

Study relates use of antipsychotics in dementia with socioeconomic status

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A study lead by the Economic Evaluation of Chronic Diseases group of Biogipuzkoa Health Research Institute has revealed the relationship between the use of antipsychotics in dementia and socioeconomic status.

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The findings are [published](#) in the *Journal of Alzheimer's Disease*.

Antipsychotics are widely used in the elderly due to the high prevalence of neuropsychiatric symptoms and disruptive behaviors associated with dementia. Concern about their inappropriate use has led government reports to warn about their risks and to recommend a reduction in their use for behavioral and psychological symptoms of dementia.

Disparities by [socioeconomic status](#) have also been noted in their use, and a gradient with [educational level](#) has been found in the use of antipsychotics both in the general population and in people with dementia. For a comprehensive analysis of [disparities](#) in the indication of antipsychotics, more variables such as sex, age, and somatic and psychiatric comorbidities should be taken into account.

The main findings of this Gipuzkoa population-based study (221,777 individuals over 60 years of age) were the high rates of use of antipsychotics and the greater likelihood of receiving this type of drug among people with low socioeconomic status. The percentage of antipsychotic user rose from 2.9% in high to 6.7% in low socioeconomic status and achieved 39.8% in people with dementia.

The explanation for this disparity is that [atypical antipsychotics](#) are more often the first-line response to challenging behaviors in dementia in deprived people. Meanwhile, as families are in charge of organizing home care, a higher level of income makes it possible to obtain other support to reduce the distress associated with caregiving and delay the use of antipsychotics.

The main conclusion of the study is that the greater levels of antipsychotic use and institutionalization in people of low socioeconomic indicate a lack of equity in the management of [dementia](#)-related neuropsychiatric symptoms. Increasing the offer of non-pharmacological treatments in the public health system might help reduce inequity in antipsychotic use.

More information: Javier Mar et al, Disparities by Socioeconomic Status and Diagnosis of Dementia in the Prescribing of Antipsychotics in a Real-World Data Population Over 60 Years of Age, *Journal of Alzheimer's Disease* (2024). [DOI: 10.3233/JAD-240004](https://doi.org/10.3233/JAD-240004)

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