National Institute for Health and Clinical Excellence

Key therapeutic topics

Low-dose antipsychotics in people with dementia

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Options for local implementation

- Review and, if appropriate, revise prescribing of low-dose antipsychotics in people with dementia, in accordance with the NICE/Social Care Institute for Excellence (SCIE) clinical guideline and the NICE quality standard on dementia, and the Alzheimer's Society best practice guide.

Evidence context

The NICE/SCIE guideline Dementia: supporting people with dementia and their carers in health and social care (NICE clinical guideline 42) gives recommendations on the care of people with all types of dementia. This includes managing behavioural and psychological symptoms of dementia. Non-cognitive symptoms and behaviour that challenges are included in the NICE quality standard on dementia. A NICE Pathway brings together all related NICE guidance and associated products on dementia in a set of interactive topic-based diagrams.

The harms 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 Medicines and Healthcare products Regulatory Agency (MHRA) warnings, collated in MeReC Rapid Review No. 847 and the May 2012 edition of Drug Safety Update.

The NICE/SCIE guideline 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. The

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MHRA have 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* for this purpose.

In November 2009, the Department of Health's report on the prescribing of anti-psychotic drugs to people with dementia suggested that up to a quarter of people with dementia are prescribed antipsychotics. On average, for every 100 of these people about 20 find some benefit from antipsychotic treatment. However, each year an additional 1 out of 100 die prematurely, and a similar additional number suffer cerebrovascular adverse events (around half of which may be severe). The report stated that antipsychotics are too often used as a first-line response to behavioural difficulty in dementia, rather than as a considered second-line treatment when other non-pharmacological approaches have failed.

In September 2010, the Department of Health published an implementation plan for Living well with dementia: a national dementia strategy, reviewed in MeReC Rapid Review No. 3471. In July 2011, a best practice guide, Optimising treatment and care for people with behavioural and psychological symptoms of dementia, was produced by the Alzheimer's Society and endorsed by the Department of Health. These resources build on the NICE/SCIE guideline on dementia and include strategies to reduce inappropriate prescribing of antipsychotics. The MHRA provides the following advice for healthcare 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 – see the appropriate pathway in the best practice guide.

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

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appropriate; whether it is safe to begin the process of discontinuing their use; and what access to alternative interventions is available.

- Consult the best practice guide.

* If prescribing off-label, the prescriber should follow relevant professional guidance, taking full responsibility for the decision. Informed consent should be obtained and documented. See the General Medical Council's Good practice in prescribing medicines – guidance for doctors for further information.

Prescribing data

There is currently no prescribing comparator for this topic, but the development of a suitable comparator continues to be explored. However, the National dementia and antipsychotic prescribing audit suggests that there has been an encouraging overall reduction in the proportion of people with dementia being prescribed antipsychotics in recent years.

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 in all English Strategic Health Authorities (SHAs), there was still considerable variation in the percentage of people diagnosed with dementia prescribed an antipsychotic.

About this key therapeutic topic

This document summarises the evidence base on this key therapeutic topic which has been identified to support the QIPP medicines use and procurement work stream. **It is not formal NICE guidance.**

For information about the process used to develop the Key therapeutic topics – medicines management options for local implementation document, see the interim process statement.

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