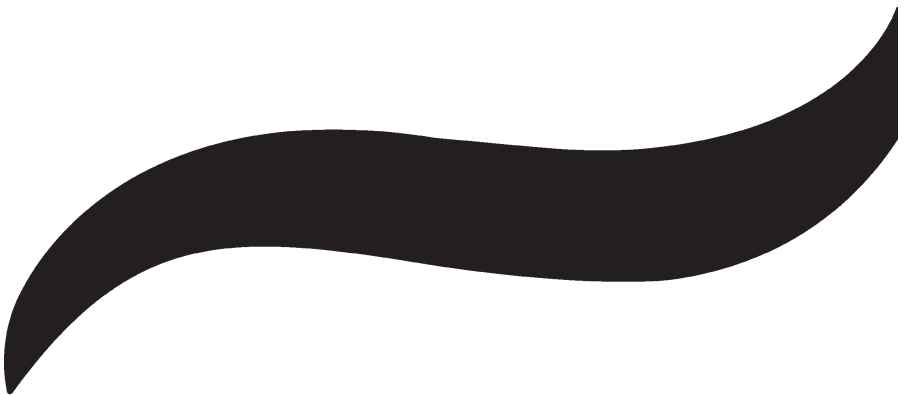




# Antipsychotic medication in dementia

Information for carers and patients  
Old Age Psychiatry



## WHAT IS DEMENTIA?

Dementia is an illness that causes a brain function to get worse over time. Dementia affects people in different ways and common symptoms are memory loss, difficulties with communication and personality change. There are many causes of dementia but the common types are Alzheimer's disease and Vascular dementia.

## WHAT ARE BEHAVIOURAL AND PSYCHOLOGICAL SYMPTOMS OF DEMENTIA?

People with dementia can develop behavioural and psychological symptoms which become more common as the illness develops. These symptoms can be distressing for the person and for those who care for them.

Sometimes a person may develop **delusions** (*believing things that aren't true, like people stealing from them*) or **hallucinations** (*seeing or hearing things that aren't there*).

As a person's understanding of their surroundings declines, this can be frightening for them - as they understand less of where they are or why certain things are happening. Some people can become frustrated or upset by struggling to communicate, or being unable to do things they used to. As a result, people can experience strong emotions more readily and can become scared, angry or even aggressive.

## WHEN DO WE USE ANTIPSYCHOTIC MEDICATION?

In some cases a person may become very severely distressed by their symptoms or the level of physical aggression becomes hard to manage safely.

We always aim to manage these symptoms using non – medication methods, such as distraction and taking part in other activities, and other management strategies based on what has been found to cause the distress. Occasionally however this does not work and the Specialist Doctor or Nurse may suggest using an antipsychotic medicine.

Antipsychotic medication works by changing levels of chemicals within the brain, and despite the name is not just used for psychosis. They can also be used for a variety of other symptoms including nausea and movement disorders.

**We only use these medications when other alternatives do not work and the person is very distressed or aggressive.**

## **WHAT ANTIPSYCHOTIC MEDICATION IS AVAILABLE?**

Currently one medication, Risperidone, is licensed for use in persistent aggression in Alzheimer's dementia.

There are other anti-psychotics which are commonly used including;

- ❖ Haloperidol which we may use if a person has delirium as well as dementia.
- ❖ Quetiapine which we use in Parkinson's or lewy body dementia.

## **WHAT ARE THE BENEFITS OF USING ANTIPSYCHOTICS?**

These medications have been shown to be helpful for reducing levels of physical aggression and reducing psychotic symptoms (*such as delusions and hallucinations*) in up to 20% of people.

For some people with dementia this can make a big difference to them, their family and carers and therefore improve quality of life.

## ARE THERE ANY RISKS OF USING ANTIPSYCHOTICS?

No medication is free from side effects. This group of medications however has been shown to cause some significant side effects.

### These include:<sup>1</sup>

- ❖ Sedation (drowsiness)
- ❖ Muscle stiffness, slowing of movements or shakiness
- ❖ Ankle swelling
- ❖ Increased risk of falls
- ❖ Increased risk of infections
- ❖ Increased risk of blood clots
- ❖ Increased risk of stroke
- ❖ Increased risk of death.

### Risk of Stroke<sup>2,3</sup>

- ❖ Taking antipsychotic medication increases the risk of stroke from 1.1% to 2.8%

#### **For example:**

- \* If 1000 people with dementia are followed up for 6-12 weeks then we could expect 11 people will have a stroke and 989 people will not have a stroke
- \* If those 1000 people are given anti-psychotic medication then we could expect a further 17 people will have a stroke (a total of 28), and 972 people will not have a stroke.

## Risk of death <sup>2,3</sup>

- ❖ The risk of death is increased from 2.4% to 3.4%

### **For example:**

- \* If 1000 people with dementia are followed up for 6-12 weeks then we could expect 24 people will die, and 976 will not die.
- \* If those 1000 people are given antipsychotic medication then we could expect a further 10 people will die (*a total of 34*), and 966 people will not die.

The Doctor or Nurse will discuss the potential benefits and potential risks with the person who has dementia (*where possible*) and a family member or carer when considering these medications. There is often a balance between quality of life and risk of side effects and this is what we would discuss.

## **HOW LONG ARE ANTI-PSYCHOTICS GIVEN?**

In most cases we give people a short course of medication (*up to 6-12 weeks*). We know that a person's symptoms usually get better in time (*often just a few weeks*) and we aim to stop the medication as early as possible. A smaller number of people may need to continue using the medication longer term. This group of people often have the most severe and distressing symptoms.

## THE FOLLOWING WEBSITES CONTAIN USEFUL INFORMATION AND LINKS TO RESOURCES:

- ❖ **Alzheimer Scotland**  
0808 808 3000  
[www.alzscot.org](http://www.alzscot.org)
- ❖ **Alzheimer Society**  
[www.alzheimers.org.uk](http://www.alzheimers.org.uk)

## References

1. Schneider LS, Dagerman K, Insel PS. Efficacy and adverse effects of atypical antipsychotics for dementia: meta-analysis of randomised, placebo-controlled trials. *Am J Geriatr Psychiatry* 2006; 14:191-210
2. Banerjee S. The use of antipsychotic medication for people with dementia: time for action. A report for the Minister of State for Care Services 2009
3. Patient decision aid: Antipsychotic drugs in dementia. National Prescribing Centre

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