### Brief summary of the consensus guidelines and development of the pharmacological review intervention for the management of behavioral and psychological symptoms related to dementia (BPSD)

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<th>Considerations for pharmacological and non-pharmacological management of BPSD</th>
<th>Proposed action</th>
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<td><strong>1. Identification of the symptom to treat</strong></td>
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<td>Could the symptom be due to a drug-related adverse effect?</td>
<td>Evaluate suspension or substitution of the drug, assessing the benefit/risk balance</td>
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<td>Is there a trigger for the behavior or some organic problem that may be causing it?</td>
<td>Resolve the trigger for the behavior or treat the underlying health problem</td>
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<td><strong>2. Identification of the BPSD to treat</strong></td>
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<td>Is there a non-pharmacological management approach?</td>
<td>Apply a non-pharmacological approach to avoid exacerbation of the symptom</td>
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<td>Is it a symptom that can respond to pharmacological management?</td>
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### General considerations when prescribing a psychotropic drug

1. **NEED**: Is a psychotropic drug needed to treat this symptom?  
2. **SIMPLIFYING THERAPY**: If the patient has 2 or more BPSD, can the patient be treated with a single psychotropic drug?  
3. **LOW DOSE**: Use of the minimum effective dose  
4. **SAFETY**: Is this psychotropic drug associated with adverse effects more often in older people?  
5. **REVIEW OF THE MEDICATION**: Based on what criteria and how often will the effectiveness of the treatment be reviewed? Essential for those symptoms that may not respond to treatment.

### Application of these guidelines in the medication review

**1. Evaluate dementia patients prescribed >1 psychotropic drug for >3 months**

- Clinical assessment: determine whether the patient has comorbidities or is in an end-of-life state  
- Assessment of dependence: Barthel index  
- Cognitive assessment: confirm the diagnosis of dementia: Pfeiffer Test and Global Dementia Scale

**2. Medication review**

a. **Indication**: For what reason was the psychotropic drug prescribed?  
b. **Effectiveness**: Has this psychotropic drug been effective for controlling the symptom? Is this psychotropic drug recommended for treating this symptom?  
c. **Safety**: Is there therapeutic duplication, a contraindication due to age or comorbidity, an interaction, a drug-related adverse effect, or a prescribing cascade?  
d. **Appropriateness**: Is the dose and dosing interval appropriate for this patient?  
e. **Resolution**:
   a) **If the medication is not effective**: It is recommended to withdraw the drug or substitute it for another, more appropriate option, following the guideline recommendations.  
   b) **If there is a safety-related incident**: It is recommended to withdraw the drug or substitute it for a safer option.

In annexes to the document there is information on pharmacologic treatment of symptom clusters, the Cohen-Mansfield Agitation Inventory, and tables describing the recommended dose and most common adverse effects of antipsychotic and antidepressant drugs, dose adjustment for renal failure, and other relevant information.
c) **If the medication requires adjustment:** It is recommended to adjust the dose, dosing interval, or duration of the psychotropic drug.

d) **If the patient is stable:** Can withdrawal of the psychotropic drug be evaluated?

e) **If the patient has 2 or more symptoms that have to be treated:** Can the patient be treated with a single psychotropic agent?

f) **If the patient was treated with an acetylcholinesterase inhibitors or/and memantine we considered for deprescription** when the state of the dementia patient was rated as GDS-FAST ≥7b, with Karnofsky score <30 and with 3 criteria for advanced chronic disease: albumin ≤25g/L, multiple comorbidities, recurrent fever or stage III-IV pressure ulcers.