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The full report is titled “Antipsychotic Drug Use and Mortality in Older Adults with Dementia.” It is in the 5 June 2007 issue of *Annals of Internal Medicine* (volume 146, pages 775-786). The authors are S.S. Gill, S.E. Bronskill, S.-L.T. Normand, G.M. Anderson, K. Sykora, K. Lam, C.M. Bell, P.E. Lee, H.D. Fischer, N. Herrmann, J.H. Gurwitz, and P.A. Rochon.

## Antipsychotic Drug Use and Death in Older Adults with Dementia

### What is the problem and what is known about it so far?

Dementia is a progressive decline in thinking, memory, and the ability to learn. People with dementia may need help with basic activities, such as cooking and bathing. Some people with dementia have problems with behavior. These problems may include agitation, aggressive or paranoid behavior, sudden mood changes, fits of anger and yelling, wandering, and inappropriate sexual behavior. Some people may also feel out of touch with reality, and they may have delusions or hallucinations.

Doctors sometimes use drugs to help treat the behavioral or psychological problems. They may use any of a group of drugs called *antipsychotic agents*. Older antipsychotic drugs are called *conventional agents*. Examples include chlorpromazine (known by the brand names Largactil and Thorazine) and haloperidol (known by the brand name Haldol). Several newer antipsychotic drugs are also available; these are known as *atypical agents*. These newer drugs may cause fewer side effects. Examples include olanzapine, risperidone, and quetiapine (known by the brand names Zyprexa, Risperdal, and Seroquel, respectively). Some studies suggest that both older and newer antipsychotic drugs can cause important harms.

### Why did the researchers do this particular study?

To see whether antipsychotic medication is associated with increased risk for death.

### Who was studied?

27,259 adults older than age 66 years who had dementia. They resided in communities or in long-term care facilities in Ontario, Canada.

### How was the study done?

The researchers used several existing databases in Ontario. These databases included pharmacy records, hospitalization records, billing information for health services, and death records. Using these records, the researchers identified people with dementia who did and did not receive prescriptions for antipsychotic agents. They then looked to see whether these people were alive or dead at 30, 60, 120, and 180 days after the initial prescription for the antipsychotic. They then compared deaths between patients who had and who had not received prescriptions.

### What did the researchers find?

Adults with antipsychotic prescriptions had a slightly higher risk for death than did adults without these prescriptions. The increased risk was in people living in the community and in people living in long-term care facilities. The use of conventional drugs seemed to be associated with a higher risk for death than did the use of atypical drugs. Excess risk was evident at 30 days and seemed to continue to 180 days.

### What were the limitations of the study?

The researchers could not be certain that they had accounted for all other possible causes for their findings other than the prescriptions. Few people were still taking their initial antipsychotic treatment at 180 days. The exact cause of the deaths was not known.

### What are the implications of the study?

Both conventional and atypical antipsychotic drugs may be associated with an increased risk for death among elderly people with dementia. This risk emerges within 30 days.

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