

## **The Use of Antipsychotics in Dementia –**

### **Information for Patients and their Carers**

People living with dementia sometimes develop behavioural symptoms of restlessness, agitation and aggression or psychotic symptoms such as hearing voices, seeing visions or abnormal beliefs which can become distressing both for the person with dementia and their carer(s). When these symptoms are distressing, severe and/or are putting the person or others at risk, then it may become necessary to treat them. A variety of medications have been tried for these symptoms of dementia. This leaflet deals with the prescribing of anti-psychotic drugs.

#### **When should anti-psychotics be used and what are their effects?**

Behaviours that challenge (as described above) may respond to non drug treatments such as reassurance, distraction with meaningful activities, relaxation and psychological therapies. These approaches should always be tried before drug treatments are considered.

Anti-psychotic medication should only be used if absolutely necessary.

#### **How long will anti-psychotic medication take to work?**

Anti-psychotics may produce some noticeable effects within a few hours but the full benefits of medication may take some weeks to develop.

Ultimately it is hoped that the medication will relieve the target symptoms of restlessness, agitation, aggression, delusions and/or hallucinations so that the person living with dementia will feel calmer, less distressed, more able to interact socially, engage in activities and more able to remain living at home or in the community for as long as possible.

#### **How will the dose be decided?**

Like all drugs, anti-psychotics have possible side-effects and these will normally be related to the dose prescribed. Therefore such medication should be prescribed at a very low starting dose and increased very slowly and carefully with full evaluation of both the effects and side-effects at regular intervals.

## **What follow-up will be necessary?**

As long as anti-psychotic medication is taken, regular follow-up will be necessary so that we can ensure that the drug is working properly, not causing unpleasant or harmful side-effects and is only used for as long as is absolutely necessary. Trials of stopping the medication may be suggested to see whether or not the target symptoms return.

## **What side-effects may occur?**

Common side-effects of anti-psychotics include drowsiness, dizziness, unsteadiness, shaking and joint stiffness. Sometimes the prescribing of anti-psychotics is associated with increased agitation and worsening confusion, and the dose may have to be reduced, the anti-psychotic changed or even discontinued. Other side-effects are less common.

## **Are there serious risks associated with being prescribed antipsychotics?**

The use of antipsychotics in dementia is associated with an increased risk of having a stroke and an increased risk of premature death in a small number of cases. These risks are low over short periods of treatment. The National Institute for Health and Care Excellence (NICE) in England & Wales, therefore, advises that anti-psychotics should only be used when considered absolutely necessary, at the lowest effective dose for the shortest possible period of time, and subject to regular review.

The benefits of trying an antipsychotic in a person living with dementia should be carefully weighed against the possible risks and side-effects of the treatment.

## **Which antipsychotic will be chosen?**

At present only one drug "Risperidone" is specifically licensed for the treatment of the behavioural symptoms of dementia (up to six weeks, but may sometimes need to be prescribed for longer). It is used to treat persistent aggression in moderate to severe Alzheimer's type dementia which is unresponsive to non-drug treatments. Risperidone will normally be started at a low dose and be increased slowly and carefully as necessary. Other antipsychotics have also been shown to be of benefit in treating behavioural symptoms in dementia and, although technically unlicensed for this, may be chosen if the treating doctor considers they are more appropriate e.g. where an individual patient has particular other physical conditions. All these drugs carry similar risks when used in people with dementia and so they should all be used in low doses for short periods and discontinued when possible.

## **Can any other drugs be used in dementia?**

Other drugs can be used in dementia to treat depression, anxiety, sleep disturbance, agitation and aggression. These other medications may include antidepressants, sleeping tablets, antiepileptics, painkillers and minor tranquillisers. "Anti-dementia drugs" may be used for the memory decline itself and help with orientation / alertness / motivation in dementia. However the anti-dementia drugs are not often effective on their own against the more severe behavioural symptoms of dementia; some people living with dementia will need a combination of drug treatments to control their symptoms. These other medications have not been linked to an increased risk of strokes or premature deaths. All medications prescribed for a person living with dementia will be individually decided upon with the person and/or their carers following a careful individual assessment/review of their changing needs.