

Choosing Wisely®

An initiative of the ABIM Foundation



Treating disruptive behavior in people with dementia

Antipsychotic medicines are usually not the best choice

People with Alzheimer's disease and other forms of dementia can become restless, aggressive, or disruptive. They may believe things that are not true. They may see or hear things that are not there. These symptoms can cause even more distress than the loss of memory.

Doctors often treat these behaviors by prescribing powerful antipsychotic medicines, including:

- Aripiprazole (Abilify and generic)
- Olanzapine (Zyprexa and generic)
- Quetiapine (Seroquel and generic)
- Risperidone (Risperdal and generic).

In most cases, antipsychotics should not be the first choice for treatment, according to the American Geriatrics Society. Here's why:



Antipsychotic medicines don't help much.

Studies have compared these medicines with placebos (no treatment). The studies showed that antipsychotic medicines usually don't reduce disruptive behavior in older dementia patients.

They can cause serious side effects.

Doctors can prescribe these medicines for dementia. But the Food and Drug Administration (FDA) has not approved this use. The side effects can be serious. The FDA now requires the strongest warning labels on these medicines. Side effects can include:

- Drowsiness and confusion—which can reduce social contact and mental skills, as well as increase falls
- Weight gain
- Diabetes
- Shaking or tremors (which can be permanent)
- Pneumonia
- Stroke
- Sudden death

Other approaches often work better.

It is almost always best to try other approaches first, such as the suggestions listed below.

Make sure the person has a thorough exam and medicine review.

- The cause of the behavior may be a common condition, such as constipation, infection, vision or hearing problems, sleep problems, or pain.
- Many medicines and combinations of medicines can cause confusion and agitation in older people.

Talk to a behavior specialist.

A specialist can help you find ways to handle the problem without medicines. For example, when someone is startled, they may become agitated. It may help to warn the person before you touch them.

Consider other medicines first.

Talk to your healthcare provider about the following medicines. They have been approved for treating disruptive behaviors.

- Medicines that slow mental decline in dementia.
- Antidepressants, for people with a history of depression or who are depressed and anxious.

Consider antipsychotic medicines if:

- Other steps have failed.
- The person is severely distressed.
- The person could hurt him- or herself, or others.

Start an antipsychotic medicine at the lowest possible dose. Caregivers and healthcare providers should watch the person carefully to make sure that symptoms improve and that there are no serious side effects. If the medicine is not helping or is no longer needed, it should be stopped, after discussion with a healthcare provider.

This report is for you to use when talking with your healthcare provider. It is not a substitute for medical advice and treatment. Use of this report is at your own risk.

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