

WY-DUR
Wyoming Drug Utilization Review Board
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Dear Nursing Director:

Because some of your >65 year old Medicaid patients are utilizing atypical antipsychotic medications, we are providing you with the following information. There may not be alternatives to this treatment based on individual patient considerations; however, we are providing the information as an educational service. Thank you for your care of Wyoming Medicaid patients.

The use of an atypical antipsychotic in the elderly for dementia-related psychosis places the patient at an increased risk of death. The cause of death varied but was primarily from cardiovascular causes, including heart failure and sudden death, or infectious causes such as pneumonia. This increased death rate was seen in studies with aripiprazole (Abilify®), olanzapine (Zyprexa®), quetiapine (Seroquel®), and risperidone (Risperdal®). However, other drugs in the class may also place the patient at increased risk and the entire class is included in this warning.¹ The mortality from analyses of 17 placebo-controlled studies was 4.5% versus 2.6% in the placebo group.²

The mechanism of the increased mortality is not yet clear. Theories include thrombogenic mechanisms, hypotensive episodes and oversedation leading to aspiration pneumonia.¹ It does not appear to be dose-related and could not be conclusively tied to a concurrent medication. Some concurrent medications taken by patients in olanzapine studies were benzodiazepines, aspirin, diuretics and narcotics. Potential risk factors that may predispose patients to an increased risk of death include age >80 years, sedation, concomitant use of benzodiazepines and the presence of pulmonary conditions.³

The atypical antipsychotics are not approved for the treatment of dementia-related psychosis in any population; however, they have been widely used for this indication. Controlled-trial evidence for this indication is limited.¹

The FDA is currently reviewing data for the typical antipsychotics also. Preliminary data suggest there is a possibility that this warning will be expanded to include that class also.²

Sincerely,

Wyoming Drug Utilization Review Program

References:

1. Medical Letter 2005 Aug 1;47(1214):61-62.
2. JAMA 2005 May 25;293(20):2462.
3. Barchha N. Kinon BJ.[personal letter.] Indianapolis, IN; Eli Lilly & Company. July 21 2005.