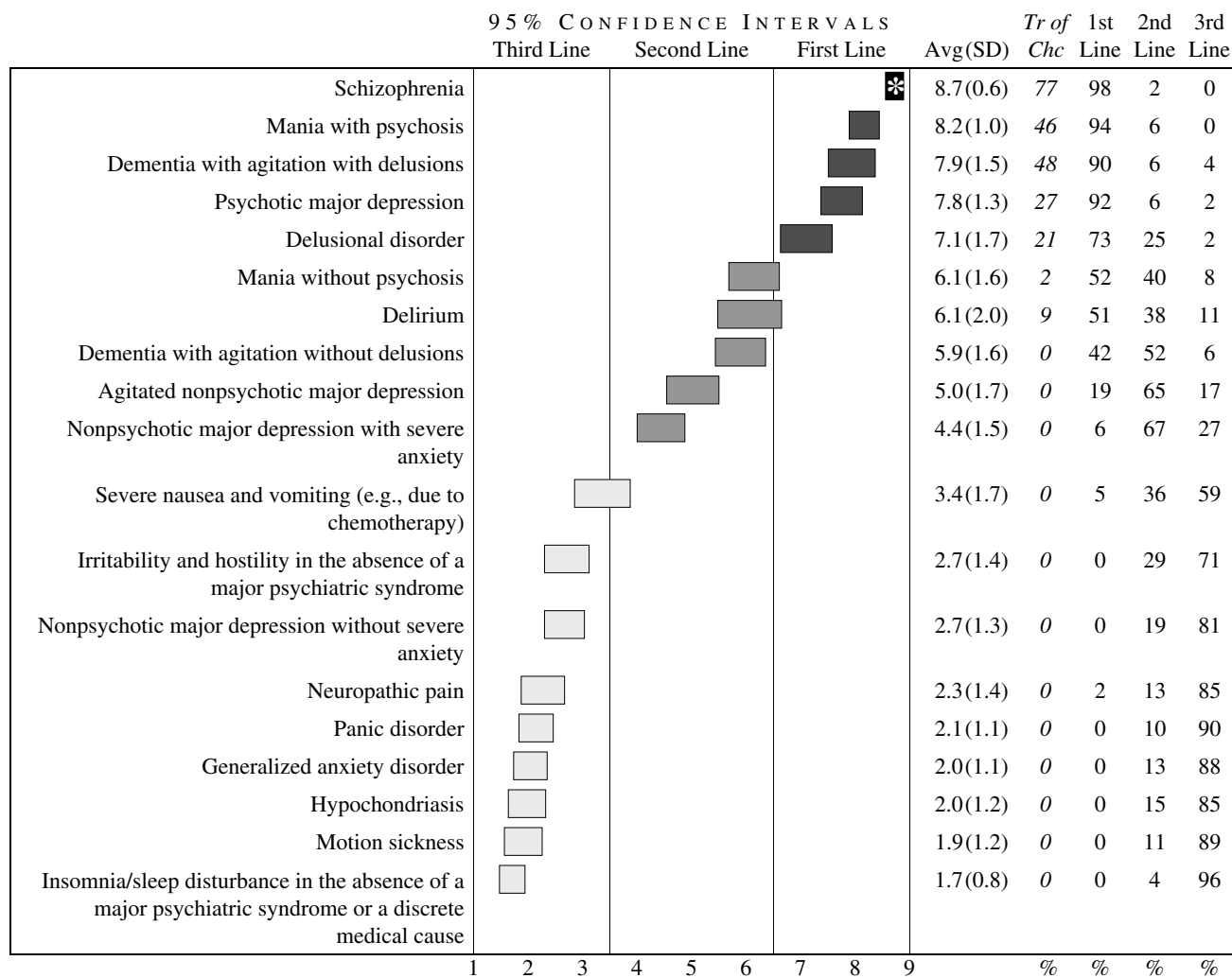


## Expert Survey Results and Guideline References

**1 Indications for antipsychotics.** Please rate the appropriateness of using an antipsychotic to treat each of the following conditions in an older patient (assuming you have confirmed the diagnosis with an adequate workup, see Questions 2–9). Use a rating of 7–9 if you would usually prescribe an antipsychotic for an older patient with this condition, a 4–6 if you would sometimes do so, and a 1–3 if you would rarely or never do so.



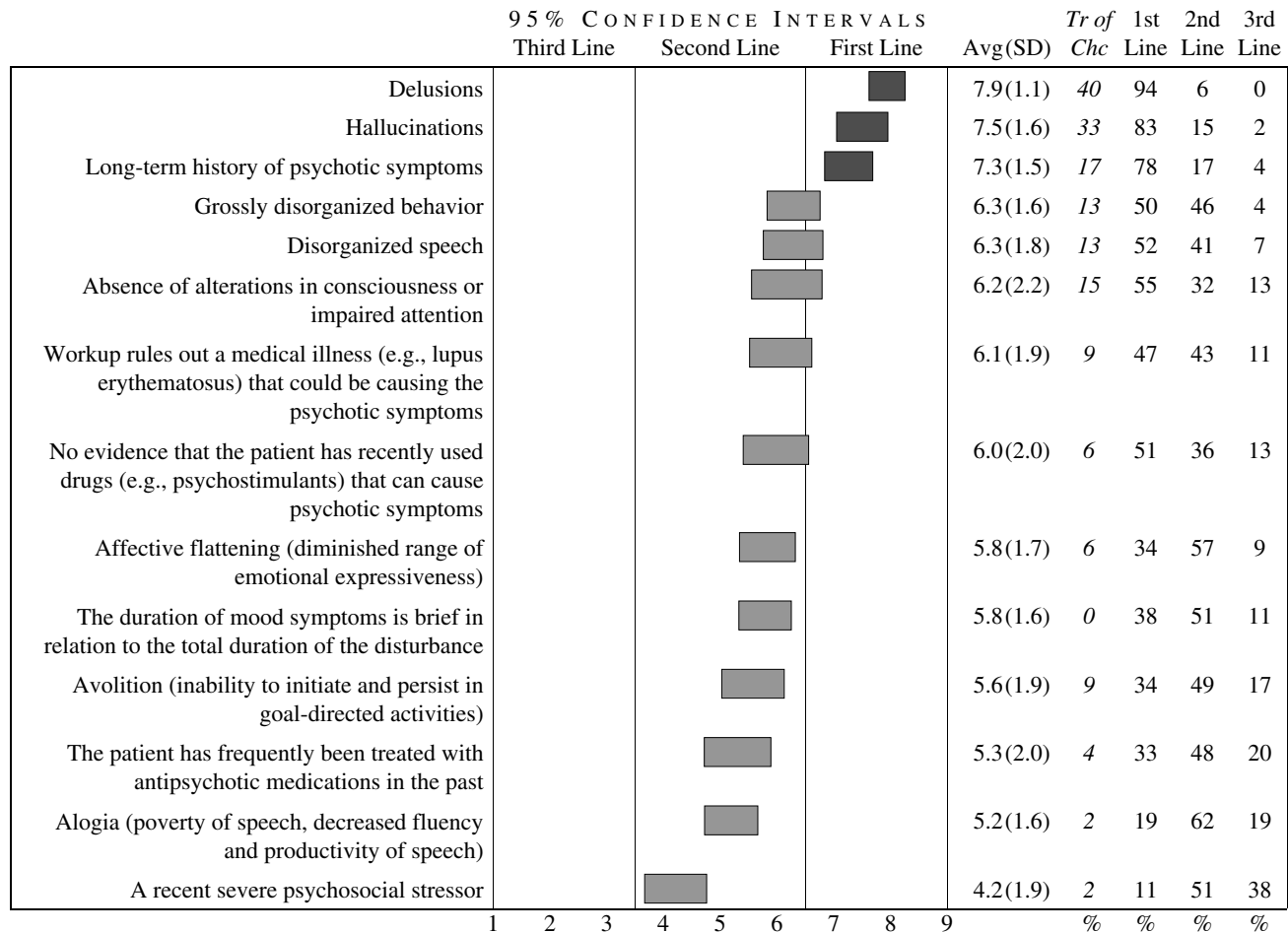
**2 Diagnosis of delirium.** Please rate the importance\* of the following features in making a diagnosis of delirium in an older patient (i.e., in distinguishing delirium from dementia; in identifying delirium superimposed on dementia).

	95% CONFIDENCE INTERVALS			Avg(SD)	Tr of Chc	1st Line	2nd Line	3rd Line
	Third Line	Second Line	First Line					
Disturbance of consciousness (i.e., reduced clarity of awareness of environment) with reduced ability to focus, sustain, or shift attention			*	8.5(0.8)	69	98	2	0
The disturbance has a fluctuating course (waxes and wanes) during the course of the day			■	8.0(1.3)	46	90	10	0
The disturbance develops over a short period of time			■	7.9(1.3)	42	92	6	2
Evidence that the patient has recently used drugs that can cause intoxication or withdrawal delirium			■	7.3(1.5)	23	79	19	2
Workup identifies a medical illness (e.g., dehydration, urinary tract infection) that could be causing the delirium			■	7.1(1.5)	13	77	21	2
Change in cognitive function (e.g., disorientation, language disturbance, perceptual disturbance)			■	7.0(1.9)	26	72	19	9
The patient has recently been exposed to an environmental toxin that can cause delirium			■	6.7(2.0)	15	66	26	9
If hallucinations or delusions are present, these symptoms fluctuate and are fragmented and unsystematized			■	6.4(1.8)	10	60	33	6
History of a dementing disorder		■		5.6(1.6)	6	27	63	10
EEG abnormalities	□			4.8(2.2)	4	29	38	33
The patient has recently been exposed to psychosocial stressors or been relocated to a different setting	□			4.7(1.9)	0	21	46	33

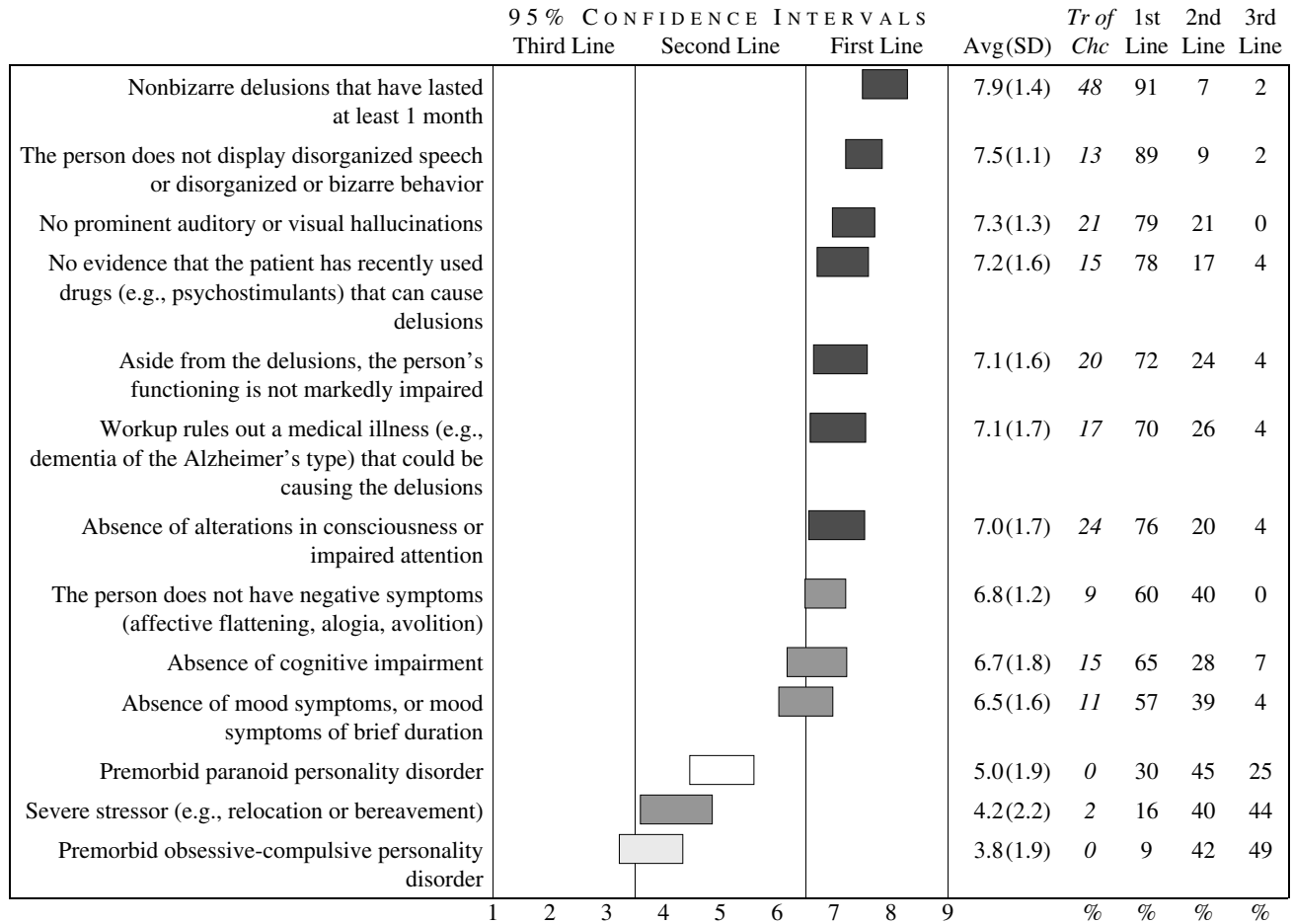
\*Note that the experts were supplied with the following rating scale for this and subsequent questions for which they were asked to rate importance.

- 9 extremely important discriminating feature
- 7-8 important discriminating feature
- 4-6 somewhat important discriminating feature
- 2-3 not very important discriminating feature
- 1 not at all important as a discriminating feature

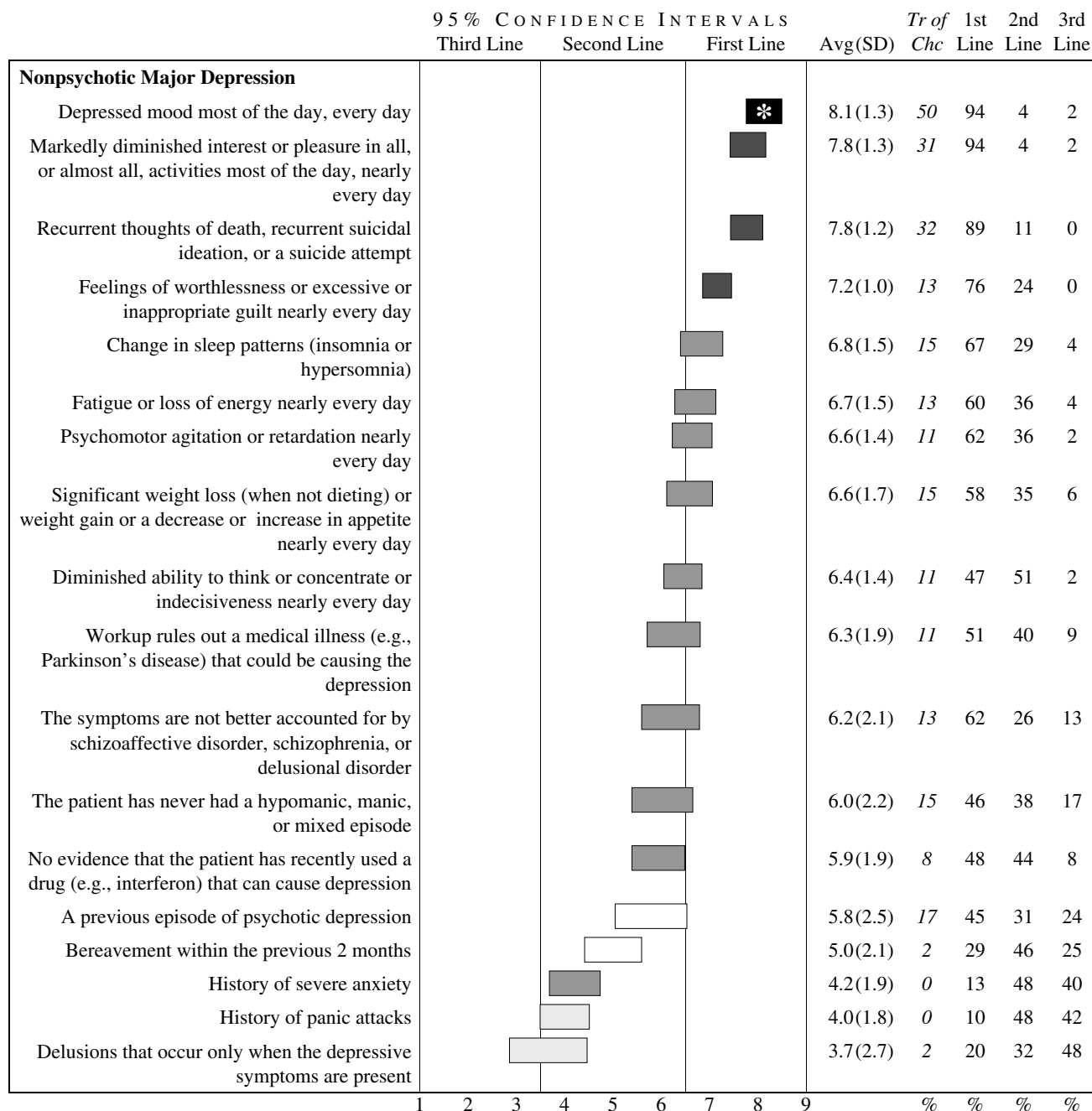
**3** **Diagnosis of schizophrenia.** Please rate the importance of the following features in making a diagnosis of schizophrenia in an older patient.



**4** **Diagnosis of delusional disorder.** Please rate the importance of the following features in making a diagnosis of delusional disorder in an older patient.



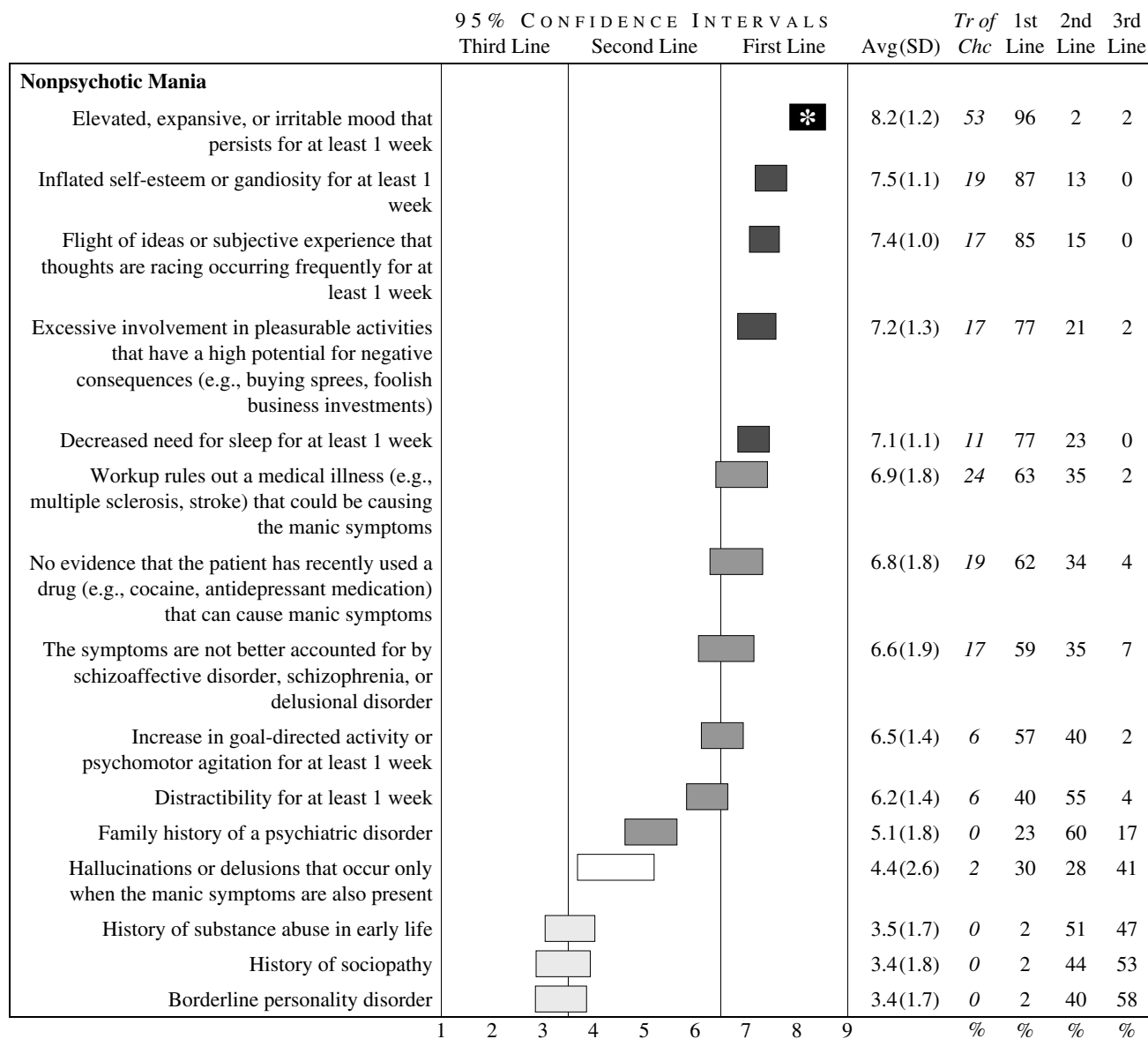
**5 Diagnosis of major depression.** Please rate the importance of the following features in making a diagnosis of 1) nonpsychotic major depression and 2) psychotic major depression in an older patient.



## 5 Diagnosis of major depression, *continued*

	95% CONFIDENCE INTERVALS				Avg(SD)	Tr of Chc	1st Line	2nd Line	3rd Line
	Third Line	Second Line	First Line						
<b>Psychotic Major Depression</b>									
Depressed mood most of the day, every day				8.0(1.3)	47	91	6	2	
Delusions that occur only when the depressive symptoms are present				8.0(1.1)	46	94	6	0	
Recurrent thoughts of death, recurrent suicidal ideation, or a suicide attempt				7.9(1.1)	37	87	13	0	
Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day				7.9(1.3)	34	91	6	2	
A previous episode of psychotic depression				7.8(1.7)	39	89	7	4	
Feelings of worthlessness or excessive or inappropriate guilt nearly every day				7.4(1.3)	20	82	16	2	
The symptoms are not better accounted for by schizoaffective disorder, schizophrenia, or delusional disorder				7.1(1.8)	29	75	19	6	
Psychomotor agitation or retardation nearly every day				7.1(1.4)	17	74	24	2	
Change in sleep patterns (insomnia or hypersomnia)				7.0(1.5)	17	70	28	2	
Significant weight loss (when not dieting) or weight gain or a decrease or increase in appetite nearly every day				6.7(1.7)	15	64	30	6	
Diminished ability to think or concentrate or indecisiveness nearly every day				6.7(1.5)	15	54	43	2	
Fatigue or loss of energy nearly every day				6.6(1.6)	13	62	33	4	
Workup rules out a medical illness (e.g., Parkinson's disease) that could be causing the depression				6.4(2.0)	11	60	31	9	
The patient has never had a hypomanic, manic, or mixed episode				5.9(2.2)	13	41	41	17	
No evidence that the patient has recently used a drug (e.g., interferon) that can cause depression				5.9(2.0)	9	52	39	9	
Bereavement within the previous 2 months				4.7(2.1)	2	21	51	28	
History of severe anxiety				4.1(1.8)	0	11	47	43	
History of panic attacks				3.7(1.8)	0	6	47	47	
	1	2	3	4	5	6	7	8	9
						%	%	%	%

**6 Diagnosis of mania (bipolar I disorder).** Please rate the importance of the following features in making a diagnosis of 1) nonpsychotic mania and 2) psychotic mania in an older patient.

