



Dementia is a progressive, degenerative condition caused by diseases of the brain. Trajectories from good cognitive health to dementia are typically accompanied by loss of functionality, and marked by the emergence of Behavioural and Psychological Symptoms in Dementia (BPSD) such as agitation, aggression, distress, hallucinations, and sleep difficulties. These symptoms occur throughout the course of the disease with a lifetime risk approaching 100%.¹ BPSD have a profound effect on families, and are associated with higher care costs and greater risk for nursing home placement. To date, the overriding approach to managing BPSD has been via the use of antipsychotic drugs. However, evidence suggests that these drugs have few benefits, and could in fact pose significant health risks.^{2,3}

Policy context

One of the aims of the National Dementia Strategy (2009) is to enable people to live well with the illness by reducing the inappropriate use of antipsychotic drugs. This has been re-emphasised by the champions groups set up under David Cameron's recent 'dementia challenge'. Care Services Minister, Paul Burstow, has called for a significant reduction in prescription levels of antipsychotics; and clinical guidance now recommends using non-pharmacological alternatives for BPSD.

The research

In collaboration with our research partners, we carried out a rigorous overview of the findings from systematic reviews of the effectiveness of non-pharmacological alternatives to antipsychotics for managing BPSD. In all, 30 systematic reviews were included in our research, covering over a thousand unique studies and identifying 19 types of non-pharmacological interventions.

Findings

The most consistent evidence for effectively managing BPSD was found for behaviour management techniques delivered by professional staff, and for staff and caregiver training and support.

There was promising evidence for 4 other alternative treatments:

- physical activity/exercise
- massage/touch therapies
- multi-sensory stimulation (e.g. snoezelen, aromatherapy)
- music therapy

Although the evidence for these was not as robust.

Conclusions

A general lack of high quality evidence was identified by this overview of the evidence. To inform health policy and improve practice, more and better research is needed, namely on the direct impact of alternatives for reducing the use of antipsychotics and issues to do with implementation, cost-effectiveness and transferability across care settings.



Research partners

Policy Innovation Research Unit (PIRU; <http://www.piru.ac.uk/>)

Evidence for Policy & Practice Information & Co-ordinating Centre (EPPI-Centre; <http://eppi.ioe.ac.uk/cms/>)

References

1. Zuidema S, Koopmans R, Frans, V. J Geriatric Psychiatry Neurol. 2007; 20(1):41-49.
- 2 Ballard C, Day S, Sharp S, Wing G, Sorensen S. Int Rev of Psychiatry. 2008; 20:396-404.
3. Banerjee S. The use of antipsychotic medication for people with dementia: time for action. Department of Health 2009.