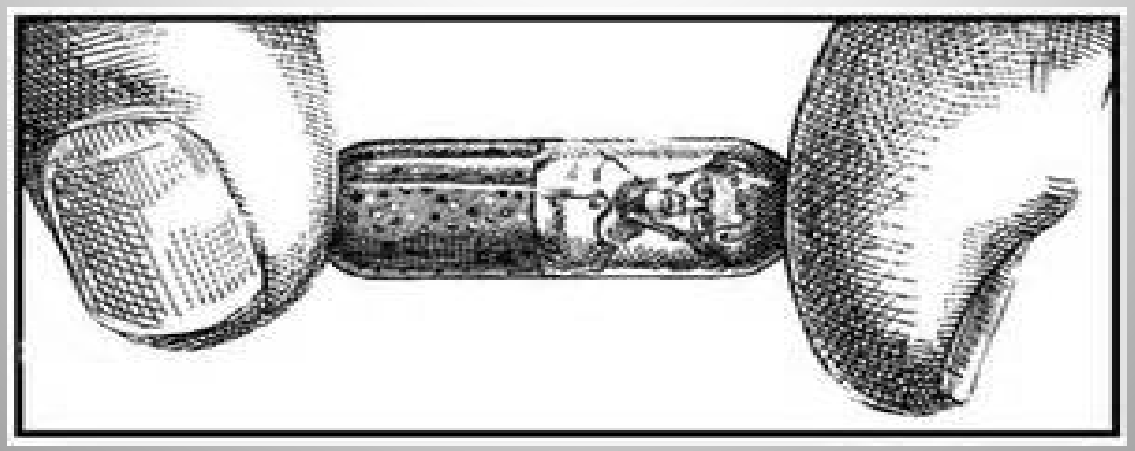
The Place for Treatments of Associated Neuropsychiatric and Other Symptoms in Alzheimer's Disease and Other Dementias

The Patient and Carers' Perspective



Mary-Frances Morris, Trustee, Alzheimer Scotland.

The Alzheimer Associations' Position in Summary

- There is a place but a very limited place for pharmacological intervention in dementia.
- Last Resort
- Only when Proven Useful and Necessary
- Only when Rights and Freedoms of the Individual are respected

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Neuropsychiatric Symptoms in Brief

- NATURE: e.g. agitation, aggression, wandering, shouting, sleep disturbance.
- PREVALENCE: 90% Cumulative risk; 60-80% Point Prevalence (Steinberg et al, 2008)
- IMPACT: Enormous distress for patient, family, carers and therefore are a legitimate object for intervention (Banerjee, 2008)
- Alzheimer Europe Carer Survey: Behavioural Symptoms cited more often than cognitive as most problematic. (Georges, J et al, 2008).

Pharmacological Treatments in Brief

- Antipsychotics – (Typical and Atypical)

  Dementia patients 17 x more likely to be prescribed antipsychotics than general population; 90% of prescriptions became repeat (Guthrie et al, 2010)
- Anxiolytics
- Anti Depressants
- Anti Convulsants

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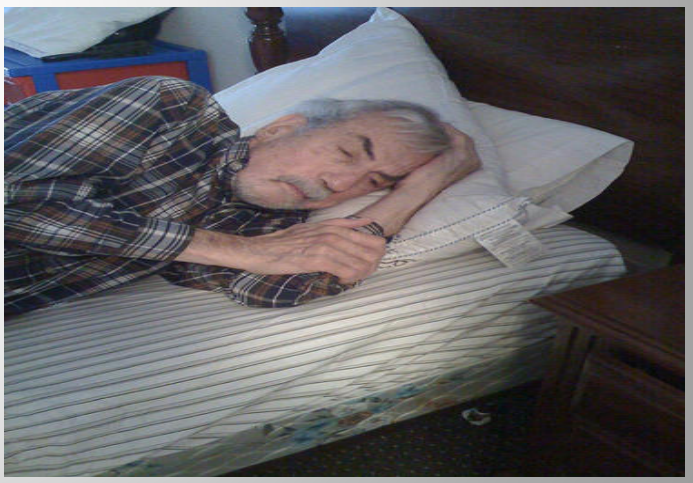
EFFICACY/ SAFETY

The Patient Experience of Antipsychotics

"Our members tell us of enormous worry and distress over what is happening to their loved ones.... This goes beyond quality of care. It is a fundamental rights issue..."

Neil Hunt, Chief Executive
Alzheimer's Society (UK) – Interview to BBC News 2009



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EVIDENCE BASE

World Health Organisation Report (2009):

Do conventional and atypical antipsychotics and antidepressants (trazadone) produce benefits/harm for Behavioural and Psychological Symptoms of Dementia compared to placebo?

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SUMMARY OF THE QUALITY OF THE EVIDENCE
Haliperidol (conventional antipsychotic)

Outcome measure	Quality of Evidence
Behavioural symptoms	Low
Agitation	Low
Aggression	Low
Improvement in Psychosis	Very Low
Caregiver Burden	Very Low
Function	Very Low

"Inefficacy and adverse events [30% higher mortality in older users of conventional antipsychotics] represent serious concerns regarding the use of Haliperidol."

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SUMMARY OF THE QUALITY OF THE EVIDENCE
Thioridazine (*** antipsychotic)

Outcome measure	Quality of Evidence
Adverse Events	Very Low
Improving Psychoses (Clin Global Eval.)	Very Low
Improving anxious symptoms	Very Low
Adverse Effects	Very Low

"Inefficacy and adverse events [serious cardiotoxicity] represent serious concerns regarding the use of Thioridazine."

