

ANTIPSYCHOTICS SHOULD NOT BE PRESCRIBED IN DEMENTIA PATIENTS – NO

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Antipsychotics have fallen in to disrepute because of overuse and increase in death rates when given to people with dementia, particularly those with cerebrovascular disease. To compound the issue, they only have a significant impact on aggression, not the agitation or psychosis they are often given for. However their worst crime is that they have made us lazy - as clinicians and care providers. Psychotic features in dementia are not straightforward. They often have explanations, e.g. misplacing objects and accusing others of stealing them and in general do not correspond to dopamine increase. In fact, it may be cholinergic loss that is the issue, as demonstrated in Lewy body dementia, where antipsychotics are universally agreed to be dangerous. Why not then in AD? So laziness in psychopathology and pharmacology. What about cause? Most behaviour is explainable and manageable. 80% of assaults by people with dementia are on carers, usually while trying an intervention, such as dressing, toileting or bathing. Training in understanding behaviours and more staff has been shown to reduce antipsychotic prescribing significantly. However this training is in short supply and care homes are run at a margin, often with very junior staff. The US insists on trying a non-pharmacological solution first in people with dementia exhibiting difficult behaviour, which has reduced prescribing. So lazy with providing non-pharmacological intervention and worse, using antipsychotics to save staff costs. Finally research in to alternatives to prescribing antipsychotics. Lundbeck saw an opportunity with memantine after some data mining, but only in the last year has research in to the pharmacology of neuropsychiatric symptoms started off again, led by Élan. So lazy in research as well. Clearly the exception proves the rule and there will be times when, after careful consideration an antipsychotic may be useful. The debate question does not ask whether they should never be prescribed. However I believe that in order stop us being lazy and instead promote use of our other more appropriate skills in treating common symptoms while continuing to drive research for alternatives, then as a general rule antipsychotics should not be used in people with dementia.