Anticonvulsant Warning Led to Decreased Use

BY ROXANNA GUILFORD-BLAKE

SAVANNAH, GA. — Black box warnings on antipsychotics led to a decrease in their use to treat patients with dementia, without a commensurate increase in use of antianxiety or other psychotropic agents but with a rise in the use of anticonvulsant therapies, some of which appear to be riskier than the antipsychotics in older patients.

In fact, valproate appears to have a higher mortality than the antipsychotics studied, Dr. Helen C. Kales and Kara Zivin, Ph.D., of the University of Michigan and the VA Healthcare System in Ann Arbor, said in reporting the preliminary findings from an ongoing National Institutes of Health–funded study at the annual meeting of the American Association for Geriatric Psychiatry.

Antipsychotics once were widely prescribed as an off-label treatment for dementia, but in 2005, the Food and Drug Administration issued a black box warning that the use of atypical antipsychotics in the treatment of behavioral disorders in elderly patients with dementia was associated with increased mortality. A similar warning for conventional antipsychotics was issued in 2008.

To see how the warnings affected practice patterns, Dr. Kales and Dr. Zivin looked at national data from 254,564 Department of Veterans Affairs outpatients with dementia.

They found that a decline in use of atypical antipsychotics began in 2003, coinciding with the release of data from randomized, controlled trials about cerebrovascular events. The decline accelerated after the black box warning.

For conventional antipsychotics, the major decline in use came during the 1990s with the introduction of atypical antipsychotics. After 2003, the rates of conventional antipsychotic use among

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Major Finding: After 2003, rates of conventional antipsychotic use among outpatients with dementia were less than 2%.

Data Source: National data from the Department of Veterans Affairs on 254,564 outpatients with dementia.

Disclosures: Neither Dr. Kales nor Dr. Zivin disclosed any conflicts.

Memantine ER Seems Safe and Well Tolerated

SAVANNAH, GA. — An extended release formulation of memantine 28 mg taken once daily was safe and well-tolerated in patients with moderate to severe Alzheimer's disease in a 52-week, open-label, fixed-dose study.

Dr. Barnett Meyers of Weill Medical College, White Plains, N.Y., and his colleagues presented their findings in a poster at the annual meeting of the American Association for Geriatric Psychiatry.

Memantine (Namenda) is administered in twice-daily, immediate-release doses of 10 mg each. A previous 24-week trial indicated that a once-daily 28-mg dose of memantine ER was safe and effective for patients with moderate to severe AD on cholinesterase inhibitors (Alzheimers Dement. 2008;4[suppl. 1]:T793).

A total of 164 outpatients aged 50 or older with probable AD were either titrated to the target dose of memantine ER 28 mg daily over 4 weeks or were switched from twice-daily, immediate-release memantine 10 mg.

Overall, 150 patients reported adverse events, and 8 (5%) had events related to the study medication; 44 patients (27%) had a serious adverse event, but none of the 12 deaths were considered related to treatment. Dr. Meyers and his colleagues concluded that patients taking the 10-mg twice-daily dose can safely switch to memantine ER without a titration period.

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Disclosures: *The study was funded by Forest Laboratories. Dr. Meyers reported having no conflicts; two of his coauthors are employees of Forest Research Institute.*