

Specific antipsychotic drugs increase risk of death in elderly dementia patients

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Nursing home residents over the age of 65 who take certain antipsychotic medication for dementia are at an increased risk of death, suggests a research paper published today in the *British Medical Journal*.

The Harvard Medical School study, the largest ever undertaken among US nursing home residents, looked at 75,445 older nursing home residents from 45 US states between 2001 and 2005. All nursing home residents studied were 65 and over. Risks of mortality were looked at during a six month period.

The US [Food and Drug Administration](#) (FDA) warned in 2005 that [atypical antipsychotic drugs](#) are associated with an increased risk of mortality in elderly patients with dementia, but questions still remain on whether risks differ by drugs. This warning was expanded to include conventional antipsychotics in 2008. The authors report that despite these warnings, the use of these drugs is likely to continue because of the "continued growth of the dementia population" and the need for some type of intervention.

The study assessed mortality risks associated with individual antipsychotic drugs including aripiprazole, haloperidol, [olanzapine](#), quetiapine, risperidone and ziprasidone.

Out of 75,445 nursing home residents, a total of 6,598 died within the six month study from non-cancer related causes. Patients treated with haloperidol had double the risk of death compared with those taking [risperidone](#), while those taking quetiapine had a reduced risk. The effect of haloperidol was strongest during the first 40 days of treatment which did not change after a dose adjustment. Almost half of deaths (49%) were recorded as due to circulatory disorders, 10% to [brain disorders](#) and 15% to respiratory disorders.

Patient characteristics were adjusted for age, sex,

clinical condition and the presence of physical illnesses that might raise risk of mortality, ethnicity, education and geographic location (US state) as were nursing home characteristics including facility size, occupancy rate, availability of special care units, staffing levels, ownership, resident characteristics and quality indicators.

In conclusion, the authors suggest that not all [antipsychotic medication](#) carries the same risk of death in elderly populations. They conclude, however, that "clinicians may want to consider this evidence when evaluating [the] the best approach to treatment of behavioural problems".

In an accompanying editorial, Dr McCleery from the Oxford NHS Foundation Trust, argues that future research should work on identifying the key parts and efficacy of non-drug based interventions and how these can be implemented as simply and efficiently as possible.

Provided by British Medical Journal

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