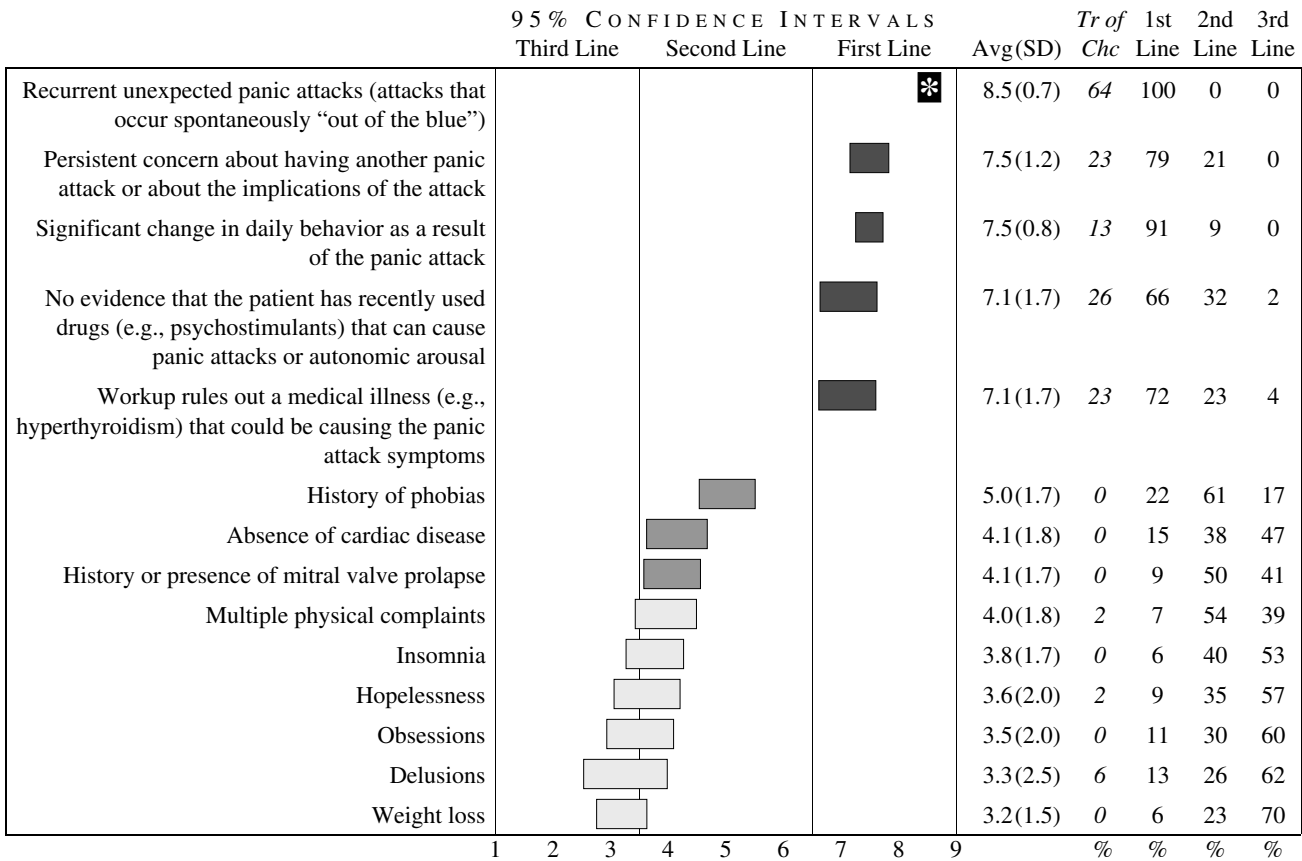


## 6 Diagnosis of mania (bipolar I disorder), *continued*

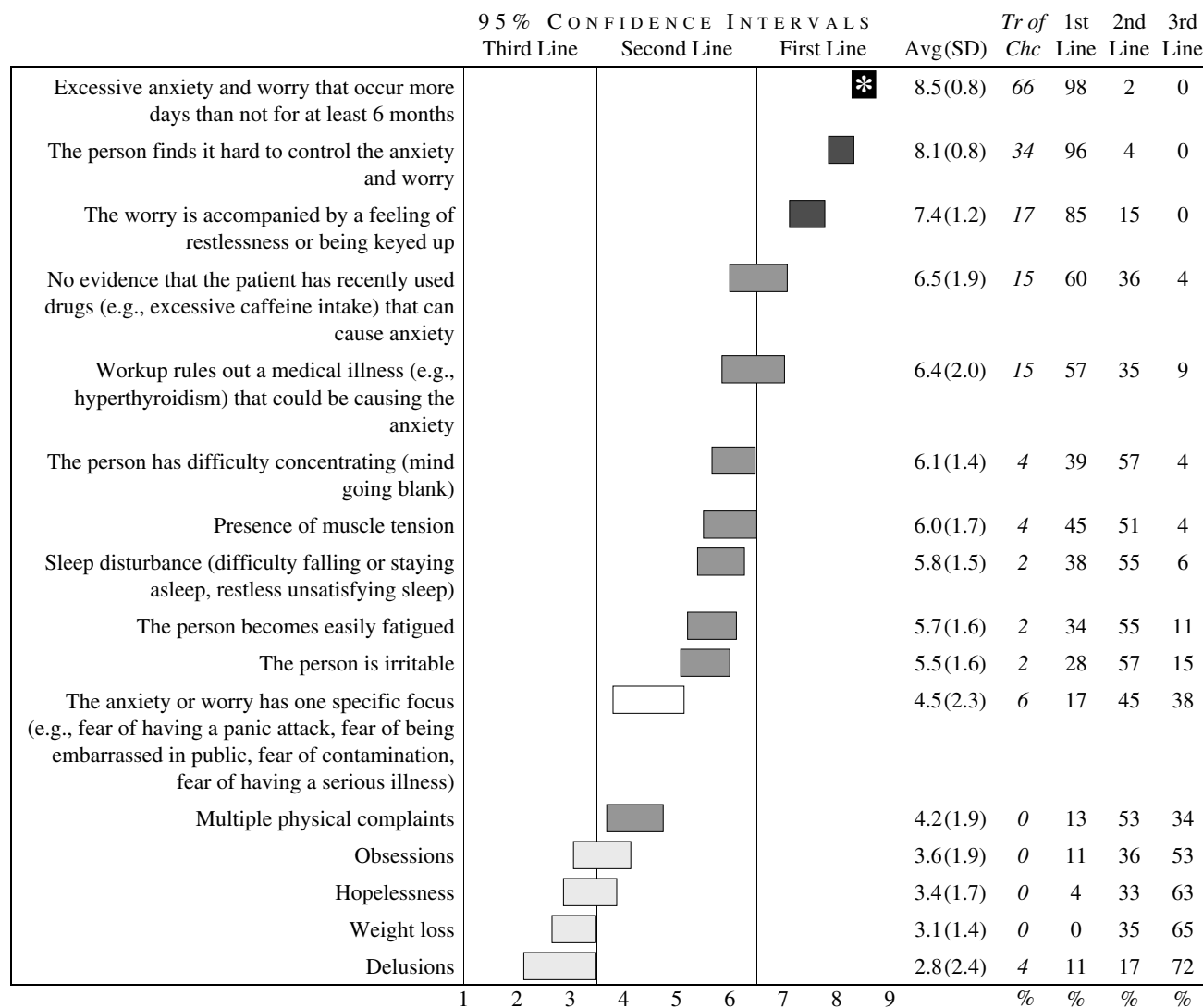
	95% CONFIDENCE INTERVALS			Avg(SD)	Tr of Chc	1st Line	2nd Line	3rd Line
	Third Line	Second Line	First Line					
<b>Psychotic Mania</b>								
Hallucinations or delusions that occur only when the manic symptoms are also present			8.4(1.1) *	66	98	0	2	
Elevated, expansive, or irritable mood that persists for at least 1 week			8.1(1.4) *	55	93	5	2	
Inflated self-esteem or grandiosity for at least 1 week			7.6(1.1)	24	87	13	0	
Flight of ideas or subjective experience that thoughts are racing occurring frequently for at least 1 week			7.5(1.0)	22	89	11	0	
Decreased need for sleep for at least 1 week			7.3(1.1)	17	80	20	0	
The symptoms are not better accounted for by schizoaffective disorder, schizophrenia, or delusional disorder			7.3(1.5)	23	77	21	2	
Excessive involvement in pleasurable activities that have a high potential for negative consequences (e.g., buying sprees, foolish business investments)			7.3(1.3)	22	71	29	0	
No evidence that the patient has recently used a drug (e.g., cocaine, antidepressant medication) that can cause manic symptoms			7.1(1.7)	22	67	30	2	
Workup rules out a medical illness (e.g., multiple sclerosis, stroke) that could be causing the manic symptoms			6.9(1.8)	24	64	33	2	
Increase in goal-directed activity or psychomotor agitation for at least 1 week			6.7(1.5)	15	52	46	2	
Distractibility for at least 1 week			6.5(1.5)	11	46	52	2	
Family history of a psychiatric disorder		5.2(1.8)		0	26	57	17	
History of substance abuse in early life	3.5(1.7)			0	2	52	45	
History of sociopathy	3.5(1.9)			0	5	43	52	
Borderline personality disorder	3.2(1.7)			0	2	34	64	



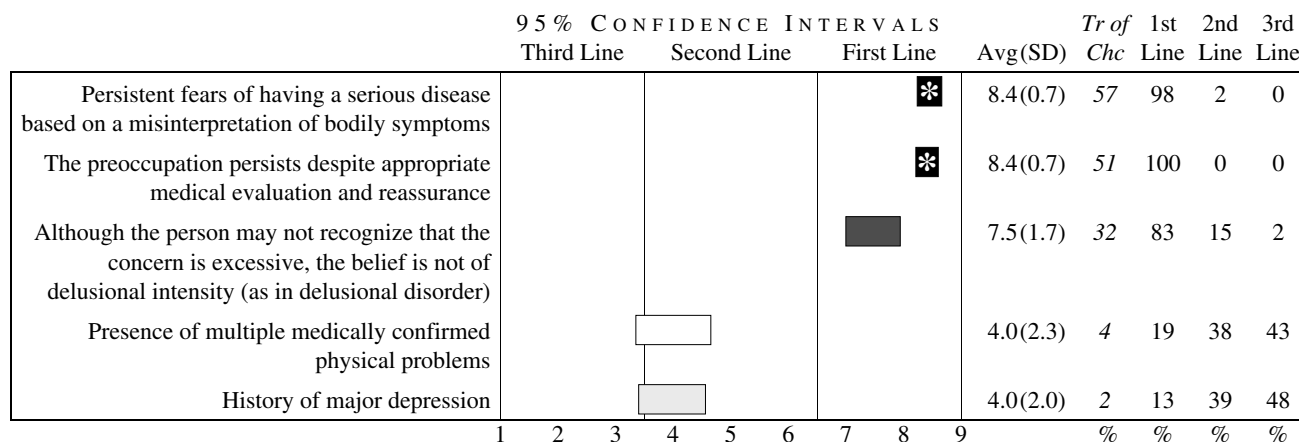
**7 Diagnosis of panic disorder.** Please rate the importance of the following features in making a diagnosis of panic disorder in an older patient.



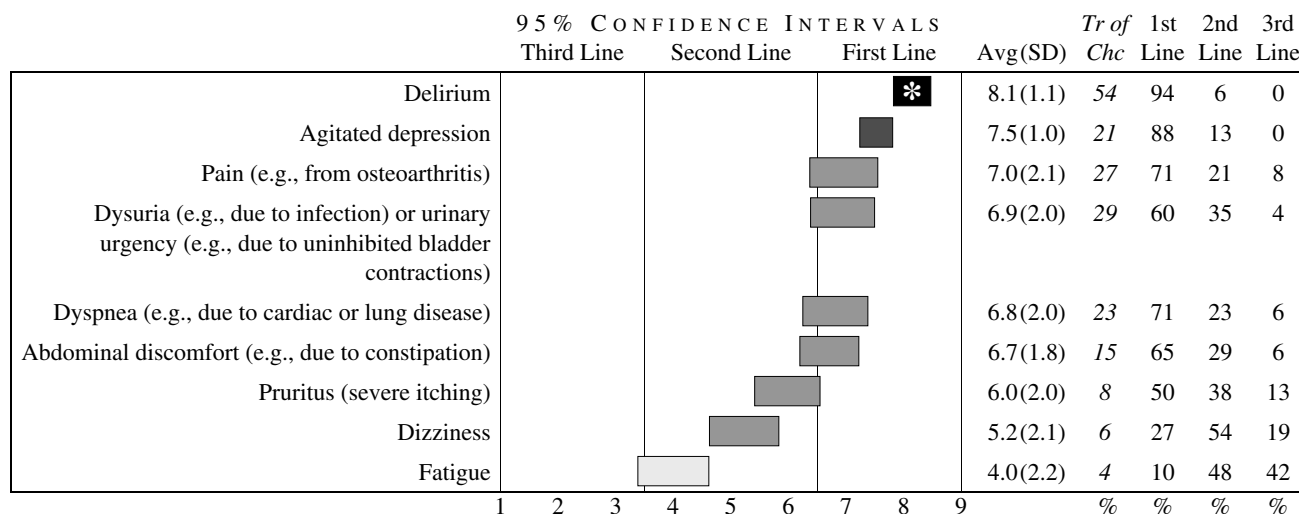
**8** **Diagnosis of generalized anxiety disorder.** Please rate the importance of the following features in making a diagnosis of generalized anxiety disorder in an older patient.



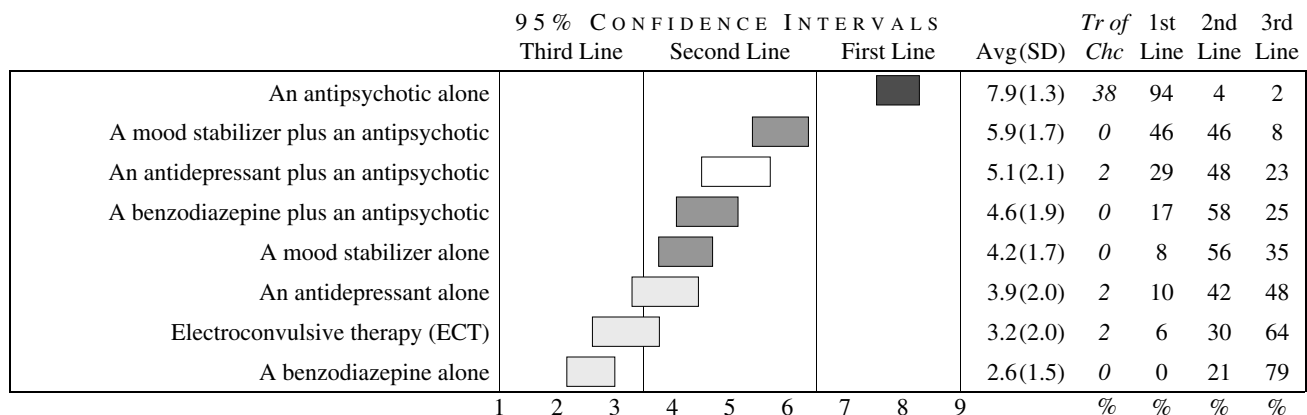
**9 Diagnosis of hypochondriasis.** Please rate the importance of the following features in making a diagnosis of hypochondriasis in an older patient.



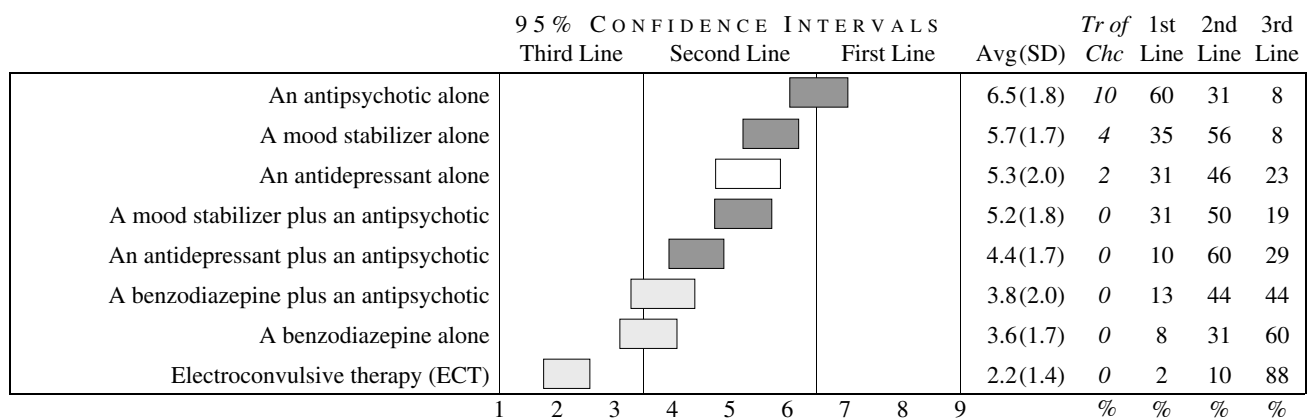
**10 Identifying conditions contributing to dementia with agitation.** Please rate the importance of identifying and addressing the following conditions before deciding to intervene with antipsychotic medication to treat agitation in an older patient with dementia.



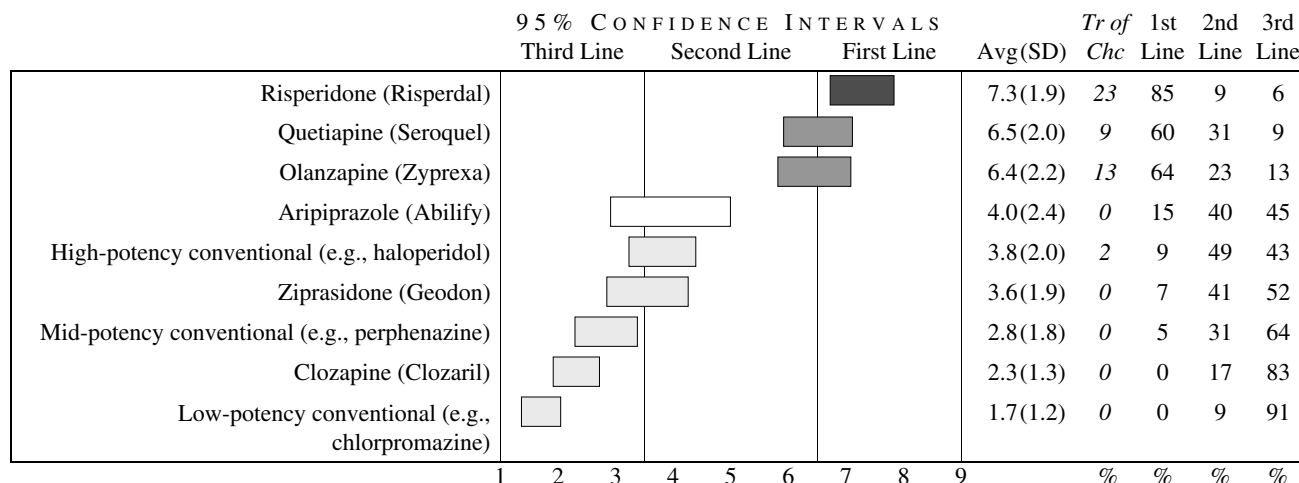
**11 Treatment of agitated dementia with delusions.** Assuming that other conditions have been ruled out or addressed, please rate the appropriateness of each of the following treatment regimens for an older patient with agitated dementia with delusions.



**12 Treatment of agitated dementia without delusions.** Assuming that other conditions have been ruled out or addressed, please rate the appropriateness of each of the following treatment regimens for an older patient with agitated dementia without delusions.



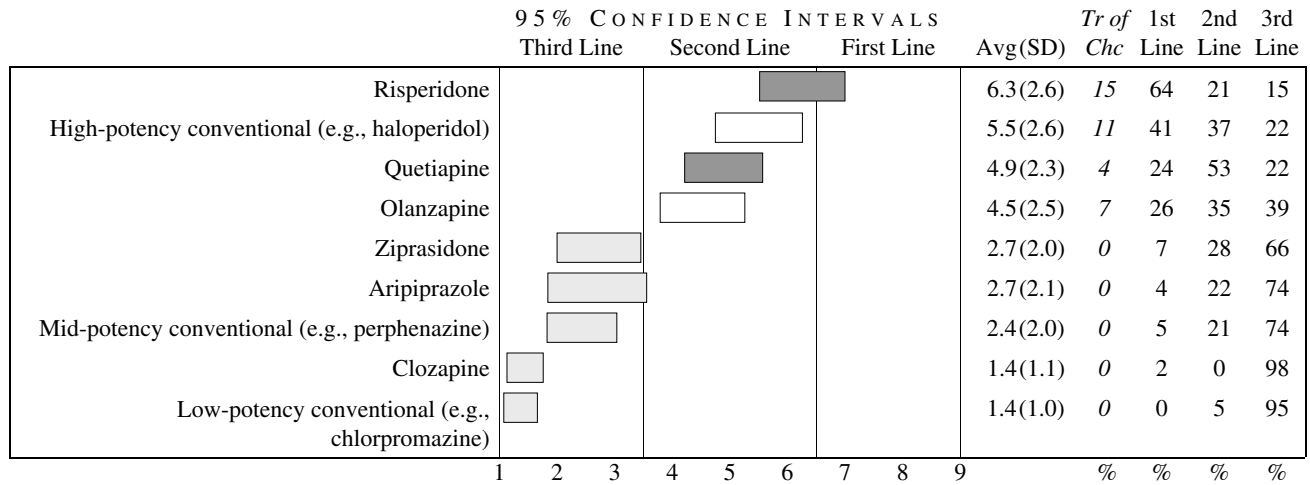
**13 Selecting antipsychotics for treatment of dementia with agitation.** Assume that other conditions have been ruled out or addressed and you have decided to treat an older patient with dementia with agitation with an antipsychotic. Please rate the appropriateness of using each of the following antipsychotics and indicate the dose level you would use. If you are not familiar with a medication, draw a line through that row.



**Target dose (mg/day)**

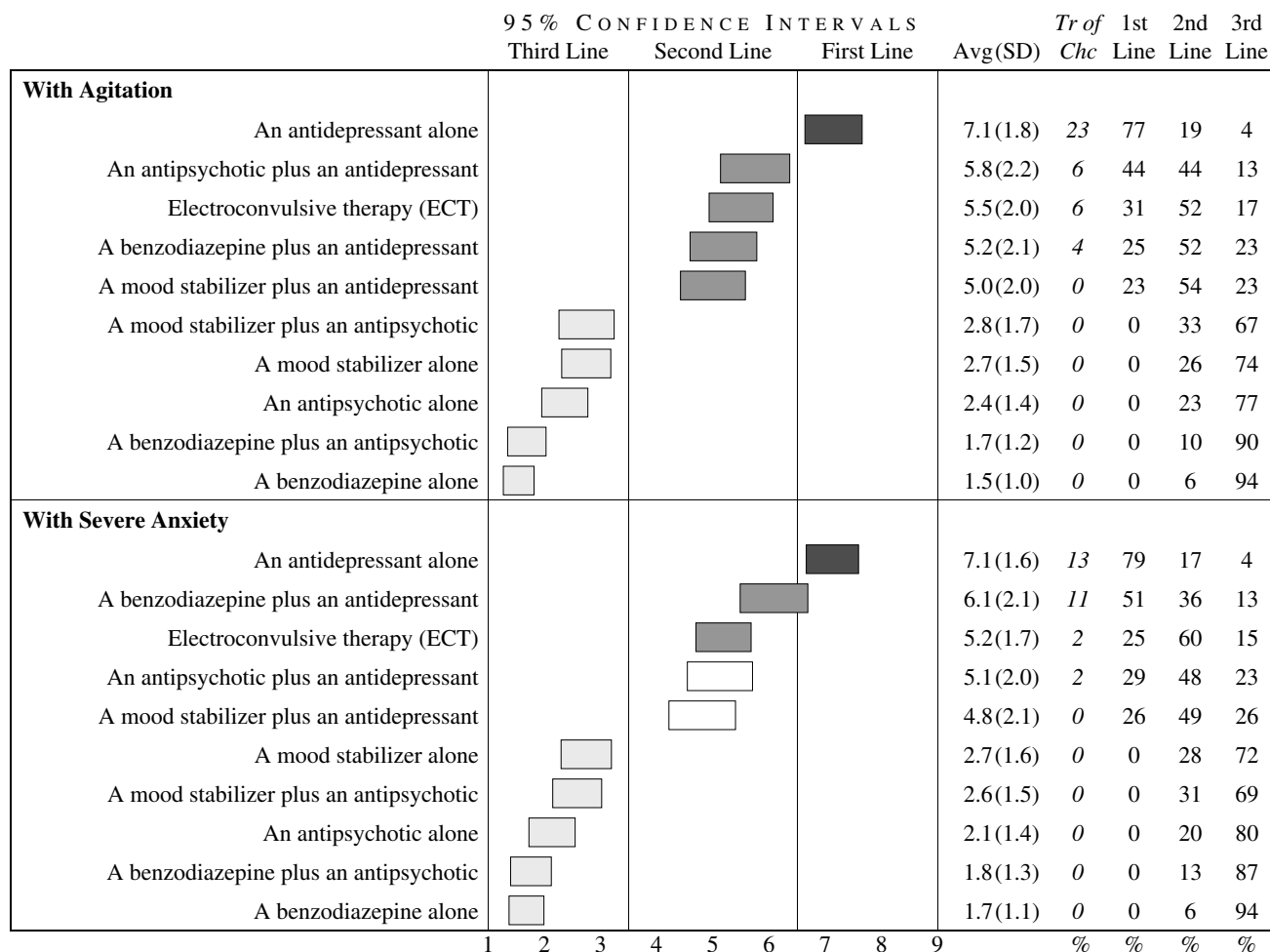
	<i>n</i>	Avg(SD)
Risperidone	39	1.2(0.7)
Quetiapine	36	104.2(54.9)
Olanzapine	38	6.2(2.3)
Aripiprazole	11	11.1(2.1)
Haloperidol	31	1.2(0.6)
Ziprasidone	15	49.3(33.7)
Perphenazine	21	5.8(2.8)
Clozapine	21	53.0(47.4)
Chlorpromazine	13	81.0(45.8)

**14** **Selecting antipsychotics for treatment of delirium.** Assume that you have taken steps to treat the etiological disturbance(s) contributing to the delirium. Please rate the appropriateness of using each of the following antipsychotics to treat an older patient with delirium and indicate the dose level you would use. If you are not familiar with a medication, draw a line through that row.



Target dose (mg/day)		
	<i>n</i>	Avg(SD)
Risperidone	32	1.2(0.5)
Haloperidol	32	1.6(1.3)
Quetiapine	32	84.1(49.8)
Olanzapine	31	5.1(2.2)
Ziprasidone	9	37.8(15.6)
Aripiprazole	7	13.6(6.1)
Perphenazine	13	6.2(2.6)
Clozapine	7	50.0(25.0)
Chlorpromazine	8	59.4(37.6)

**15 Treatment of nonpsychotic major depression.** Please rate the appropriateness of each of the following treatment regimens for an older patient who has 1) agitated nonpsychotic depression and 2) nonpsychotic depression with severe anxiety.



**16** **Selecting antidepressants for treatment of nonpsychotic major depression.** Assume you have decided to use an antidepressant to treat an older patient who has 1) agitated nonpsychotic depression and 2) nonpsychotic depression with severe anxiety. Rate the appropriateness of each of the following (used either alone or in combination with other medications). If you are not familiar with a medication, draw a line through that row.

