

GER-E-NEWS

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Antipsychotic Use for Dementia-Related Behaviors

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What does the FDA say?

- “Antipsychotic drugs are not approved for the treatment of dementia-related psychosis. Furthermore, there is no approved drug for the treatment of dementia-related psychosis. Healthcare professionals should consider other management options.” [1]



What are the findings of the risks of using antipsychotics for dementia-related symptoms?

- Among 90,786 patients 65 years or older with a diagnosis of dementia, individuals showed an increased mortality risk of:
 - 3.8% with an NNH of 26 for haloperidol use
 - 3.7% with an NNH of 27 for risperidone use
 - 2.5% with an NNH of 40 for olanzapine use
 - 2.0% with an NNH of 50 for quetiapine use [2]
- The increased risk of mortality appears to be similar between first-generation and second-generation antipsychotic medications [3]
- Antipsychotic use is associated with a modest and time-limited increase in the risk of myocardial infarction among community-dwelling older patients treated with cholinesterase inhibitors
 - Hazard ratios for the risk of MI after initiation of AP treatment were
 - 2.19 (95% CI, 1.11-4.32) for the first 30 days
 - 1.62 (95% CI, 0.99-2.65) for the first 60 days
 - 1.36 (95% CI, 0.89-2.08) for the first 90 days
 - 1.15 (95% CI, 0.89-1.47) for the first 365 days [4]
- Exposure to conventional antipsychotics was found to be associated with a significant higher risk of developing stroke (OR 1.57 [95% CI 1.29 to 1.98]) [5]
- Current use of either atypical (OR 1.57 [95% CI, 1.48 to 4.61]) or typical (OR 1.76 [CI, 1.22 to 2.53]) antipsychotic drugs was associated with a dose-dependent increase in the risk for community-acquired pneumonia compared with past use of antipsychotic drugs [6]

Are nonpharmacological treatments shown to be effective?

- Nonpharmacological alternatives include:
 - Music therapy
 - Aromatherapy
 - Art therapy
 - Behavioral therapy
 - Reality orientation
 - Tailored activities
 - Physical exercise
- These nonpharmacological interventions are able to provide positive results in reducing symptoms of behavioral and psychological symptoms of dementia
- Most studies have shown that these interventions have important and significant efficacy [7]



When is it appropriate to use antipsychotics?

- The use of antipsychotics should be reserved for severe symptoms that have failed to respond adequately to nonpharmacological management strategies [8]

The Bottom Line:

- Using antipsychotics for dementia-related behaviors is considered an off-label use of the medication
- The use of antipsychotics carries an increased risk of mortality, myocardial infarction, stroke, and community-acquired pneumonia
- Nonpharmacological interventions are effective for dementia-related behaviors
- Antipsychotic use can be justified in dementia-related behaviors for severe symptoms that do not respond to nonpharmacological treatments.

References:

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