggression associated with risk of harm, delusions and hallucinations, and pre-existing mental health conditions such as schizophrenia. Antipsychotics can cause excessive sedation, movement disorders such as tremor, constipation, dry mouth, falls, and infections such as pneumonia. Use in people with dementia increases the risk of stroke and death (RANZCP, 2016).

- Aripiprazole (Abilify, Abyraz)
- Chlorpromazine (Largactil)
- Clozapine (Clozaril)
- Haloperidol (Serenace)
- Olanzapine (Zyprexa, Lanzek, Zypine)
- Pericazine (Neulactil)
- Quetiapine (Seroquel, Delucon, Quetia)
- Risperidone (Risperdal, Rispa, Rixadonel)
- Trifluoperazine (Stelazine)
- Ziprasidone (Zeldox)

Antidepressants

Antidepressants are used to relieve psychological and physical symptoms of depression, with the benefit of treatment increasing with severity. Less serious depression is not routinely treated with medication as psychological therapies alone may be effective. Psychotherapy often enhances the effectiveness of antidepressant therapy (Australian Medicines Handbook, (AMH) 2018). Antidepressants are also sometimes prescribed to treat severe and persistent anxiety disorders. The role of antidepressants to treat depression in people with dementia is still uncertain (Dementia Australia, 2016). Antidepressants may have potentially serious side effects.

- Agomelatine (Valdoxan)
- Amitriptyline (Endep)
- Citalopram (Celapram, Talam, Cipramil)
- Clomipramine (Anafranil)
- Desvenlafaxine (Desfax, Pristiq)
- Dothiepin (Dothep)
- Doxepin (Sinequan, Deptran)
- Duloxetine (Andepa, Drulox, Cymbalta)
- Escitalopram (Cilopam, Lexam, Lexapro)
- Fluoxetine (Zactin, Lovan, Prozac)
- Fluvoxamine (Faverin, Luvox)
- Imipramine (Tofranil)
- Mirtazapine (Mirtazon, Avanza, Axit, Remeron)
- Moclobemide (Aurorix, Amira)
- Nortriptyline (Allegron)
- Paroxetine (Paxtine, Aropax)
- Reboxetine (Edronax)
- Sertraline (Xydep, Eleva, Sertra, Zoloft)
- Venlafaxine (Efexor, Elaxine, Enlafax)
- Vortioxetine (Brintellix)



Anxiolytics (for anxiety) Hypnotics (for sleep)

Benzodiazepines may have a limited role in the short-term treatment of anxiety and restlessness. Long-term use is not recommended. All benzodiazepines and the newer 'Z-drugs' can result in excessive sedation during the day and an increased risk of falls. People can also become tolerant to their effects. They are often best used intermittently, rather than regularly (Dementia Australia, 2016).

- Alprazolam (Kalma, Alprax, Xanax)
- Clonazepam (Paxam, Rivotril)
- Diazepam (Antenex, Valpam, Valium)
- Lorazepam (Ativan)
- Oxazepam (Alepam, Serepax, Murelax)
- Nitrazepam (Alodorm, Mogadon)
- Temazepam (Temtabs, Temaze, Normison)
- Zolpidem (Stildem, Stilnox)
- Zopiclone (Imrest, Imovane)

Anticonvulsants (also used to treat epilepsy)

Anticonvulsant medication, also known as mood stabilisers, are used to treat seizures and some are used to manage neuropathic pain. There is little evidence that these drugs are helpful for behavioural and psychological symptoms of people with dementia; however, some people may develop seizures in which case these medications may be of use (Therapeutic Guidelines. Psychotropic. Version 7, 2013).

- Carbamazepine (Teril, Tegretol)
- Gabapentin (Gabacor, Neurontin)
- Lamotrigine (Lamictal, Lamitan)
- Phenytoin (Dilantin)
- Pregabalin (Lyrica, Lypralin)
- Sodium valproate (Epilim, Valprease, Valpro)

Lithium Carbonate

Lithium carbonate is given to prevent manic or depressive episodes in bipolar disorder. Due to potential toxicity, regular blood tests are important during treatment. Renal and thyroid function should also be tested every three to six months (AMH, 2018).

- Lithium Carbonate (Lithicarb, Quilonum)

References:

Australian Medicines Handbook (AMH) (2018) Australian Medicines Handbook Pty Ltd.
Dementia Australia (2016) Drugs used to relieve behavioural and psychological symptoms of dementia. Help Sheet Q&A 4 RANZCP (2016). Anti-psychotic medications as a treatment of BPSD Professional Practice Guideline 10. Aug 2016.



Anti-dementia medications

These are drugs designed to improve cognitive function and slow the rate of progression in dementia. They have limited efficacy and effectiveness varies from person to person. They can cause significant side effects.

Cholinesterase inhibitors: work by boosting brain levels of acetylcholine, a chemical messenger involved in memory and judgment. They are primarily used to treat Alzheimer's disease, but might also be prescribed for other dementias. Side effects can include nausea, vomiting and diarrhea, slowed heart rate, fainting and sleep disturbance (AMH, 2018).

- Donepezil (Aricept, Arizil)
- Galantamine (Galantyl, Gamine, Reminyl)
- Rivastigmine (Exelon, Rivastigmelon)

Memantine: works by regulating the activity of glutamate, a chemical messenger involved in brain functions such as learning and memory. A common side effect of memantine is dizziness.

- Memantine (Ebixa, Memanxa, Namenda)

Opioids

Opioids are used to treat pain. Their use for acute pain or terminal pain is well accepted. They are not very useful in helping to manage chronic non-cancer pain (NPS 2019). They have many common side effects including sedation, dizziness, nausea, vomiting, constipation, physical dependence, tolerance and respiratory depression. Death from overdose is a well-established risk.

- Buprenorphine (Temgesic, Norspan)
- Codeine (codeine phosphate, codeine linctus)
- Fentanyl (Abstral, Fentora, Actiq, Durogesic)
- Hydromorphone (Dilaudid, Jurnista)
- Methadone (Physeptone, Biodone Forte)
- Morphine (Ordine, MS Contin, Kapanol, Contin)
- Oxycodone (Endone, OxyContin, OxyNorm)
- Oxycodone/Naloxone (Targin)
- Tapentadol (Palexia)
- Tramadol (Tramal, Zydol)

References:

Australian Medicines Handbook (AMH) (2018) Australian Medicines Handbook Pty Ltd.
Dementia Australia (2016) Drugs used to relieve behavioural and psychological symptoms of dementia. Help Sheet Q&A 4. Therapeutic Guidelines. Psychotropic Version 7, 2013.
Cognitive Decline Partnership Centre. Clinical Practice Guidelines and Principles of Care for People with Dementia in Australia (2016)
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Anticipated review of this document in 2022



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