	95% CONFIDENCE INTERVALS			Avg(SD)	Tr of Chc	1st Line	2nd Line	3rd Line	
	Third Line	Second Line	First Line						
<b>With Agitation</b>									
A selective serotonin reuptake inhibitor (SSRI)				7.8(1.3)	34	87	11	2	
Venlafaxine				6.7(1.7)	13	67	28	4	
Mirtazapine				6.6(1.4)	11	57	41	2	
Trazodone				4.8(2.1)	2	25	46	29	
A tricyclic antidepressant (TCA)				4.6(1.8)	0	15	58	27	
Bupropion				4.0(2.0)	0	13	40	47	
A nonselective monoamine oxidase inhibitor (e.g., phenelzine)				3.2(1.5)	0	2	36	62	
A selective monoamine oxidase inhibitor (e.g., selegiline)				2.7(1.5)	0	0	22	78	
<b>With Severe Anxiety</b>									
A selective serotonin reuptake inhibitor (SSRI)				7.8(1.2)	38	88	13	0	
Venlafaxine				6.8(1.7)	15	67	28	4	
Mirtazapine				6.7(1.5)	14	64	34	2	
A tricyclic antidepressant (TCA)				4.7(1.8)	0	13	63	25	
Trazodone				4.5(2.0)	2	17	48	35	
Bupropion				4.1(2.0)	0	15	36	49	
A nonselective monoamine oxidase inhibitor (e.g., phenelzine)				3.4(1.6)	0	2	40	58	
A selective monoamine oxidase inhibitor (e.g., selegiline)				2.7(1.5)	0	0	24	76	
	1	2	3	4	5	6	7	8	9

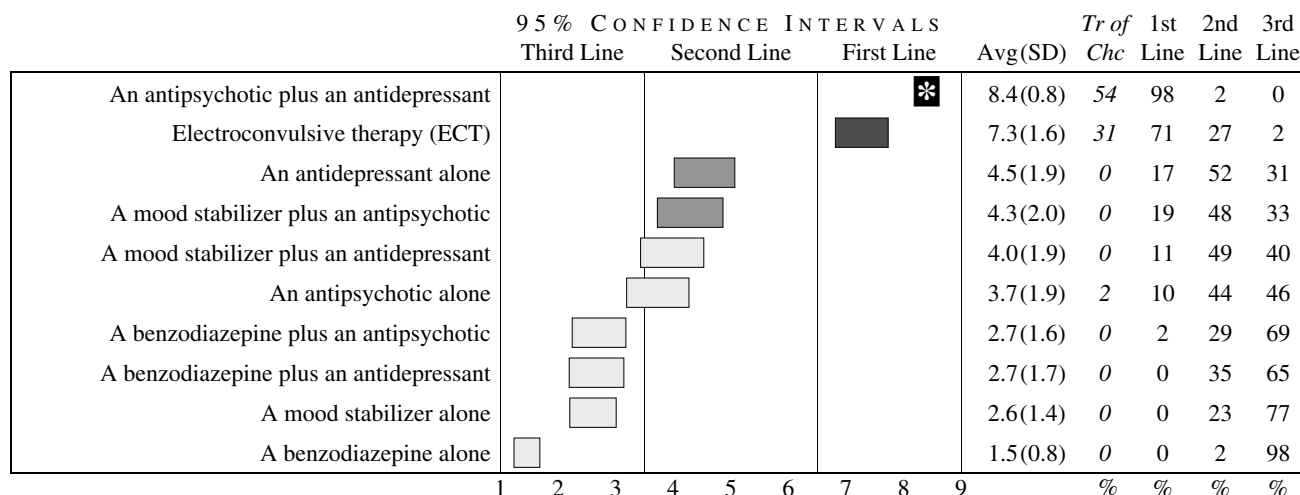
**17** **Use of atypical antipsychotics in treatment-resistant nonpsychotic major depression.** Rate the appropriateness of adding an atypical antipsychotic to an antidepressant in an older patient with nonpsychotic major depression in the following clinical situations.

	95% CONFIDENCE INTERVALS			Avg(SD)	Tr of Chc	1st Line	2nd Line	3rd Line	
	Third Line	Second Line	First Line						
Lack of response to adequate trials* of 2 antidepressants				5.6(2.4)	15	36	45	19	
Partial response to adequate trials* of 2 antidepressants				4.8(2.2)	6	21	51	28	
Lack of response to an adequate trial* of 1 antidepressant				3.8(2.1)	0	15	36	49	
Partial response to an adequate trial* of 1 antidepressant				3.5(2.1)	0	11	32	57	
	1	2	3	4	5	6	7	8	9

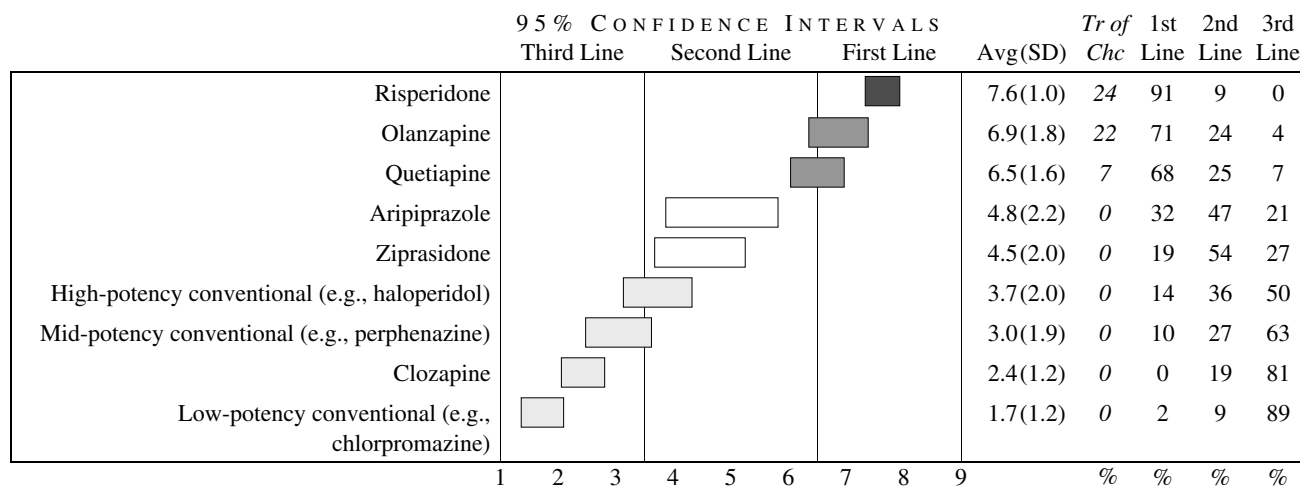
\*Assume that trials involved adequate therapeutic doses and were of adequate duration.



**18 Treatment of psychotic major depression.** Please rate the appropriateness of each of the following treatment regimens for an older patient with psychotic major depression.



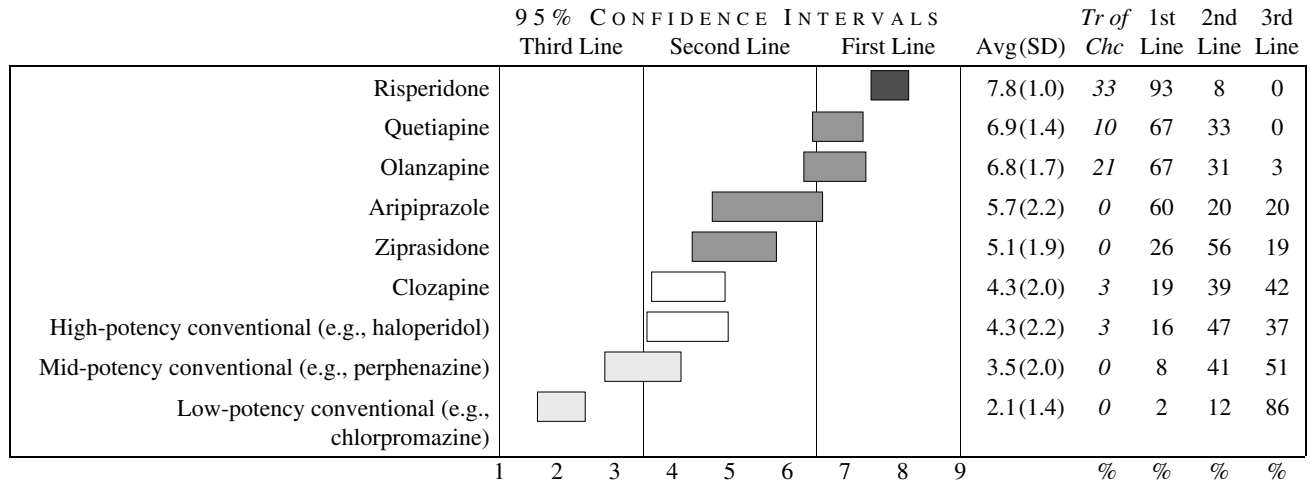
**19 Selecting antipsychotics to treat psychotic major depression.** Please rate the appropriateness of using each of the following antipsychotics in combination with an antidepressant to treat an older patient with psychotic major depression and indicate the dose level you would use. If you are not familiar with a medication, draw a line through that row.



**Target dose (mg/day)**

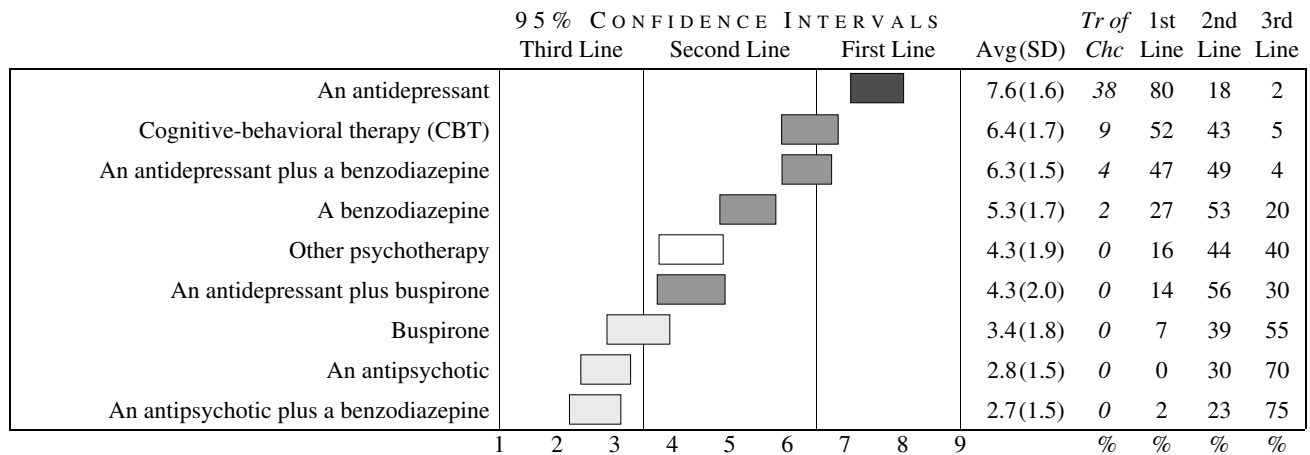
	<i>n</i>	Avg(SD)
Risperidone	40	1.5(0.7)
Olanzapine	38	7.0(3.0)
Quetiapine	37	125.7(73.8)
Aripiprazole	13	14.2(4.4)
Ziprasidone	16	64.4(28.0)
Haloperidol	32	1.9(1.3)
Perphenazine	22	8.5(4.3)
Clozapine	20	64.7(58.5)
Chlorpromazine	12	110.8(74.5)

**20** **Selecting antipsychotics for treatment of schizophrenia.** Please rate the appropriateness of using each of the following antipsychotics to treat an older patient with schizophrenia and indicate the dose level you would use. If you are not familiar with a medication, draw a line through that row.

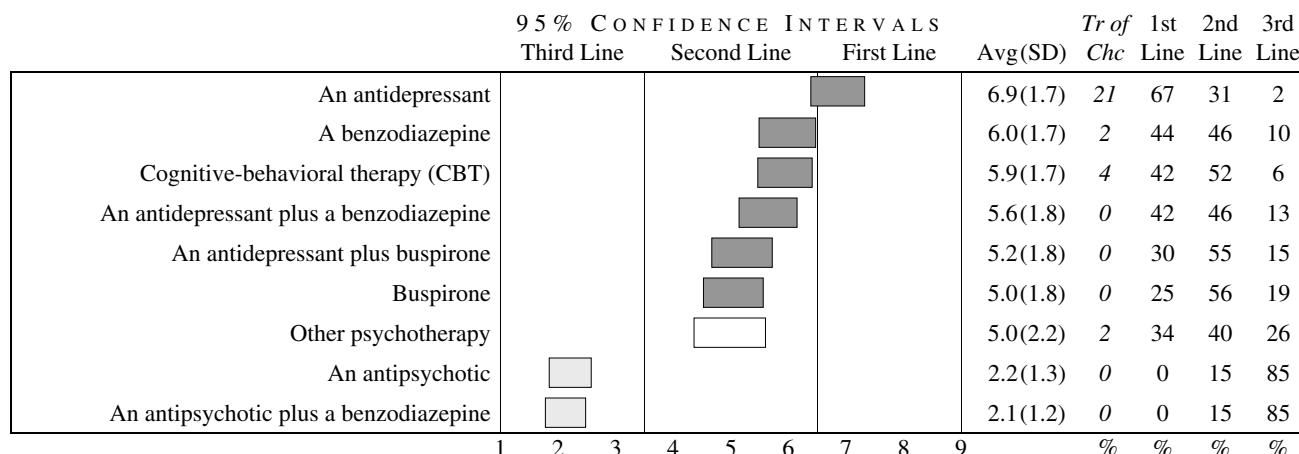


	Target dose (mg/day)	
	n	Avg(SD)
Risperidone	39	2.4(1.1)
Quetiapine	36	204.2(111.9)
Olanzapine	38	10.6(3.5)
Aripiprazole	15	20.3(6.4)
Ziprasidone	19	79.7(41.2)
Clozapine	26	155.8(111.6)
Haloperidol	32	3.9(2.6)
Perphenazine	23	15.4(8.3)
Chlorpromazine	15	206.7(122.6)

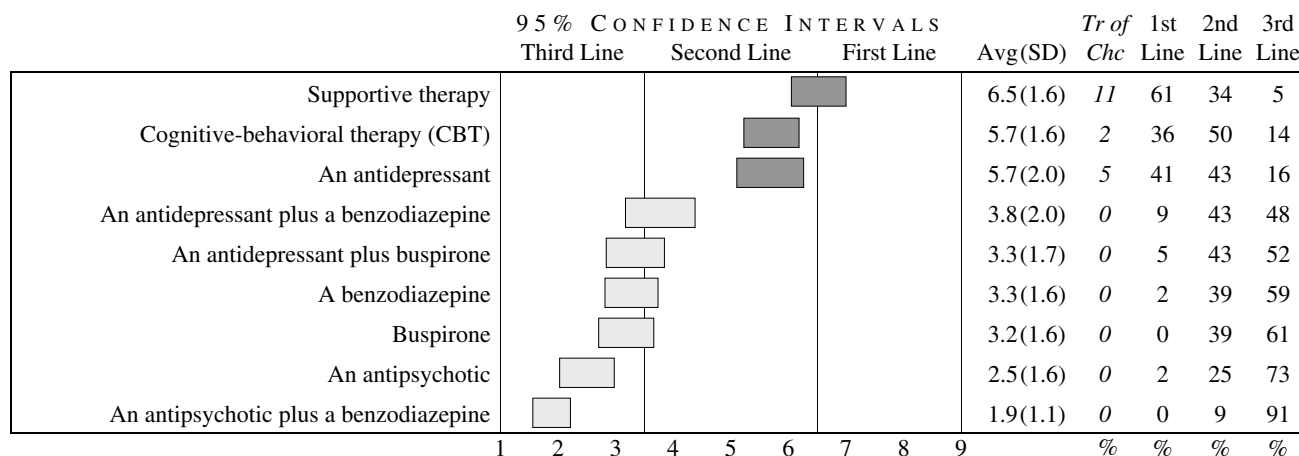
**21** **Treatment of panic disorder.** Please rate the appropriateness of each of the following treatment regimens for an older patient with panic disorder.



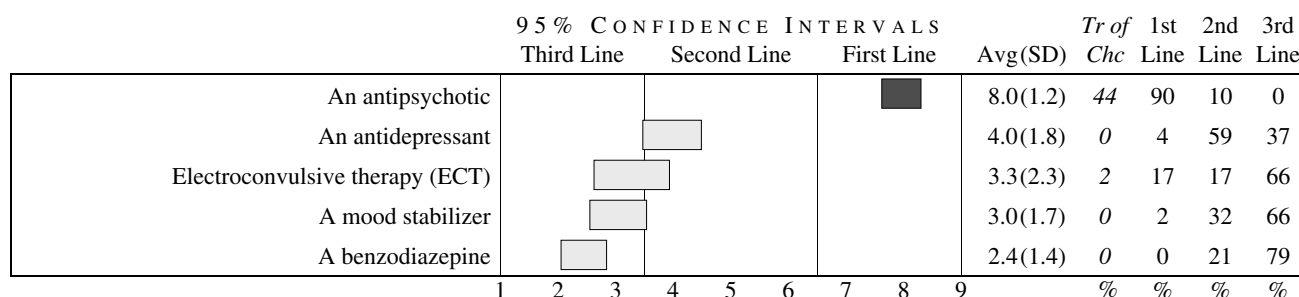
**22 Treatment of generalized anxiety disorder.** Please rate the appropriateness of each of the following treatment regimens for an older patient with generalized anxiety disorder.



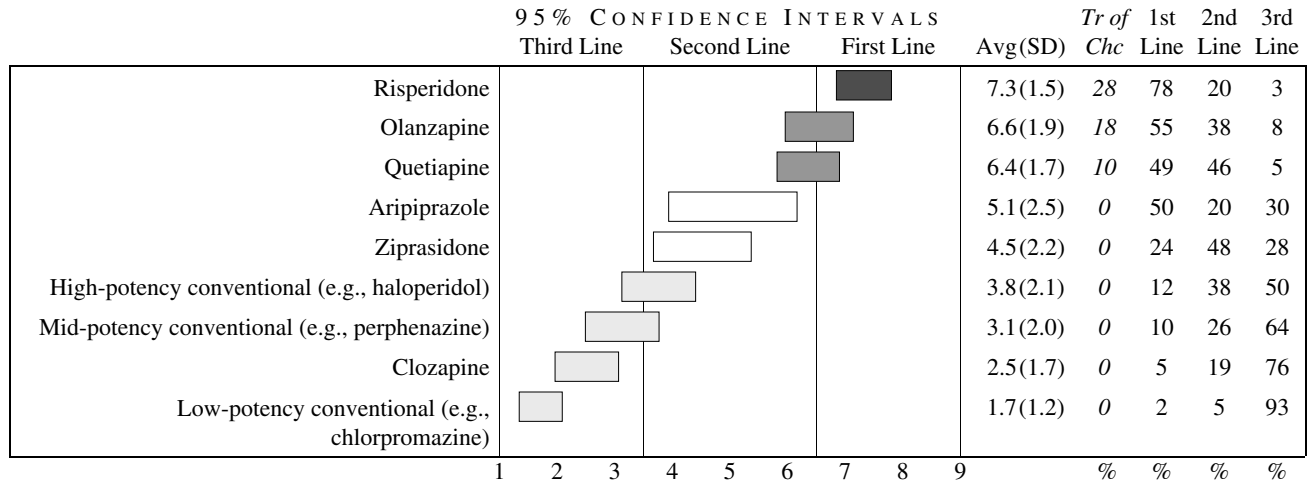
**23 Treatment of hypochondriasis.** Please rate the appropriateness of each of the following treatment regimens for an older patient with hypochondriasis. Note that we are not referring to somatic concerns that reach delusional intensity here.



**24 Treatment of delusional disorder.** Please rate the appropriateness of each of the following treatment regimens for an older patient with delusional disorder.

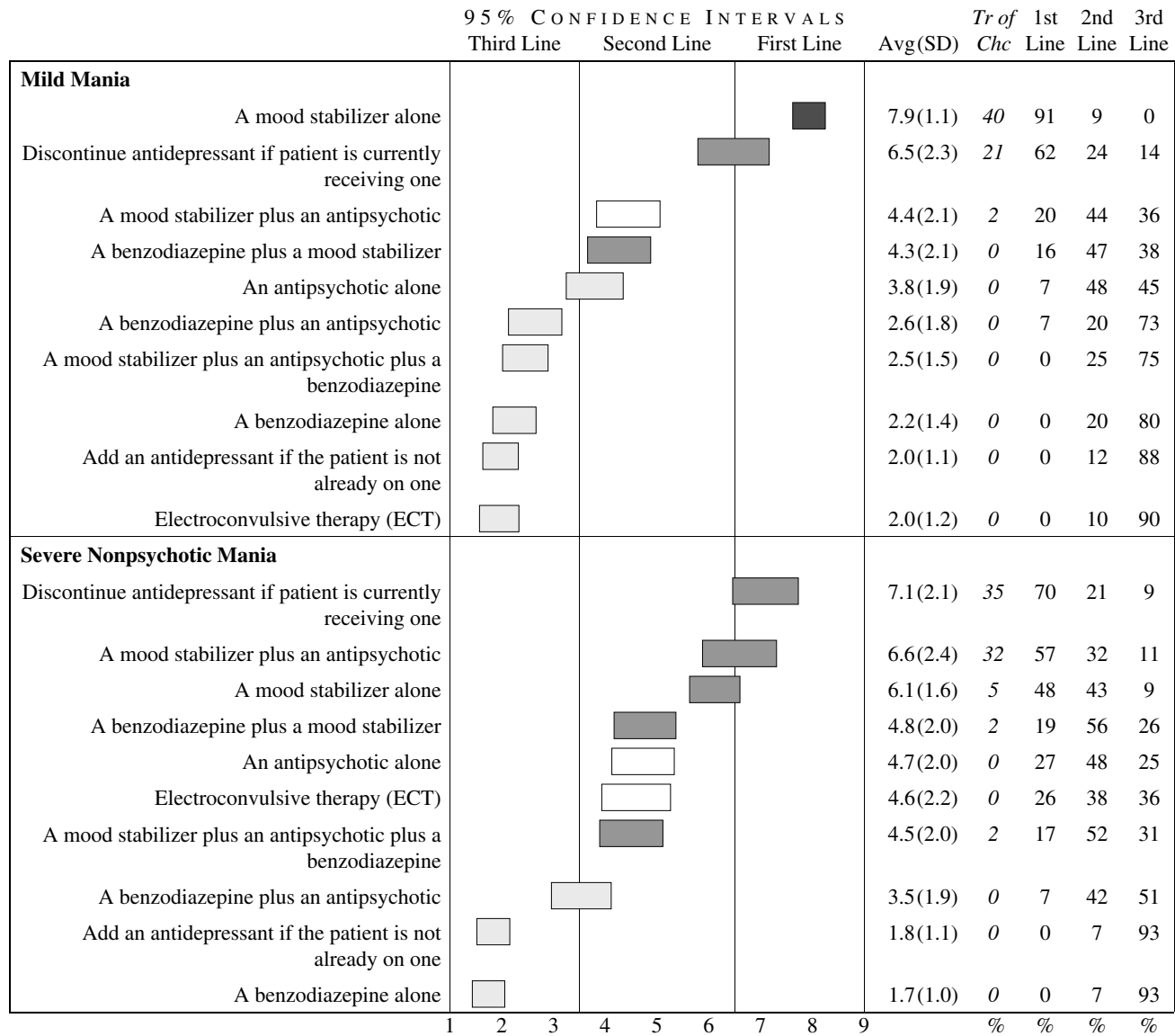


**25** **Selecting antipsychotics for treatment of delusional disorder.** Assume that you have decided to use an antipsychotic to treat an older patient with delusional disorder, Please rate the appropriateness of using each of the following antipsychotics and indicate the dose level you would use. If you are not familiar with a medication, draw a line through that row.

