Olanzapine and agitated dementia

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Olanzapine treatment of psychotic and behavioral symptoms in patients with Alzheimer Disease in nursing care facilities
Street JS, et al. Arch Gen Psychiatry 2000;57:968-976

AND

Comparison of risperidone and placebo for psychosis and behavioral disturbances associated with dementia: a randomized, double –blind trial.

Background: Patients with dementia very frequently manifest psychotic and disruptive behavioral symptoms including delusions, hallucinations, aggression, and agitation.

Aim: To test the efficacy and safety of the newer antipsychotic drugs, olanzapine and risperidone in treating psychotic and behavioral disturbances.

Methods: Both studies are multicenter, double-blind, placebo controlled trials in institutionalized elderly demented patients. Each study assessed more than one dose of drug.

Main Findings: Both drugs significantly reduced aggression and psychosis at relatively low doses. Extrapyramidal symptoms were significantly more common at 2 mg. a day of risperidone than 1 mg. a day. One mg. per day was recommended as the most appropriate dose. Somnolence and gait disturbance were the most common adverse effects of olanzapine; a dose of 5-10 mg. per day was recommended as optimal.
Conclusions: Low doses of the newer antipsychotic drugs appear effective and well tolerated in treating psychotic behavioral disturbances in elderly demented patients. Haloperidol has previously been demonstrated safe and effective for this purpose (see last year’s update). While haloperidol is considered less expensive than the newer agents, its chronic use poses a much higher risk of tardive dyskinesia. (see last year’s update) The newest antipsychotics have been associated with a much lower incidence of persistent tardive dyskinesia in elderly demented patients (Jeste/AmMJPsych).

Limitations: Both studies had a 25-30% dropout rate. Both studies were for relatively short periods (6 weeks for olanzapine, 12 weeks for risperidone) and therefore do not answer questions about long-term efficacy and safety.

Impact on Internal Medicine: Internists caring for demented patients, particularly those in nursing homes, can prescribe medications that can reduce patients' distress, caregivers’ burden, and may even reduce the need for nursing home placement.

Related Reference: Clozapine/Parkinson’s Disease Study. Psychosis has also been a common complication in Parkinson’s Disease, usually induced by antiparkinsonian drugs. Prescribing a traditional antipsychotic drug to treat the psychotic symptoms was always problematic since it risked aggravating parkinsonian symptoms. The advent of the newer antipsychotic drugs possessing few or no extrapyramidal side effects raised the possibility of a better option. In this multicenter randomized double-blind placebo controlled trial, low doses of clozapine (50 mg. or less) were effective in reducing psychosis. Clozapine had no deleterious effect on the patients’ parkinsonism and actually improved tremor. Clozapine’s major drawback is the 1% risk of agranulocytosis. Unfortunately, the other newer antipsychotics (olanzapine, risperidone, quetiapine) have been less helpful in parkinsonian patients with psychosis.