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Treating disruptive behavior in people with dementia

Antipsychotic drugs are usually not the best choice

People with Alzheimer's disease and other forms of dementia can become restless, aggressive, or disruptive. They may believe things that are not true. They may see or hear things that are not there. These symptoms can cause even more distress than the loss of memory.

Doctors often prescribe powerful antipsychotic drugs to treat these behaviors:

- Aripiprazole (Abilify)
- Olanzapine (Zyprexa and generic)
- Quetiapine (Seroquel)
- Risperidone (Risperdal and generic).

In most cases, antipsychotics should not be the first choice for treatment, according to the American Geriatrics Society. Here's why:

Antipsychotic drugs don't help much.

Studies have compared these drugs to sugar pills or placebos. These studies showed that antipsychotics usually don't reduce disruptive behavior in older dementia patients.

Antipsychotic drugs can cause serious side effects.

Doctors can prescribe these drugs for dementia. However, the Food and Drug Administration (FDA)



has not approved this use. The side effects can be serious. Therefore, the FDA now requires the strongest warning labels on the drugs.

Side effects include:

- Drowsiness and confusion—which can reduce social contact and mental skills, and increase falls
- Weight gain
- Diabetes
- Shaking or tremors (which can be permanent)
- Pneumonia
- Stroke
- Sudden death

Other approaches often work better.

It is almost always best to try other approaches first, such as the suggestions listed below.

Make sure the patient has a thorough exam and medicine review.

- The cause of the behavior may be a common condition, such as constipation, infection, vision or hearing problems, sleep problems, or pain.
- Many drugs and drug combinations can cause confusion and agitation in older people.

Talk to a behavior specialist.

This person can help you find nondrug ways to deal with the problem. For example, when someone is startled, they may become agitated. It may help to warn the person before you touch them.

The box at right provides more tips.

Consider other drugs first.

Talk to your healthcare provider about the following drugs that have been approved for treatment of disruptive behaviors:

- Drugs that slow mental decline in dementia.
- Antidepressants for people who have a history of depression or who are depressed as well as anxious.

Consider antipsychotic drugs if:

- Other steps have failed.
- Patients are severely distressed.
- Patients could hurt themselves or others.

Start the drug at the lowest possible dose. Caregivers and healthcare providers should watch the patient carefully to make sure that symptoms improve and that there are no serious side effects. The drugs should be stopped if they are not helping or are no longer needed.

This report is for you to use when talking with your health-care provider. It is not a substitute for medical advice and treatment. Use of this report is at your own risk.

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Advice from Consumer Reports

Tips to help with disruptive behaviors.

Keep a daily routine.

People with dementia often become restless or irritable around dinner time.

- Do activities that use more energy earlier in the day, such as bathing.
- Eat the biggest meal at midday.
- Set a quiet mood in the evening, with lower lights, less noise, and soothing music.

Help the person exercise every day.

Physical activity helps use nervous energy. It improves mood and sleep.

Don't argue with a person who's distressed.

- Distract the person with music, singing, or dancing.
- Ask the person to help with a simple task, such as setting the table or folding clothes.
- Or take the person to another room or for a short walk.

Plan simple activities and social time.

Boredom and loneliness can increase anxiety. Adult daycare programs can provide activities for older people. They also give caregivers a break.

For more information, visit healthinaging.org.

