In the agitated patient . . . anti-psychotic medications COULD give him tardive dyskinesia or the symptoms of Parkinson's disease . . .

but are they likely to help him?

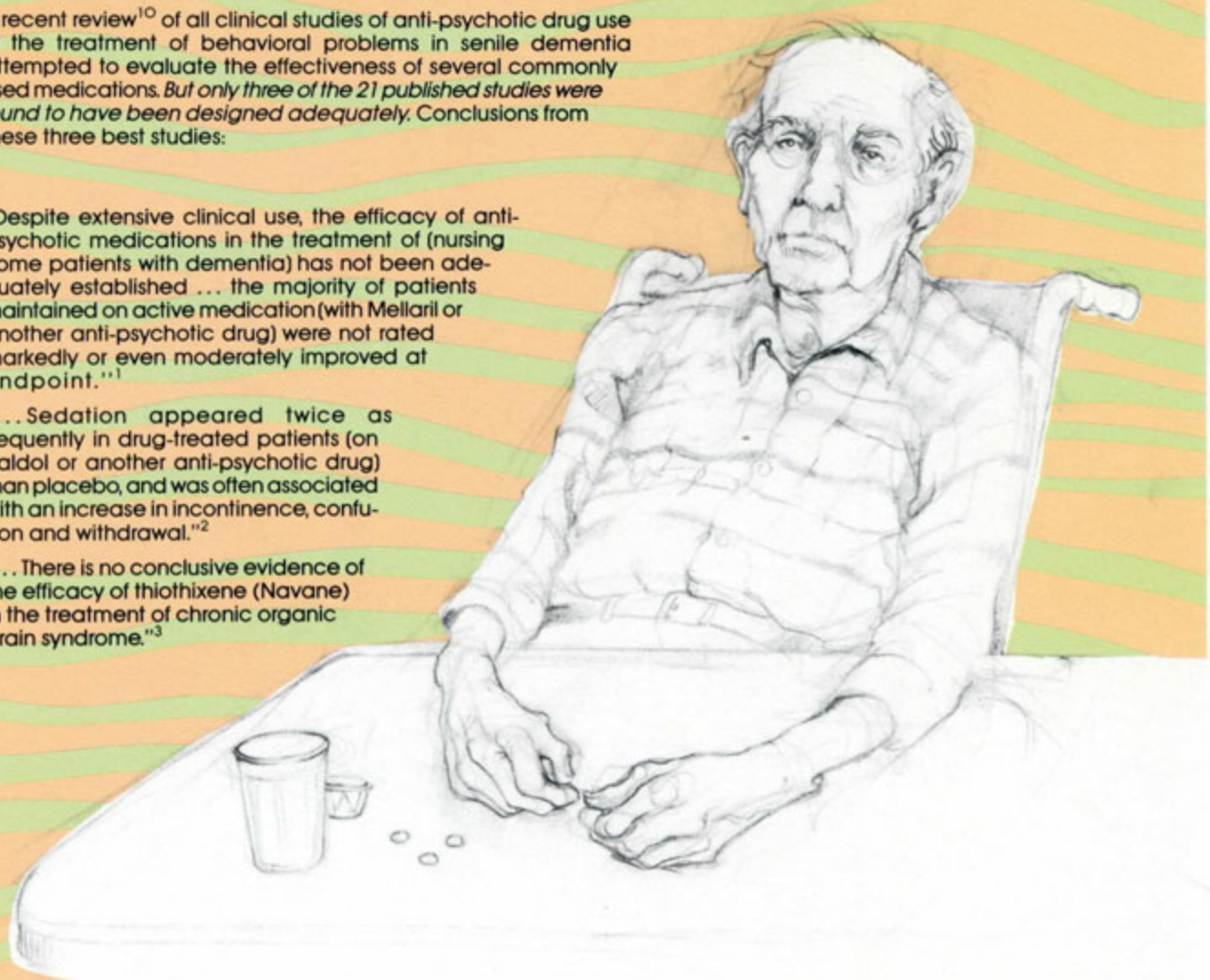
MANY NURSING HOME PATIENTS CAN HAVE THEIR ANTI-PSYCHOTIC REGIMENS REDUCED OR ELIMINATED, FREEING THEM FROM THE BURDEN OF DRUG-INDUCED COMPLICATIONS.

