

University of Massachusetts Medical School

eScholarship@UMMS

UMass Center for Clinical and Translational
Science Research Retreat

2012 UMass Center for Clinical and
Translational Science Research Retreat

May 22nd, 4:30 PM - 6:00 PM

Do antipsychotic dose reduction trials result in worsening behavior among nursing home residents with dementia: a systematic review of the literature


Jennifer Tjia

University of Massachusetts Medical School

Et al.

Let us know how access to this document benefits you.

Follow this and additional works at: https://escholarship.umassmed.edu/cts_retreat

 Part of the [Geriatrics Commons](#), [Health Services Research Commons](#), [Mental and Social Health Commons](#), and the [Psychiatry Commons](#)

Tjia J, Kanaan AO, Donovan JL. (2012). Do antipsychotic dose reduction trials result in worsening behavior among nursing home residents with dementia: a systematic review of the literature. UMass Center for Clinical and Translational Science Research Retreat. Retrieved from https://escholarship.umassmed.edu/cts_retreat/2012/posters/58

Creative Commons License



This work is licensed under a [Creative Commons Attribution-NonCommercial-Share Alike 3.0 License](#).

This material is brought to you by eScholarship@UMMS. It has been accepted for inclusion in UMass Center for Clinical and Translational Science Research Retreat by an authorized administrator of eScholarship@UMMS. For more information, please contact Lisa.Palmer@umassmed.edu.

DO ANTIPSYCHOTIC DOSE REDUCTION TRIALS RESULT IN WORSENING BEHAVIOR AMONG NURSING HOME RESIDENTS WITH DEMENTIA: A SYSTEMATIC REVIEW OF THE LITERATURE

Jennifer Tjia, MD, MSCE; Abir Kanaan, Pharm D; Jennifer Donovan, Pharm D

Meyers Primary Care Institute, University of Massachusetts Medical School, Reliant Medical Group, and the Fallon Community Health Plan

Contact: Jennifer Tjia, MD, MSCE, Email: Jennifer.tjia@umassmed.edu, Phone: 508-856-3586

Background: While federal regulations require gradual dose reduction trials of antipsychotics prescribed for behavior management in nursing home (NH) residents with dementia, widespread concern about precipitating behavioral disturbances limits implementation. We conducted a systematic review of clinical trials reducing antipsychotic drug use in NH residents to determine best dose reduction practices and risk of behavior escalation.

Methods: A comprehensive literature search was conducted in MEDLINE, EMBASE, and International Pharmaceutical Abstracts between January 1970 and October 2011 using the terms “antipsychotic agent or neuroleptic agent,” “dementia,” “nursing homes,” and “withdrawal.” One investigator reviewed abstracts for inclusion based on: English-language, human subjects, clinical trial, nursing home site, and ≥ 5 participants, and reported reduction in medications due to an intervention. We excluded review articles and commentaries and secondary analysis of main trial results. The remaining articles were reviewed by 2 investigators for final inclusion, resulting in 9 articles.

Results: The nine articles meeting inclusion criteria included randomized controlled trials of both typical and atypical antipsychotics. Study populations ranged in size from 55 to 183 NH residents with dementia and typically targeted patients who were not psychotic and did not have a history of violent behavior. Gradual dose reduction protocols typically followed a strategy of 50% dose reduction per week for 2-3 sequential weeks. Outcomes measured included behavioral problems, cognitive function, and resumption of antipsychotic medications. All 9 studies reported that the majority of residents randomized to gradual dose reductions of antipsychotics had no overall detrimental effect on functional and cognitive status, or exacerbation of behavioral symptoms.

Conclusions: Clinical trials evaluating the withdrawal of antipsychotic medications from NH residents with dementia do not show evidence of rebound behavioral escalation after gradual dose reductions.