

# Antipsychotics initiated frequently and used for long term in Alzheimer's patients

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Antipsychotic drugs are initiated in patients with Alzheimer's disease (AD) more frequently than in the general population - already 2-3 years before the Alzheimer's diagnosis, according to a new study from the University of Eastern Finland. Most commonly, antipsychotics were initiated during the six months following the Alzheimer's diagnosis; however, the incidence of new antipsychotic users was high also later on. The results were published in *British Journal of Psychiatry*.

The study analysed the incidence of antipsychotic use eight years before and four years after the Alzheimer's diagnosis. During the follow-up, one third of the persons with Alzheimer's disease initiated [antipsychotics](#). The incidence of antipsychotic use in persons with Alzheimer's disease was five times more common than in the [control group](#) not diagnosed with AD. The study is based on an analysis of 7,217 Finnish patients with Alzheimer's disease, whose use of antipsychotics was investigated as part of the Finnish MEDALZ-2005 Study comprising nation-wide register data.

An earlier study analysing the duration of antipsychotic [treatment](#) in the same study population found that the use of antipsychotics in patients with Alzheimer's disease continues for a significantly long period. More than half (57%) were long-term users, i.e. their antipsychotic use lasted more than one year.

According to the Finnish Current Care Guidelines relating to the treatment of memory disorders, the use of antipsychotics should be

limited to a short-term treatment of severe psychotic symptoms, agitation and aggression. Furthermore, as the risks of antipsychotics may outweigh their benefits among persons with Alzheimer's disease, many guidelines, for example those issued by the UK-based National Institute for Health and Care Excellence and the American Psychiatric Association recommend that antipsychotics should be used only in treatment of severe psychotic symptoms, aggression and agitation when the symptoms cause significant distress or risk of harm to the patient or others.

"In Finland, the present incidence of antipsychotic use and the duration of antipsychotic treatment are not in line with the treatment guidelines. This is a cause of concern, because the use of antipsychotics increases the risk of severe adverse incidents such as stroke, falling and fracture, and death," says Professor Sirpa Hartikainen of the University of Eastern Finland.

**More information:** M. Koponen et al. "Incidence of antipsychotic use in relation to diagnosis of Alzheimer's disease among community-dwelling persons," *The British Journal of Psychiatry* (2015). [DOI: 10.1192/bjp.bp.114.162834](https://doi.org/10.1192/bjp.bp.114.162834)

Marjaana Koponen et al. "Long-term use of antipsychotics among community-dwelling persons with Alzheimer's disease: A nationwide register-based study," *European Neuropsychopharmacology* (2015). [DOI: 10.1016/j.euroneuro.2015.07.008](https://doi.org/10.1016/j.euroneuro.2015.07.008)

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