

# Alzheimer's drug fails to reduce significant agitation

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A drug prescribed for Alzheimer's disease does not ease clinically significant agitation in patients, according to a new study conducted by researchers from the U.K., U.S. and Norway. This is the first randomized controlled trial designed to assess the effectiveness of the drug (generic name memantine) for significant agitation in Alzheimer's patients.

Previous studies suggested memantine could help reduce agitation and improve cognitive functions such as memory. Led by the University of East Anglia in the U.K., the new research found that while memantine does improve cognitive functioning and neuropsychiatric symptoms such as delusion, mood and anxiety, it is no more effective in reducing significant agitation than a placebo.

"Memantine is quite commonly prescribed for Alzheimer's disease in the U.S. Despite the negative findings regarding agitation, this trial opens a door of hope," said Regenstrief Institute investigator Malaz Boustani, M.D., MPH, associate professor of medicine at the Indiana University School of Medicine and associate director of the IU Center for Aging Research. "Memantine does appear to help with other behavioral and psychological symptoms of Alzheimer's disease."

Dr. Boustani, a co-author of the study, is also the medical and research director of the Healthy [Aging Brain](#) Center at Wishard Health Services.

"Efficacy of memantine for agitation in Alzheimer's dementia: a

randomized double-blind placebo controlled trial" published in [PLoS ONE](#) on May 2. Authors of the study are from Indiana University; the University of East Anglia, University College London, University of Kent, Aston University, Oxleas National Health Service Foundation Trust and Kings College London, all in the U.K.; and the University of Stavanger in Norway.

An estimated 5.4 million Americans have Alzheimer's disease according to the Alzheimer's Association. Many are agitated. They may, for example, pace continually, become physically or verbally aggressive or scream persistently. In addition to harming quality of life for the patient, agitation places enormous strain on relationships with family members and care providers, and often results in institutionalization.

"People who have mild symptoms [of agitation] often respond to changes in the environment or psychological treatment, but these methods are impractical in severe agitation," said Chris Fox, M.D., of Norwich Medical School at University of East Anglia, who led the research. "Our findings regarding memantine are disappointing with respect to severe agitation -- particularly as the alternative antipsychotic medications can have significant side effects such as increased rates of stroke and death. However, we hope our study will highlight the urgent need for investment in safe and effective new treatments for this growing disease."

The team of researchers studied 153 nursing home residents and hospital inpatients with severe Alzheimer's from September 2007 to May 2010. All the study participants displayed significant agitation requiring clinical treatment. Half were given memantine, and half received a placebo. The researchers reported significant improvement in cognitive function and for overall neuropsychiatric symptoms for the group given memantine, but no statistically significant difference in terms of the severe agitation that was the primary focus of the study.

Memantine is approved by the U.S. Food and Drug Administration for Alzheimer's disease. The trial was sponsored by East Kent Hospitals University National Health Service Foundation Trust in the U.K. The study was funded by Lundbeck, a manufacturer of memantine.

"This research suggests that even though [memantine](#) can have real benefits for people in the later stages of Alzheimer's, it may not have all the answers," said Anne Corbett, research manager at the Alzheimer's Society of the U.K., which was not involved in the research. "However, prescribers should not see the only alternative as being to hand out antipsychotics. These overprescribed drugs double the risk of death and treble the risk of stroke and should always be a last resort for people with dementia."

**More information:** [doi: 10.1371/journal.pone.0035185](https://doi.org/10.1371/journal.pone.0035185)

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