



Atypical Antipsychotics for Older Adults: Are They Safe and Effective As We Once Thought?

Psychotic disorders are serious mental illnesses at any age. In older adults, psychotic symptoms can lead to major distress to themselves and their families. It also can lead to various adverse outcomes. As the population of older adults increase, so does the incidence of psychosis. Atypical antipsychotics are currently approved for schizophrenia and bipolar disorder. They are frequently used off-label to treat psychosis (i.e., dementia, PTSD, etc.). Atypical antipsychotics are generally seen as safer alternatives to conventional (first generation) antipsychotics which is why they became the agents of choice. This is especially true in the elderly as they are more sensitive to the side effects. However, over the years, increased risk for cerebrovascular adverse events and mortality has been seen in older adults with dementia treated with atypical antipsychotics. This study compared the safety and effectiveness of the four most commonly prescribed atypical antipsychotics (aripiprazole, quetiapine, risperidone, and olanzapine). Patients were randomized using an equipoise-stratified randomization strategy. This means that patients and their clinician could exclude one or two of the medications due to past experience or anticipated risk (much like the real world). To mimic the real world even more the clinician was able to choose/change the dose and discontinue the drug when needed. The results showed that over half of the subjects discontinued their assigned agent within 6 months. The most common reasons were because of side effects and lack of efficacy. The rates of both serious adverse effects (hospitalizations, deaths, ER visits) and non-serious adverse effects were high (23.7% and 50.8%, respectively). Age was a significant risk factor. Quetiapine was discontinued midway through the trial as it had twice the incidence of serious adverse effects compared to the others. The overall results portray that atypical antipsychotic drugs are neither safe nor effective for treating psychotic disorders in middle-aged and older adults. The article also mentions the lack of safe and effective evidence-based alternatives. Therefore, atypical antipsychotics will continue to have a limited role in treating psychosis in older adults.

Reference:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4418474/>