Antipsychotics for treating agitation, aggression and distress in people living with dementia

Decision aid: user guide and data sources

Role of the decision aid

Recommendation 1.7.5 of the NICE guideline on dementia states:

> Before starting antipsychotics, discuss the benefits and harms with the person and their family members or carers (as appropriate). Consider using a decision aid to support this discussion.

Choosing whether or not to have an antipsychotic is a highly preference-sensitive decision. It involves trading-off possible clinical benefits against possible adverse effects and other consequences and features of treatment.

The NICE decision aid can help healthcare professionals explain these trade-offs. The person facing the decision and their family members or carers (as appropriate) can review the written information before deciding.

As well as describing the common and serious adverse effects of antipsychotics, the decision aid includes icon arrays (diagrams) to illustrate the expected absolute effects on the risk of stroke and death.

Developing the decision aid

The decision aid was developed by pharmacists in the NICE Medicines and Technologies Programme and clinicians and lay members of the guideline committee.

Sources of data

Benefits from antipsychotic treatment

Information on the likely benefits of treatment is based on the evidence reviewed in the guideline.

Effects of antipsychotics on risk of stroke and death

These data are taken from the meta-analysis by Ma et al. (2014) that was reviewed in the guideline. This included 16 randomised controlled trials of antipsychotics in 5,050 people with dementia who had hallucinations, delusions or agitation. Almost all the studies lasted 6 to 12 weeks but 1 small study of 93 people lasted 26 weeks.

Risk of stroke

The meta-analysis found a pooled rate of cerebrovascular adverse events in the control group of 0.83% (8 in 1000). The pooled odds ratio for these events with antipsychotics compared with control was 2.50 (95% confidence interval [CI] 1.36 to 4.60). Applying this odds ratio to the pooled control event rate gives an absolute risk increase of 1.22% (95% CI 0.30 to 2.89); that is, an additional 12 per 1000.

Risk of death

The meta-analysis found a pooled rate of death in the control group of 2.22% (22 in 1000). The pooled odds ratio for death with antipsychotics compared with control was 1.52 (95% CI 1.06 to 2.18). Applying this odds ratio to the pooled control event rate gives an absolute risk increase of 1.12% (95% CI 0.13 to 2.50); that is, an additional 11 per 1000.

Other adverse effects

Information on common adverse effects of antipsychotics was taken from the manufacturers' summary of product characteristics for risperidone. The clinicians on the guideline committee agreed that these would be typical of antipsychotics used to relieve agitation, aggression and psychosis in people living with dementia.

Reference

Ma H, Yinglin H, Cong Z et al (2014) The efficacy and safety of atypical antipsychotics for the treatment of dementia: a meta-analysis of randomized placebo-controlled trials. Journal of Alzheimer's Disease 42: 915–937