Long-Term Care Updates

June 2022

Guideline Recommendations on the Use of Antipsychotics for Dementia-Related Neuropsychiatric Symptoms

PharMerica®

By Darren Hein, PharmD

Introduction

Neuropsychiatric symptoms in patients with dementia are incredibly common and may be more difficult to manage than cognitive symptoms. In many cases, neurobehavioral disturbances may be related to other causes, such as medication-related adverse effects, inadequate pain control, delirium due to other medical issues, depression, and/or sleep disorders. In the event that neuropsychiatric symptoms persist despite adequate assessment and management of potential underlying causes, many providers turn to antipsychotic medications, despite a 2005 Boxed Warning addressing an increased risk of mortality when these drugs are used in patients with dementia-related psychosis.[1] A recent investigation by the New York Times reported that schizophrenia diagnoses in long-term care facilities have increased by 70% since 2012, all while reports of delusions and hallucinations in these facilities have slowly declined. Per this report, around one-third of nursing home residents with a schizophrenia diagnosis on record have no previous history of being treated for this condition, and around 20% of residents are on antipsychotics, suggesting that schizophrenia diagnoses are being used as cover to freely utilize antipsychotic agents in patients with dementia-related psychosis.[2]

This article will address guideline recommendations related to the use of antipsychotics in the management of dementia-related neurobehavioral disturbances.

AMDA – The Society for Post-Acute and Long-Term Care Medicine

As part of the Choosing Wisely campaign, AMDA recommends that antipsychotic medications not be prescribed for behavioral and psychological symptoms of dementia unless patients fail to respond to best treatment practices for potential underlying causes of the symptoms. Antipsychotics should only be used for symptoms significantly impacting quality of life or safety of patients and/or others. The lowest possible dose should be used, and patients should be consistently assessed for continued need and efficacy of antipsychotic therapy.[3]

American Psychiatric Association (APA)

The APA last published guidelines related to the use of antipsychotics for agitation or psychosis in patients with dementia in 2016. Statements from the APA addressing considerations related to antipsychotic medication use in this patient population follow:[4]

- Nonemergency antipsychotic medication should only be used for the treatment of agitation or psychosis in patients with dementia when symptoms are severe, are dangerous, and/or cause significant distress to the patient.
- Providers should review the clinical response to nonpharmacological interventions prior to nonemergency use of an antipsychotic medication to treat agitation or psychosis in patients with dementia.
- Before nonemergency treatment with an antipsychotic is initiated in patients with dementia, the potential risks and benefits from antipsychotic medication be assessed by the clinician and discussed with the patient (if clinically feasible) as well as with the patient's surrogate decision maker (if relevant) with input from family or others involved with the patient.
- If a risk/benefit assessment favors the use of an antipsychotic for behavioral/psychological symptoms in patients with dementia, treatment should be initiated at a low dose to be titrated up to the minimum effective dose as tolerated.
- If a patient with dementia experiences a clinically significant side effect of antipsychotic treatment, the potential risks and benefits of antipsychotic medication should be reviewed by the clinician to determine if tapering and discontinuing of the medication is indicated.
- In patients with dementia with agitation or psychosis, if there is no clinically significant response after a 4-week trial of an adequate dose of an antipsychotic drug, the medication should be tapered and withdrawn.
- In a patient who has shown a positive response to treatment, decision making about possible tapering of antipsychotic medication should be accompanied by a discussion with the patient (if clinically feasible) as well as with the patient's surrogate decision maker (if relevant) with input from family or others involved with the patient. The aim of such a discussion is to elicit their preferences and concerns and to review the initial goals, observed benefits and side effects of antipsychotic treatment, and potential risks of continued exposure to antipsychotics, as well as past experience with antipsychotic medication trials and tapering attempts.
- In patients with dementia who show adequate response of behavioral/psychological symptoms to treatment with an antipsychotic drug, an attempt to taper and withdraw the drug should be made within 4 months of initiation, unless the patient experienced a recurrence of symptoms with prior attempts at tapering of antipsychotic medication.
- In patients with dementia whose antipsychotic medication is being tapered, assessment of symptoms should occur at least monthly during the taper and for at least 4 months after medication discontinuation to identify signs of recurrence and trigger a reassessment of the benefits and risks of antipsychotic treatment.
- In the absence of delirium, if nonemergency antipsychotic medication treatment is indicated, haloperidol should not be used as a first-line agent.
- In patients with dementia with agitation or psychosis, a long-acting injectable antipsychotic medication should not be utilized unless it is otherwise indicated for a co-occurring chronic psychotic disorder.

References:

1.) Press D. Management of neuropsychiatric symptoms of dementia. In: UpToDate. https://www.uptodate.com/contents/management-of-neuropsychiatric-symptoms-of-dementia. Updated April 7, 2022. Accessed May 16, 2022.
2.) Thomas K, Gabeloff R, Silver-Greenberg J. Phony diagnoses hide high rate of drugging at nursing homes. New York Times. https://www.nytimes.com/2021/09/11/health/nursing-homes-schizophrenia-antipsychotics.html. Published September 11, 2021, Updated October 15, 2021. Accessed May 13, 2022.
3.) AMDA – The Society for Post-Acute and Long-Term Care Medicine. Antipsychotic medications for dementia. Choosing Wisely. https://www.choosingwisely.org/clinician-lists/antipsychotic-medications-for-dementia/. Updated July 1, 2021. Accessed May 16, 2022.
4.) Reus VI, Fochtmann LJ, Eyler AE, et al. The American Psychiatric Association Practice Guideline on the Use of Antipsychotics to Treat Agitation or Psychosis in Patients With Dementia. Am J Psychiatry. 2016;173(5):543-546. https://pubmed.ncbi.nlm.nih.gov/27133416/.

Creighton University Center for Drug Information & Evidence-Based Practice

Drug Information Consultation Service

Monday through Friday

7:30am-3:30pm Central

1-800-561-3728

Voicemail service is available after-hours

Submit your questions HERE.