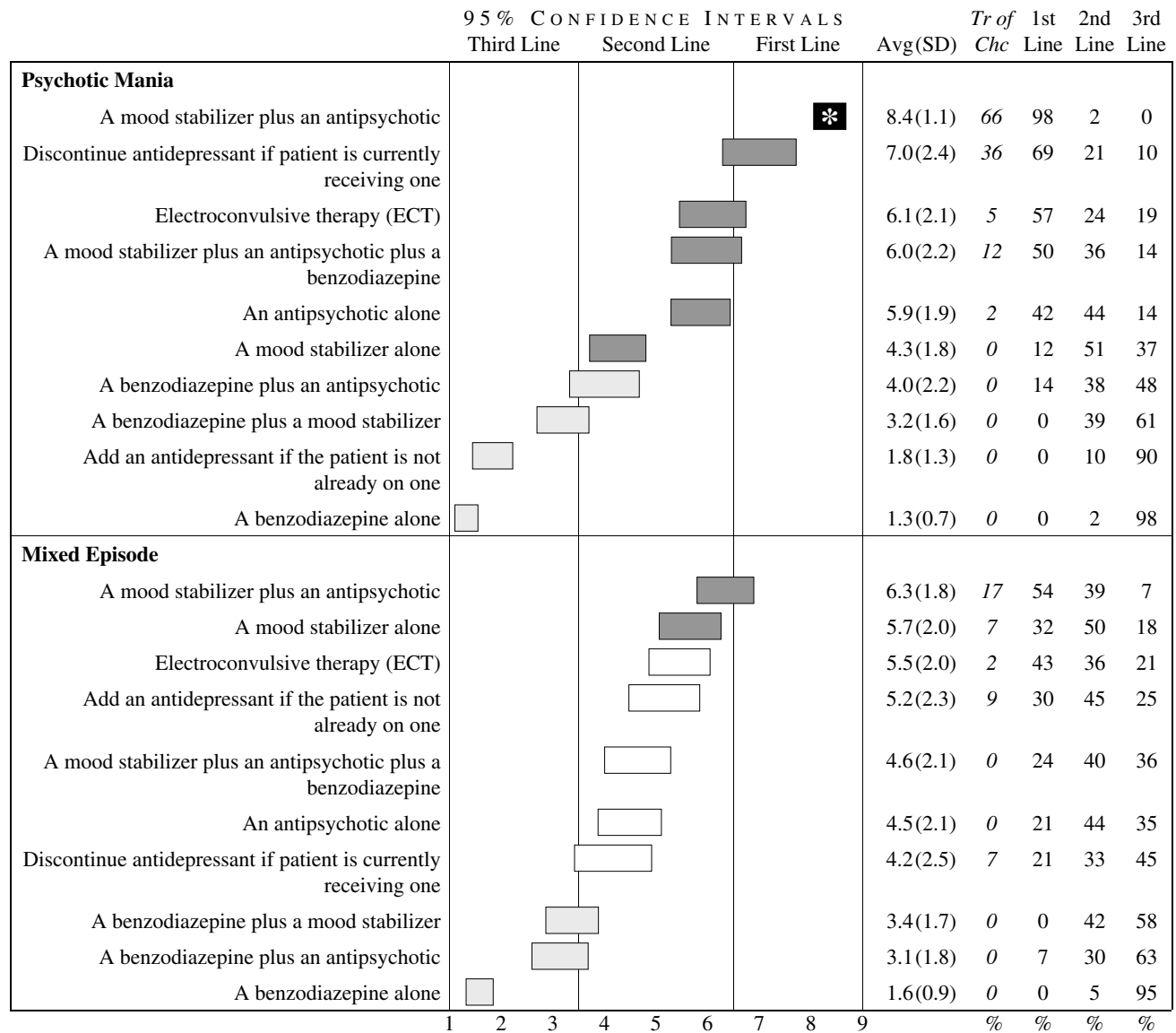


	Target dose (mg/day)	
	<i>n</i>	Avg(SD)
Risperidone	37	1.6(0.9)
Olanzapine	37	7.7(3.1)
Quetiapine	35	129.6(76.7)
Aripiprazole	13	17.9(7.9)
Ziprasidone	16	63.1(35.0)
Haloperidol	31	2.0(1.2)
Perphenazine	22	10.8(6.3)
Clozapine	14	96.9(93.8)
Chlorpromazine	12	100.8(70.6)

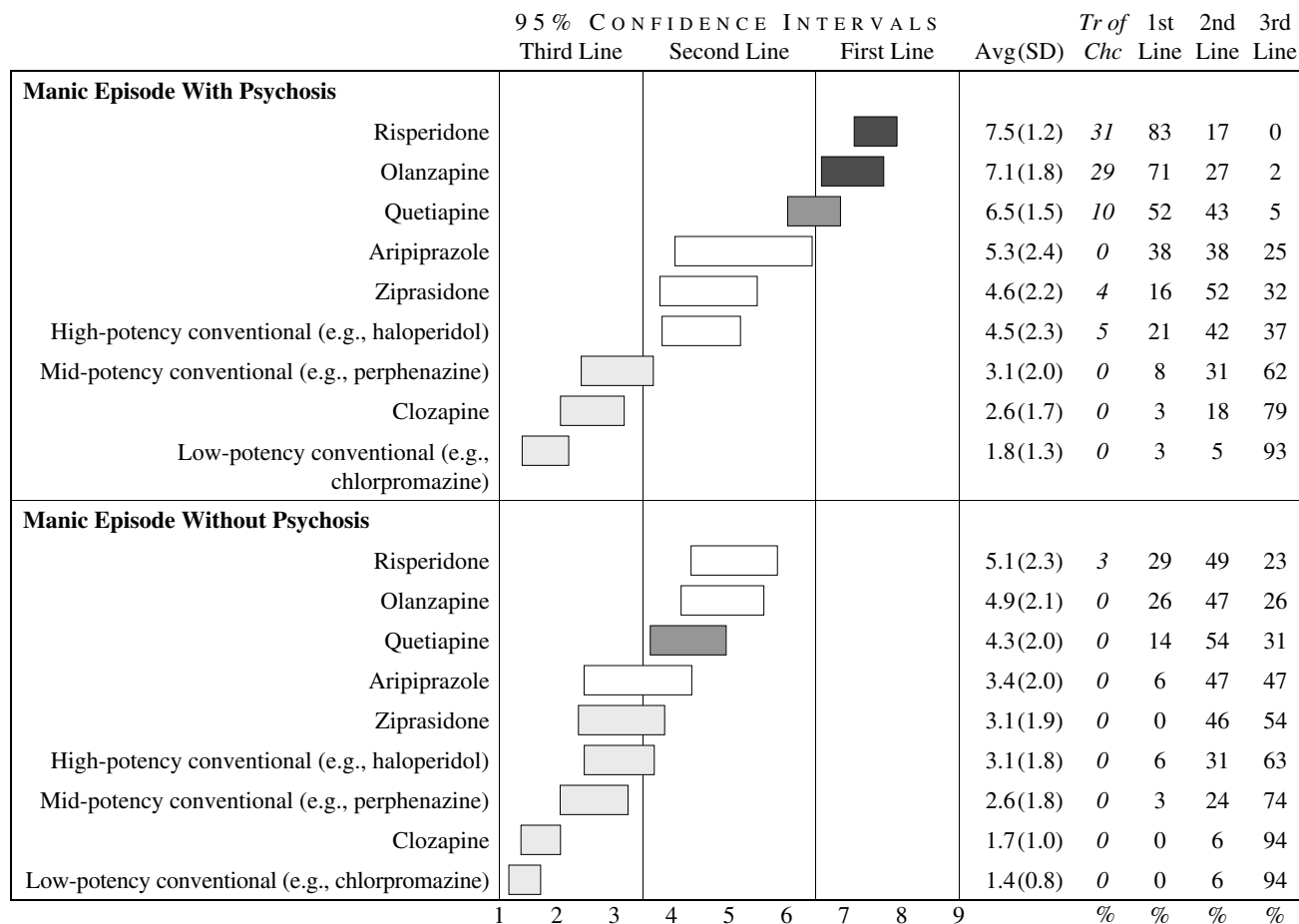
## 26 Treatment of mania. Please rate the appropriateness of each of the following treatment regimens for an older patient with bipolar I disorder who is having a manic or mixed episode.



# 26 Treatment of mania, continued

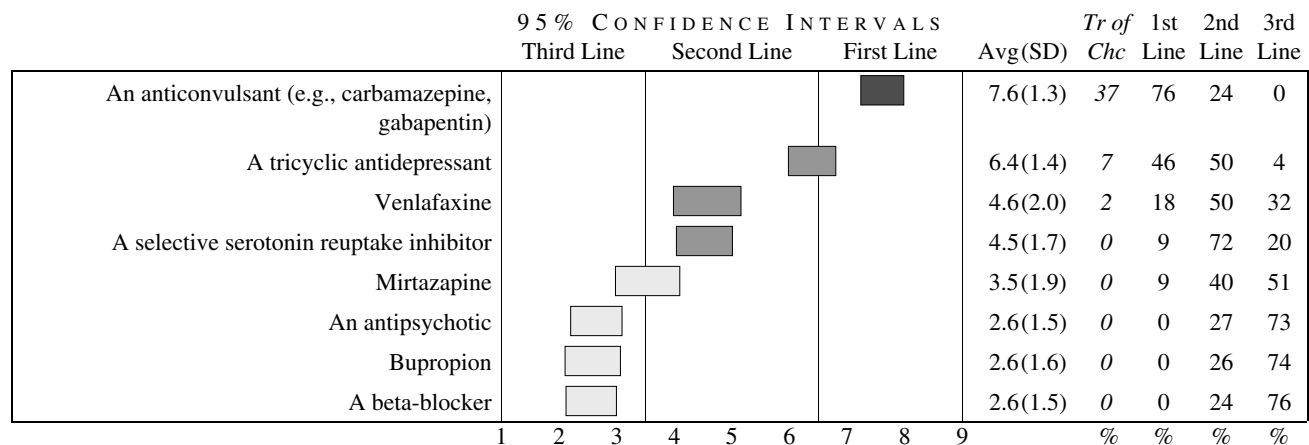


**27 Selecting antipsychotics for the treatment of mania.** Assume you have decided to treat a patient with mania with a combination of a mood stabilizer and an antipsychotic. Please rate the appropriateness of using each of the following antipsychotics in combination with a mood stabilizer to treat an older patient with a manic episode with and without psychosis and indicate the dose level you would use. If you are not familiar with a medication, draw a line through that row.

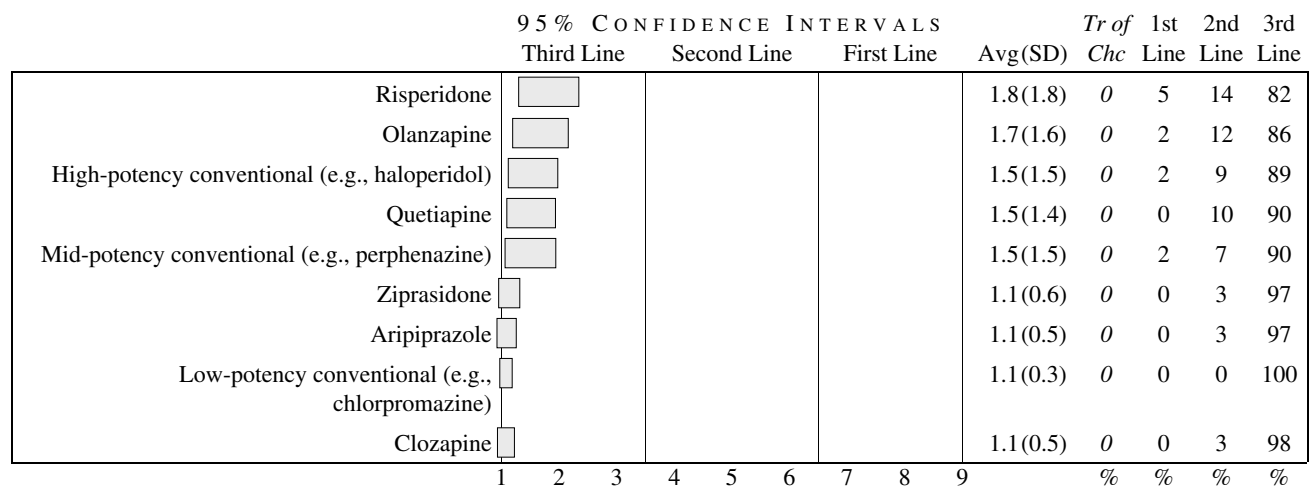


	Manic episode with psychosis		Manic episode without psychosis	
	n	Target dose (mg/day) Avg (SD)	n	Target dose (mg/day) Avg (SD)
Risperidone	41	2.1 (0.9)	31	1.9 (1.0)
Olanzapine	40	9.6 (3.4)	31	8.9 (3.4)
Quetiapine	37	164.4 (101.0)	29	147.6 (79.8)
Aripiprazole	9	19.4 (8.8)	7	17.9 (9.1)
Ziprasidone	18	67.2 (31.0)	14	57.5 (28.7)
High-potency conventional (e.g., haloperidol)	33	3.1 (1.9)	26	2.6 (1.5)
Mid-potency conventional (e.g., perphenazine)	18	14.1 (6.5)	17	10.9 (6.8)
Clozapine	15	93.3 (70.2)	12	100.0 (70.7)
Low-potency conventional (e.g., chlorpromazine)	13	142.3 (99.7)	12	125.0 (78.3)

**28 Treatment of neuropathic pain.** Assume that a older patient with neuropathic pain has failed to respond to or been unable to tolerate treatment with a nonsteroidal anti-inflammatory drug (NSAID) (e.g., ibuprofen) and/or a cyclo-oxygenase-2 (COX-2) inhibitor (e.g., celecoxib [Celebrex]). Please rate the appropriateness of using each of the following as your next choice to treat an older patient with neuropathic pain.

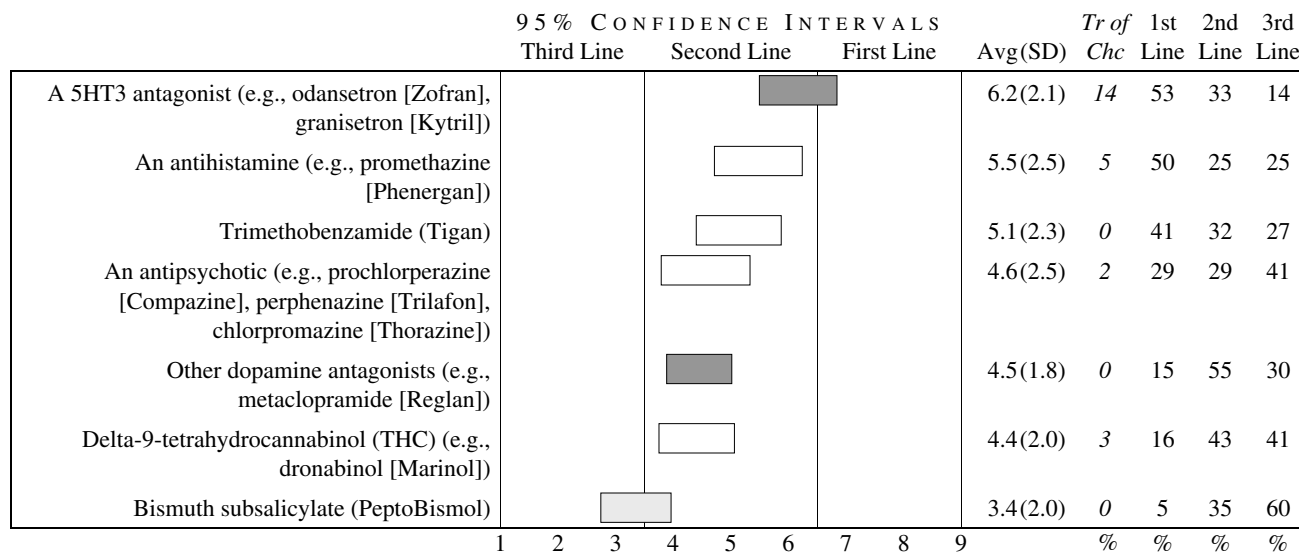


**29 Selection of antipsychotics for treatment of neuropathic pain.** Assume that you have decided to treat an older patient with neuropathic pain with an antipsychotic. Please rate the appropriateness of using each of the following antipsychotics and indicate the dose level you would use. If you are not familiar with a medication, draw a line through that row.

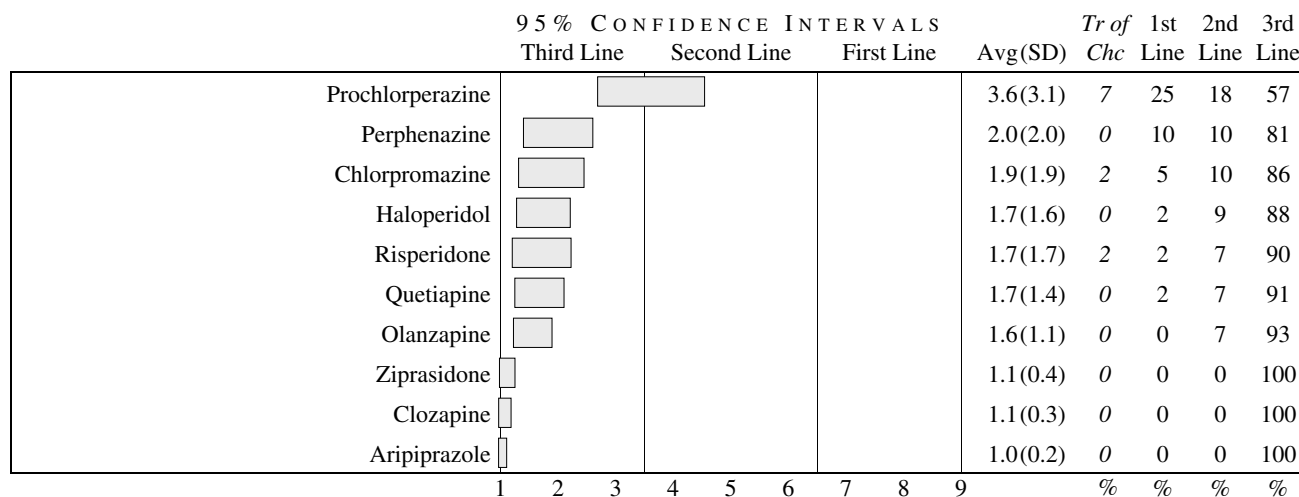




**30 Selection of initial treatment for severe nausea and vomiting due to chemotherapy.** Please rate the appropriateness of using each of the following as the *initial* treatment regimen in an older patient with severe nausea and vomiting due to chemotherapy.

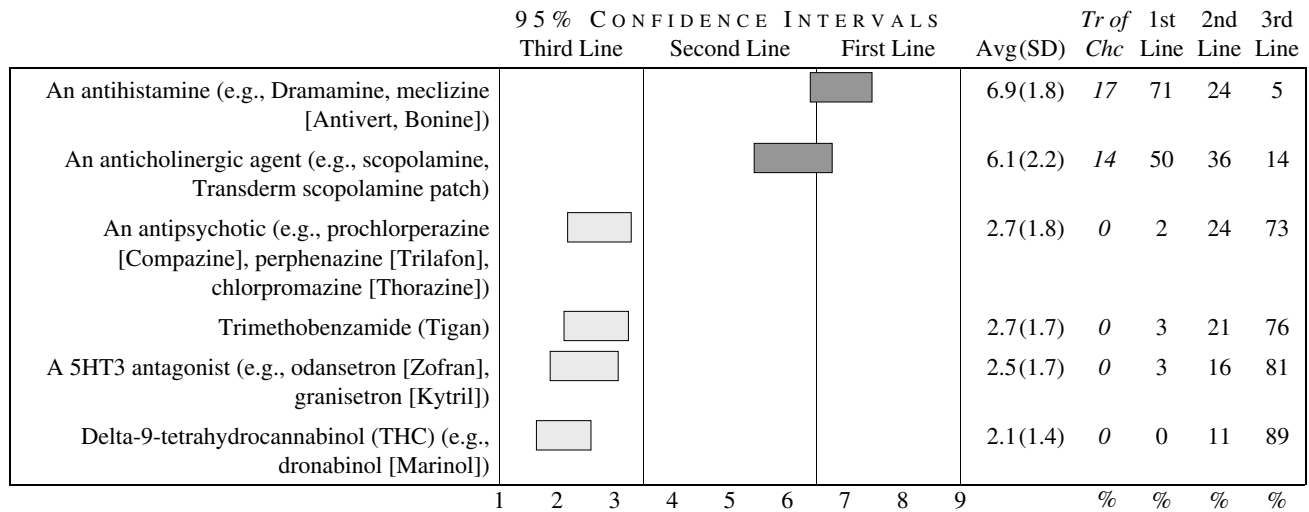


**31 Selection of next treatment for severe nausea and vomiting due to chemotherapy.** Assuming that an older patient with severe nausea due to chemotherapy failed to respond to or tolerate treatment with a 5-HT<sub>3</sub> antagonist and either Phenergan or Tigan, and you have decided to use an antipsychotic. Please rate the appropriateness of each of the following as your next treatment choice and indicate the dose level you would use. If you are not familiar with a medication, draw a line through that row.



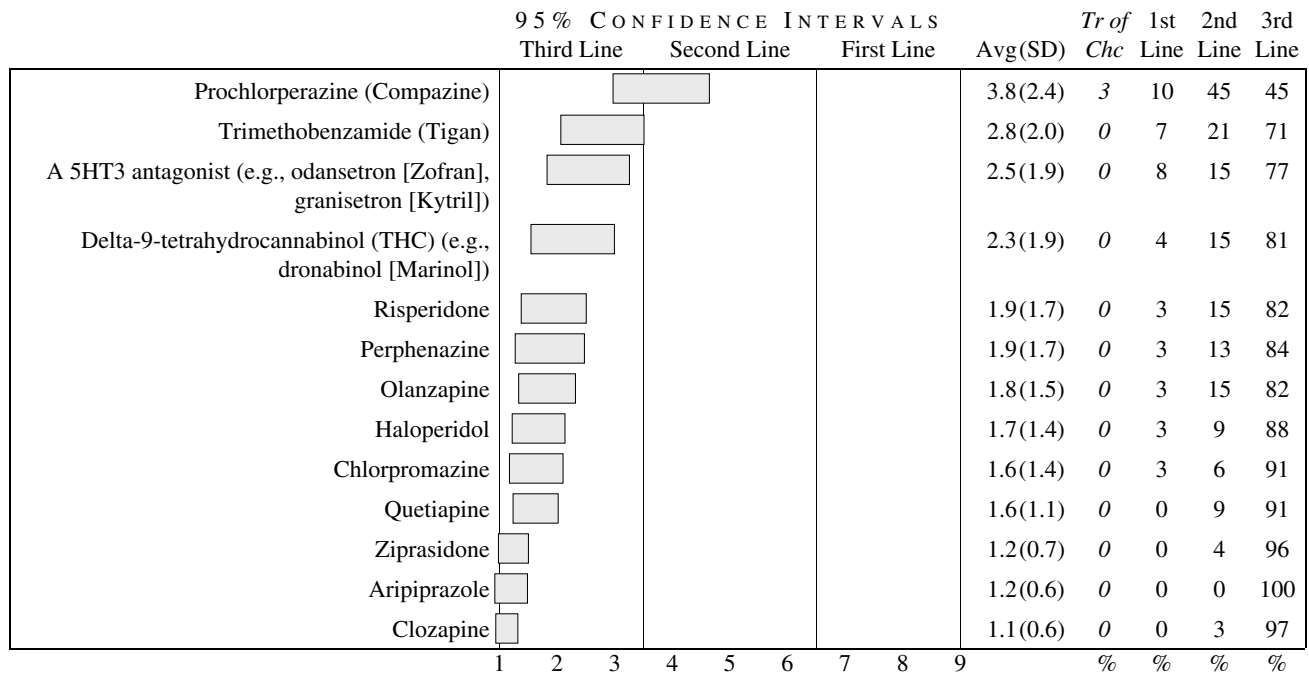
### 32 Selection of initial treatment for motion sickness.

Please rate the appropriateness of using each of the following as your *initial* treatment for an older patient with motion sickness.

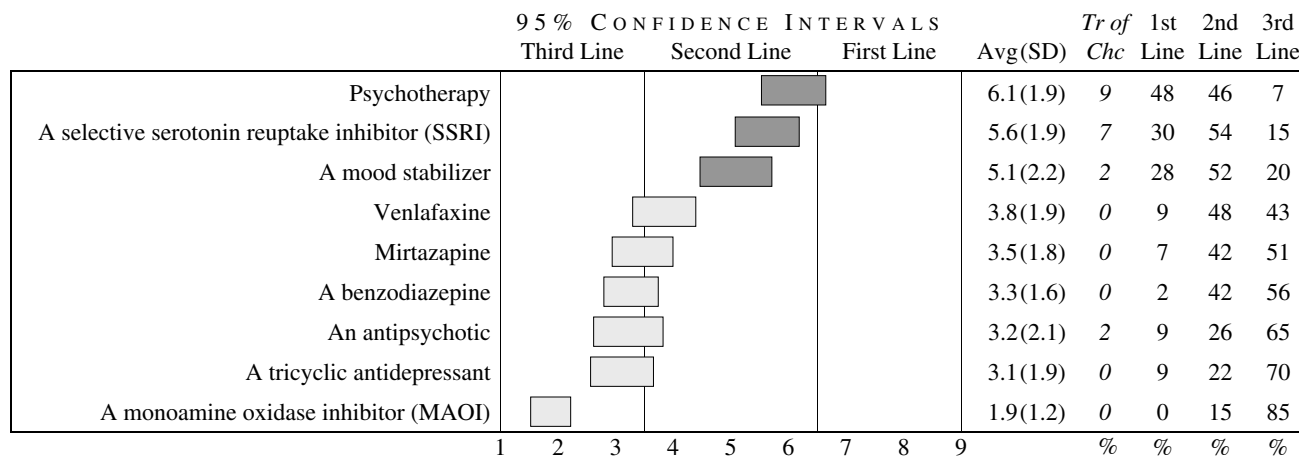


### 33 Selection of next treatment for motion sickness.

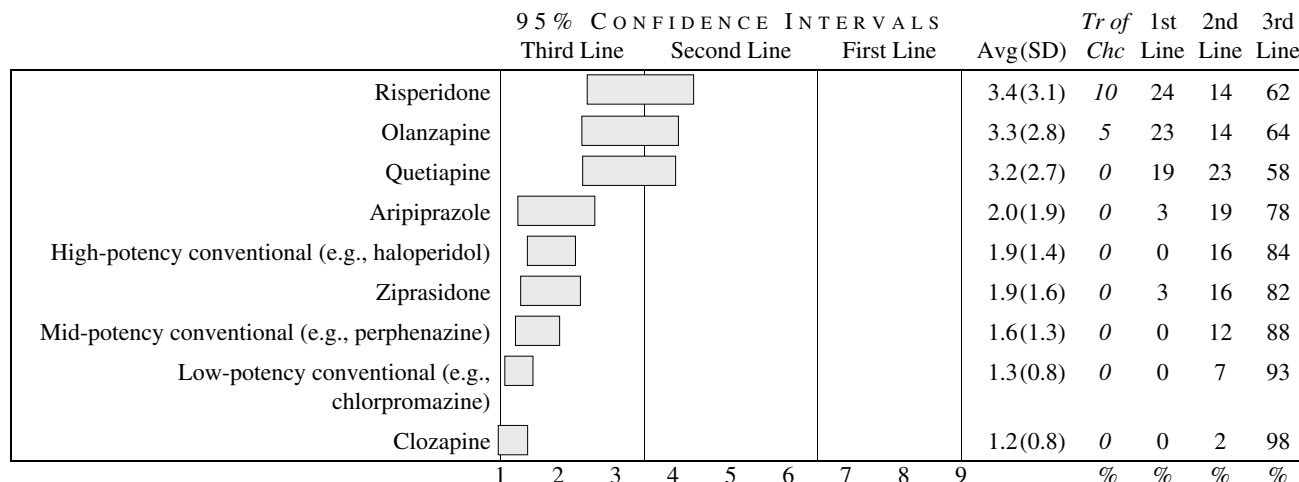
Assume that an older patient with severe motion sickness has failed to respond to or tolerate treatment with an antihistamine (e.g., Dramamine) and with a scopolamine patch. Please rate the appropriateness of using each of the following as your next treatment choice and indicate the dose level you would use. If you are not familiar with a medication, draw a line through that row.



