Antipsychotic medications are overused in Australia as a first-line response to managing behavioural and psychological symptoms experienced by people with dementia, particularly in residential aged care. Antipsychotic medications are associated with very serious risks and side-effects, and while they do play an important role in the treatment of some people with dementia, this should generally be for a limited time, and only after alternative approaches have been tried.

Alzheimer’s Australia believes that the potential risks of antipsychotic medications are likely to outweigh potential clinical benefits for as many as 80% of the 50-100,000 people with dementia in Australia receiving antipsychotic medications. As a result, it is likely that there are a significant number of potentially avoidable deaths, strokes and serious side effects within this group.

There are numerous evidence-based approaches to responding to behavioural and psychological symptoms of dementia that do not require antipsychotic medications (assessing and treating possible causes of agitation such as pain, loneliness or fear for example), and many instances of nursing homes that have successfully reduced use of antipsychotic medications among people with dementia to a minimum.

Alzheimer’s Australia holds that the current overuse of antipsychotic medications among people with dementia is a human rights issue, and one that can and should be addressed by regulatory bodies, clinicians and service providers.

Background

Antipsychotic medications (also known as neuroleptics or major tranquilizers) are widely used among people with dementia experiencing behavioural and psychological symptoms of dementia (BPSD). They work by blocking the action of certain neurotransmitters in the brain, thereby reducing psychotic symptoms (hallucinations or delusions), and creating a sedative effect. They are also associated with common and serious side-effects; metabolic, movement and mood
dysfunction, and significantly increased risk of stroke, heart attack or death, particularly for people with dementia. The drugs have a negative affect on cognition (memory and thinking abilities), and some studies have suggested that long-term treatment may result in progressive damage to the brain.

Antipsychotic medications were originally developed in the 1950s for treatment of psychotic illnesses such as schizophrenia and bipolar disorder. However, they have increasingly been used ‘off-label’ to treat a range of child and adult mental disorders, as well as BPSD in people with dementia. They are approved for the latter use by the Therapeutic Goods Administration (TGA) and corresponding regulatory bodies, but only as a treatment of last resort when a range of non-pharmacological interventions have been tried and failed, or in cases where a patient’s symptoms pose a physical risk to themselves or others that cannot be managed otherwise.

For some people experiencing severe BPSD, a limited duration of treatment with antipsychotics can have a beneficial clinical effect. However, the evidence shows that in some nursing homes and hospitals, antipsychotics are often inappropriately used as a ‘first-line’ treatment of BPSD, and that the majority of those treated derive no clinical benefit (despite the fact that care staff may find sedated patients or residents easier to deal with). Furthermore, there is evidence that once initiated, people with dementia are likely to remain on antipsychotic medications for long periods of time, and sometimes indefinitely.

In NSW and several other states, regulations require that prescription of antipsychotic medications to people who cannot speak for themselves is approved by a proxy decision maker, such as a family carer. Yet a review by Professor Henry Brodaty from the University of NSW found that these regulations had been followed in only 6.5% of cases of people with dementia receiving antipsychotics.

Because of the serious risk and side-effect profile of these drugs, as well as the public cost of the medications (they are one of the most expensive drug classes on the Pharmaceutical Benefits Scheme), concerns have been raised by a number of medical organisations and patient advocacy groups such as Alzheimer’s Australia about the high level of apparent inappropriate prescribing to people with dementia. In the UK and the USA, the issue has also recently attracted significant political attention.

In the UK, a report for the Department of Health in 2009 estimated that 180,000 people with dementia were being treated with antipsychotics, 80% of them needlessly, and that the high-levels of prescribing were causing an estimated 1,800 avoidable deaths, and 1,620 avoidable strokes and heart attacks each year. A similar report in the US in 2005 resulted in black-box warnings on antipsychotic
medication packaging. Directives and regulation aimed at reducing the rate of antipsychotic use among people with dementia have been established in both countries, and early indications are that these are working.

The use of antipsychotic medications on people with dementia in Australia remains unacceptably high, and despite some good work from the National Prescribing Service and other government bodies, it is an issue that has not yet registered the political and policy attention it deserves.


A report by ABC’s Lateline on Thursday 16 August, 2012 highlighted a number of examples of inappropriate use of antipsychotic medications with people living with dementia, including the coronial inquest into the death of Mr John Arthur Burns, a person living with dementia in South Australia who died of a cerebral infarction while receiving high doses of the antipsychotic drug haloperidol. The report also featured an interview with David Le Couteur, Professor of Medicine from the University of Sydney who estimated that inappropriate prescribing of antipsychotic medications to people with dementia in Australia may be causing hundreds or even thousands of avoidable deaths each year.

Further information and advice

Alzheimer’s Australia encourages anyone concerned about the use of antipsychotic medications to speak to their GP, or contact:

1. The National Dementia Helpline (1800 100 500; www.fightdementia.org.au)
2. The Dementia Behaviour Management Advisory Service (1800 699 799; www.dbmas.org.au)