

# The Use of Atypical Antipsychotics Among the Elderly

The Ontario Drug Policy Research Network (ODPRN) conducted multiple studies on the effectiveness, safety, and accessibility of atypical antipsychotics for the management of elderly patients with behavioural and psychological symptoms of dementia (BPSD) using multiple research methods.



**Atypical antipsychotics** are the newer generation of antipsychotics and make up the vast majority of usage.

- They are primarily intended for the management of patients with schizophrenia or bipolar disorder.
- In the elderly, they are commonly used to treat behavioural and psychological symptoms of dementia (psychosis, agitation, depression, and mood disorders).

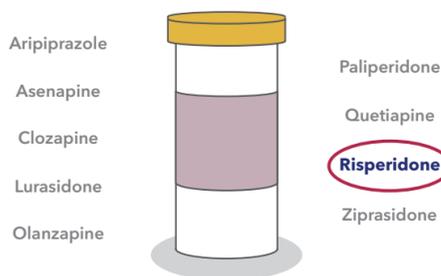


The use of *atypical* antipsychotics in patients 65 and older has **increased 214%** in Ontario between 2000 and 2013.



The use of *typical* antipsychotics in patients 65 and older has **decreased 43%** in Ontario between 2000 and 2013.

## There are nine commercially available atypical antipsychotics:



**Only risperidone** is indicated for the management of inappropriate behaviour in patients with severe Alzheimer's dementia. In our review, none of these drugs were found to be helpful in improving symptoms of dementia and BPSD in elderly patients; however, in other studies, these drugs have shown small benefit in these patients.

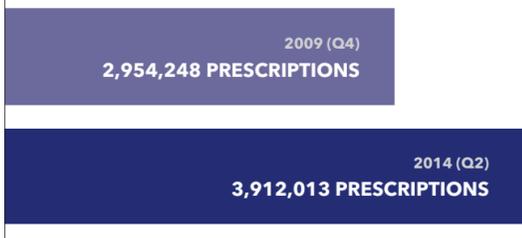
Atypical antipsychotics increased the risk of mortality compared to placebo. No increased risk was noted for these drugs for falls or weight change.



**Other reports have also found a relationship between atypical antipsychotics use and mortality.** Health Canada and other regulatory agencies around the world have issued warnings about the increased harm to elderly patients prescribed antipsychotics.

## Rising prescriptions amongst the elderly

There are concerns regarding the high use of atypical antipsychotics in the elderly populations, as prescriptions in Canada have risen nearly 32% over the past several years.

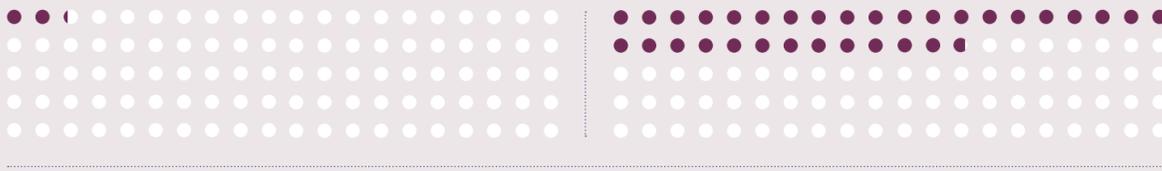


The majority of users are in the community setting, but the **rate** of use in long-term care (LTC) homes is approximately 14 times greater.



## Rate of use in LTC homes compared to community

\*1 dot represents 10 eligible people



**Nearly 40% of elderly patients in the community who are started on atypical antipsychotics will end up in a LTC home by the end of the year.**

## Increasing cost of brand name atypical drugs

In 2013 total expenditure on atypical antipsychotics for patients 65 years and older totaled **\$35 million**



**\$6 million** (17.5%) of this expenditure was on brand-name only drugs (namely Abilify, Invega, Zeldox), which aren't any more effective and are only used by 6% of users

## What Do We Recommend?



### Implementation of programs to reduce the inappropriate use of antipsychotic drugs for elderly people with dementia

- Non-pharmacological initiatives including exercise therapy, environmental changes, and music therapy, have been used for patients with dementia and behavioural issues. In some patients, combination of various changes (including pharmacological and non-pharmacological) are needed for management of BPSD.
- Specific training for healthcare providers on dementia care and appropriate use of antipsychotics for BPSD could help reduce the inappropriate use of antipsychotic drugs for elderly people with dementia living in long-term care.



### Address rising expenditures associated with use of expensive, brand-name only atypical antipsychotics in the elderly

- Rising expenditures associated with the uptake of new, expensive brand-name only drugs can be explored through formulary changes (e.g., requiring Ministry approval to access brand-name only agents) or price negotiations with manufacturers (e.g., price reductions, price-caps).



### Engage in further research

- Other, non-pharmacological, strategies for treating BPSD are needed. More research is also needed on the other off-label uses of atypical antipsychotics in the elderly (e.g., insomnia, anxiety).
- Although most programs aimed to decrease the use of antipsychotics in the elderly have targeted long-term care facilities, the use of these drugs in the community setting is considerable. The drivers of antipsychotic use in this population need to be further explored, and new programs and initiatives need to be developed to decrease inappropriate use.