

Understanding Antipsychotic Medications

A Guide for Patients, Families & Caregivers

Antipsychotics are prescription medicines used to treat certain symptoms involving thoughts, perceptions, mood, and behavior. They can be helpful and sometimes essential, but they also carry risks—especially for older adults living with dementia.

What are antipsychotics used for?

- Schizophrenia and other psychotic disorders, including distressing hallucinations or delusions.
- Certain episodes of bipolar disorder; some are also used with antidepressants for major depression.
- In selected situations, severe agitation or dangerous behavior when safer approaches have not been sufficient.

Not all antipsychotics have the same approved uses. Some are taken by mouth; others are available as short-acting injections or long-acting injections. Treatment decisions depend on the diagnosis and individual health risks.

Potential benefits

- Reduce frightening hallucinations, fixed false beliefs, or severe agitation.
- Improve safety, comfort, sleep disruption caused by severe symptoms, and ability to receive needed care.
- For some psychiatric illnesses, reduce relapse and hospitalization when used as prescribed.

Important limits

Antipsychotics do not reverse dementia, improve memory, or treat the underlying cause of Alzheimer's disease. They are not routine sleeping pills and should not be used merely to make caregiving easier.

Common side effects

What families may notice	Why it matters
Sleepiness, fatigue, slowed thinking	May interfere with eating, mobility, participation, and alertness.
Dizziness or low blood pressure	Can cause fainting or falls, especially when standing.
Stiffness, tremor, restlessness, slowed walking	Medication-related movement effects may be mistaken for worsening dementia.
Weight gain, increased blood sugar or cholesterol	Can raise longer-term metabolic and cardiovascular risk.
Constipation, dry mouth, urinary difficulty	May be particularly troublesome in frail older adults.

Antipsychotics and Dementia

When might these medicines be considered?

Changes in behavior can reflect pain, infection, constipation, medication effects, poor sleep, sensory impairment, fear, environmental overstimulation, or delirium. The first step is to look for—and address—these contributors.

Start with approaches that do not involve medication

- Use a calm, familiar routine; speak slowly, validate emotions, and avoid arguing about delusions.
- Check for pain, hunger, thirst, toileting needs, medication changes, illness, and delirium.
- Reduce noise, improve lighting, support hearing/vision, and use meaningful activities.

When medication may be reasonable

A clinician may consider an antipsychotic for severe distressing psychosis, dangerous aggression, or agitation that threatens safety, after evaluating reversible causes and discussing alternatives and risks with the patient or authorized decision-maker. The goal is a specific improvement, not sedation alone.

The FDA boxed warning: especially important in dementia

Older adults with dementia-related psychosis who receive antipsychotic medications have an increased risk of death compared with placebo. Antipsychotics are also associated with cerebrovascular adverse events, including stroke, in this population. This warning applies even when a clinician believes treatment is justified.

Brexiprazole (Rexulti) is FDA-approved specifically for agitation associated with dementia due to Alzheimer's disease. It is NOT approved for dementia-related psychosis without this associated agitation. Other antipsychotics used for dementia symptoms are generally prescribed off-label.

A separate, non-antipsychotic medicine, dextromethorphan/bupropion (Auvelity), also received FDA approval in 2026 for agitation associated with Alzheimer's dementia. It has different risks and is not included in the antipsychotic list.

Special caution: Lewy body dementia and Parkinson's disease dementia

People with Lewy body dementia or Parkinson's disease dementia can be unusually sensitive to dopamine-blocking antipsychotics, with potentially severe stiffness, confusion, sedation, or worsening mobility. Specialist input is especially important; do not assume all antipsychotics are interchangeable.

If an antipsychotic is started

- Agree on a clear target symptom, expected benefit, and how the response will be measured.
- Use the lowest effective dose for the shortest appropriate duration; reassess regularly and discuss whether dose reduction is possible.
- Track falls, alertness, walking, swallowing, appetite, bowel function, and new abnormal movements.

Safety and Monitoring

What should families watch for?

Serious, less common risks

- Tardive dyskinesia: repeated, involuntary movements of the mouth, tongue, face, or body; may persist after stopping medication.
- Neuroleptic malignant syndrome: fever, severe muscle stiffness, confusion, and unstable vital signs—an emergency.
- Heart rhythm changes (QT prolongation), seizures, severe low blood pressure, aspiration or swallowing problems, and falls in susceptible patients.
- Rare but serious low white blood cell counts with clozapine; special blood monitoring is required.

