

# 'Lesser of two evils' argument used to defend antipsychotic overuse for dementia

November 22 2017

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Credit: University of Reading

The increasing use of antipsychotic drugs to manage dementia in care homes has been explained by some practitioners as "the lesser of two evils", despite clear risks for patients.

New research published today in *The Gerontologist* explored attitudes of professionals who work with people living with [dementia](#) in [care homes](#) and found that interviewees used the explanation to defend the use of potentially harmful drugs to manage patient behaviour, and saw their use as less harmful or unpleasant compared to when the same [patients](#) aren't medicated.

Dr Parastou Donyai, Associate Professor of Social and Cognitive

Pharmacy at the University of Reading who led the research said:

"What we saw was that using 'the lesser of two evils' argument to justify the overprescribing of antipsychotics comes with assumptions about what is best for patients and carers, often without a good understanding of what risks are associated with using the medication or alternative ways to manage behaviour. Dementia is one of the most prevalent diseases affecting the world with more than 45 million people experiencing it in some form or another, so it's really important that we understand the best ways of caring for our loved ones and stop the uncritical over-prescription of drugs that may not be suitable for patients."

Care home workers also shared the attitude of "medicines not Smarties", seeing antipsychotics as drugs prescribed far too often and often as an "easy option".

Among the ways in which professionals cited the idea of the drugs being doled out like sweets, one said that they knew that "staff are lowly paid, poorly motivated" and "very overworked". This attitude is critical of the overuse of antipsychotics, although people who work in [dementia care](#) used this language to protect themselves from being associated with any overprescribing.

Dr Donyai continued:

"What we see is that people providing dementia care can built up a way to rationalise the over-prescription of antipsychotics while protecting themselves when discussing the issue. We do know that similar attitudes are adopted with other medication, and we need to look further at how to correct the unquestioned assumptions that lie behind what was expressed in interviews."

**More information:** Dilbagh Gill et al. "The Lesser of Two Evils" Versus "Medicines not Smarties": Constructing Antipsychotics in Dementia, *The Gerontologist* (2017). [DOI: 10.1093/geront/gnx178](https://doi.org/10.1093/geront/gnx178)

Provided by University of Reading

Citation: 'Lesser of two evils' argument used to defend antipsychotic overuse for dementia (2017, November 22) retrieved 20 April 2024 from <https://medicalxpress.com/news/2017-11-lesser-evils-argument-defend-antipsychotic.html>

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