



Richard Zerkowitz <[pharmaconcorp@gmail.com](mailto:pharmaconcorp@gmail.com)>

---

## Requested DocAlert: Mortality Risks of Specific Antipsychotics in Dementia

1 message

---

Epocrates <[docalerts@epocrates.com](mailto:docalerts@epocrates.com)>  
To: PHARMACONCORP@gmail.com

Mon, May 11, 2015 at 1:21 PM

Information sourced from *NEJM Journal Watch*:

### **Mortality Risks of Specific Antipsychotics in Dementia**

*Each studied antipsychotic posed an elevated mortality risk, highlighting the need for continued caution in prescribing.*

Antipsychotic drugs increase the risks for cerebrovascular events and death in elderly demented patients. To assess mortality risks associated with specific antipsychotics commonly used in dementia patients, researchers analyzed data from a Veterans Affairs database and a national death registry.

The 45,393 participants with dementia aged >65 received monotherapy with haloperidol, risperidone, olanzapine, quetiapine, valproate or one of its derivatives, or an antidepressant other than a tricyclic or monoamine oxidase inhibitor. They were matched to dementia patients of similar ages not taking any study medications.

In analyses controlling for relevant risk factors, mortality increased significantly over the 180 days after prescription of a study medication, compared with no study medication, as follows:

- Haloperidol, 3.8%; number needed to harm (i.e., number of patients receiving the drug to produce one excess death; NNH), 26
- Risperidone, 3.7%; NNH, 27
- Olanzapine, 2.5%; NNH, 40
- Quetiapine, 2.0%; NNH, 50

Mortality risk increased only slightly with antidepressants and not at all with valproate. In analyses of atypical antipsychotics, higher doses (haloperidol-equivalent dose,  $\geq 3$  mg) were associated with higher mortality risks.

### **COMMENT**

The elevated mortality risk with haloperidol is consistent with findings elsewhere. In this study, however, haloperidol patients compared with other treated patients had greater comorbidity and more institutional treatment and were more likely to be delirious, all severity factors that could increase mortality. Quetiapine seems safer than other atypical

antipsychotics but still poses an elevated risk for death and may be less effective for agitation and psychosis. Substantial caution and close monitoring are necessary when prescribing antipsychotics to older demented patients. Atypical antipsychotics may be preferable to haloperidol, and the lowest possible dose of any drug should be used.

*Steven Dubovsky, MD reviewing Maust DT et al. JAMA Psychiatry 2015 Mar 18.*

**CITATION(S):**

Maust DT et al. Antipsychotics, other psychotropics, and the risk of death in patients with dementia: Number needed to harm. *JAMA Psychiatry* 2015 Mar 18; [e-pub].

[[PubMed® abstract](#)]

NEJM Journal Watch is produced by NEJM Group, a division of the Massachusetts Medical Society. Copyright ©2015 Massachusetts Medical Society. All rights reserved.

The above message comes from *NEJM Journal Watch*, who is solely responsible for its content.

You have received this email because you requested follow-up information to an Epocrates DocAlert® Message. For more information about DocAlert® Messages, please [click here](#).

Best wishes,  
The Epocrates Team  
50 Hawthorne Street  
San Francisco, CA 94105