

COMPARISON OF QUETIAPINE VERSUS OLANZAPINE IN THE ACUTE TREATMENT OF ALZHEIMER DISEASE -RELATED BEHAVIORAL DISTURBANCES

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In addition to demonstrating their superiority to placebo, there is a need to compare the relative efficacy and side effects of atypical neuroleptics for the acute treatment of dementia-related behavioral disturbances in residents of long-term care facilities.

Aim: To compare the efficacy of atypical neuroleptics for the acute treatment of Alzheimer Disease- related behavioral disturbances.

Methodology: In a double-blind parallel study allowing dose titration over 14 days, 21 agitated persons with DSM-IV-r Alzheimer Disease who were residing in long-term care facilities were administered Quetiapine (N = 10) or Olanzapine (N = 11) as acute treatment. Drug was administered once a day at bedtime. The initial dosages were olanzapine, 2.5 mg/day, and quetiapine 50 mg/day. Titration was allowed to maximum doses of olanzapine, 10 mg/day, and quetiapine 150 mg/day. The primary outcome measures were the Clinical Global Impressions scale (CGI) and the Neuropsychiatric Inventory (NPI). Data were gathered from 2011 to 2012.

Results: Both drugs produced significant reductions in CGI and NPI scores ($p < .0001$), but there was no significant difference between drugs. The mean olanzapine dose was 6.65 mg/day; for quetiapine, the dose was 75 mg/day. The positive drug effect was not accompanied by decreased mobility, and there was improvement on a quality-of-life measure. The chief adverse events were drowsiness and falls. At baseline, 42% (9/21) of subjects in both groups had extra-pyramidal symptoms that increased slightly, but not significantly, by the end of the study.

Conclusion: Low-dose, once-a-day olanzapine and quetiapine appear to be equally safe and equally effective in the treatment of dementia-related behavioral disturbances in residents of extended care facilities.