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ATYPICAL ANTIPSYCHOTICS

Behavioural Outcome	Aripiprazole	Olanzapine	Quetiapine	Risperidone
BPRS total	moderate	moderate	moderate	moderate
NPI total	moderate	moderate	-	low
CMAI total	moderate	-	low	moderate
PANSS-EC	-	-	moderate	
BEHAV-AD total	-	-	-	low
CGI-total	-	-	-	very low
Improving Psychosis				
NPI Psychosis	moderate	moderate	-	moderate
BPRS total	-	-	moderate	
CGI-C	-	-	low	very low
PANSS - EC	-	-	moderate	
Behave - AD	-	-	-	moderate

ATYPICAL ANTIPSYCHOTICS

Adverse Events	Aripiprazole	Olanzapine	Quetiapine	Risperidone
Mortality	moderate	low	low	low
Falls	-	low	-	moderate
CV events	low	low	-	very low
"Inefficacy and important adverse events such as increased mortality & increased cerebrovascular events may represent serious concerns regarding the use of atypical antipsychotics"				

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ANTIDEPRESSANT - Trazadone

- Very low quality of evidence for all outcomes – Agitation, Aggression, ADL, Memory, Cognitive Function, Clinical Global Impression.
- “There is extremely limited data to support the use of tradazone in the treatment of behavioural disturbance in psychosis in dementia”.

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W.H.O. FINAL RECOMMENDATIONS

- Thioridazine, chlorpromazine & trazodone should not be used. STRONG
- Haloperidol & atypical antipsychotics should NOT be used as FIRST LINE MANAGEMENT. Only consider where there is a CLEAR AND IMMINENT RISK OF HARM WITH SEVERE AND DISTRESSING SYMPTOMS – short term and with specialist input and INFORMED CONSENT (where possible) of patient/carer after consideration of balance of risk and benefit.

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Other Significant Warnings & Reports

- 2004 MHRA Warning (UK) : Risperidone and Olanzapine
- 2005 FDA Warning Atypical Antipsychotics (USA)
- 2008 EMA conclude a class effect likely
- 2009 MHRA Warning re all antipsychotics (UK)
- 2009 HAS (France)criticises excessive antipsychotic prescribing

Government commissioned reports:

•UK Government: Professor Sube Banerjee (2009)

•"..the current level of use of antipsychotics for people with dementia presents a significant issue in terms of quality of care with negative impacts in patient safety, clinical effectiveness and patient experience".

•Scottish Government: Professor Bruce Guthrie (2012)

•"There is considerable evidence that the use of antipsychotic drugs is associated with significant harm in older people with dementia" .

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Professor Sube Banerjee
The use of antipsychotic medication for people with dementia:
Time for Action (2009)

"These drugs appear to be used too often in dementia and, at their likely level of use, potential benefits are most probably outweighed by their risks overall"

11 Recommendations – of which Key ones:

- Reduction of antipsychotics should be made NHS clinical governance priority
- Prescribe only when NEEDED
- Non-pharmacological research needed
- CPD for GPs and others working in care and NVQ in Dementia Care for care staff
- Care Quality Commission - availability of non-pharma management etc marker of quality of care in homes
- The Improving Access to Psychological Therapies programme – should ensure resources for dementia patients/carers

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"Freedom to Live in Least Restrictive Environment"

- Ethical issues surrounding use of antipsychotics as a "chemical restraint".
  - Wellbeing
  - Respecting Individuality
  - Beneficence/Necessity
  - Proportionality
  - Justice/equity
  - Autonomy
- Gross infringement of ethical codes/human rights abuse
- Alzheimer Europe has a policy of **ZERO TOLERANCE** of psychotropic drugs when used to restrain dementia patients.

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The Past

Doctors' task and the patients' journeys– like Homer's Odyssey – navigating a very difficult strait between Charybdis and Scylla: psychtropic drugs or nothing. Neither outcome ideal...

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CHANGE in the AIR

- Signs of downward trend in prescribing of antipsychotics. (Guthrie, 2013 – 18.4% in 2009 down to 13.5% in 2011 in Scotland; Martinez et al 2013 - 19.9% 1995 – 7.4% 2011 in England - but huge regional variation)
- Signs governments are listening to patients and carers.
- The Scottish Government - National Dementia Strategy - at the forefront of change
- Commitment 13 of Strategy: pledge to reduce/control Antipsychotic use
    - INITIATION
    - REVIEW
    - LEGALITY, DIGNITY, HUMAN RIGHTS (including Adults with Incapacity Scotland Act 2000)
- Alzheimer Scotland helped develop thinking behind and warmly welcomes this commitment

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The Future
A way between Charybdis and Scylla?

Practical/Behavioural/Psychological Interventions:

- Practical solutions around dementia-friendly design – eg disguised entrances/ circular walkways.
- Alzheimer's Association (USA): "The neuropsychiatric symptoms of dementia: A Visual Guide..."
  - Easy to follow flow chart style guide. Presents common behavioural challenges. Considers possible reasons for each. Suggests behavioural/psychological/practical interventions.
- Randomised Controlled Trial of CBT vs TAU
  - Simon Forstmeier – University of Zurich
  - 20 sessions – 8 modules

Working For Patients and Carers Towards...

If not exactly this....

Then definitely this....