

Off label use of psychotropic drugs in elderly patients with dementia in a psychogeriatric unit

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Objectives

To assess both the frequency of psychotropic prescriptions for the treatment of BPSD in elderly patients and the conformity of prescriptions with official Swissmedic monographs¹ (OSM) and Swiss recommendations 2014² (SR). Further, to set up an inventory of medications.

Methods

Retrospective and descriptive study of patients discharged between June 1st, 2013 and January 31st, 2014 from the Organic Psychiatric Disorders Unit of the Geriatric Psychiatry Service of a primary and tertiary care university hospital. The number and the type of the drugs prescribed for BPSD were investigated and the percentage of conformity to the literature was analyzed.

Analysis of the medications prescribed at discharge, namely: Average number of drugs, polypharmacy (≥ 5 drugs), drug classes (ATC code).

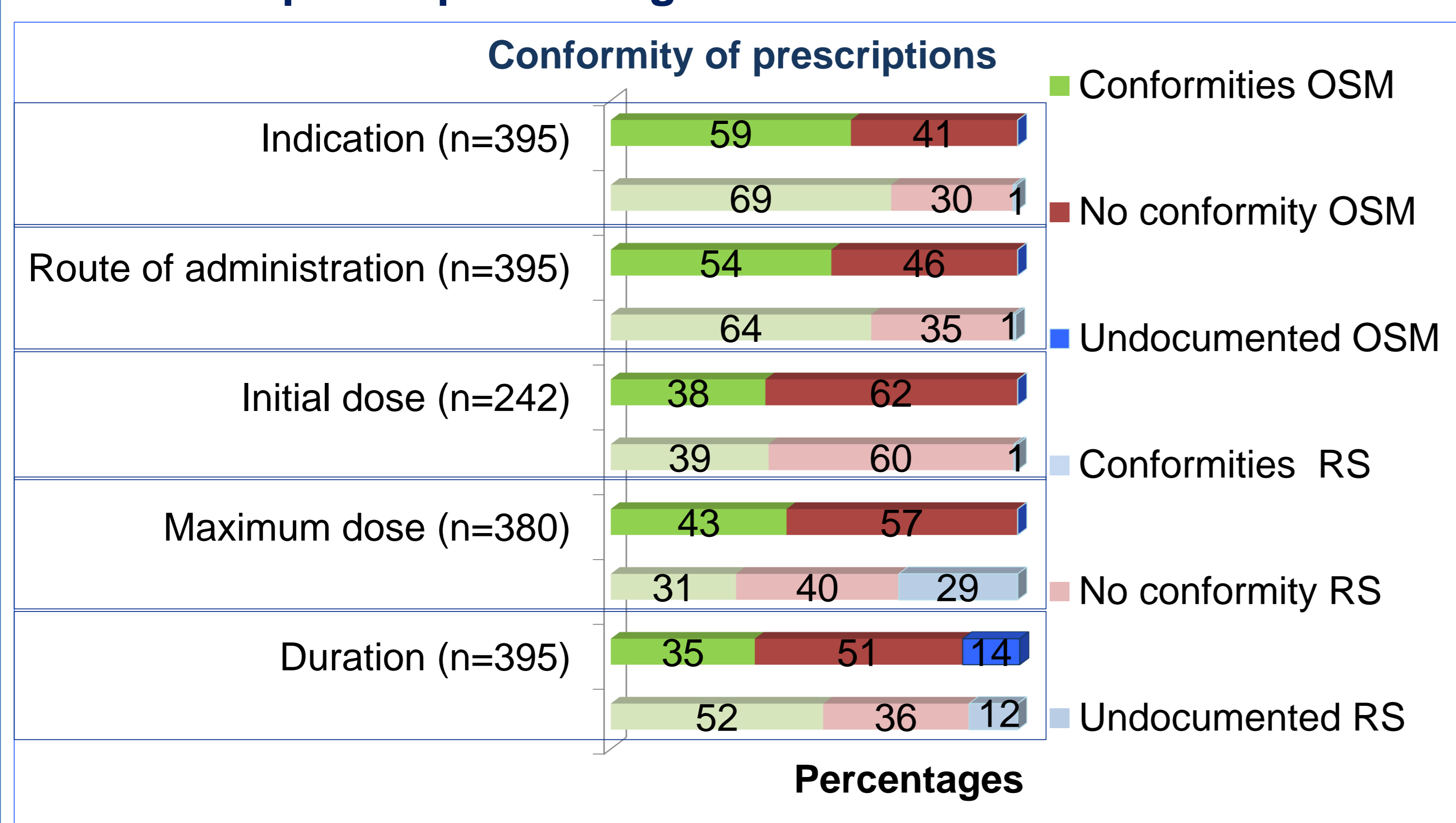
Results

Population: 94 patients; Age: 82.6 ± 7.0 years;

Women: 70.2 %; **Length of stay** (median): 60 days

Diagnosis: Alzheimer's disease: 77.7%; Vascular dementia: 6.4%; Dementia in Parkinson's disease: 5.3%; non-demented diagnosis: 5.3%; unspecified dementia: 3.2%; frontotemporal dementia: 2.1%

Among 409 psychotropics prescriptions identified, 395 prescriptions targeted the treatment of BPSD.



