Prescribing....

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Antipsychotics in dementia

- This month's bulletin looks at the extremely difficult question of how to safely and effectively manage the behavioural and psychological symptoms of dementia (BPSD).
- In the past first generation antipsychotics (APs) such as thioridazine and chlorpromazine were liberally used to control aggressive agitation in elderly patients.
- Advice from NICE in 2006 and from the MHRA in 2009 is that all antipsychotics should be reserved for the short term management of severe BPSD.
- These drugs cause significant adverse reactions in the elderly, increasing the risk of falls, dehydration, UTIs, weight gain and a non-significant increase in death rate.
- In addition up to **1 in 59** patients with dementia on APs will suffer a stroke within **six to twelve weeks**.

Dementia is a progressive and largely irreversible condition, characterised by widespread impairment of mental functioning. The most common cause is Alzheimer's disease and the symptoms include memory loss, language impairment, disorientation, personality changes, difficulties in carrying out daily activities, self neglect etc. Primarily a disease of old age, about two thirds of sufferers are aged over 80 years and two thirds of these live in private households. Many of the spouses or informal carers may be elderly and vulnerable themselves, making management of these issues particularly difficult.

On a population basis the acetylcholinesterase inhibitors or AChIs: donepezil, galantamine and rivastigmine, and memantine demonstrate a modest but statistically significant effect to improve or delay the deterioration in cognitive decline. They are widely prescribed on the islands, at a cost of about £200,000 in the last twelve months.

What is the role of antipsychotics ?

Antipsychotics have been used in the past to manage severe non-cognitive symptoms such as psychosis and/or agitated behaviour, but have no disease modifying effect..

The only antipsychotic licensed for this indication is risperidone. It is restricted for use for up to six weeks for persistent aggression in people with moderate to severe Alzheimer's disease which is unresponsive to non-pharmacological methods and where there is a risk to either the patient or to others. Other drugs, such as low dose quetiapine and olanzapine are not licensed.

The advice of NICE is that their use should be part of a care plan and that

- A full discussion of the possible benefits and likely risks should take place,
- Target symptoms should be identified, quantified and documented,
- A low staring dose be used and then titrated upwards,
- This should take into account the person's weight, co-morbidity and concomitant medication,
- They should be avoided entirely in dementia patients with Lewy bodies, as these people may be particularly sensitive to severe adverse reactions and
- Treatment should be time limited and reviewed regularly i.e. every three months.

What are the concerns ?

The side effect profile of anti psychotics is well known and includes weight gain, cardiovascular symptoms , sedation, parkinsonism, dehydration, falls, chest infection and accelerated cognitive decline. Elderly people are also particularly susceptible to postural hypotension and to hyper-and hypo-thermia in hot or cold weather. In 2009 the MHRA issued a warning that there was increased risk of stroke in patients with Alzheimer's disease who were given anti-psychotics. A subsequent independent clinical report commissioned by the UK government by Professor Bannerjee found that

- There was an unacceptable level of people with dementia dying as a result of being prescribed antipsychotics.
- There was clear evidence that they were being over prescribed.
- That non-pharmacological methods for dealing with anxiety and behavioural problems are available, are more effective and should be used.

For every **100** patients with dementia treated with antipsychotics, **20** will derive some benefit. However **1** patient will die and another **1** will suffer a CVA, who would not have done so if they had not been given an antipsychotic. The risks may outweigh the benefits in people with moderate symptoms.

It concluded that there was an unacceptable level of people with dementia who were dying as a result of being prescribed antipsychotics, as there were better alternatives available.

The UK government advises that this risk applies to all first and second generation antipsychotics, formerly known as typical and atypical.

Since 2009 the prescribing of olanzapine and risperidone had decreased marginally in the UK. However the prescribing of low dose quetiapine has increased proportionately. It is likely that many of these prescriptions are for the unlicensed treatment of people with dementia.

AChIs are also an option for people with Alzheimer's disease or dementia with Lewy bodies with non-cognitive symptoms causing severe distress, where non-drug treatments or antipsychotics are inappropriate or ineffective.

So what is the advice on how to manage these symptoms?

The advice of NICE is that, when patients with dementia first present with BPSD every effort should be made to establish the likely causative factors and to treat them. Depression, pain, physical discomfort, drug side effects etc. can all cause distress and upset in unwell elderly people.

Non-drug interventions are recommended for initial management. The creation of a calm, safe and relaxing environment is considered to be extremely important. Music or music therapy, hand massage, gentle touch, physical activity or exercise have been found to be helpful. Some types of caregiver and residential care staff education may also be of benefit.

In summary: In view of the evidence base and the available national advice it is essential that antipsychotics be only initiated when non-drug and other measures have been unsuccessful in relieving the patient's distress. Risperidone is licensed for short term use, but other treatments such as oro-dispersible olanzapine or low dose quetiapine are not. All prescribing should be time limited, regularly reviewed and the results of this review documented.

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