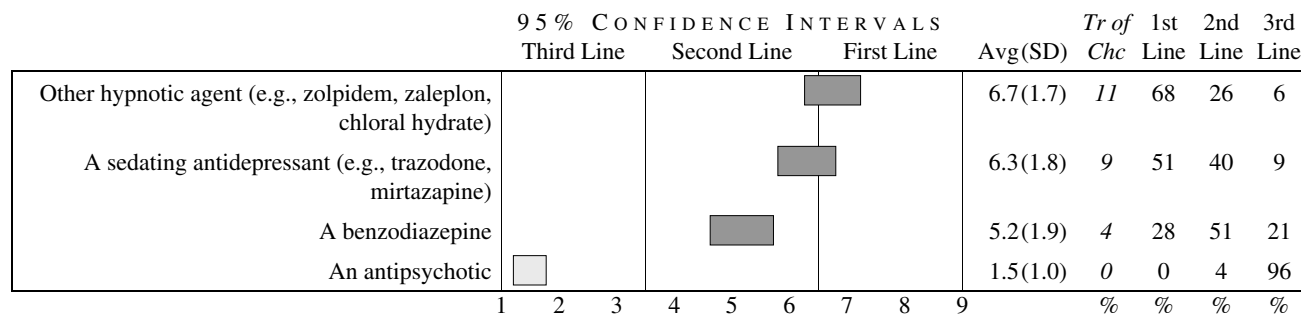
**34 Selection of initial treatment for irritability and hostility.** Please rate the appropriateness of using each of the following as your *initial* treatment for an older patient who presents with irritability and hostility in the absence of a major psychiatric syndrome (dementia, depression, mania, schizophrenia).



**35 Selection of antipsychotics for treatment of irritability and hostility.** An older patient presents with irritability and hostility in the absence of a major psychiatric syndrome (dementia, depression, mania, schizophrenia). Assuming you decide to use an antipsychotic to treat this patient, please rate the appropriateness of each of the following agents and indicate the dose level you would use. If you are not familiar with a medication, draw a line through that row.



**36 Selection of initial treatment for insomnia/sleep disturbance.** Please rate the appropriateness of using each of the following as your *initial* treatment for an older patient who presents with insomnia/sleep disturbance in the absence of a major psychiatric syndrome (dementia, depression, mania, schizophrenia) or a discrete medical cause (e.g., sleep apnea, congestive heart failure with nocturnal dyspnea).



**37 Follow-up intervals for monitoring older patients on antipsychotics.** For each of the following clinical situations, please write in 1) the follow-up interval you consider optimal and 2) the longest acceptable follow-up interval beyond which it would be considered inadequate care.

	Optimal follow-up interval (days)		Longest acceptable follow-up interval (days)	
	Avg (SD)	Median	Avg (SD)	Median
After starting an antipsychotic	7.6 (4.7)	7	25.6 (21.8)	14
After a change in the dose of the antipsychotic	11.8 (8.3)	10	33.2 (24.3)	28
Once a patient has been symptomatically stable on the same dose of antipsychotic for 1 month, to monitor for continued therapeutic benefit and tolerability	52.7 (25.9)	51	98.2 (47.7)	90
Once a patient is in maintenance treatment (i.e., has been stable on the same antipsychotic medication for at least 6 months), to monitor for continued therapeutic benefit and tolerability	95.2 (45.6)	90	171.5 (84.0)	180

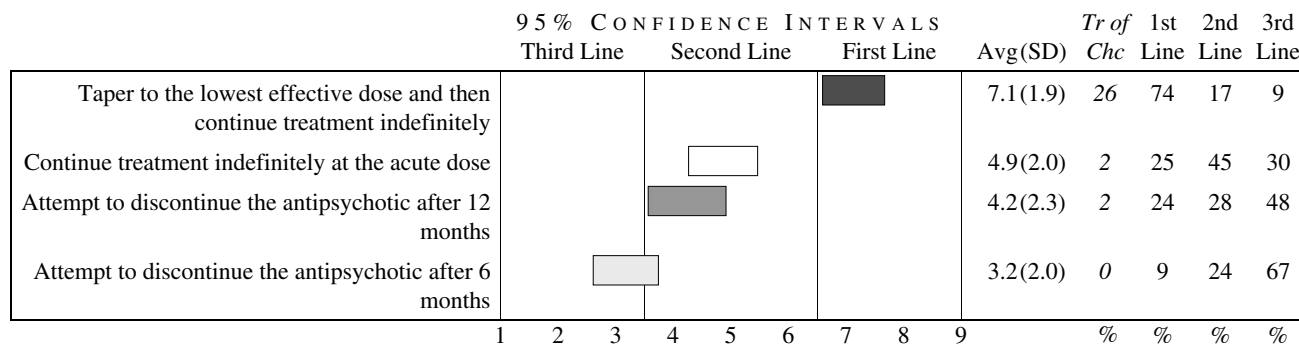
**38 Duration of an adequate trial.** Assume that you are treating an older patient with one of the conditions listed below with an antipsychotic at the target dose (expected therapeutic dose) you indicated you would use in earlier questions. Please indicate how long you would continue treatment before making a change in treatment regimen (i.e., increasing the dose still further, switching to a different medication) if the patient is having an inadequate response. If you would not use an antipsychotic to treat this condition in the first place, check the first box in the row and leave the item blank.

	Would not use		Duration (days)		
	n	%	Avg	(SD)	Median
Schizophrenia	0	0%	26.1	(57.9)	14
Psychotic major depression	0	0%	15.7	(29.7)	7
Mania with psychosis	0	0%	8.5	(14.5)	5
Dementia with agitation with delusions	1	3%	10.0	(15.5)	5
Delusional disorder	1	3%	26.4	(31.0)	14
Dementia with agitation without delusions	3	7%	8.0	(7.8)	7
Delirium	7	17%	1.4	(1.2)	1
Agitated nonpsychotic major depression	8	19%	11.2	(10.3)	7
Mania without psychosis	12	28%	10.0	(11.7)	7
Nonpsychotic major depression with severe anxiety	15	36%	13.9	(10.4)	14
Nonpsychotic major depression without severe anxiety	27	59%			
Severe nausea and vomiting (e.g., due to chemotherapy)	23	59%			
Irritability and hostility in the absence of a major psychiatric syndrome	28	65%			
Motion sickness	29	73%			
Hypochondriasis	33	77%			
Generalized anxiety disorder	36	80%			
Neuropathic pain	34	81%			
Panic disorder	35	81%			
Insomnia/sleep disturbance in the absence of a major psychiatric syndrome or a discrete medical cause	41	91%			

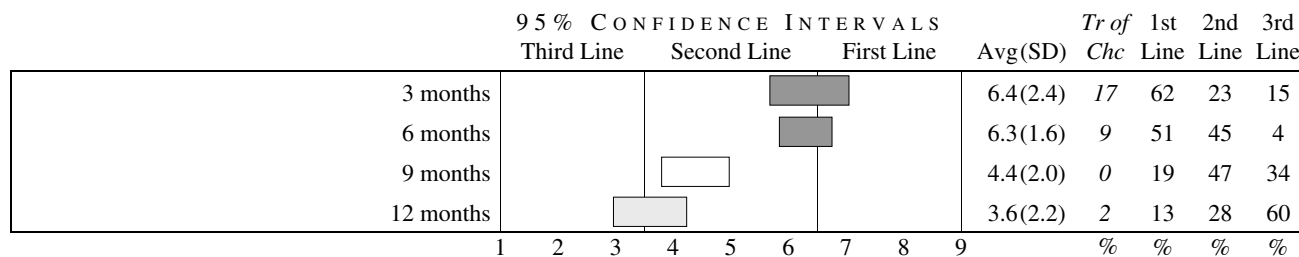
**39 Duration of treatment after response.** Assume that an older patient has responded to treatment with an antipsychotic. How long would you continue treatment before trying to discontinue the antipsychotic? If you would not use an antipsychotic to treat this condition in the first place, check the first box in the row and leave the item blank. If you would continue treatment indefinitely, check the last box.

	Would not use		Duration (days)			Indefinitely	
	<i>n</i>	%	Avg	(SD)	Median	<i>n</i>	%
Schizophrenia	0	0%	528.5	(494.9)	365	26	63%
Psychotic major depression	0	0%	158.4	(106.0)	180	2	5%
Mania with psychosis	0	0%	124.8	(93.2)	90	2	5%
Dementia with agitation with delusions	1	2%	130.8	(86.9)	90	4	10%
Delusional disorder	1	2%	262.4	(227.9)	180	13	31%
Dementia with agitation without delusions	3	8%	104.3	(86.4)	90	0	0%
Delirium	6	14%	14.2	(29.2)	7	0	0%
Agitated nonpsychotic major depression	10	24%	76.3	(74.2)	60	1	2%
Mania without psychosis	14	33%	84.4	(77.0)	60	0	0%
Nonpsychotic major depression with severe anxiety	15	34%	68.3	(55.9)	56	0	0%
Irritability and hostility in the absence of a major psychiatric syndrome	26	60%					
Severe nausea and vomiting (e.g., due to chemotherapy)	24	67%					
Nonpsychotic major depression without severe anxiety	31	72%					
Motion sickness	31	76%					
Neuropathic pain	33	79%					
Hypochondriasis	36	82%					
Generalized anxiety disorder	39	87%					
Panic disorder	38	88%					
Insomnia/sleep disturbance in the absence of a major psychiatric syndrome or a discrete medical cause	43	93%					

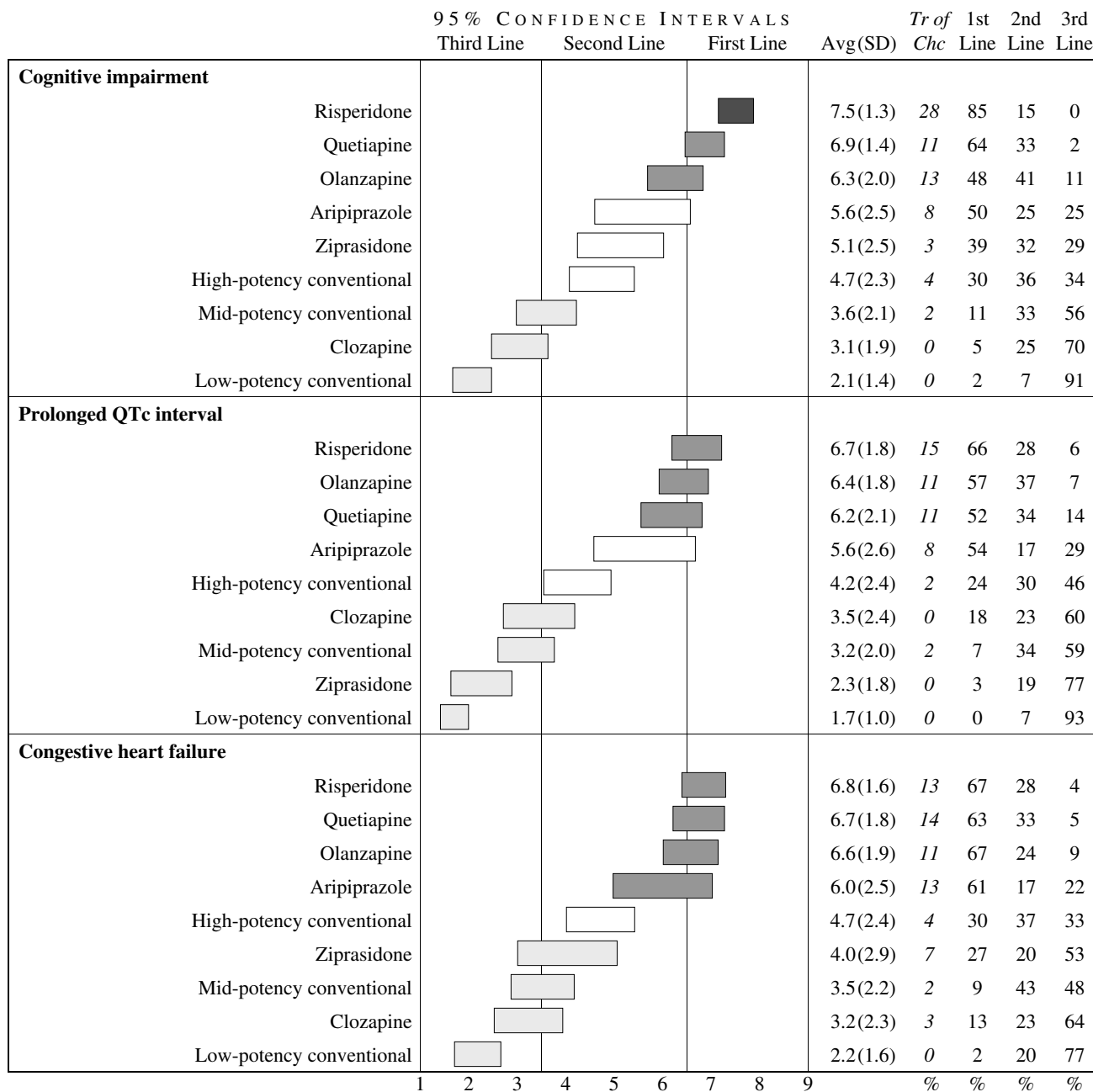
**40 Maintenance dosing strategies for an older patient with schizophrenia or delusional disorder.** Assume you are treating an older patient with schizophrenia or delusional disorder with an antipsychotic, and the patient *has* responded well to treatment. Please rate the appropriateness of the following dosing strategies.



**41 Dosing strategies for an older patient with dementia with agitation.** Assume you are treating an older patient with dementia with agitation with an antipsychotic and the patient has responded well to treatment. How long would you wait before trying to taper the dose to determine the lowest effective maintenance dose to prevent relapse? Please rate the appropriateness of the following intervals.

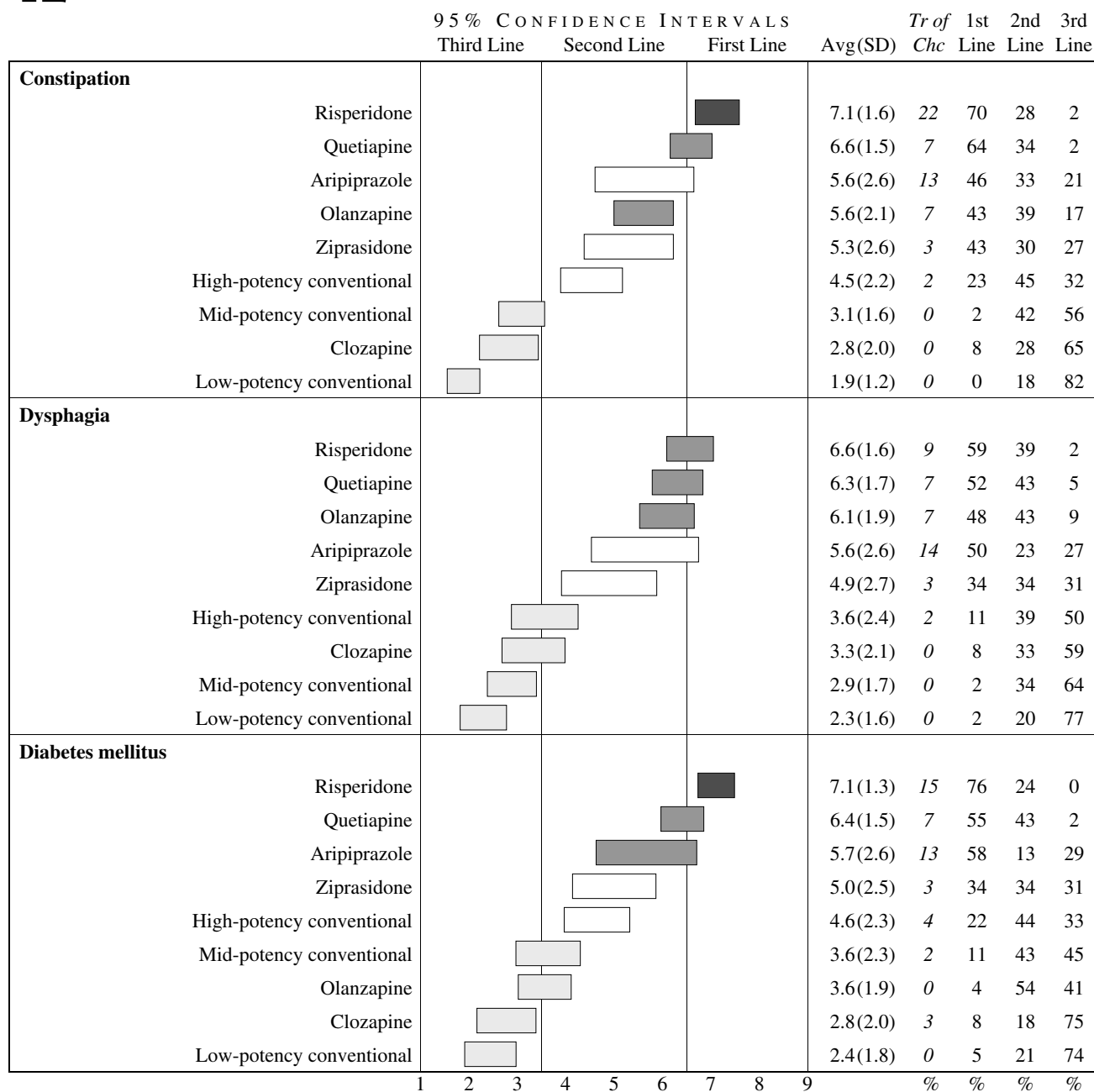


**42 Complicating conditions.** Assume that a patient has a condition for which *low-dose* (see p. 20 for definition) antipsychotic treatment is indicated and also has one of the complicating conditions listed below. Rate the appropriateness of using each of the following antipsychotics. We ask about medium- or high-dose treatment in Question 43.

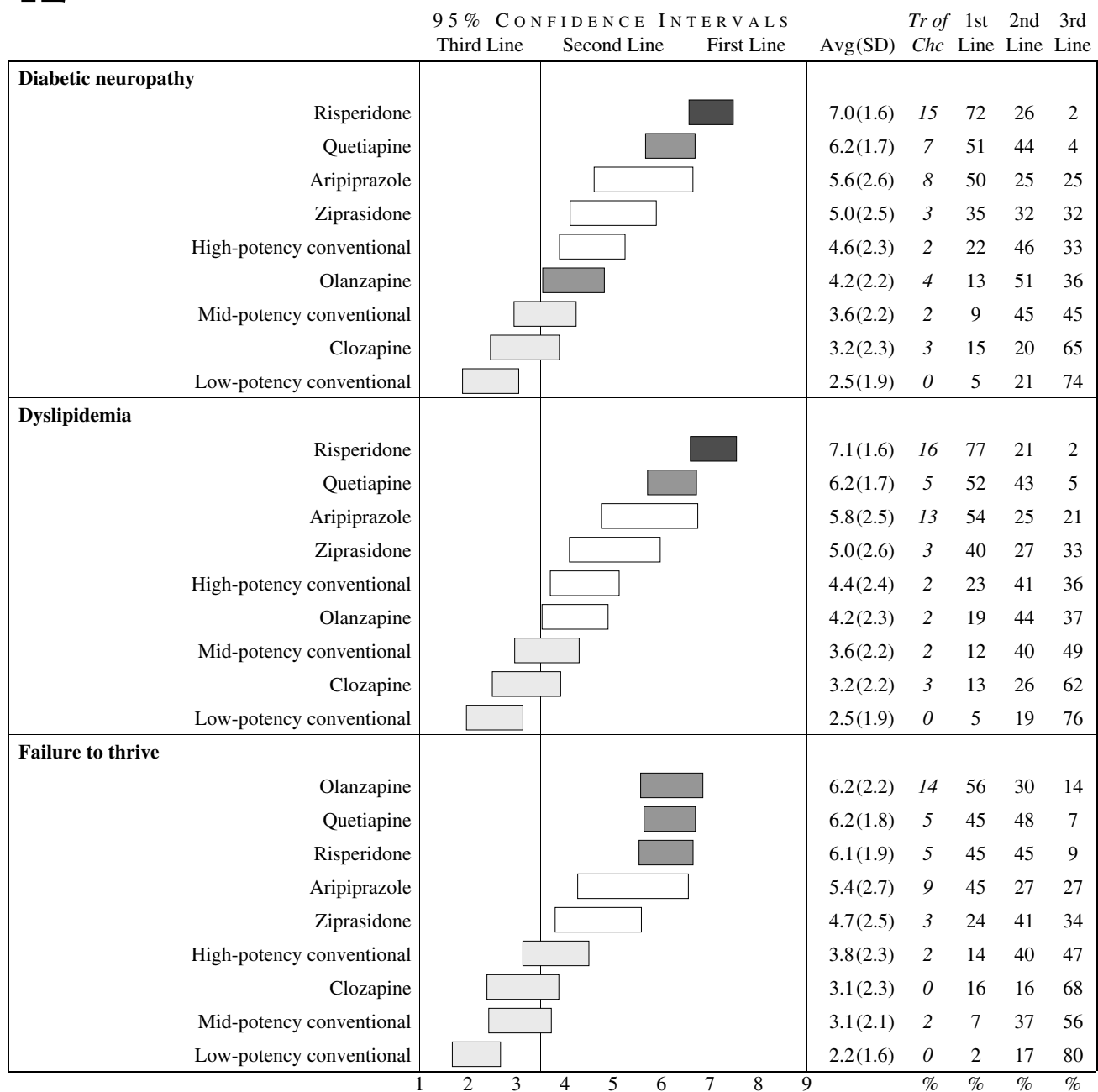




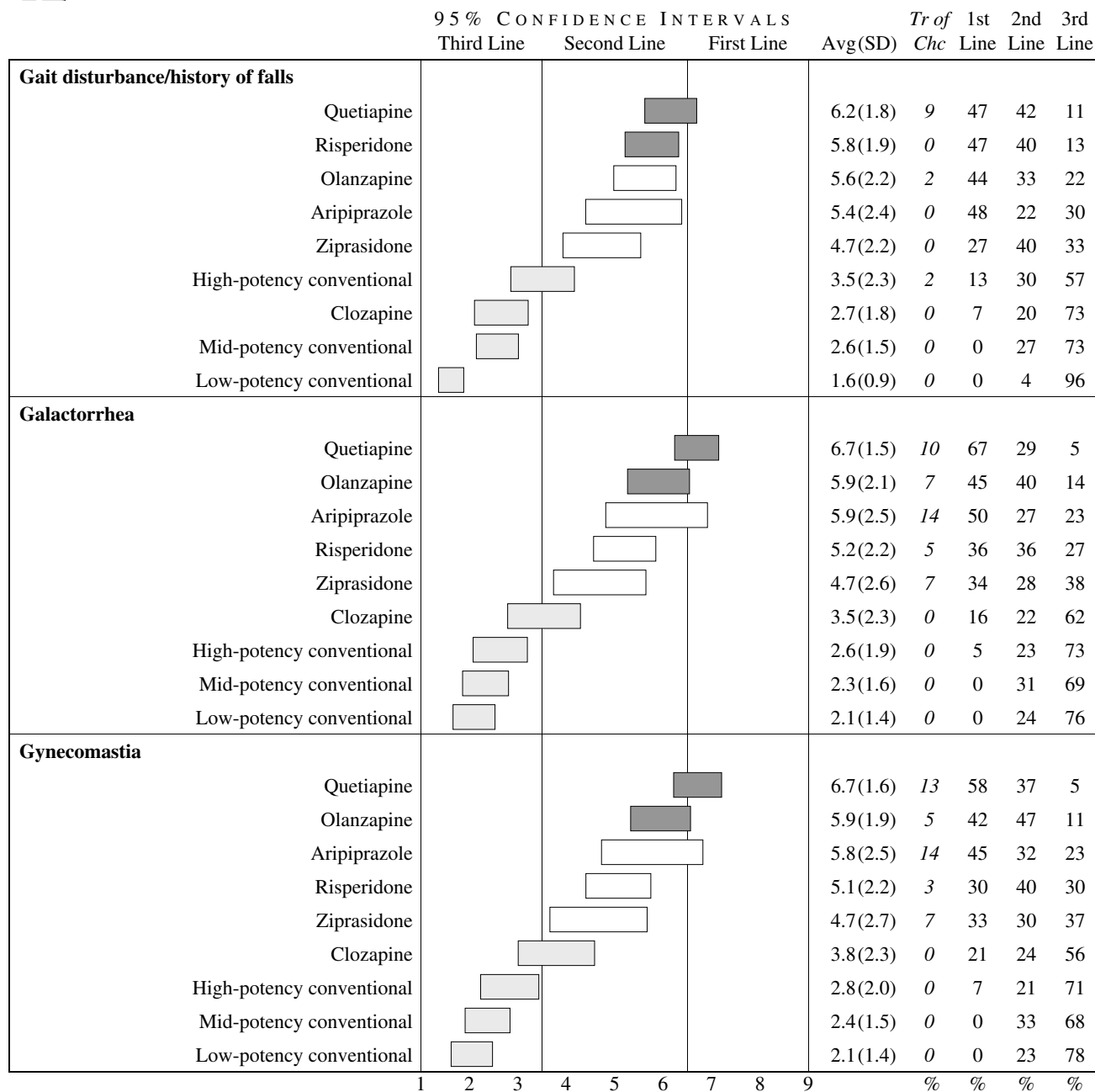
# 42 Complicating conditions, continued



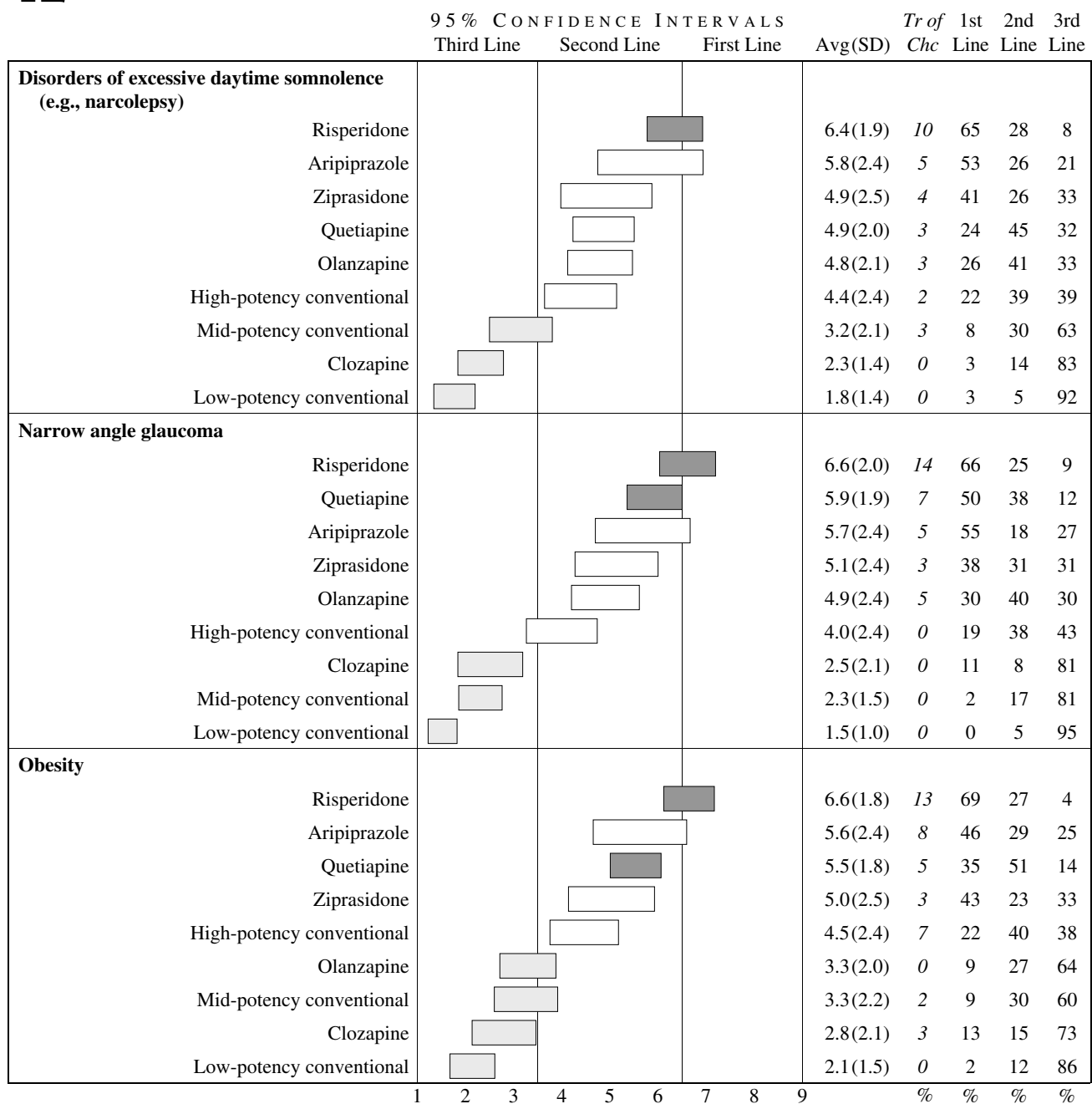
# 42 Complicating conditions, *continued*



