

APA Official Actions

Position Statement on the Use of Antipsychotic Medication in Patients with Major Neurocognitive Disorder

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“Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . .” – *APA Operations Manual*

Issue:

A vast majority of persons with Major Neurocognitive Disorder (MNCD) (1) have psychosis, aggression, and/or agitation at some point in the course of their illness (2,3,4). These symptoms reduce quality of life, interfere with the provision of care, are associated with increased mortality, and may result in injury to the patient and others (5,6). When these symptoms pose an acute danger, urgent treatment with medications such as antipsychotics may be needed. Otherwise, non-pharmacologic approaches to their management (e.g., the DICE method and Cohen-Mansfield approach) are generally recommended as first-line treatments, although they are often ineffective alone (7).

The U.S. Food and Drug Administration requires “boxed warnings” on the prescribing information for antipsychotic medications indicating that these drugs are associated with increased mortality (8). Nonetheless these agents continue to be prescribed to persons with MNCD complicated by psychosis, aggression and/or agitation because there are no superior alternatives; they are the best studied drugs for these symptoms and have been shown to have efficacy in ameliorating them (7,9). Pimavanserin has obtained FDA approval for treatment of psychosis associated with Parkinson’s dementia, although there is no evidence that it has a different risk-benefit profile than other antipsychotic medications (10). Certain second-generation antipsychotics (e.g., risperidone) have been shown to be effective in treating these symptoms but have not obtained FDA approval for this indication. Because of the boxed warning and related issues, there is agreement that a risk-benefit-alternative analysis leading to an informed consent discussion needs to be performed and documented prior to initiating and continuing antipsychotics for the treatment of psychosis, aggression, and/or agitation in MNCD (7).

APA Position :

Aggression, agitation, and psychosis are highly prevalent in patients with MNCD and cause great suffering. Their presence is associated with a worse prognosis. While non-pharmacological approaches are generally recommended as first-line treatments, they are often ineffective in the treatment of aggression, agitation and psychosis, and the judicious use of antipsychotic medications may be appropriate.

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