A recent review[10] of all clinical studies of anti-psychotic drug use in the treatment of behavioral problems in senile dementia attempted to evaluate the effectiveness of several commonly used medications. *But only three of the 21 published studies were found to have been designed adequately.* Conclusions from these three best studies:

"Despite extensive clinical use, the efficacy of anti-psychotic medications in the treatment of (nursing home patients with dementia) has not been adequately established ... the majority of patients maintained on active medication (with Mellaril or another anti-psychotic drug) were not rated markedly or even moderately improved at endpoint."[1]

"...Sedation appeared twice as frequently in drug-treated patients (on Haldol or another anti-psychotic drug) than placebo, and was often associated with an increase in incontinence, confusion and withdrawal."[2]

"...There is no conclusive evidence of the efficacy of thiothixene (Navane) in the treatment of chronic organic brain syndrome."[3]



For many years, anti-psychotic medications have been quite popular for subduing behavior problems in elderly nursing home residents. But review of the medical literature tells a very different story. These drugs certainly do sedate patients, but in doing so, they may actually worsen the underlying confusion or dementia.[4,5]

COMMONLY USED ANTI-PSYCHOTIC DRUGS:

haloperidol (Haldol)
thioridazine (Mellaril)
chlorpromazine (Thorazine)
thiothixene (Navane)
fluphenazine (Prolixin)
mesoridazine (Serentil)
trifluoperazine (Stelazine)

THESE DRUGS *ARE* VERY EFFECTIVE IN PRODUCING ADVERSE REACTIONS IN THE ELDERLY:

- **PARKINSONIAN SYMPTOMS** (Extra-pyramidal signs):[6]
  All the classical signs and symptoms of Parkinson's Disease can be mimicked by anti-psychotic drug side-effects. These include stiffness, tremor, difficulty swallowing and walking, and loss of facial expression. Worst offenders: Haldol, Prolixin, Navane, Stelazine.
- **TARDIVE DYSKINESIA:**[7]
  Involuntary twitching of the lips, tongue, or other parts of the body. There is no clear evidence that any anti-psychotic drug is safer than any other in preventing this potentially disabling condition. Stopping the drug *may* cause the symptoms to cease, but it may also worsen them or leave them unchanged. The elderly are more likely than any other group to develop tardive dyskinesia from use of these drugs. Tardive dyskinesia can be permanent.
- **AKATHISIA:**[8]
  An uncontrollable need to move around, change position, to stand up, and to pace. This is actually a *result* of too much anti-psychotic medication, but it is often mistaken for a sign that the patient is still agitated, leading to even more drugs being given.[8] In fact, a patient with these symptoms needs a trial of *less* drug, or none at all, to clear up the problem.
- **ORTHOSTATIC HYPOTENSION:**[5]
  Many of these drugs cause blood pressure to drop upon standing, and may lead to falls and fractures. Worst offenders: Thorazine, Mellaril.
- **OVERSEDATION:**[9]
  Often, all these drugs do is sedate, and the elderly are particularly prone to oversedation. This can mimic depression or senile dementia, but is easily reversible when the offending drug is stopped. Worst offenders: Mellaril, Thorazine.

RECOMMENDATION: Plan a trial of tapering anti-psychotic drugs for geriatric patients now receiving them. Reduce dosage by up to 50% each week until the patient is off the medication, or presents symptoms demonstrating that the drug is required.
Usually, the taper will be uneventful, and may even result in clinical improvement.

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