

National trial safely scales back prescribing of a powerful antipsychotic for the elderly

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Warning letters from Medicare can safely cut prescribing of a powerful but risky antipsychotic, according to a new study at Columbia University Mailman School of Public Health. Researchers used Medicare data to

study the effects of the letters on hundreds of thousands of older adults with dementia.

They found a significant and lasting reduction in prescribing but no signs of adverse effects on [patient health](#). The findings are published in *JAMA Network Open*.

"Our study shows that low-cost letter interventions can safely reduce antipsychotic prescribing to patients with dementia," said Adam Sacarny, Ph.D., assistant professor of Health Policy and Management at Columbia Mailman School. The work was conducted with researchers at the London School of Economics, Harvard T.H. Chan School of Public Health and Johns Hopkins University.

The researchers evaluated a large trial in which Medicare sent warning letters to high prescribers of quetiapine, the most popular antipsychotic in the U.S. Antipsychotics are frequently prescribed to people with dementia, but can cause numerous harms in this group.

Researchers therefore studied the hundreds of thousands of [older adults](#) with dementia who were treated by the prescribers in the trial. Most previous studies on reducing prescribing in [dementia care](#) consisted of small trials or observational analyses, with limited evidence from large-scale randomized studies.

The results were striking. "People with dementia living in nursing homes and in the community were prescribed less and we did not detect negative health impacts for these groups," said Michelle Harnisch, research student at the London School of Economics and first author of the study.

The findings are important because antipsychotics, such as quetiapine, are often used in dementia care to address behavioral symptoms. About

one in seven nursing home residents receives an antipsychotic every quarter. However, the drugs have a number of well-known risks. These include [weight gain](#), [cognitive decline](#), falls, and death. In turn, physician specialty societies, government regulators, and policymakers have aimed to reduce prescribing of these medications to people with dementia.

To test whether the warning letters reduced prescribing safely, the researchers used administrative data from Medicare to link the 5,055 physicians in the original trial to the Medicare records of their patients with dementia. They ultimately analyzed 84,881 patients in nursing homes and 261,288 patients living in the community.

The intervention reduced quetiapine use among nursing home patients by 7% and community-dwelling patients by 15%. The researchers did not find adverse effects across numerous health outcomes, including cognitive function, behavioral symptoms, depression, or metabolic outcomes like diabetes. There were signs of improved mental health outcomes, and the risk of death for patients living in the community fell slightly.

This research follows up on the original evaluation of the warning letters. [In that study](#), members of the same research team also showed that the letters reduced prescribing. However, they focused on a considerably smaller sample of patients and studied a limited set of health outcomes. In contrast, the new research evaluates a number of key health indicators for dementia care and substantially expands the patient sample with a focus on dementia.

"These results show that this intervention and others like it could be leveraged to make prescribing safer and improve dementia care," noted Sacarny. "Similar interventions could also be adapted to other contexts to promote high-quality care."

More information: Michelle Harnisch et al, Physician Antipsychotic Overprescribing Letters and Cognitive, Behavioral, and Physical Health Outcomes Among People With Dementia, *JAMA Network Open* (2024). DOI: 10.1001/jamanetworkopen.2024.7604

Provided by Columbia University's Mailman School of Public Health

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