Antipsychotics in Major Neurocognitive Disorders: Controversies for Reflections

Opinion

The risks and benefits of the use of antipsychotics in the treatment of cognitive, perceptomotor and social cognitive disorders, characteristics of the major neurocognitive disorder, has been a controversial discussion in the academic environment and, therefore, still far from a uniformity capable of beaconsing the medical conduct when this is the therapeutic option for the reduction of the behavioral and psychological symptoms of the demential processes (SCPD).

Perhaps one aspect worth exploring again is the one that correlates the risk of the presence of SCPD, which, on the one hand, is associated with a possible unfavorable outcome due to the increased risk of death in patients [1] and on the other, that the presence of SCPD has been shown to be one of the main factors for the increase of stress among caregivers of patients with dementia, which consequently affects a higher prevalence of psychiatric disorders (from burnout to depressive disorders) in this population [2,3].

Foresenza & Cretaz [4] in summarizing the main aspects of the behavioral syndromes in dementias, emphasize that, in general, including Alzheimer’s disease, the prevalence of delusional ideation varies between 15.7% and 43.5%, with the most frequent delusions of paranoid content ranging from suspicions and unstructured suspicions to ideas of being robbed or beliefs about the presence of strangers in the house. Delusions of abandonment, grandeur, infidelity, and delusional delusions are also described. Other pictures found less commonly, but with great psychopathological richness, are the Capgras syndrome and reduplicative paramnesia.

The treatments proposed for the control of behavior change in Alzheimer’s dementia include environmental strategies, dementia education, and those aimed at reducing agitation and aggression. The use of antidementia medications is also frequent. However, the use of antipsychotics cannot be considered a magic solution. The first step in their use is the search for other causes of the symptoms being treated. In the case of antipsychotics use, it is very important that their use does not be considered as a treatment for behavior change, but rather as a way to improve the quality of life of the patients and their caregivers. The risk of these medications is that they can cause increased sleepiness, dizziness, weight gain, and, in some cases, potentially lethal side effects such as cardiac arrhythmias.

Finally, the decision to use an antipsychotic medication to treat behavioral changes in patients with major neurocognitive...
disorder (dementia) requires that the attending physician conduct a careful assessment of the risk analysis versus potential benefits.

Acknowledgement
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Conflict of Interest
The authors declare no conflict of interest.

References
8. American Psychiatric Association (2016) Practice Guideline on the use of Antipsychotics to Treat Agitation or Psychosis in Patients with Dementia. Washington, USA.