

Behavioural Therapy Helps More Than Drugs For Dementia Patients

Ina Jaffe 5 March 2015

Carers who are trained in responding to anxiety or aggression in people with dementia or Alzheimer's can effectively reduce those symptoms, studies find.

When we think of Alzheimer's disease or other dementias, we think of the loss of memory or the inability to recognize familiar faces, places, and things. But for carers, the bigger challenge often is coping with the other behaviours common in dementia: wandering, sleeplessness and anxiety or aggression.

Many high care facilities use antipsychotic medication for people with dementia / Alzheimers. The US Food and Drug Administration saying that antipsychotics increase the risk of death for people with dementia.

"Antipsychotics are much less effective than non-drug treatments in controlling the symptoms of dementia", according to a study published in the British Medical Journal. Dr. Helen Kales, a psychiatrist who directs the University of Michigan's Program for Positive Aging, examined more than two decades of scientific studies, along with her co-authors, Laura N. Gitlin and Dr. Constantine Lyketsos, both of Johns Hopkins University. They say the treatments that showed the best results were the ones that trained carers how to communicate calmly and clearly, and to introduce hobbies or other activities for the person.

"Why I think the carer interventions work is because they train carers to look for the triggers of the symptoms," says Kales. "And when [carers] see the triggers of the symptoms, they train them to manage them ... It's inherently patient- and carer-centered."

The study showed that antipsychotic drugs were only about half as effective as the carer interventions. While antipsychotics can be useful in emergency situations, Kales says their risk of deadly side effects increases over time.

"The risk is small if you look over the short term," Kales says. So over the course of 12 weeks, the risk of increased mortality would be 1% to 2%. But at six months, the risk of death rises to 4% to 7% with commonly used antipsychotics like haloperidol, risperidone and olanzapine. It continues to rise after that, she says.

Aged care providers use antipsychotics, says Kales, partly because they haven't been trained to use non-drug approaches.

Medication has its place but most often the best therapy is respect and trained one-on-one care.