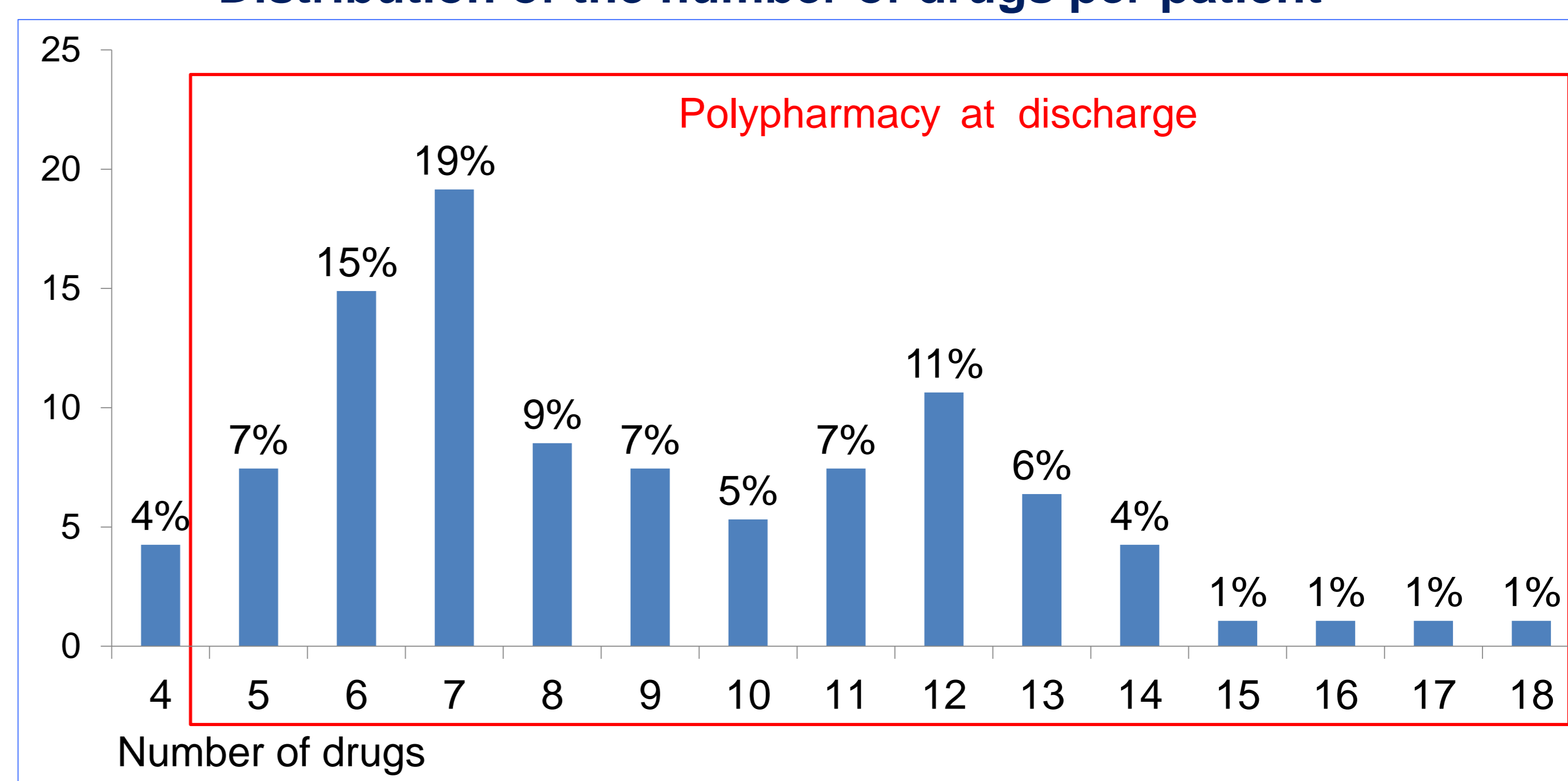
Clinical dementia rating (CDR)

- CDR 1 – Mild: 22.5 %;
- CDR 2 – Moderate: 37.1 %
- CDR 3 – Severe: 40.4 %;

