

Low-dose antipsychotics in people with dementia

Key therapeutic topic

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nice.org.uk/guidance/ktt7

Options for local implementation

- The risks and limited benefits of using low-dose antipsychotics for treating dementia in people who exhibit challenging behaviours are well recognised.
- Review and, if appropriate, optimise prescribing of low-dose antipsychotics in people with dementia, in accordance with the NICE/Social Care Institute for Excellence (SCIE) guideline on [dementia](#) and the NICE quality standard on [dementia](#).

Evidence context

The NICE/[SCIE](#) guideline on [dementia](#) (which is being [updated](#), publication expected June 2018) gives recommendations on the care of people with all types of dementia. This includes managing behavioural and psychological symptoms of dementia. The NICE quality standards on [dementia](#) and [supporting people to live well with dementia](#) describe concise sets of prioritised statements designed to drive measurable quality improvements within these areas. A NICE pathway on [dementia](#) brings together all related NICE guidance and associated products on dementia in a set of interactive topic-based diagrams. See the NICE clinical knowledge summary on [dementia](#) for a general overview of the condition.

The risks and limited benefits of using first (typical) and second (atypical) generation antipsychotic drugs for treating dementia in people who exhibit challenging behaviours are well recognised. They have been the subject of several previous reviews and MHRA warnings, collated in the [May 2012 edition of Drug Safety Update](#).

The NICE/SCIE guideline on [dementia](#) recommends that people with dementia who develop non-cognitive symptoms that cause them significant distress or who develop behaviour that challenges should be offered an assessment at an early opportunity to establish likely factors that may generate, aggravate or improve such behaviour. The assessment should be comprehensive and include for example, the person's physical health, depression, undetected pain or discomfort, side effects of medication, psychosocial factors, physical environment factors, and the person's religious beliefs and spiritual and cultural identity. Individually tailored care plans that help carers and staff address the behaviour that challenges should be developed, recorded in the notes and reviewed regularly.

For people with all types and severities of dementia who have comorbid agitation, the NICE/SCIE guideline on [dementia](#) recommends that non-pharmacological approaches may be considered including aromatherapy, multisensory stimulation, therapeutic use of music or dancing, animal-assisted therapy, and massage.

The NICE/SCIE guideline on [dementia](#) advises against the use of any antipsychotics for non-cognitive symptoms or challenging behaviour of dementia unless the person is severely distressed or there is an immediate risk of harm to them or others. Any use of antipsychotics should include a full discussion with the person and carers about the possible benefits and risks of treatment. In the [May 2012 edition of Drug Safety Update](#), the MHRA advised that no antipsychotic (with the exception of risperidone in some circumstances) is licensed in the UK for treating behavioural and psychological symptoms of dementia. However, antipsychotics are often prescribed off-label^[1] for this purpose.

In September 2010, the Department of Health published [Quality outcomes for people with dementia: building on the work of the national dementia strategy](#), which is an implementation plan for their guidance [Living well with dementia: a national dementia strategy](#). These resources build on the NICE/SCIE guideline on [dementia](#) and include strategies to reduce inappropriate prescribing of antipsychotics. In the [May 2012 edition of Drug Safety Update](#) the MHRA provided the following advice for health and social care professionals:

For prescribers considering using antipsychotics in people without a current prescription:

- Carefully consider, after a thorough clinical examination including an assessment for possible psychotic features (such as delusions and hallucinations), whether a prescription for an antipsychotic drug is appropriate.

For prescribers considering continuing antipsychotics in people with a current prescription:

- Identify and review people who have dementia and are on antipsychotics, with the purpose of understanding why antipsychotics have been prescribed.
- In consultation with the person, their family and carers, and clinical specialist colleagues such as those in psychiatry, establish: whether the continued use of antipsychotics is appropriate; whether it is safe to begin the process of discontinuing their use; and what access to alternative interventions is available.

A Cochrane review, which was discussed in the medicines evidence commentary on [dementia: withdrawal of antipsychotic drugs in people with behavioural and neuropsychiatric symptoms](#), evaluated the effect of withdrawing treatment with antipsychotic drugs prescribed for behavioural and neuropsychiatric symptoms in people with dementia. It concluded that these can be withdrawn without detrimental effects on behaviour in many people. This review is consistent with the NICE/SCIE guideline on [dementia](#).

A further medicines evidence commentary on [Alzheimer's disease: effect of citalopram on agitation](#) discussed the efficacy and safety of off-label citalopram for treating agitation in people with Alzheimer's disease.

In March 2016 the Department of Health published the [Challenge on dementia 2020: implementation plan](#), which sets out more than 50 specific commitments that aim to make England the world-leader in dementia care, research and awareness by 2020. The plan sets out priority actions across 4 themes: risk reduction; health and care; awareness and social action; and research. The Department of Health is working with SCIE to create a set of films demonstrating and promoting effective practice in person-centred care as the method for managing distress and challenging behaviours among people with dementia.

A separate key therapeutic topic is available on [psychotropic medicines in people with learning disabilities whose behaviour challenges](#).

^[1] In line with the [guidance from the General Medical Council \(GMC\) on prescribing unlicensed medicines](#), the prescriber should take full responsibility for determining the needs of the patient and whether using a medicine outside its authorised indications is suitable.

Prescribing data

There are currently no medicines optimisation key therapeutic topic (MO KTT) prescribing comparators for this topic. The development of a suitable comparator is currently being explored

by the NHS England Medicines Optimisation Intelligence Group^[1]. The National dementia and antipsychotic prescribing audit from 2012 suggests that there has been an encouraging overall reduction in the proportion of people with dementia being prescribed antipsychotics in recent years. See the [National Dementia and Antipsychotic Prescribing Audit](#) website for more details.

Based on data from 46% of GP practices across England, the audit found that the number of people newly diagnosed each year with dementia increased by 68% in relative terms from 2006 to 2011. However, there was a decrease of 10.25 percentage points in the number of people with dementia receiving prescriptions for antipsychotic medication over that time (from 17.05% in 2006 to 6.80% of people in 2011, a 60% reduction in relative terms). The proportion of people receiving a prescription for an antipsychotic within a year of being diagnosed with dementia also decreased by 9.79 percentage points from 2006 to 2011 (from 14.25% to 4.46%, a 69% reduction in relative terms). Nevertheless, although reductions in prescribing rates were seen across all geographical areas of England, there was still considerable variation in the percentage of people diagnosed with dementia prescribed an antipsychotic.

The [Prescribing Observatory for Mental Health-UK \(POMH-UK\)](#) audit Prescribing antipsychotic medication for people with dementia suggests that the prevalence of antipsychotic use in mental health trusts or healthcare organisations for behavioural and psychological symptoms of dementia decreased between 2011 and 2012 (by 23%) and this decrease was maintained in 2016 (19% down from 2011).

^[2] For details of any update to the comparators refer to the [NHS Digital](#) website and the [Information Services Portal](#), Business Services Authority.

Update information

January 2017: This topic was retained for the 2017 update of medicines optimisation: key therapeutic topics. The evidence context has been updated in the light of new guidance and important new evidence.

About this key therapeutic topic

This document summarises the evidence base on this key therapeutic topic which has been identified to support medicines optimisation. **It is not formal NICE guidance.**

For information about the process used to develop the Key therapeutic topics, see the [integrated process statement](#).

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