ANTIPSYCHOTICS SHOULD NOT BE PRESCRIBED IN DEMENTIA PATIENTS – YES

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In clinical praxis, the syndromes of agitation, aggression, delirium and psychosis are ill-defined, occur frequently in dementia and complicate patient management. Thus, too often antipsychotic treatment is considered as a first-line treatment. However, a clear differential diagnosis among these syndromes is often not sought, nor are severity and consequences of the behavioral disturbances clearly assessed prior to initiation of pharmacotherapy. Atypical antipsychotics continue to be prescribed for these symptoms of dementia. In clinical trials, this approach results in a modest, but significant improvement in aggression or psychosis in the short term (6-12 weeks), but the impact on other behavioral symptoms is limited and treatment-emerging sedation is common. There is less positive evidence to support their use in the longer term, and prescriptions of more than 12 weeks and associated with cumulative risk of severe adverse events, including stroke and death. Although the relative risk is moderate-to-low, there is a considerable numeric incidence of these events, because of high prescription rates. Potential pharmacological alternatives to atypical antipsychotics with encouraging preliminary evidence include memantine, carbamazepine and citalopram. Furthermore, there is increasing evidence to support the use of simple psychological interventions, staff-training programs and adequate treatment of pain as a first-line management strategy prior to any pharmacotherapy. Currently, the best approach for managing agitation and aggression in dementia is within a framework of good clinical practice that promotes prevention, monitoring and the use of non-pharmacological alternatives, with judicious short-term use of antipsychotics, only when appropriate.
Thus, although the evidence base is incomplete, it is suggested that the modest treatment effect sizes of neuroleptics are offset by risk of considerable severe adverse effects including death and thus, neuroleptics should generally not be prescibed in dementia patients.