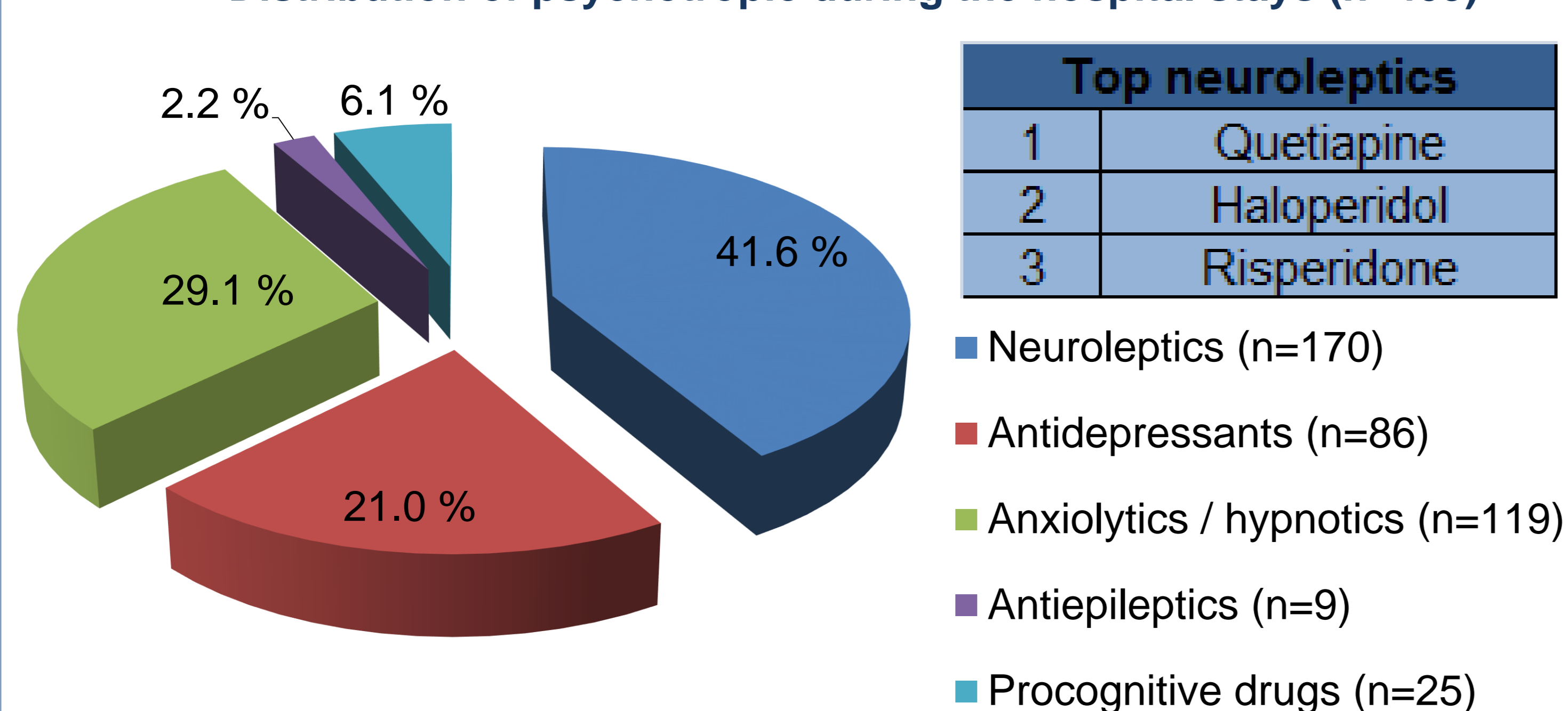
Analysis of the medication: 835 different drugs

- Number of drugs per patient (average): 9 ± 3
- Number of psychotropic drugs per patient (average): 4.6 ± 2.5

Distribution of the number of drugs per patient



Distribution of psychotropic during the hospital stays (n=409)



Prescription trends for some SCDP

SCPD	DCI (p-value<0.05)
Hallucinations	Lorazepam (p=0.013)
	Memantine (p=0.048)
Agitation/Aggression	Lorazepam (p=<0.001)
	Zuclopenthixol (p=0.002)
Elation/Euphoria	Clometiazole (p<0.001)
	Lorazepam (p=<0.001)
	Risperidone (p=0.038)
Sleep and Nighttime Behavior Disorders	Lorazepam (p<0.001)
	Memantine (p=0.005)
	Trazodone (p=<0.001)

Discussion

The study documents the significant polypharmacy used to treat a population of elderly BPSD patients.

The off-label results are higher than in the literature. However, this comparison should be taken with caution because the topic remains poorly documented. The purpose of the recommendations is to avoid an inappropriate use of drugs. The lack of recommendations on maximal doses and treatment durations points to potential areas of improvement.

Statistically significant trends in antipsychotic prescriptions emerge for some BPSD. Thus, the number of prescribed psychotropic drugs increases with the CDR.

Conclusions

BPSD patients treated in a primary or tertiary hospital are systematically prescribed psychotropic medication, often outside official recommendations. This may emphasize the substantial and unmet needs of approved drugs to treat BPSD.

Analyzing the repercussions of outpatient prescriptions and the impact of non-pharmacological interventions offers an option to improve the care of patients with dementia.

References

¹Swissmedic: <http://www.swissmedicinfo.ch/> last access July 06, 2014.

²Savaskan, E. *et al.* Empfehlungen zur Diagnostik und Therapie der behavioralen und psychologischen Symptome der Demenz (BPSD). *PRAXIS* 103, 135–148 (2014).