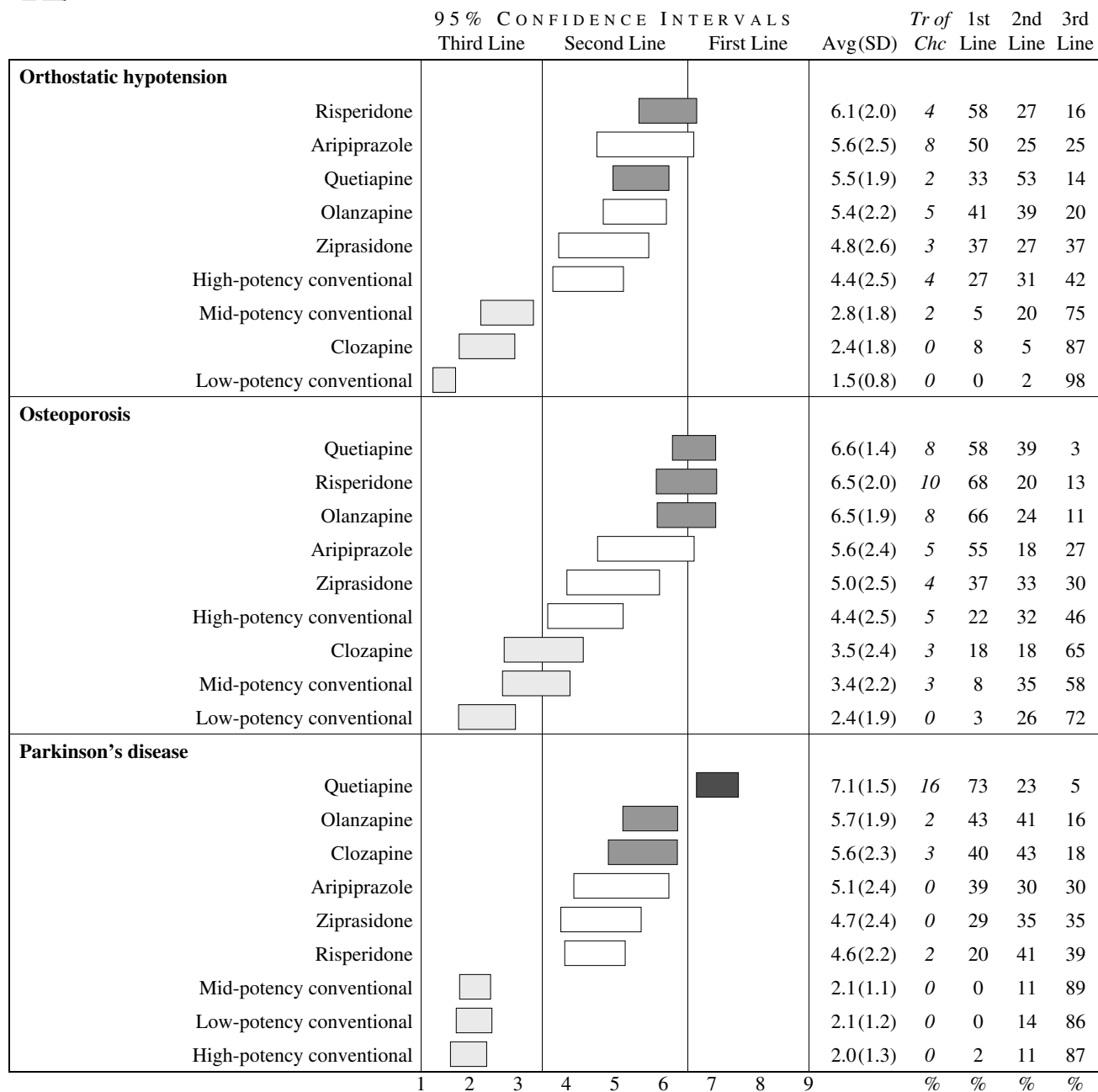
# 42 Complicating conditions, continued



# 42 Complicating conditions, *continued*



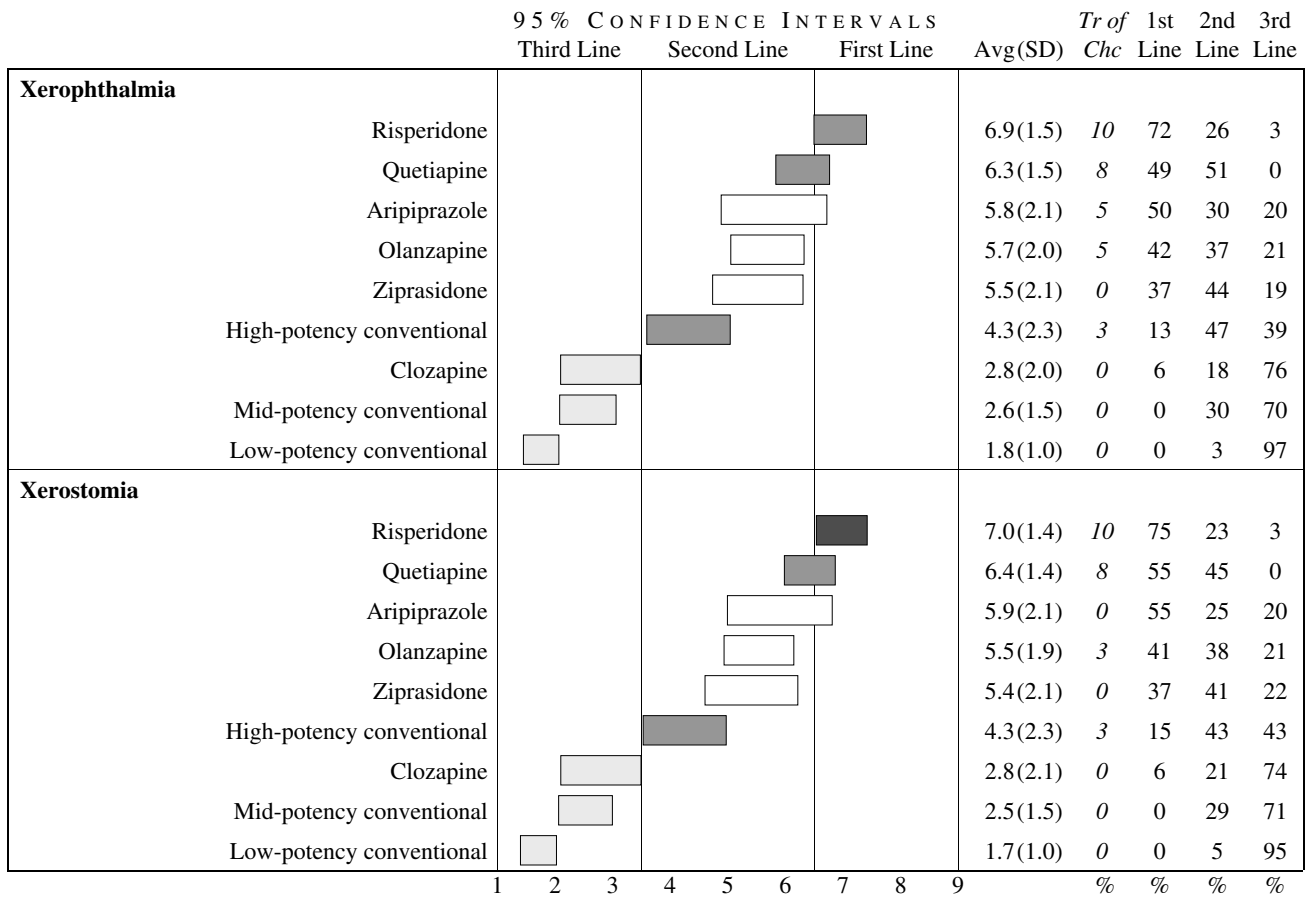
# 42 Complicating conditions, continued



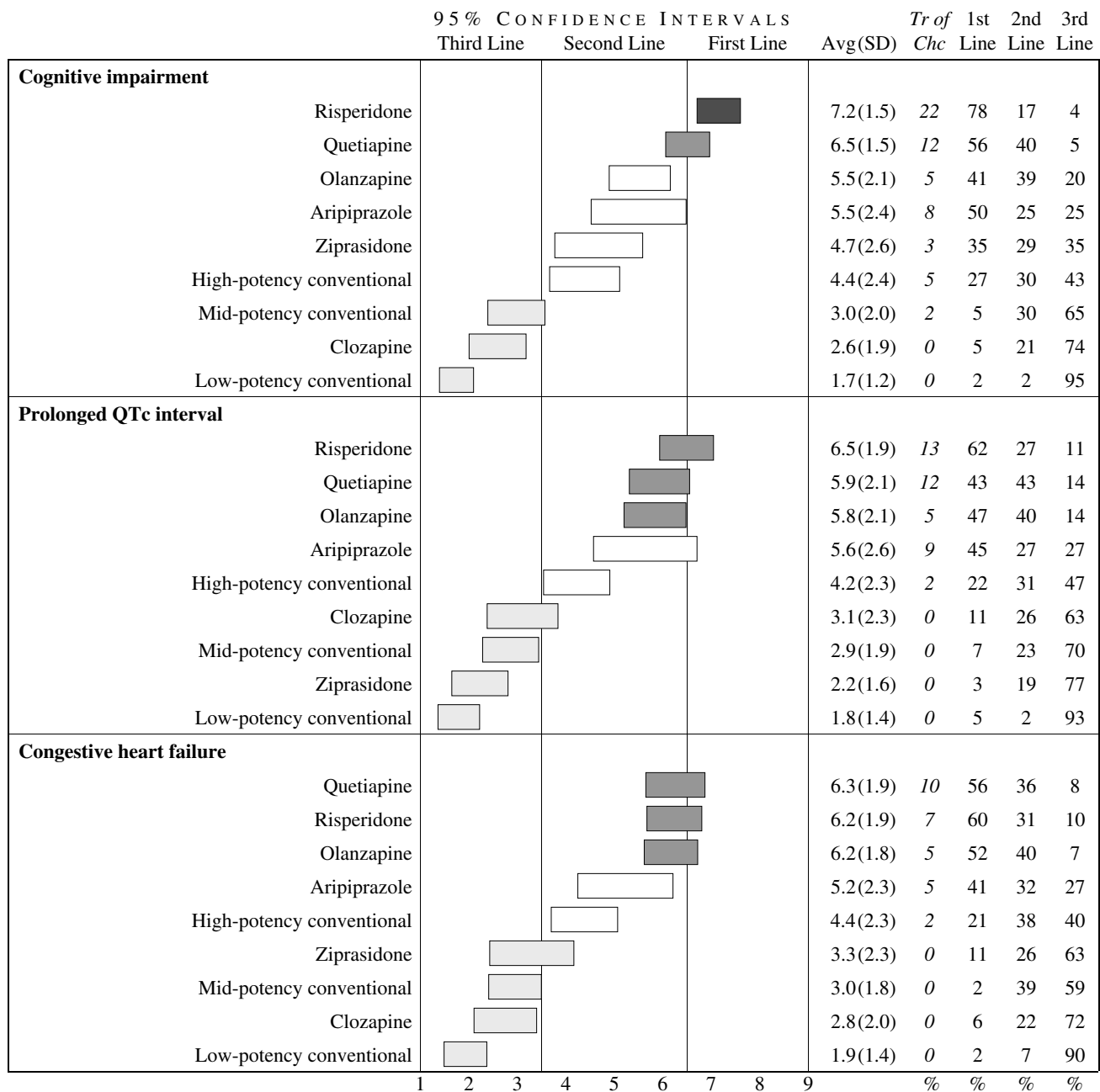
# 42 Complicating conditions, *continued*

	95% CONFIDENCE INTERVALS			Avg(SD)	Tr of Chc	1st Line	2nd Line	3rd Line	
	Third Line	Second Line	First Line						
<b>Urinary retention (prostatism)</b>									
Risperidone				6.9(1.7)	16	68	27	5	
Quetiapine				6.2(1.4)	5	45	52	2	
Aripiprazole				5.8(2.3)	0	57	24	19	
Ziprasidone				5.0(2.4)	0	36	36	29	
Olanzapine				5.0(2.2)	2	31	45	24	
High-potency conventional				4.0(2.3)	2	16	36	48	
Clozapine				2.7(2.0)	0	8	16	76	
Mid-potency conventional				2.3(1.4)	0	2	14	84	
Low-potency conventional				1.5(0.9)	0	0	5	95	
<b>Retinopathy</b>									
Risperidone				6.9(1.6)	15	71	24	5	
Olanzapine				6.1(2.2)	10	49	38	13	
Quetiapine				5.8(2.2)	8	49	36	15	
Aripiprazole				5.4(2.4)	5	48	24	29	
Ziprasidone				4.8(2.4)	4	29	36	36	
High-potency conventional				4.1(2.4)	2	20	39	41	
Clozapine				3.7(2.5)	3	19	22	58	
Mid-potency conventional				2.7(1.8)	0	5	23	73	
Low-potency conventional				1.8(1.3)	0	0	15	85	
<b>Sleep apnea</b>									
Risperidone				6.6(2.2)	12	73	17	10	
Quetiapine				5.7(1.8)	3	36	51	13	
Olanzapine				5.6(2.1)	5	45	35	20	
Aripiprazole				5.5(2.2)	0	48	29	24	
Ziprasidone				5.0(2.6)	0	39	29	32	
High-potency conventional				4.2(2.5)	2	22	34	44	
Mid-potency conventional				3.0(1.8)	0	5	35	60	
Clozapine				2.9(2.1)	0	8	17	75	
Low-potency conventional				1.9(1.5)	0	3	8	90	
	1	2	3	4	5	6	7	8	9
		%	%	%	%	%	%	%	%

# 42 Complicating conditions, continued

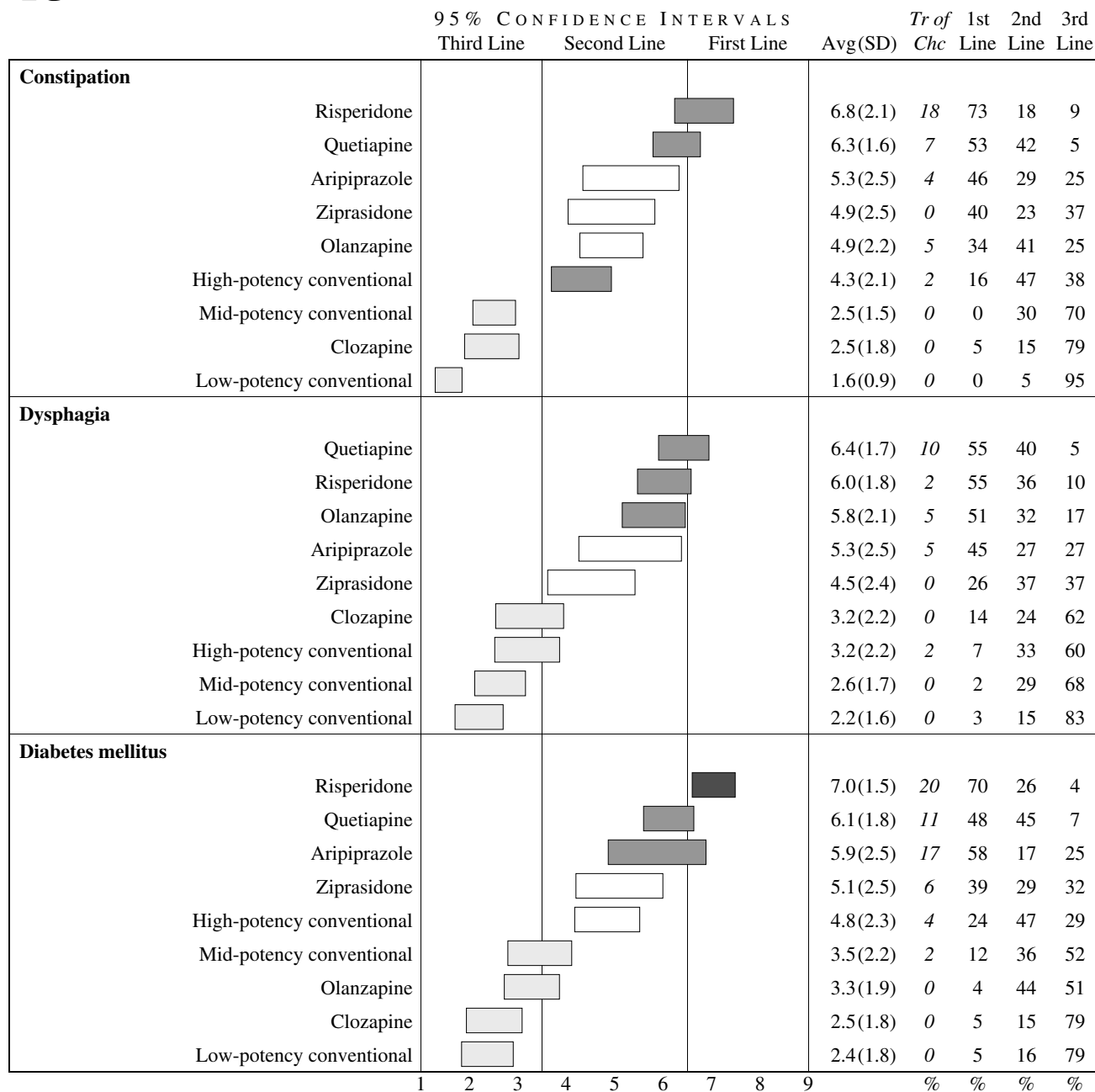


**43 Complicating conditions.** Assume that a patient has a condition for which *medium- to high-dose* (see p. 20 for definitions) antipsychotic treatment is indicated and also has one of the complicating conditions listed below. Rate the appropriateness of using each of the following antipsychotics.





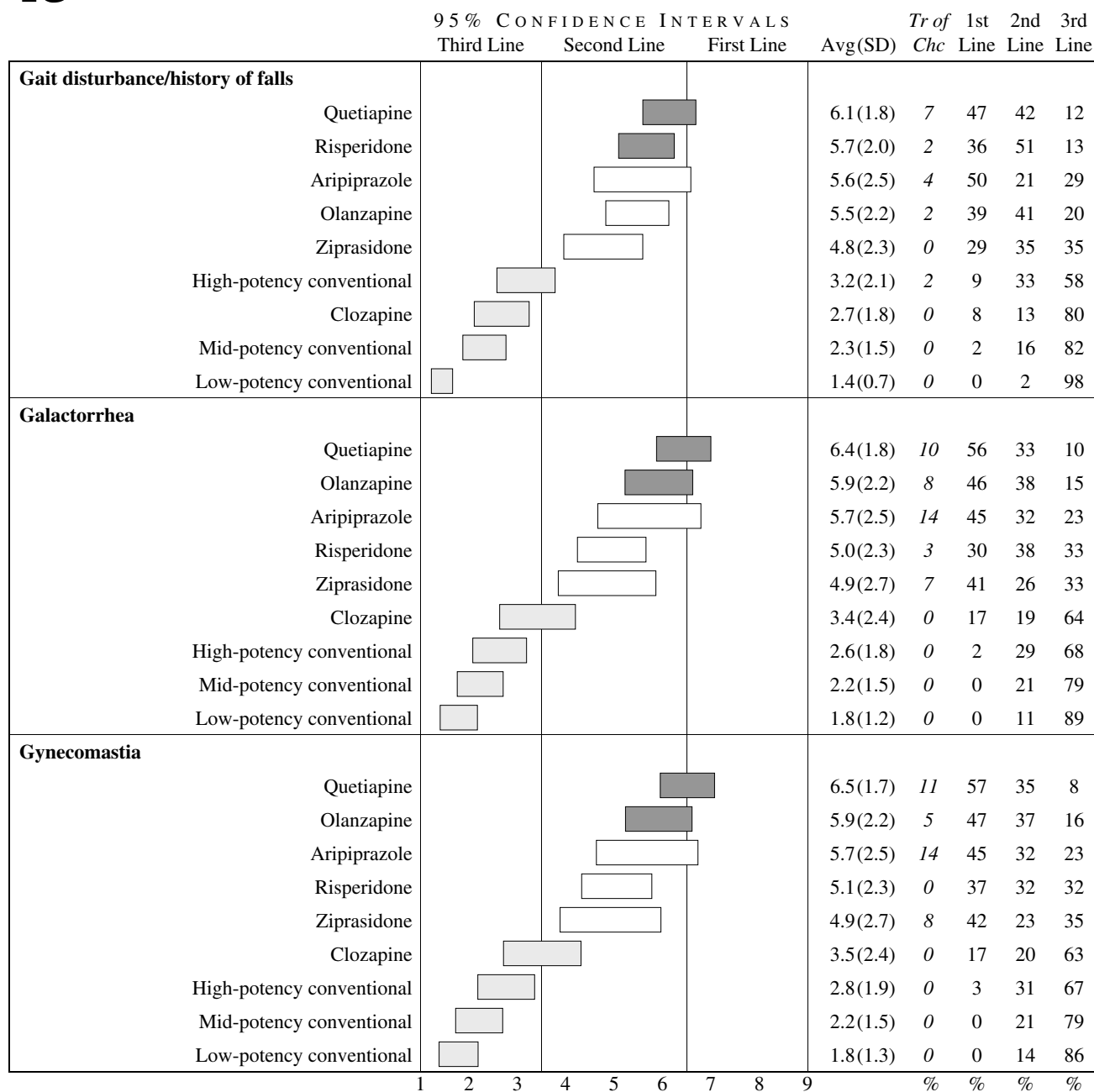
# 43 Complicating conditions, continued



# 43 Complicating conditions, *continued*

		95% CONFIDENCE INTERVALS			Avg(SD)	Tr of Chc	1st Line	2nd Line	3rd Line
		Third Line	Second Line	First Line					
<b>Diabetic neuropathy</b>	Risperidone				7.1(1.5)	18	73	22	4
	Quetiapine				6.3(1.7)	9	51	42	7
	Aripiprazole				5.6(2.5)	8	54	21	25
	Ziprasidone				4.9(2.5)	3	35	29	35
	High-potency conventional				4.8(2.3)	4	22	51	27
	Olanzapine				3.9(2.2)	0	14	44	42
	Mid-potency conventional				3.4(2.1)	2	9	35	56
	Clozapine				2.9(2.1)	0	10	18	72
	Low-potency conventional				2.4(1.8)	0	5	19	77
<b>Dyslipidemia</b>	Risperidone				7.1(1.5)	19	79	17	5
	Quetiapine				6.2(1.5)	5	54	41	5
	Aripiprazole				5.8(2.5)	13	57	22	22
	Ziprasidone				5.2(2.6)	3	45	21	34
	High-potency conventional				4.6(2.4)	5	21	45	33
	Olanzapine				3.9(2.4)	3	18	38	45
	Mid-potency conventional				3.5(2.2)	2	12	37	51
	Clozapine				2.8(2.2)	0	14	11	76
	Low-potency conventional				2.3(1.9)	0	3	18	80
<b>Failure to thrive</b>	Risperidone				6.4(1.9)	5	59	34	7
	Quetiapine				6.2(1.9)	5	59	34	7
	Olanzapine				6.1(2.3)	10	55	33	12
	Aripiprazole				5.5(2.7)	9	50	23	27
	Ziprasidone				4.8(2.4)	3	28	41	31
	High-potency conventional				4.0(2.3)	2	14	43	43
	Clozapine				3.2(2.4)	0	18	16	66
	Mid-potency conventional				3.1(2.0)	0	7	39	54
	Low-potency conventional				2.3(1.6)	0	2	20	78