When to get urgent medical help

Call emergency services for stroke-like symptoms (face drooping, arm weakness, speech difficulty), collapse, severe breathing difficulty, or high fever with marked rigidity/confusion. Contact the prescriber promptly for new abnormal movements, major sedation, repeated falls, severe constipation, or worsening confusion.

Monitoring often includes

- Weight, blood pressure, fall risk, alertness, and changes in walking or movements.
- Blood glucose/A1c and cholesterol; ECG or other tests when indicated by the medicine or medical history.
- Medication review for interactions, anticholinergic burden, and other sedating medicines.

Questions to ask the prescribing clinician

- What exact symptom are we treating, and what improvement should we expect?
- What non-drug approaches have been tried, and what else could be contributing?
- What are the stroke, mortality, fall, movement, and metabolic risks for this person?
- How will we monitor benefits and side effects, and when will we review the need to continue?
- Are there alternatives, especially if the person has Lewy body or Parkinson's disease dementia?

Do not stop or change medication without a plan

Stopping suddenly may cause withdrawal symptoms or return of severe symptoms. Work with the prescriber on changes, especially after long-term use.

Antipsychotic Medication Reference

Generic names • United States • informational list

This reference includes currently used U.S. antipsychotic ingredients, including older agents and newer options. Availability, brand names, formulations, and FDA indications vary. Some older drugs are rarely prescribed or may have limited commercial availability. This is not a recommendation to use any particular medication.

Second-generation and newer antipsychotics

Generic medication	Examples of brand names / notes
Aripiprazole	Abilify; long-acting formulations exist
Asenapine	Saphris; Secuado patch
Brexipiprazole	Rexulti; Alzheimer agitation indication
Cariprazine	Vraylar
Clozapine	Clozaril, Versacloz; special blood monitoring
Iloperidone	Fanapt
Lumateperone	Caplyta
Lurasidone	Latuda
Olanzapine	Zyprexa; long-acting formulation
Paliperidone	Invega; long-acting formulations
Pimavanserin	Nuplazid; Parkinson disease psychosis
Quetiapine	Seroquel
Risperidone	Risperdal; long-acting formulations
Ziprasidone	Geodon
Xanomeline / trospium	Cobenfy; newer muscarinic mechanism for schizophrenia

First-generation (older, “typical”) antipsychotics

Chlorpromazine • Fluphenazine • Haloperidol • Perphenazine • Thiothixene • Trifluoperazine • Loxapine • Molindone • Pimozide • Thioridazine • Prochlorperazine • Mesoridazine (historical/discontinued U.S. product)

Note: prochlorperazine is primarily used for nausea in current practice; mesoridazine is included only for historical completeness and is not a current U.S. marketed choice. Combination products containing an antipsychotic are not listed separately.

How the groups differ

Older agents more often cause stiffness, tremor, and other movement side effects; some newer agents are more associated with weight gain and metabolic changes. There are important exceptions. Cobenfy has a different mechanism and adverse-effect profile; pimavanserin also differs from conventional dopamine-blocking agents.

Learning More & Planning Together

Trusted patient and family resources

- National Institute of Mental Health (NIMH): Mental Health Medications — nimh.nih.gov/health/topics/mental-health-medications
- Alzheimer's Association: Treatments for Behavior — alz.org/alzheimers-dementia/treatments/treatments-for-behavior
- U.S. Food and Drug Administration: FDA drug safety and medication guides — fda.gov/drugs
- MedlinePlus: Drug Information (plain-language medication information) — medlineplus.gov/druginformation.html
- Lewy Body Dementia Association: treatment and medication sensitivity information — lbda.org
- Alzheimer's Association 24/7 Helpline: 800-272-3900

Family medication discussion worksheet

Main symptom we hope to improve: _____

How often does it happen, and how distressing or unsafe is it? _____

What non-medication steps have helped? _____

Medication and starting date: _____

Benefits noticed / side effects noticed: _____

Next medication review appointment: _____

The central message

Antipsychotic medications can provide meaningful relief for selected symptoms. In dementia, the decision deserves particular care because benefits must be weighed against an increased risk of death, stroke, sedation, falls, and movement problems. Shared decision-making, non-drug care, and regular reassessment are essential.

Educational information only. This guide does not replace individualized advice from a licensed clinician. Medication availability and FDA labeling can change. Updated October 2026.