

From the Chief Medical Officer:  
Dr Henrietta Campbell CB



Department of  
**Health, Social Services  
and Public Safety**

An Roinn

**Sláinte, Seirbhísí Sóisialta  
agus Sábháilteachta Poiblí**

[www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)

## **URGENT COMMUNICATION**

**HSS(MD)6/2004**

To: All General Practitioners (for cascade to practice nurses and non-principals working in your practice)  
Community Pharmacists  
Medical Directors of HSS Trusts for cascade to:

- Consultant Psychiatrists
- Consultant Geriatricians
- Consultants in Medicine
- Consultant Neurologists

Directors of Public Health in HSS Boards  
Directors of Pharmaceutical Services in HSS Boards (for cascade to prescribing advisers)  
Directors of Pharmaceutical Services in HSS Trusts  
Directors of Nursing in HSS Boards  
Directors of Nursing in HSS Trusts  
GP Advisers in HSS Boards  
Registration & Inspection Units in HSS Boards  
Regional Medicines and Poisons Information Service

Castle Buildings  
Upper Newtownards Road  
STORMONT, BT4 3SQ  
Tel: 02890520563  
Fax: 02890520724  
Email:  
[henrietta.campbell@dhsspsni.gov.uk](mailto:henrietta.campbell@dhsspsni.gov.uk)

Your Ref:  
Our Ref:  
Date: 9 March 2004

Dear Colleague

### **ATYPICAL ANTIPSYCHOTIC DRUGS AND STROKE**

Attached is advice, from Professor Gordon Duff, Chairman of the Committee on Safety of Medicines (CSM), concerning the safety of atypical antipsychotic drugs particularly when these drugs are used by elderly patients with dementia.

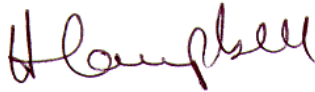
The CSM has advised that there is clear evidence of an increased risk of stroke in elderly patients with dementia who are treated with risperidone or olanzapine. The magnitude of this risk is sufficient to outweigh likely benefits in the treatment of behavioural disturbance associated with dementia and is a cause for concern in any patient with a high baseline risk of stroke.

Patients with dementia who are currently treated with an atypical antipsychotic drug should have their treatment reviewed.

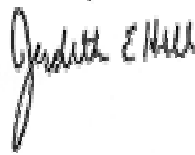
The CSM letter contains:

- a. Advice for prescribers on the use of atypical antipsychotic drugs in elderly patients and in any patient at risk of cerebrovascular event;
- b. Treatment guidelines – website addresses available; and
- c. Information for patients and carers – website address available.

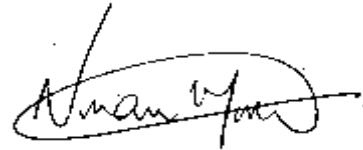
Yours sincerely



**HENRIETTA CAMPBELL (DR)**  
CHIEF MEDICAL OFFICER



**JUDITH HILL (MISS)**  
CHIEF NURSING OFFICER



**NORMAN MORROW (DR)**  
CHIEF PHARMACEUTICAL OFFICER

This letter is available at [www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk) and also on the DHSSPS Extranet which can be accessed directly at <http://extranet.dhsspsni.gov.uk> or by going through the HPSS Web at <http://www.n-i.nhs.uk> and clicking on DHSSPS.

## **FROM THE CHAIRMAN, COMMITTEE ON SAFETY OF MEDICINES**

Dear Colleague,

### **ATYPICAL ANTIPSYCHOTIC DRUGS AND STROKE**

I am writing to inform you of an important concern about the safety of atypical antipsychotic drugs and provide new prescribing recommendations. Evidence reviewed by the Committee on Safety of Medicines (CSM) indicates an increased risk of stroke which particularly applies when these drugs are used by elderly patients with dementia.

#### **Background**

Although no atypical antipsychotic drug is licensed for the treatment of behavioural disturbance in dementia, they are quite frequently used for this purpose and manufacturers have conducted clinical trials in this indication. The Committee has reviewed the available data from trials of risperidone and olanzapine and considered other relevant evidence.

#### **Relevant evidence**

Risperidone is the most extensively studied drug in this context and a meta-analysis of randomized placebo-controlled clinical trials in elderly patients with dementia has shown that, compared with placebo, the risk of stroke with risperidone was approximately three times higher.

A pooled analysis of randomized placebo-controlled clinical trials of olanzapine in elderly patients with dementia has shown a similar increased risk of stroke and a 2-fold increase in all-cause mortality.

The mechanism by which these drugs are associated with stroke is unclear. Although some patients with dementia may have underlying vascular disease, the risk is not confined to this group. Although most of the evidence causing concern comes from patients with dementia, the risk may not be confined to use in this indication and should be considered relevant to any patient with a history of cerebrovascular disease or relevant risk factors (see below).

#### **CSM advice on balance of risks and benefits**

The CSM has advised that there is clear evidence of an increased risk of stroke in elderly patients with dementia who are treated with risperidone or olanzapine. The magnitude of this risk is sufficient to outweigh likely benefits in the treatment of behavioural disturbances associated with dementia and is a cause for concern in any patient with a high baseline risk of stroke.

#### **Prescribing advice**

- CSM has advised that risperidone or olanzapine should not be used for the treatment of behavioural symptoms of dementia.

- Use of risperidone for the management of acute psychotic conditions in elderly patients who also have dementia should be limited to short-term and should be under specialist advice (olanzapine is not licensed for management of acute psychoses).
- Prescribers should consider carefully the risk of cerebrovascular events before treating any patient with a previous history of stroke or transient ischaemic attack. Consideration should also be given to other risk factors for cerebrovascular disease including hypertension, diabetes, current smoking and atrial fibrillation.

Although there is presently insufficient evidence to include other antipsychotics in these recommendations, prescribers should bear in mind that a risk of stroke cannot be excluded, pending the availability of further evidence. Studies to investigate this are being initiated.

Patients with dementia who are currently treated with an atypical antipsychotic drug should have their treatment reviewed. Many patients with dementia who are disturbed may be managed without medicines. Treatment guidelines are available at websites listed below.

### **Product information**

Prescribing information for risperidone and olanzapine are being amended to reflect the advice given above.

### **Further information (available from 1pm Tuesday 9 March)**

Treatment guidelines are available at the following websites:

<http://www.rcpsych.ac.uk/college/faculty/oap/professional/index.htm>

<http://www.rcgp.org.uk/corporate/position/drugs.asp>

<http://www.bgs.org.uk/>

Information for patients and carers is available at the following website:

<http://www.alzheimers.org.uk>

Further information about the CSM advice can be found on the Medicines and Healthcare products Regulatory Agency (MHRA) website:

<http://www.mhra.gov.uk>

For any additional information please phone the MHRA on 020 7084 2000.

**PROFESSOR GORDON DUFF  
CHAIRMAN COMMITTEE ON SAFETY OF MEDICINES**