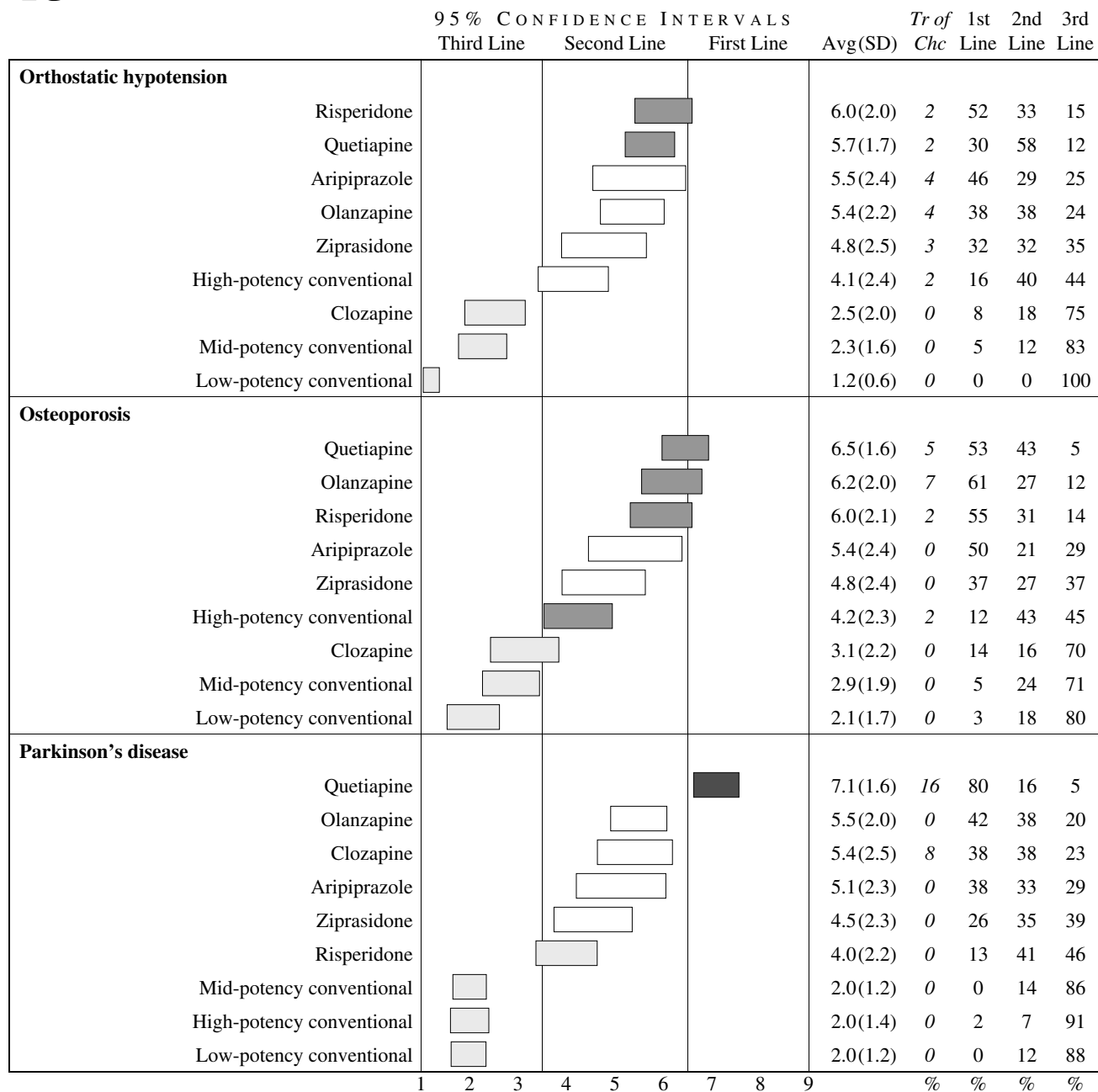
# 43 Complicating conditions, continued



# 43 Complicating conditions, *continued*

	95% CONFIDENCE INTERVALS			Avg(SD)	Tr of Chc	1st Line	2nd Line	3rd Line
	Third Line	Second Line	First Line					
<b>Disorders of excessive daytime somnolence (e.g., narcolepsy)</b>								
Risperidone				6.3(1.7)	5	68	27	5
Aripiprazole				5.4(2.6)	0	47	26	26
Ziprasidone				4.9(2.5)	0	37	33	30
Quetiapine				4.9(2.0)	3	21	51	28
Olanzapine				4.4(2.1)	2	17	51	32
High-potency conventional				4.3(2.5)	5	20	40	40
Mid-potency conventional				2.9(2.0)	3	5	26	69
Clozapine				2.1(1.4)	0	0	20	80
Low-potency conventional				1.7(1.3)	0	3	5	93
<b>Narrow angle glaucoma</b>								
Risperidone				6.5(1.9)	7	65	26	9
Quetiapine				5.8(1.9)	5	37	51	12
Aripiprazole				5.1(2.5)	0	43	24	33
Ziprasidone				4.7(2.4)	0	32	32	36
Olanzapine				4.6(2.4)	2	24	43	33
High-potency conventional				3.9(2.2)	2	12	43	45
Clozapine				2.6(2.2)	0	11	11	78
Mid-potency conventional				2.1(1.5)	0	2	7	90
Low-potency conventional				1.4(0.9)	0	0	5	95
<b>Obesity</b>								
Risperidone				6.6(1.9)	13	64	29	7
Quetiapine				5.7(1.8)	2	40	45	14
Aripiprazole				5.5(2.4)	8	42	33	25
Ziprasidone				4.9(2.3)	0	35	32	32
High-potency conventional				4.3(2.2)	2	18	44	38
Olanzapine				3.4(2.2)	0	11	33	56
Mid-potency conventional				2.9(1.9)	0	5	30	66
Clozapine				2.4(1.8)	0	5	13	82
Low-potency conventional				1.9(1.2)	0	0	12	88

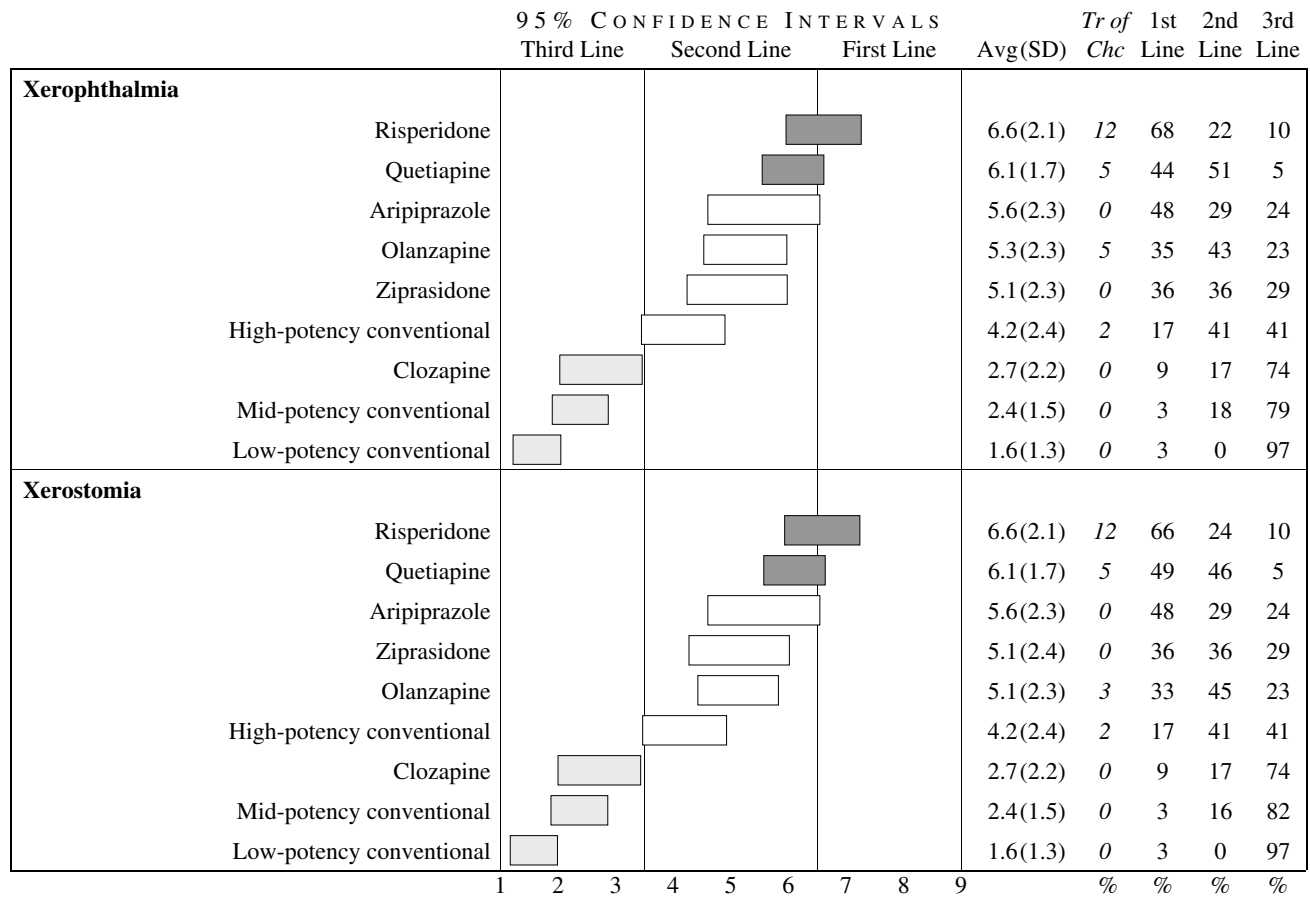
# 43 Complicating conditions, continued



# 43 Complicating conditions, *continued*

	95% CONFIDENCE INTERVALS			Avg(SD)	Tr of Chc	1st Line	2nd Line	3rd Line
	Third Line	Second Line	First Line					
<b>Urinary retention (prostatism)</b>								
Risperidone				6.5(2.0)	9	63	26	11
Quetiapine				6.0(1.8)	7	41	52	7
Aripiprazole				5.5(2.4)	4	46	29	25
Ziprasidone				4.9(2.4)	3	32	35	32
Olanzapine				4.8(2.3)	4	29	42	29
High-potency conventional				3.7(2.2)	2	11	39	50
Clozapine				2.7(2.0)	0	8	18	75
Mid-potency conventional				2.1(1.4)	0	2	16	82
Low-potency conventional				1.3(0.6)	0	0	2	98
<b>Retinopathy</b>								
Risperidone				6.8(2.0)	14	74	17	10
Olanzapine				6.2(2.1)	12	51	39	10
Quetiapine				5.8(2.3)	10	45	35	20
Aripiprazole				5.5(2.6)	9	48	22	30
Ziprasidone				4.9(2.6)	7	33	30	37
High-potency conventional				4.4(2.5)	5	21	40	38
Clozapine				3.8(2.6)	3	19	27	54
Mid-potency conventional				3.1(2.2)	2	12	21	67
Low-potency conventional				1.7(1.5)	0	3	10	88
<b>Sleep apnea</b>								
Risperidone				6.8(2.1)	10	73	17	10
Quetiapine				5.6(1.8)	3	36	51	13
Aripiprazole				5.2(2.6)	0	52	14	33
Olanzapine				5.0(2.3)	3	33	40	28
Ziprasidone				4.9(2.6)	0	39	25	36
High-potency conventional				4.1(2.5)	2	20	34	46
Clozapine				2.8(2.3)	0	11	17	72
Mid-potency conventional				2.7(2.0)	0	10	13	78
Low-potency conventional				1.7(1.6)	0	5	0	95

# 43 Complicating conditions, continued



#### 44 Medication combinations.

Please rate the appropriateness of combining each of the following types of antipsychotics with the following medications in an older patient. Please rate each combination using the following scale:

- 1 = no expected drug interaction  
 2 = need for extra monitoring for possible side effects  
 3 = combined use contraindicated

	Citalopram			Fluoxetine			Fluvoxamine		
	1 n (%)	2 n (%)	3 n (%)	1 n (%)	2 n (%)	3 n (%)	1 n (%)	2 n (%)	3 n (%)
Aripiprazole	14 (74%)	4 (21%)	1 (5%)	10 (53%)	9 (47%)	0 (0%)	9 (56%)	7 (44%)	0 (0%)
Clozapine	22 (61%)	11 (31%)	3 (8%)	9 (25%)	25 (69%)	2 (6%)	5 (15%)	24 (73%)	4 (12%)
Olanzapine	33 (79%)	7 (17%)	2 (5%)	20 (47%)	20 (47%)	3 (7%)	10 (29%)	24 (69%)	1 (3%)
Quetiapine	32 (80%)	7 (18%)	1 (3%)	22 (56%)	17 (44%)	0 (0%)	17 (49%)	17 (49%)	1 (3%)
Risperidone	29 (71%)	11 (27%)	1 (2%)	13 (33%)	25 (63%)	2 (5%)	18 (51%)	17 (49%)	0 (0%)
Ziprasidone	18 (69%)	7 (27%)	1 (4%)	13 (50%)	13 (50%)	0 (0%)	12 (50%)	12 (50%)	0 (0%)
High-potency conventional	29 (73%)	8 (20%)	3 (8%)	12 (31%)	23 (59%)	4 (10%)	16 (46%)	18 (51%)	1 (3%)
Mid-potency conventional	24 (63%)	11 (29%)	3 (8%)	12 (32%)	20 (54%)	5 (14%)	16 (47%)	16 (47%)	2 (6%)
Low-potency conventional	24 (65%)	9 (24%)	4 (11%)	10 (27%)	17 (46%)	10 (27%)	12 (36%)	17 (52%)	4 (12%)

	Paroxetine			Sertraline			Bupropion		
	1 n (%)	2 n (%)	3 n (%)	1 n (%)	2 n (%)	3 n (%)	1 n (%)	2 n (%)	3 n (%)
Aripiprazole	8 (44%)	9 (50%)	1 (6%)	12 (67%)	6 (33%)	0 (0%)	14 (78%)	3 (17%)	1 (6%)
Clozapine	8 (22%)	25 (69%)	3 (8%)	17 (47%)	17 (47%)	2 (6%)	17 (49%)	15 (43%)	3 (9%)
Olanzapine	17 (41%)	23 (56%)	1 (2%)	28 (68%)	12 (29%)	1 (2%)	29 (71%)	11 (27%)	1 (2%)
Quetiapine	23 (58%)	16 (40%)	1 (3%)	29 (73%)	11 (28%)	0 (0%)	29 (74%)	9 (23%)	1 (3%)
Risperidone	12 (29%)	27 (66%)	2 (5%)	22 (54%)	19 (46%)	0 (0%)	23 (58%)	15 (38%)	2 (5%)
Ziprasidone	12 (44%)	14 (52%)	1 (4%)	18 (67%)	9 (33%)	0 (0%)	19 (70%)	7 (26%)	1 (4%)
High-potency conventional	10 (24%)	27 (64%)	5 (12%)	25 (60%)	15 (36%)	2 (5%)	21 (51%)	17 (41%)	3 (7%)
Mid-potency conventional	10 (26%)	24 (62%)	5 (13%)	22 (56%)	15 (38%)	2 (5%)	21 (54%)	15 (38%)	3 (8%)
Low-potency conventional	7 (19%)	23 (62%)	7 (19%)	20 (53%)	15 (39%)	3 (8%)	23 (61%)	12 (32%)	3 (8%)

	Mirtazapine			Nefazodone			Trazodone		
	1 n (%)	2 n (%)	3 n (%)	1 n (%)	2 n (%)	3 n (%)	1 n (%)	2 n (%)	3 n (%)
Aripiprazole	14 (78%)	3 (17%)	1 (6%)	8 (47%)	8 (47%)	1 (6%)	14 (70%)	5 (25%)	1 (5%)
Clozapine	15 (41%)	18 (49%)	4 (11%)	10 (30%)	21 (64%)	2 (6%)	16 (44%)	18 (50%)	2 (6%)
Olanzapine	21 (50%)	20 (48%)	1 (2%)	16 (43%)	20 (54%)	1 (3%)	22 (54%)	18 (44%)	1 (2%)
Quetiapine	22 (56%)	15 (38%)	2 (5%)	13 (36%)	20 (56%)	3 (8%)	22 (55%)	17 (43%)	1 (3%)
Risperidone	22 (51%)	18 (42%)	3 (7%)	4 (19%)	15 (71%)	2 (10%)	25 (60%)	16 (38%)	1 (2%)
Ziprasidone	17 (63%)	8 (30%)	2 (7%)	12 (46%)	13 (50%)	1 (4%)	16 (59%)	10 (37%)	1 (4%)
High-potency conventional	24 (57%)	15 (36%)	3 (7%)	20 (53%)	17 (45%)	1 (3%)	27 (66%)	13 (32%)	1 (2%)
Mid-potency conventional	21 (54%)	14 (36%)	4 (10%)	18 (50%)	15 (42%)	3 (8%)	22 (55%)	15 (38%)	3 (8%)
Low-potency conventional	17 (45%)	17 (45%)	4 (11%)	13 (37%)	19 (54%)	3 (9%)	15 (39%)	20 (53%)	3 (8%)



## 44 Medication combinations, continued

- 1 = no expected drug interaction  
 2 = need for extra monitoring for possible side effects  
 3 = combined use contraindicated

	Venlafaxine			Tricyclic antidepressant			Monoamine oxidase inhibitor		
	1 n (%)	2 n (%)	3 n (%)	1 n (%)	2 n (%)	3 n (%)	1 n (%)	2 n (%)	3 n (%)
Aripiprazole	14 (74%)	5 (26%)	0 (0%)	10 (50%)	8 (40%)	2 (10%)	7 (35%)	10 (50%)	3 (15%)
Clozapine	20 (56%)	14 (39%)	2 (6%)	8 (23%)	22 (63%)	5 (14%)	7 (21%)	21 (64%)	5 (15%)
Olanzapine	26 (63%)	14 (34%)	1 (2%)	11 (28%)	26 (65%)	3 (8%)	12 (33%)	21 (58%)	3 (8%)
Quetiapine	28 (70%)	12 (30%)	0 (0%)	16 (41%)	20 (51%)	3 (8%)	11 (31%)	20 (57%)	4 (11%)
Risperidone	26 (62%)	16 (38%)	0 (0%)	15 (37%)	24 (59%)	2 (5%)	14 (38%)	19 (51%)	4 (11%)
Ziprasidone	18 (67%)	8 (30%)	1 (4%)	7 (26%)	13 (48%)	7 (26%)	10 (37%)	13 (48%)	4 (15%)
High-potency conventional	24 (57%)	17 (40%)	1 (2%)	16 (40%)	22 (55%)	2 (5%)	13 (35%)	20 (54%)	4 (11%)
Mid-potency conventional	25 (63%)	13 (33%)	2 (5%)	12 (31%)	23 (59%)	4 (10%)	10 (28%)	21 (58%)	5 (14%)
Low-potency conventional	21 (55%)	14 (37%)	3 (8%)	11 (29%)	20 (53%)	7 (18%)	8 (22%)	22 (61%)	6 (17%)

	Lithium			Carbamazepine			Gabapentin		
	1 n (%)	2 n (%)	3 n (%)	1 n (%)	2 n (%)	3 n (%)	1 n (%)	2 n (%)	3 n (%)
Aripiprazole	9 (47%)	9 (47%)	1 (5%)	5 (25%)	12 (60%)	3 (15%)	13 (62%)	7 (33%)	1 (5%)
Clozapine	8 (22%)	25 (69%)	3 (8%)	5 (14%)	17 (47%)	14 (39%)	17 (47%)	17 (47%)	2 (6%)
Olanzapine	14 (35%)	24 (60%)	2 (5%)	14 (34%)	25 (61%)	2 (5%)	22 (54%)	18 (44%)	1 (2%)
Quetiapine	16 (42%)	21 (55%)	1 (3%)	12 (30%)	26 (65%)	2 (5%)	21 (62%)	12 (35%)	1 (3%)
Risperidone	15 (37%)	25 (61%)	1 (2%)	18 (43%)	22 (52%)	2 (5%)	26 (63%)	14 (34%)	1 (2%)
Ziprasidone	9 (33%)	17 (63%)	1 (4%)	8 (30%)	17 (63%)	2 (7%)	15 (56%)	10 (37%)	2 (7%)
High-potency conventional	7 (17%)	30 (73%)	4 (10%)	11 (26%)	27 (64%)	4 (10%)	26 (63%)	13 (32%)	2 (5%)
Mid-potency conventional	8 (21%)	27 (69%)	4 (10%)	12 (30%)	25 (63%)	3 (8%)	23 (59%)	14 (36%)	2 (5%)
Low-potency conventional	7 (22%)	22 (69%)	3 (9%)	12 (32%)	22 (58%)	4 (11%)	18 (49%)	17 (46%)	2 (5%)

	Lamotrigine			Valproate			Atenolol		
	1 n (%)	2 n (%)	3 n (%)	1 n (%)	2 n (%)	3 n (%)	1 n (%)	2 n (%)	3 n (%)
Aripiprazole	10 (50%)	9 (45%)	1 (5%)	12 (55%)	9 (41%)	1 (5%)	11 (52%)	10 (48%)	0 (0%)
Clozapine	12 (36%)	19 (58%)	2 (6%)	8 (24%)	23 (68%)	3 (9%)	12 (34%)	20 (57%)	3 (9%)
Olanzapine	14 (40%)	20 (57%)	1 (3%)	16 (41%)	22 (56%)	1 (3%)	21 (53%)	18 (45%)	1 (3%)
Quetiapine	13 (38%)	20 (59%)	1 (3%)	17 (44%)	22 (56%)	0 (0%)	21 (54%)	17 (44%)	1 (3%)
Risperidone	16 (44%)	19 (53%)	1 (3%)	21 (51%)	20 (49%)	0 (0%)	22 (52%)	19 (45%)	1 (2%)
Ziprasidone	11 (42%)	14 (54%)	1 (4%)	13 (50%)	13 (50%)	0 (0%)	14 (52%)	11 (41%)	2 (7%)
High-potency conventional	15 (42%)	19 (53%)	2 (6%)	21 (51%)	19 (46%)	1 (2%)	22 (55%)	14 (35%)	4 (10%)
Mid-potency conventional	13 (37%)	20 (57%)	2 (6%)	16 (40%)	22 (55%)	2 (5%)	15 (39%)	19 (50%)	4 (11%)
Low-potency conventional	11 (32%)	21 (62%)	2 (6%)	12 (32%)	23 (61%)	3 (8%)	11 (31%)	20 (56%)	5 (14%)

## 44 Medication combinations, *continued*

- 1 = no expected drug interaction  
 2 = need for extra monitoring for possible side effects  
 3 = combined use contraindicated

	Caffeine			Captopril			Codeine		
	1 <i>n</i> (%)	2 <i>n</i> (%)	3 <i>n</i> (%)	1 <i>n</i> (%)	2 <i>n</i> (%)	3 <i>n</i> (%)	1 <i>n</i> (%)	2 <i>n</i> (%)	3 <i>n</i> (%)
Aripiprazole	14 (70%)	5 (25%)	1 (5%)	13 (68%)	6 (32%)	0 (0%)	10 (45%)	10 (45%)	2 (9%)
Clozapine	16 (47%)	17 (50%)	1 (3%)	10 (33%)	19 (63%)	1 (3%)	10 (30%)	22 (67%)	1 (3%)
Olanzapine	26 (67%)	12 (31%)	1 (3%)	19 (56%)	14 (41%)	1 (3%)	12 (31%)	25 (64%)	2 (5%)
Quetiapine	30 (77%)	8 (21%)	1 (3%)	19 (56%)	15 (44%)	0 (0%)	15 (38%)	22 (56%)	2 (5%)
Risperidone	30 (73%)	10 (24%)	1 (2%)	19 (53%)	17 (47%)	0 (0%)	17 (40%)	23 (55%)	2 (5%)
Ziprasidone	21 (78%)	5 (19%)	1 (4%)	14 (56%)	10 (40%)	1 (4%)	13 (48%)	13 (48%)	1 (4%)
High-potency conventional	26 (67%)	12 (31%)	1 (3%)	20 (56%)	15 (42%)	1 (3%)	16 (39%)	22 (54%)	3 (7%)
Mid-potency conventional	27 (71%)	10 (26%)	1 (3%)	15 (44%)	16 (47%)	3 (9%)	11 (28%)	25 (63%)	4 (10%)
Low-potency conventional	27 (75%)	8 (22%)	1 (3%)	11 (33%)	19 (58%)	3 (9%)	10 (27%)	23 (62%)	4 (11%)

	Corticosteroids			Digoxin			Ketoconazole		
	1 <i>n</i> (%)	2 <i>n</i> (%)	3 <i>n</i> (%)	1 <i>n</i> (%)	2 <i>n</i> (%)	3 <i>n</i> (%)	1 <i>n</i> (%)	2 <i>n</i> (%)	3 <i>n</i> (%)
Aripiprazole	13 (62%)	8 (38%)	0 (0%)	12 (60%)	8 (40%)	0 (0%)	10 (50%)	8 (40%)	2 (10%)
Clozapine	16 (44%)	19 (53%)	1 (3%)	14 (40%)	19 (54%)	2 (6%)	16 (47%)	15 (44%)	3 (9%)
Olanzapine	21 (51%)	18 (44%)	2 (5%)	24 (60%)	14 (35%)	2 (5%)	24 (65%)	11 (30%)	2 (5%)
Quetiapine	25 (63%)	15 (38%)	0 (0%)	25 (68%)	12 (32%)	0 (0%)	16 (44%)	18 (50%)	2 (6%)
Risperidone	27 (63%)	16 (37%)	0 (0%)	25 (61%)	16 (39%)	0 (0%)	23 (59%)	14 (36%)	2 (5%)
Ziprasidone	16 (57%)	11 (39%)	1 (4%)	14 (50%)	11 (39%)	3 (11%)	13 (46%)	11 (39%)	4 (14%)
High-potency conventional	29 (69%)	11 (26%)	2 (5%)	23 (55%)	18 (43%)	1 (2%)	24 (62%)	13 (33%)	2 (5%)
Mid-potency conventional	24 (62%)	13 (33%)	2 (5%)	17 (44%)	20 (51%)	2 (5%)	22 (59%)	12 (32%)	3 (8%)
Low-potency conventional	21 (57%)	14 (38%)	2 (5%)	13 (35%)	22 (59%)	2 (5%)	19 (53%)	13 (36%)	4 (11%)

