ANTIPSYCHOTIC MEDICINES AND DEMENTIA: A FINE BALANCING ACT

NPS is warning people about the use of antipsychotic medicines in people suffering behavioural or psychological problems associated with dementia. Studies show that using these medicines for longer than necessary, especially in the elderly, can lead to serious side effects that can be life-threatening.

According to Alzheimer’s Australia, about 269,000 Australians suffer from dementia, and many get behavioural and psychological problems associated with this condition, such as wandering, calling out, aggression and depression. Unlike chronic mental illnesses, these problems tend to come and go and may only occur for a few months at a time, so long term treatment with an antipsychotic medicine is unlikely to be needed. In addition, some of these behaviours won’t be alleviated by antipsychotics.

“People with dementia who stay on antipsychotic medicines longer than necessary can end up experiencing serious side effects without any real benefits,” says NPS clinical adviser, Dr Danielle Stowasser.

“These side effects can include increased risk of cardiovascular problems, infections and even death.”

The latest NPS education program provides guidance on balancing the benefits and harms of antipsychotic therapy. It encourages health professionals — and carers of people with dementia — to use non-drug approaches first when treating behavioural and psychological problems associated with dementia. Treatment with prescription medicines should only be considered if non-drug approaches are unsuccessful.

“Behavioural and psychological problems associated with dementia are not always caused by the dementia itself, but can be caused by other underlying problems such as urinary tract infections, constipation, pain or hearing loss. It’s important to rule out these causes first before starting any treatments,” says Dr Stowasser.

“If treatments are required, we recommend trying non-drug therapies first, since they have a low risk of harm compared with antipsychotic medicines and may provide a better response.”

Non-drug techniques that have proven useful in controlling these symptoms include muscle relaxation therapy, personalised music, video or audio tapes of family members and changing bathing routines.

“An antipsychotic medicine should only be used if psychotic symptoms, aggression or agitation are causing severe distress or are a risk of harm to the person with dementia or others. Once on a medicine, a doctor should review the need for the treatment regularly to determine when it can be stopped,” says Dr Stowasser.

“Carers and family members of people with dementia can also play a part in monitoring their loved one. They should discuss the benefits and risks of treatment with the doctor as well as treatment goals. They can also report any signs of side effects in the person they are caring for, such as dizziness, abnormal bodily movements and constipation.”

For more information about antipsychotic therapy in dementia including questions to ask a health professional, tips on caring for people with dementia and access to other resources, visit www.nps.org.au/mental_health_medicines.

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Note to editors about NPS: In July 2010, the organisation formerly known as the National Prescribing Service was renamed ‘NPS: Better choices, Better health’.

The new name — NPS: Better choices, Better health — reflects the variety of work done by the organisation, including research and education on quality use of medicines and medical tests. While NPS: Better choices, Better health is our official name, most people now just refer to us as NPS.

NPS is independent, not-for-profit and evidence based, and works with health professionals, academics, policy makers, industry and consumer groups, as well as communicating directly with medicine users to bring about a medicinewise Australia.

Independent, evidence-based and not-for-profit,
NPS enables better decisions about medicines and medical tests.
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