

## HotPick August 2004

### Atypical Antipsychotics in Dementia: Not as Much Data as we Thought

*Lee PE, Gill SS, Freedman M, Bronskill SE, Hillmer MP, and Rochon PA*

British Medical Journal (2004) July 10, 329:75

Behavioural and psychological symptoms of dementia (BPSD) include agitation, aggression, psychosis, wandering, and disturbed sleep. Historically, neuroleptic antipsychotics like haloperidol were the main pharmacological therapy with moderate efficacy and concerning extrapyramidal side effects (EPS). The atypical antipsychotics have been well studied in young patients with psychosis; these data have been extrapolated to the care of older patients with BPSD where these drugs are perceived to be more efficacious, safer, and more easily administered.

The authors conducted a well-documented systematic review of double blind randomised controlled trials of clozapine, risperidone, olanzapine, and quetiapine for the management of dementia. Five trials were identified representing 1570 participants (>96% were in an institution, mean age=82, mean MMSE=7/30). Four trials evaluated risperidone and one evaluated olanzapine; four were placebo controlled. All trials were short – 6-12 weeks. Atypical antipsychotics always demonstrated some improvement in BPSD when compared with placebo. Two trials compared risperidone with haloperidol; one demonstrated superior efficacy of risperidone in secondary analyses only and the other showed no difference. One study demonstrated increased EPS with risperidone over placebo, and both of the comparison studies demonstrated increased EPS with haloperidol over risperidone. Other notable side effects were somnolence, abnormal gait, and increased cerebrovascular events. Withdrawal rates were high due to adverse events. No studies evaluated the impact of long-term atypical antipsychotic use or the potential metabolic disturbances that can be seen with these medications.

*Commentary:* BPSD impairs quality of life for patients and carers, and increases the need for respite care and hospitalisation. Medications such as risperidone and olanzapine are being prescribed more commonly in the palliative care setting. Approximately 25% of aged care residents with advanced dementia receive antipsychotics at the end of life and approximately 40% of these are atypical antipsychotic medications. The rapid increase in use of these drugs is expensive with questionable benefit. Most evidence for these newer drugs is extrapolated from younger patient settings and is not likely to be applicable to frail elderly demented patients with multiple comorbidities. In general, more long-term data including head-to-head evaluations for safety and cost are needed. Until these are available, clinicians should not be so dogmatic about the inferiority of old cheap medications such as haloperidol.

At the time of publication, the [full text of the original article](#) was available free of charge.

### Reviewer

## **Dr Amy Abernethy**

Dr. Amy Abernethy obtained her medical degree and post-graduate training in Internal Medicine, Haematology, and Medical Oncology at Duke University. She pursued concentrated training in Palliative Medicine and Cancer Pain Management at Flinders University in South Australia. Interested in the interface between Evidence-based Medicine and Palliative Medicine, is completing a Ph.D. in this area at Flinders University. Currently, Dr. Abernethy is an Assistant Professor of Medicine and Assistant Professor of Nursing at Duke University School of Medicine, with an adjunct Associate Lecturer appointment at Flinders University. She has been awarded a 5-year Doris Duke Charitable Foundation Clinical Scientist Award that provides complete salary support while she develops a palliative care clinical trials research program based in the Division of Medical Oncology at Duke University Medical Centre. She is a faculty member of both the Duke Clinical Research Institute and the Duke Comprehensive Cancer Centre Cancer Control Program, and a Senior Fellow with the Duke Center for Clinical Healthcare Policy Research. Dr. Abernethy is also a practicing haematologist/oncologist and spends 25% of her time caring for hospitalised haematological malignancies and solid tumour cancer patients – from both the acute and palliative standpoints.

Dr. Abernethy's research focuses on conducting high quality clinical trials that generate evidence-based solutions for common problems in palliative care, such as cancer pain, dyspnoea, and health service delivery models. The designs of these trials specifically incorporate and test new methods to increase the feasibility of clinical research in palliative care. Current and recently completed studies include evaluations of morphine and oxygen for the management of intractable dyspnoea, a general practitioner-driven model for palliative care service delivery, educational strategies in palliative care pain management, and integration of information technology to improve clinical care and clinical research in palliative care.