

COMMENTARY

A Much-Needed Perspective

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In his paper, “Using Antipsychotics for Self-Defence Purposes by Care Staff in Residential Aged Care Facilities: An Ethical Analysis,”¹ Hojjat Soofi lends a unique and much-needed perspective on a persistent, as-yet soluble problem regarding care for those afflicted with dementia. A cluster of progressive neuropsychiatric disorders without cure, dementia worldwide was estimated to have an overall economic burden of \$1 trillion in 2018, set to increase to \$2 trillion by 2030.² Although cognitive and functional losses are the hallmark of dementia, up to 90% of patients suffer from noncognitive disturbances such as aggression, agitation, delusions, hallucinations, sleep disturbance, anxiety, mood fluctuations, and apathy, among others.³ In fact, it is these noncognitive symptoms of dementia—specifically the behavioral and psychological symptoms—that constitute the top reason for caregiver burden.⁴ Effective treatments are notoriously elusive. Indeed, it is likely the lack of any other options—pharmacologic or otherwise—that care teams may turn to antipsychotics when behavioral disturbances escalate. Antipsychotics are not without risk, however, and must be used with caution and careful consideration, particularly in patients who may be frail, medically fragile, and unable to communicate well; antipsychotic use in dementia has been associated with increase in mortality.^{5,6,7,8} In this vein of thought, Soofi considers the ethics of the use of antipsychotics in dementia from the unique perspective of self-defense of the caregiver. In a thorough consideration of moral liability, proportionality, and necessity, Soofi provides ethical backing of the ideal current standard of care, which is the rare, judicious use of antipsychotics at the lowest doses possible as last resort to avert harm. Caregivers are the mainstay of dementia care—they have been since antiquity, when dementia was first described. It would seem, then, to benefit both dementia patients and caregivers to ameliorate any aggressive behaviors so that

¹Soofi H. Using antipsychotics for self-defence purposes by care staff in residential aged care facilities: An ethical analysis. *Cambridge Quarterly of Healthcare Ethics* 2022;31(4).

²Global Brain Health Institute, University of California, San Francisco; available at <https://www.gbhi.org/> (last accessed 25 Jan 2022).

³Yunusa I, Alsumali A, Garba AE, Regestein QR, Eguale T. Assessment of reported comparative effectiveness and safety of atypical antipsychotics in the treatment of behavioral and psychological symptoms of dementia: A network meta-analysis. *JAMA Network Open* 2019;2(3):e190828. doi:10.1001/jamanetworkopen.2019.0828.

⁴Chiao CY, Wu HS, Hsiao CY. Caregiver burden for informal caregivers of patients with dementia: A systematic review. *International Nursing Review* 2015;62(3):340–50. doi:10.1111/inr.12194.

⁵Schneider LS, Dagerman KS, Insel P. Risk of death with atypical antipsychotic drug treatment for dementia: Meta-analysis of randomized placebo-controlled trials. *JAMA* 2005;294(15):1934–43. doi:10.1001/jama.294.15.1934. PMID: 16234500.

⁶Ballard C, Hanney ML, Theodoulou M, Douglas S, McShane R, Kossakowski K, Gill R, Juszcak E, Yu LM, Jacoby R; DART-AD investigators. The dementia antipsychotic withdrawal trial (DART-AD): Long-term follow-up of a randomised placebo-controlled trial. *Lancet Neurology* 2009;8(2):151–7. doi: 10.1016/S1474-4422(08)70295-3. Epub 2009 Jan 8. PMID: 19138567.

⁷Connors MH, Ames D, Boundy K, Clarnette R, Kurrle S, Mander A, Ward J, Woodward M, Brodaty H. Predictors of Mortality in Dementia: The PRIME Study. *Journal of Alzheimer's Disease* 2016;52(3):967–74. doi: 10.3233/JAD-150946. PMID: 27079702.

⁸Zhai Y, Yin S, Zhang D. Association between Antipsychotic Drugs and Mortality in Older Persons with Alzheimer's Disease: A Systematic Review and Meta-Analysis. *Journal of Alzheimer's Disease* 2016;52(2):631–9. doi: 10.3233/JAD-151207. PMID: 27031490.

caregivers can remain out of harm's way and continue to provide care. This must be balanced with careful consideration of what Soofi outlines in his paper—at least until more effective and safe treatments for dementia become available.