

Antipsychotics in Dementia Care: When They Help vs. When They Don't

A quick guide for families and caregivers

What Are Antipsychotics?

Antipsychotics are medications originally designed to treat psychiatric conditions like schizophrenia and bipolar disorder. In dementia care, they are sometimes used to manage severe behavioural symptoms – but they are not appropriate for most responsive behaviours.

This guide helps families understand when these medications may be helpful, when they're not, and what risks to watch for.

When Antipsychotics Help

Antipsychotics may be appropriate when a person living with dementia is experiencing:

- Persistent, distressing hallucinations or delusions
- (especially when causing fear or paranoia)
- Severe aggression that poses immediate danger
- (after non-pharmacological strategies have been tried)
- Acute psychiatric symptoms unrelated to dementia
- (e.g., pre-existing schizophrenia or bipolar disorder)
- Short-term stabilization during a medical crisis
- (e.g., severe delirium where safety is at risk)

Major Risks Shared Across All

Antipsychotics

- Stroke
- Falls
- Worsening confusion
- Pneumonia
- Sedation
- Loss of mobility
- Increased mortality in older adults with dementia

Questions to Ask Before Starting an

Antipsychotic

- What specific behaviour is this meant to treat?
- Does the behaviour cause an immediate safety issue to the person or others?
- Is this medication approved for use in dementia?
- What non-pharmacological strategies have been tried first?
- How long will we use this medication?
- What side effects should we watch for?
- When will this medication be reviewed or tapered?

When Antipsychotics Don't Help

These medications are not recommended for behaviours that are actually communication:

- Wandering
- Calling out
- Restlessness
- Resistance to care
- Pacing
- Repetitive questioning
- "Agitation" without clear cause
- Boredom, loneliness, or unmet needs
- Environmental overwhelm
- Pain or discomfort

These behaviours respond far better to non-pharmacological approaches.

Common Antipsychotics & Risks

- Risperidone (Risperdal)

May help: severe aggression, distressing delusions

Risks: stroke, sedation, falls, stiffness/tremors, increased mortality

- Quetiapine (Seroquel)

May help: sedation in acute situations

Risks: heavy sedation, low blood pressure, falls, confusion, metabolic changes

- Olanzapine (Zyprexa)

May help: severe psychosis

Risks: weight gain, sedation, stroke risk, worsened cognition, metabolic syndrome

- Haloperidol (Haldol)

May help: rapid calming in emergencies

Risks: severe stiffness/rigidity, tremors, high stroke risk, heavy sedation, increased mortality