What can you do?
You play an important role in reducing the use of antipsychotics for people with dementia. As an advocate for that person, you can ask questions and suggest different ways to take care of them. Here are some things you can do:

- Ask to be included so you can help the person’s healthcare team (the doctors, pharmacists, nurses, social workers, activity professionals, etc.) understand the possible reasons behind a behavior.
- Help staff know that person. You know their history, what they like and don’t like, personality, etc. Share this information with staff.
- If antipsychotics are suggested, talk to the healthcare team about what they have done to try to understand the person’s behavior, what they have tried, and what else they are willing to try.
- Work with staff to identify other approaches that might calm a person, distract them and bring them joy. For example, a person with dementia might like listening to music or taking a walk with someone outside. By trying to prevent a behavior from happening, the staff might meet the person’s needs and therefore lower undesirable behaviors.
**What is dementia?**

Dementia refers to symptoms affecting a person's cognitive, physical and social abilities and is caused by multiple conditions that affect the brain. Symptoms include changes in memory, communication, concentration, judgment and orientation. This may cause someone to act differently, and they might need help with daily activities. Alzheimer's disease is the most common type of dementia, but other types include vascular dementia, Lewy body disease, and frontotemporal dementia, among others.

If your loved one has dementia, antipsychotic medications might be considered as treatment. It is important that you understand what antipsychotics are, why they are used for people with dementia, their risks, and alternatives to their use. The CMS Partnership to Improve Dementia Care is a national movement to reduce the unnecessary use of antipsychotic medications in people who have dementia, because these medications may be harmful and may not help them.

**Mary has dementia.** Whenever someone tries to help her take a bath, she becomes very upset and often will hit the person. If Mary is given an antipsychotic, this would not help us understand why she becomes upset. There are many possible reasons for her reaction. Perhaps she simply is cold and scared. In that case, we might keep her warm, make the room warm, and use calm, soothing language. By doing so, we might prevent Mary from hitting someone. More importantly, we would address her need to be warm and soothed.

**Behaviors and people with dementia**

What we call “behaviors” in people with dementia are actually a form of communication that tells us what they need or how they are feeling about a situation. It is important to understand the reasons behind behaviors so that we can find ways to respond to the person that effectively meet those needs. This means we have to try to see things from their perspective.

**What are antipsychotics and why are they used?**

Antipsychotic medication blocks chemicals in the brain that cause certain psychotic symptoms such as hallucinations and delusions. They are usually used for treating illnesses such as schizophrenia and bipolar disorder. Atypically, they are also used to manage behaviors found in persons suffering from dementia. The brain changes that occur in dementia might cause a person to think or act differently. However, antipsychotics are not approved by the Food and Drug Administration (FDA) for managing behavior changes in people with dementia.

**What are the risks of their use?**

People with dementia who take antipsychotics are more likely to have strokes, fall, be unsteady when walking, be tired, be less social, have lower blood pressure, be dizzy, have uncontrolled muscle movements, and possibly die.

In addition, a report from the Independent Drug Information Service, estimates that for every 100 people with dementia who take antipsychotics, only nine to 25 might benefit, and one will die. Antipsychotics do not address the reasons behind a person’s behavior- what they are expressing as a need- so these needs may not be met.