	Loratadine			Macrolide antibiotics			Nifedipine		
	1 <i>n</i> (%)	2 <i>n</i> (%)	3 <i>n</i> (%)	1 <i>n</i> (%)	2 <i>n</i> (%)	3 <i>n</i> (%)	1 <i>n</i> (%)	2 <i>n</i> (%)	3 <i>n</i> (%)
Aripiprazole	11 (69%)	5 (31%)	0 (0%)	13 (76%)	4 (24%)	0 (0%)	13 (72%)	5 (28%)	0 (0%)
Clozapine	12 (44%)	14 (52%)	1 (4%)	13 (46%)	12 (43%)	3 (11%)	15 (45%)	16 (48%)	2 (6%)
Olanzapine	17 (53%)	14 (44%)	1 (3%)	20 (57%)	12 (34%)	3 (9%)	23 (62%)	13 (35%)	1 (3%)
Quetiapine	15 (48%)	16 (52%)	0 (0%)	17 (55%)	14 (45%)	0 (0%)	23 (62%)	14 (38%)	0 (0%)
Risperidone	18 (55%)	15 (45%)	0 (0%)	21 (66%)	11 (34%)	0 (0%)	21 (54%)	17 (44%)	1 (3%)
Ziprasidone	13 (59%)	9 (41%)	0 (0%)	12 (55%)	9 (41%)	1 (5%)	18 (67%)	8 (30%)	1 (4%)
High-potency conventional	18 (53%)	15 (44%)	1 (3%)	22 (67%)	10 (30%)	1 (3%)	23 (59%)	15 (38%)	1 (3%)
Mid-potency conventional	15 (47%)	16 (50%)	1 (3%)	18 (58%)	11 (35%)	2 (6%)	17 (46%)	18 (49%)	2 (5%)
Low-potency conventional	14 (45%)	16 (52%)	1 (3%)	15 (50%)	13 (43%)	2 (7%)	15 (42%)	18 (50%)	3 (8%)

## 44 Medication combinations, continued

- 1 = no expected drug interaction  
 2 = need for extra monitoring for possible side effects  
 3 = combined use contraindicated

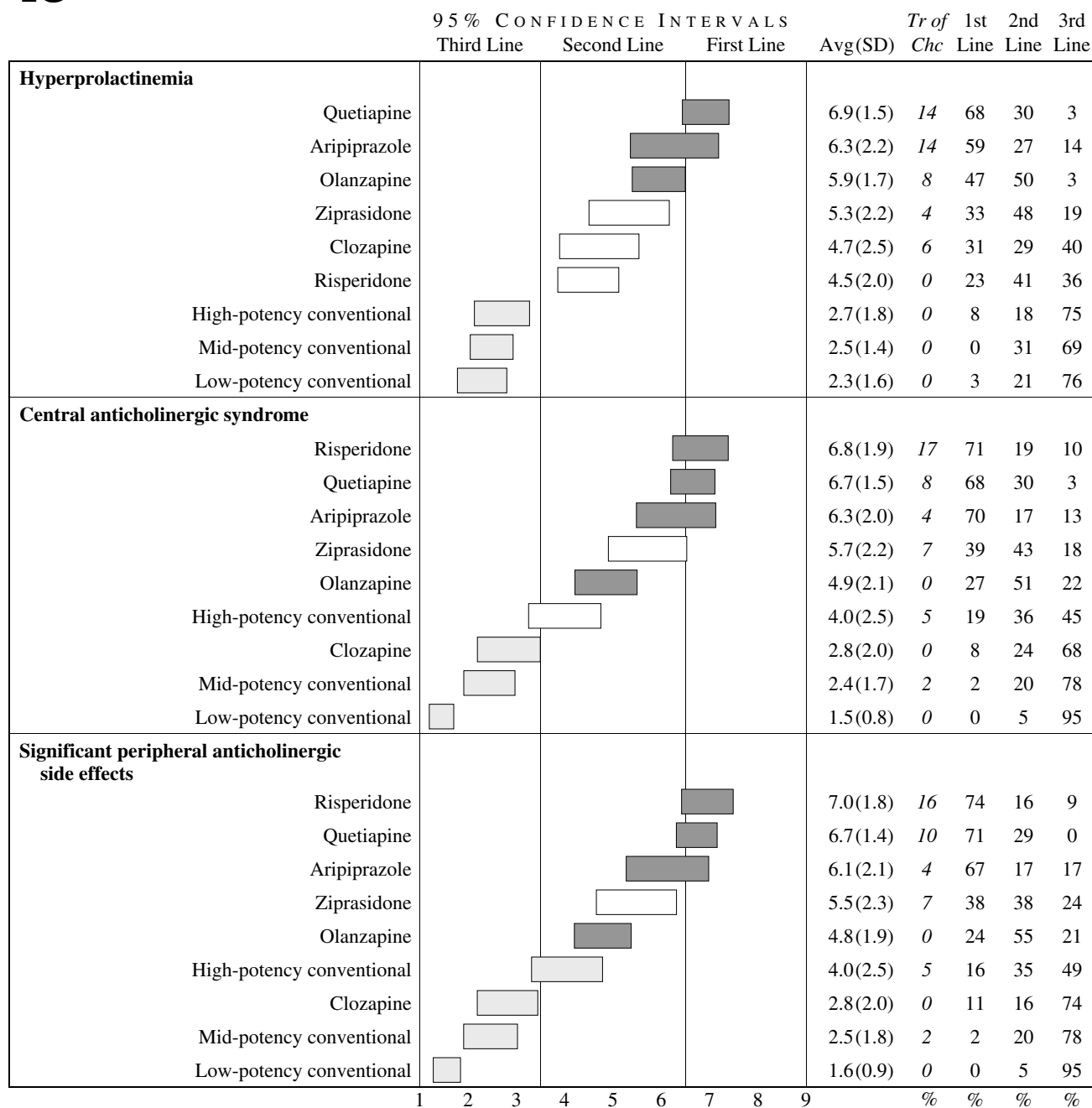
	Omeprazole			Phenytoin			Theophylline		
	1 n (%)	2 n (%)	3 n (%)	1 n (%)	2 n (%)	3 n (%)	1 n (%)	2 n (%)	3 n (%)
Aripiprazole	12 (86%)	2 (14%)	0 (0%)	9 (45%)	10 (50%)	1 (5%)	13 (65%)	7 (35%)	0 (0%)
Clozapine	17 (61%)	9 (32%)	2 (7%)	10 (28%)	21 (58%)	5 (14%)	11 (31%)	21 (60%)	3 (9%)
Olanzapine	21 (66%)	10 (31%)	1 (3%)	14 (37%)	21 (55%)	3 (8%)	18 (47%)	19 (50%)	1 (3%)
Quetiapine	23 (74%)	8 (26%)	0 (0%)	7 (18%)	29 (76%)	2 (5%)	23 (61%)	15 (39%)	0 (0%)
Risperidone	24 (73%)	8 (24%)	1 (3%)	18 (45%)	21 (53%)	1 (3%)	24 (62%)	15 (38%)	0 (0%)
Ziprasidone	16 (73%)	6 (27%)	0 (0%)	12 (43%)	15 (54%)	1 (4%)	18 (64%)	9 (32%)	1 (4%)
High-potency conventional	24 (71%)	9 (26%)	1 (3%)	16 (39%)	23 (56%)	2 (5%)	22 (56%)	16 (41%)	1 (3%)
Mid-potency conventional	21 (66%)	9 (28%)	2 (6%)	15 (38%)	21 (54%)	3 (8%)	19 (53%)	15 (42%)	2 (6%)
Low-potency conventional	20 (67%)	8 (27%)	2 (7%)	14 (38%)	20 (54%)	3 (8%)	18 (51%)	15 (43%)	2 (6%)

	Tramadol			Warfarin		
	1 n (%)	2 n (%)	3 n (%)	1 n (%)	2 n (%)	3 n (%)
Aripiprazole	7 (54%)	5 (38%)	1 (8%)	13 (62%)	7 (33%)	1 (5%)
Clozapine	6 (24%)	17 (68%)	2 (8%)	16 (46%)	17 (49%)	2 (6%)
Olanzapine	11 (37%)	17 (57%)	2 (7%)	20 (53%)	16 (42%)	2 (5%)
Quetiapine	9 (31%)	19 (66%)	1 (3%)	19 (51%)	17 (46%)	1 (3%)
Risperidone	11 (35%)	19 (61%)	1 (3%)	22 (56%)	16 (41%)	1 (3%)
Ziprasidone	9 (43%)	11 (52%)	1 (5%)	15 (56%)	11 (41%)	1 (4%)
High-potency conventional	12 (39%)	16 (52%)	3 (10%)	22 (56%)	14 (36%)	3 (8%)
Mid-potency conventional	10 (34%)	15 (52%)	4 (14%)	20 (54%)	13 (35%)	4 (11%)
Low-potency conventional	10 (34%)	15 (52%)	4 (14%)	18 (51%)	13 (37%)	4 (11%)

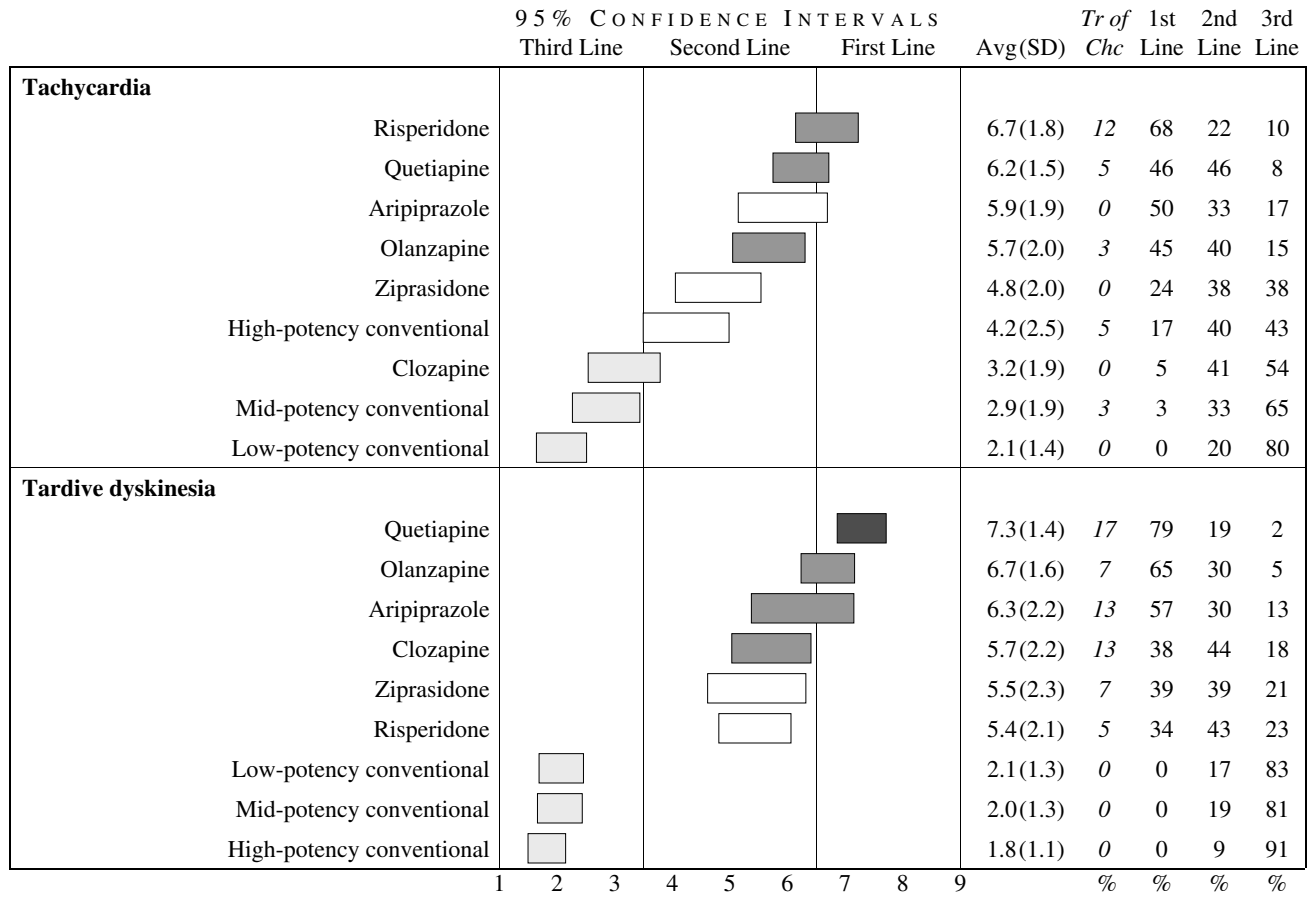
**45 History of side effects.** Assume you are treating an older patient for a condition for which *low-dose* antipsychotic treatment is indicated and that the patient also has a history of one of the side effects listed below. Rate the appropriateness of using each of the following antipsychotics. We ask about medium- or high-dose treatment in Question 46.

		95% CONFIDENCE INTERVALS			Avg(SD)	Tr of	1st	2nd	3rd	
		Third Line	Second Line	First Line		Chc	Line	Line	Line	
<b>Excessive daytime sedation</b>										
	Risperidone				7.0(1.3)	7	73	27	0	
	Aripiprazole				6.1(2.0)	8	46	42	13	
	Ziprasidone				5.3(2.0)	3	31	48	21	
	Quetiapine				5.0(1.7)	2	21	60	19	
	Olanzapine				4.9(1.8)	0	21	58	21	
	High-potency conventional				4.7(2.2)	5	18	52	30	
	Mid-potency conventional				3.1(1.6)	0	0	44	56	
	Clozapine				2.8(1.5)	0	3	26	72	
	Low-potency conventional				2.0(1.1)	0	0	10	90	
<b>Drug-induced orthostatic hypotension</b>										
	Aripiprazole				6.0(2.1)	4	52	35	13	
	Risperidone				6.0(1.8)	5	45	45	9	
	Quetiapine				5.8(1.8)	5	38	50	12	
	Olanzapine				5.3(2.0)	0	33	47	21	
	Ziprasidone				5.1(2.2)	3	31	41	28	
	High-potency conventional				4.5(2.3)	5	18	48	34	
	Mid-potency conventional				2.8(1.8)	2	2	33	64	
	Clozapine				2.6(1.9)	0	5	23	72	
	Low-potency conventional				1.7(1.2)	0	0	7	93	
<b>Extrapyramidal side effects (drug-induced reversible motor side effects)</b>										
	Quetiapine				7.5(1.3)	26	83	17	0	
	Olanzapine				6.3(1.7)	9	51	44	5	
	Aripiprazole				6.3(1.9)	8	50	42	8	
	Ziprasidone				5.7(2.3)	7	43	39	18	
	Clozapine				5.3(2.5)	10	36	31	33	
	Risperidone				4.8(2.1)	5	23	53	23	
	Mid-potency conventional				2.8(1.4)	0	0	36	64	
	Low-potency conventional				2.8(1.7)	0	2	29	68	
	High-potency conventional				2.1(1.2)	0	0	14	86	
		1	2	3	4	5	6	7	8	9
						%	%	%	%	

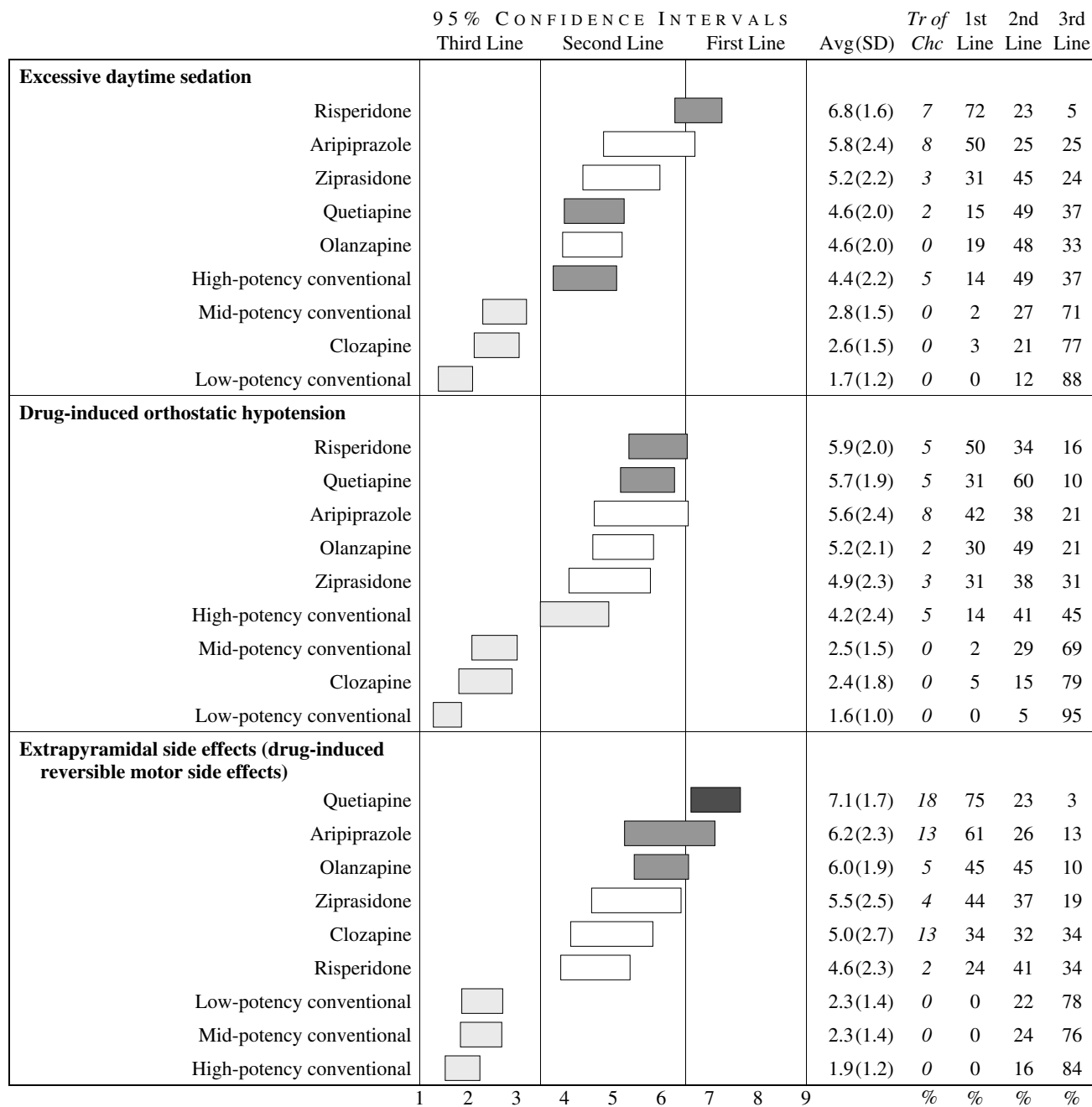
# 45 History of side effects, continued



**45** History of side effects, *continued*



**46 History of side effects.** Assume you are treating an older patient for a condition for which *medium- or high-dose* antipsychotic treatment is indicated and that the patient also has a history of one of the side effects listed below. Rate the appropriateness of using each of the following antipsychotics.



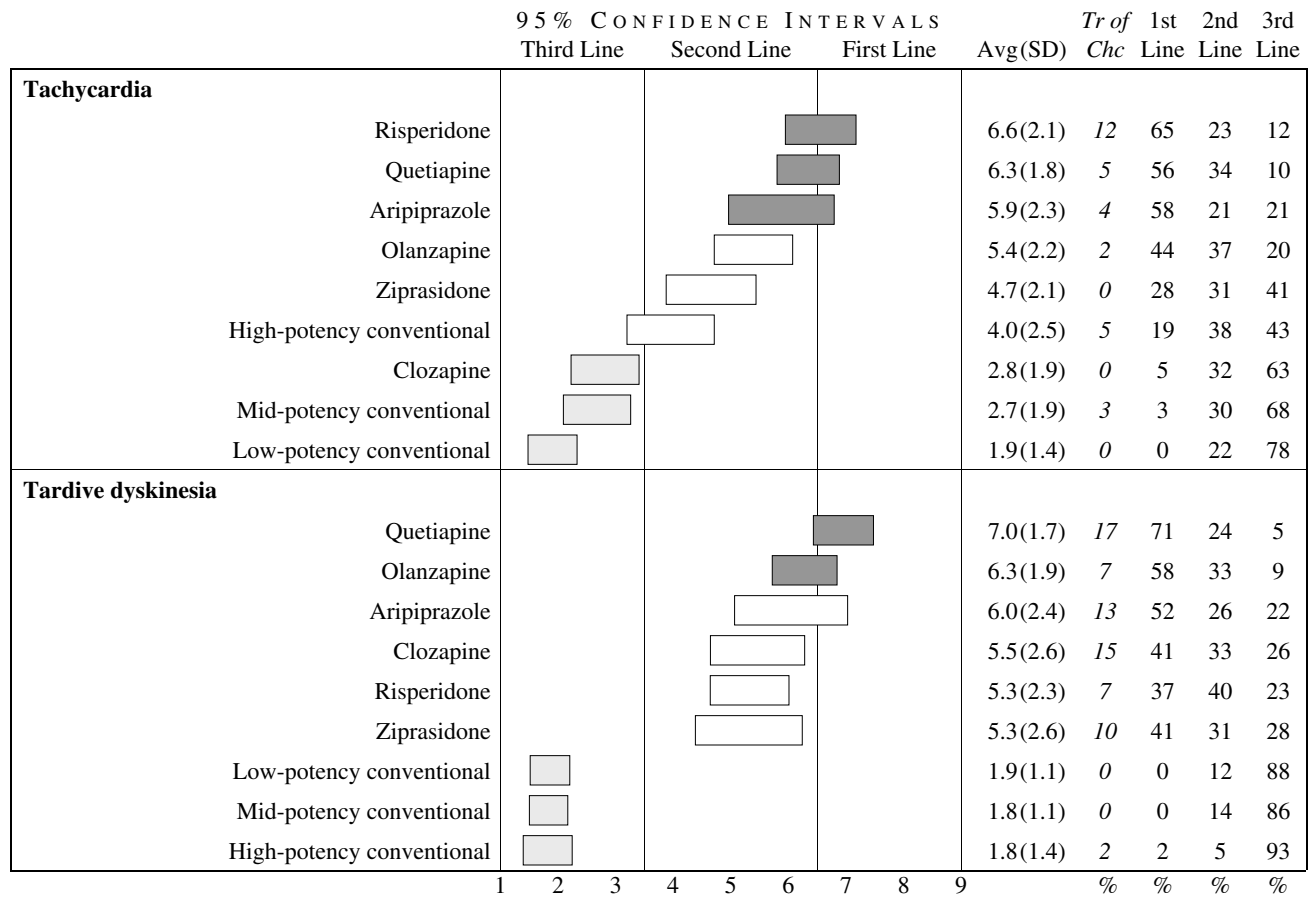
# 46

History of side effects, *continued*

		95% CONFIDENCE INTERVALS			Avg(SD)	Tr of Chc	1st Line	2nd Line	3rd Line					
		Third Line	Second Line	First Line										
<b>Hyperprolactinemia</b>														
	Quetiapine				6.8(1.7)	13	69	26	5					
	Olanzapine				6.1(2.0)	8	51	41	8					
	Aripiprazole				6.0(2.3)	13	50	33	17					
	Ziprasidone				5.2(2.4)	4	36	43	21					
	Clozapine				4.7(2.5)	6	28	33	39					
	Risperidone				4.4(2.2)	0	24	39	37					
	High-potency conventional				2.4(1.4)	0	0	21	79					
	Mid-potency conventional				2.2(1.3)	0	0	20	80					
	Low-potency conventional				2.1(1.5)	0	0	18	82					
<b>Central anticholinergic syndrome</b>														
	Risperidone				6.7(2.0)	14	71	17	12					
	Quetiapine				6.3(1.8)	8	54	36	10					
	Aripiprazole				6.3(2.4)	13	65	13	22					
	Ziprasidone				5.3(2.4)	7	36	36	29					
	Olanzapine				4.5(2.2)	0	24	39	37					
	High-potency conventional				3.6(2.3)	5	12	37	51					
	Clozapine				2.5(2.0)	0	8	16	76					
	Mid-potency conventional				2.3(1.5)	0	3	13	85					
	Low-potency conventional				1.5(0.9)	0	0	5	95					
<b>Significant peripheral anticholinergic side effects</b>														
	Risperidone				6.8(2.0)	16	74	14	12					
	Quetiapine				6.5(1.7)	10	60	31	10					
	Aripiprazole				6.0(2.5)	13	63	17	21					
	Ziprasidone				5.4(2.4)	7	43	29	29					
	Olanzapine				4.7(2.1)	0	23	44	33					
	High-potency conventional				4.0(2.5)	5	16	35	49					
	Clozapine				2.6(1.9)	0	8	23	69					
	Mid-potency conventional				2.2(1.5)	0	2	15	83					
	Low-potency conventional				1.5(0.8)	0	0	5	95					
		1	2	3	4	5	6	7	8	9	%	%	%	%



# 46 History of side effects, continued



**47 Strategies for an older patient who develops tardive dyskinesia (TD).** Assume that an older patient develops a dyskinesia while receiving an antipsychotic, but you believe the patient's condition requires continued treatment with a psychotropic medication. Please rate the appropriateness of each of the following strategies.

