

Non-pharmacologic treatments may be more effective for psychiatric symptoms of dementia

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For patients with dementia who have symptoms of aggression and agitation, interventions such as outdoor activities, massage and touch therapy may be more effective treatments than medication in some

cases, suggests a study publishing Oct. 14 in *Annals of Internal Medicine*.

The [systematic review](#) and meta-analysis, led by St. Michael's Hospital of Unity Health Toronto and the University of Calgary, suggest [outdoor activities](#) were more clinically effective than anti-psychotic medication for treating [physical aggression](#) in patients with dementia. For patients with physical agitation, massage and touch therapy were more efficacious than usual care or caregiver support.

"Dementia affects 50 million people worldwide and as many as three quarters of those living with the disease have reported neuropsychiatric symptoms including aggression, agitation and anxiety," said Dr. Jennifer Watt, a researcher at the Li Ka Shing Knowledge Institute of St. Michael's Hospital.

"Unfortunately, our understanding of the comparative efficacy of medication versus non-medicine interventions for treating psychiatric symptoms has been limited due to a lack of head-to-head randomized controlled trials of the two routes."

To address this gap, researchers led by Dr. Watt, who is also a geriatrician; Dr. Sharon Straus, director of the Knowledge Translation Program at St. Michael's; and Dr. Zahra Goodarzi, a geriatrician and researcher at the University of Calgary, worked with 12 dementia care partners to select study outcomes based on commonly reported neuropsychiatric symptoms of the disease. They identified reports of improvement in aggression and agitation to be the main two outcomes to focus on in the analysis and review.

The study's findings are based on an analysis of 163 randomized controlled trials involving 23,143 people with dementia and the study of pharmacologic or non-pharmacologic interventions to treat aggression and agitation.

Though the study allows for the comparison of the two types of interventions, the researchers point out that neuropsychiatric symptoms of dementia do not have a one-size-fits-all solution.

"Treatment should be tailored to the patient and their specific experience," said Dr. Straus, who is also a geriatrician at St. Michael's. "This study, however, does shed light on the opportunity to consider prioritizing different types of interventions for aggression and agitation when appropriate."

Further research, Dr. Watt said, will aim to understand the influence of individual patient characteristics on their response to interventions. The researchers also note the need for an analysis of the differences in cost between pharmacologic and non-pharmacologic interventions to treat [aggression](#) and agitation in patients with [dementia](#).

"This study shows us that multidisciplinary care is efficacious, and that is consistent with a person-centred approach to care," Dr. Watt said. "It points to evidence of the benefit of supporting multidisciplinary teams providing care to patients in the community and nursing home settings."

More information: *Annals of Internal Medicine* (2019).
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