Face to Face: Aggression in the Elderly

1. How do I choose an antipsychotic?

- Although haloperidol is usually preferred in an acute situation, atypical antipsychotics are otherwise preferred in the elderly because of greater tolerability.
- Consider underlying diagnosis, and if LBD or Parkinson's disease are present, quetiapine or clozapine may be best tolerated (or acetylcholinesterase inhibitors).
- For other patients with dementia and no EPS or history of falls, then risperidone may be chosen, unless a more sedating antipsychotic is needed to control evening and nighttime aggression.
- If symptomatic orthostatic dizziness develops or is already present, then consider risperidone. For other considerations, see page 106, Table 4.

2. Should I stop an atypical antipsychotic if it has been effective?

Recommendations and experience suggest that in a subset of patients, antipsychotics are not beneficial and may even cause worsening of behavioural symptoms. Even those with documented benefit may be able to taper or discontinue the medication after several months. Guidelines suggest trials to discontinue or taper the antipsychotics once to twice a year in most circumstances, unless the patient has repeated, failed attempts.

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3. When should I avoid atypical antipsychotics or exercise caution?

- When patients have cardiovascular disease
- In people with diabetes, or those with risk factors for developing diabetes (olanzapine and clozapine)
- When using benzodiazepines (exercise caution with clozapine)
- In patients with LBD
- In patients with other Parkinsonian syndromes
- In patients with prolonged QT (not with atypical antipsychotics available in Canada)
- In patients with history of seizure (avoid clozapine)
- In patients with history of falls or mobility disturbances
- In patients with dyslipidemia/high triglycerides
- In patients with urinary retention, glaucoma, and other symptoms exacerbated by anticholinergic activity (especially with clozapine)

For an in-depth look at aggression in the elderly, please go to page 103.