

Should agitation in ad be treated with antipsychotics?

T. Gabryelewicz

Department of Neurodegenerative Disorders, Mossakowski Medical Research Centre Polish Academy of Sciences, Poland

Behavioral symptoms such as agitation and aggression are of great importance to family and caregivers as these tend to be the most distressing. When nonpharmacologic management strategies are not sufficient to alleviate patients' behavioral symptoms, pharmacologic treatment may be indicated. The reason for initiating drug therapy must be clearly defined at the outset, and the desired management goals must be identified. Such decisions will need to balance the potential benefits and harms of a particular intervention as compared to other therapeutic options for the individual patient. The use of an antipsychotic medication in patients with AD can be appropriate, particularly in individuals with dangerous agitation, aggression or psychosis, and can minimize the risk of violence, reduce patient distress, improve patient's quality of life, and reduce caregiver burden. There is consistent evidence that these drugs can cause side effects, like drowsiness, rigidity, unusual movements. Studies have linked some of these to a higher risk of death for people with dementia. The FDA has placed a "black box" warning on these drugs describing the risks. In clinical trials, the benefits of antipsychotic medications in AD are modest. Decisions about the treatment of agitation should be an outgrowth of the initial assessment and an understanding of the goals and preferences of the patient and the others involved with the patient. Agitation in AD patients is an ominous sign, frequently leading to nursing home placement. Is it justified to treat patients with neuroleptic drugs in spite of their significant adverse effects?