

Use of 'chemical cosh' drugs to be restricted

- Review of treatment of dementia patients
- Inappropriate prescribing 'cutting lives short'
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 - [Article history](#)

The use of so-called "chemical cosh" antipsychotic drugs to subdue people with dementia will be curbed as part of a government strategy to help the growing numbers of people with the condition.

In an interview with the Guardian the social care minister, Ivan Lewis, made it clear he was unhappy with the number of dementia patients, usually in care homes, who are being heavily sedated, with risks to their health. "I'm really perturbed by this question of the inappropriate prescribing of drugs," he said. "We sometimes dehumanise stories like this - it is my or your mum and dad who is being over-medicated."

Lewis, who has pledged "to drag dementia out of the dark ages", announced an immediate review of the use of the drugs, which according to the Alzheimer's Society are being inappropriately given to an estimated 100,000 people. It will look at the use of drugs generally to change the behaviour of people who may be agitated because of their condition, and at why GPs were prescribing two drugs in particular - the atypical antipsychotics risperidone and olanzapine - to so many dementia patients in the face of official guidance that they should not be used.

As long as ago as 2004 the Medicines and Healthcare Products Regulatory Authority (MHRA) restricted the prescribing of these drugs because of evidence that dementia patients taking them were three times as likely to suffer a stroke. The dangers, said the MHRA, "outweigh the likely benefits in the treatment of behavioural symptoms of dementia".

Liberal Democrat MP Paul Burstow, who campaigns on this issue, said immediate action was necessary and pointed out that the authorities in the United States had put a "black box" warning on the drugs. "The evidence is already compelling: these drugs don't treat dementia, they cut lives short," he said. Lewis said the review was needed because there were circumstances in which the prescription of the drugs for dementia patients might be necessary.

Professor Sube Banerjee, consultant in old-age psychiatry at the Maudsley hospital in London, who is advising the department on the dementia strategy, said it was not easy to tell who was overprescribing, but "the reality is that the scale of the prescription makes it clear that these aren't just the exceptions we

are seeing". There are alternatives to drugs for managing patients' agitation, he said. Early diagnosis and training doctors, nurses and care staff to help and manage patients was key.

Neil Hunt, chief executive of the Alzheimer's Society, said the drugs worsened the problems dementia patients were suffering, reducing their mobility and their grip on reality.

The review will report in September, to coincide with the official launch of the national dementia strategy which, in its consultation form published yesterday, has three aims: to increase awareness of dementia and remove the stigma of it, to ensure early diagnosis and intervention, and to improve the quality of care people receive.

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