

# Educational programme on the use of **ANTIPSYCHOTICS** for symptoms associated with **DEMENTIA**

Bpac is launching an educational programme to promote the safe and rational use of antipsychotic drugs for behavioural and psychological symptoms of dementia (BPSD).

BPSD refers to the often distressing non-cognitive symptoms of dementia and includes agitation and aggressive behaviour.

Recent research has indicated that both typical (e.g. haloperidol) and atypical (e.g. risperidone) antipsychotics are associated with an increased risk of stroke, mortality and morbidity in people with dementia. Antipsychotics can also cause adverse effects such as constipation, hypotension and CNS depression that can increase the likelihood of adverse events, especially in the elderly.

Furthermore, these drugs are not clinically effective for most BPSD and research shows that they tend to be used at excessive doses for prolonged periods, without review.

Two recent international communications, an All Party Parliamentary Report from the UK and a directive from the Food and Drug Administration in the USA, have corroborated the need to review prescribing practices for these drugs. Both reports emphasise the limited value of antipsychotic drugs for BPSD and the requirement for a careful benefit: risk analysis before prescribing.<sup>1,2</sup>

The bpac programme consists of a Best Practice Guide to the use of antipsychotics for BPSD, and a prescribing audit for residential care facilities. The audit is intended to analyse the prescribing process rather than audit individual practitioners. Results of this audit will be fed back to general practitioners involved in the care of patients in residential care. This will provide the opportunity for interdisciplinary discussion and education about strategies to optimise patient care.

The resource is based on the clinical recommendations published by the Royal Australian and New Zealand College of Psychiatrists; "The Use of Antipsychotics in Residential Aged Care" which is also available from the bpac web site.

For more details about the programme please visit

**[www.bpac.org.nz/a4d](http://www.bpac.org.nz/a4d)**

## Safe and rational use of antipsychotic drugs for BPSD

### Key concepts

- Most BPSD are transient and respond to non-pharmacological treatment which should be trialed before drug treatment is considered.
- Antipsychotics are only indicated as a “last resort” if aggression, agitation or psychotic symptoms cause severe distress or an immediate risk of harm to the patient or others. Even for these indications they are only moderately effective.
- All antipsychotics are associated with increased morbidity and mortality in people with dementia.
- Antipsychotics should only be prescribed for specific problem behaviours and the response to treatment should be closely monitored.
- The risks and benefits of antipsychotic treatment should be assessed on an individual basis. Drug treatment should be reviewed regularly and stopped as soon as symptoms resolve.

### References

1. Anon 2008 Always a Last Resort. All Party Parliamentary Group on Dementia, April 2008. Available from; [http://www.alzheimers.org.uk/downloads/ALZ\\_Society\\_APPG.pdf](http://www.alzheimers.org.uk/downloads/ALZ_Society_APPG.pdf) (accessed July 2008)
2. FDA 2008. US FDA alert: Antipsychotics associated with increased risk of mortality in elderly patients. FDA 17 June 2008. Available from; [http://www.fda.gov/cder/drug/InfoSheets/HCP/antipsychotics\\_conventional.htm](http://www.fda.gov/cder/drug/InfoSheets/HCP/antipsychotics_conventional.htm) (accessed July 2008)

## Improving Māori Health – Increased awareness of issues

In May 2008, bpac published an issue of Best Practice Journal focused on improving Māori health. A randomly selected group of GPs was invited to complete a survey on their knowledge of Māori health issues, before and after the publication.

GPs were asked whether they believed there were significant issues for Māori compared to non-Māori in their location, in regards to specific aspects of healthcare. Following the publication of BPJ 13 awareness of these issues had increased (Figure 1).

Following publication of BPJ 13 there was also an increase in the proportion of GPs who said they would ask patients about their use of Rongoā Māori. There was an increase in knowledge of the prevalence of gout in Māori and inequalities in treatment of childhood asthma.

Interestingly, the survey results showed that GPs confidence in handling Māori health issues decreased, following the publication, which may reflect a greater awareness of the issues that are faced.

**Figure 1.** Proportion of GPs who believed there were issues for Māori in selected aspects of healthcare.

