G.10.1.3 Antipsychotics

Atypical antipsychotics vs placebo

Number of RCTs	Risk of bias	Inconsistency	Indirectness	Imprecision	Sample size	Effect size (95% CI)	Quality
NPI – lower numbers f	avours antipsycho	tics					

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Number of RCTs	Risk of bias	Inconsistency	Indirectness	Imprecision	Sample size	Effect size (95% CI)	Quality
14 (Ma systematic review)*	Not serious	Not serious	Not serious	Not serious	2,970	MD -2.91 (-4.55, -1.28)	High
Brief psychiatric rating	g scale – lower nu	imbers favours antip	sychotics				
10 (Ma systematic review)*	Not serious	Not serious	Not serious	Not serious	1,957	MD -1.71 (-2.74, -0.68)	High
Cohen-Mansfield Agit	ation Inventory –	lower numbers favo	urs antipsychotics				
8 (Ma systematic review)*	Not serious	Serious ¹	Not serious	Not serious	2,161	MD -1.85 (-3.18, -0.51)	Moderate
Clinical Global Impres	sion of Change -	lower numbers favo	ours antipsychotics				
11 (Ma systematic review)*	Not serious	Not serious	Not serious	Not serious	2,566	MD -0.30 (-0.43, -0.18)	High
Adverse events (extra	apyramidal) – lowe	er numbers favours	antipsychotics				
15 (Ma systematic review)*	Not serious	Not serious	Not serious	Serious ²	4,092	RR 1.50 (1.24, 1.82)	Moderate
Adverse events (som	nolence) – lower i	numbers favours ant	tipsychotics				
12 (Ma systematic review)*	Not serious	Not serious	Not serious	Not serious	3,838	RR 2.48 (2.00, 3.07)	High
Adverse events (cere	brovascular) – lov	ver numbers favours	antipsychotics				
12 (Ma systematic review)*	Not serious	Not serious	Not serious	Serious ²	3,198	RR 2.24 (1.21, 4.16)	Moderate
Mortality – lower num	bers favours antip	sychotics					
17 (Ma systematic review)*	Not serious	Not serious	Not serious	Not serious	5,028	RR 1.53 (1.06, 2.22)	High

^{*}Results from the Ma systematic review were converted from odds ratios to relative risks for consistency with the rest of the guideline, and corrections were made where analyses had not correctly accounted for trials with more than 2 arms.

^{1.} $i^2 > 40\%$.

^{2. 95%} CI crosses one line of a defined MID interval

Olanzapine vs haloperidol

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Number of RCTs	Risk of bias	Inconsistency	Indirectness	Imprecision	Sample size	Effect size (95% CI)	Quality			
MMSE – higher numb	MMSE – higher numbers favour olanzapine									
1 (Verhey 2006)	Serious ¹	N/A	Not serious	Serious ²	46	MD 0.66 (-3.79, 5.11)	Low			
NPI – lower numbers	favour olanzapine									
1 (Verhey 2006)	Serious ¹	N/A	Not serious	Serious ²	45	MD 7.78 (-5.87, 21.43)	Low			
CMAI – lower numbe	rs favour olanzapin	е								
1 (Verhey 2006)	Serious ¹	N/A	Not serious	Serious ²	58	MD 6.50 (-2.45, 15.45)	Low			
 Aspects of st 	udy design poorly r	eported.								
Non-significa	nt result.									

Risperidone vs rivastigmine

Number of RCTs	Risk of bias	Inconsistency	Indirectness	Imprecision	Sample size	Effect size (95% CI)	Quality
CMAI – lower number	rs favour risperidor	ie					
1 (Holmes 2007)	Serious ¹	N/A	Not serious	Not serious	27	MD -22.90 (-36.85, -8.95)	Moderate
Aspects of str	udy design poorly r	eported.					

Antipsychotic withdrawal

Andpayonode withan	arrai						
Number of RCTs	Risk of bias	Inconsistency	Indirectness	Imprecision	Sample size	Effect size (95% CI)	Quality
BPSD – lower numbers	s favour discontinu	uation					
3 (Pan systematic review)	Not serious	Serious ¹	Not serious	Serious ²	214	MD 0.19 (-0.20, 0.58)	Low
BPSD worsening – low	er numbers favou	r discontinuation					
7 (Pan systematic review)	Not serious	Not serious	Not serious	Not serious	366	RR 1.78 (1.30, 2.42)	High
Early study termination	n – lower numbers	favour discontinuat	ion				
6 (Pan systematic review)	Not serious	Not serious	Not serious	Serious ³	462	RR 1.13 (0.88, 1.46)	Moderate
Mortality – lower numb	ers favour discont	inuation					

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5 (Pan systematic Not serious No						
review)	Not serious	Not serious	Serious ²	407	RR 0.79 (0.41, 1.54)	Moderate

- 1. i^2 value > 40%.
- 2. Non-significant result.
- 3. 95% CI crosses one line of a defined MID interval.

Antipsychotic withdrawal UK (6 months)

Number of RCTs	Risk of bias	Inconsistency	Indirectness	Imprecision	Sample size	Effect size (95% CI)	Quality
Cognition (SIB) - hig	her numbers favou	r continuation					
1 (Ballard 2008)	Not serious	N/A	Not serious	Serious ¹	102	MD -0.4 (-6.4, 5.5)	Moderate
Neuropsychiatric syn	nptoms (NPI) – low	er numbers favour	continuation				
1 (Ballard 2008)	Not serious	N/A	Not serious	Serious ¹	109	MD -2.4 (-8.2, 3.5)	Moderate
Cognition (MMSE) -	higher numbers fa	vour continuation					
1 (Ballard 2008)	Not serious	N/A	Not serious	Serious ¹	84	MD -1.0 (-2.7, 0.7)	Moderate
Parkinsonism (modif	ied UPDRS) – lowe	er numbers favour c	ontinuation				
1 (Ballard 2008)	Not serious	N/A	Not serious	Serious ¹	84	MD 1.1 (-0.4, 2.6)	Moderate
Activities of daily living	ng (Bristol ADL) – h	igher numbers favo	our continuation				
1 (Ballard 2008)	Not serious	N/A	Not serious	Serious ¹	106	MD 1.7 (-1.2, 4.6)	Moderate
Receptive language	(STALD) – higher r	numbers favour con	tinuation				
1 (Ballard 2008)	Not serious	N/A	Not serious	Serious ¹	73	MD -0.2 (-1.1, 0.6)	Moderate
Expressive skill (STA	LD) – higher numb	oers favour continua	ation				
1 (Ballard 2008)	Not serious	N/A	Not serious	Serious ¹	73	MD -1.0 (-2.0, 0.04)	Moderate
Verbal fluency (FAS)	– higher numbers	favour continuation					
1 (Ballard 2008)	Not serious	N/A	Not serious	Not serious	56	MD -4.5 (-7.3, -1.7)	High
1. Non-significa	ant result.						

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Antipsychotic withdrawal UK (12 months)

Number of RCTs	Risk of bias	Inconsistency	Indirectness	Imprecision	Sample size	Effect size (95% CI)	Quality	
Cognition (SIB) – higher numbers favour continuation								
1 (Ballard 2008)	Not serious	N/A	Not serious	Serious ¹	55	MD -8.4 (-18.6, 1.7)	Moderate	
Neuropsychiatric symptoms (NPI) – lower numbers favour continuation								
1 (Ballard 2008)	Not serious	N/A	Not serious	Not serious	59	MD -10.9 (-20.1, -1.7)	High	
1. Non-significant result.								

Antipsychotic withdrawal UK (24-54 months)

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Number of RCTs	Risk of bias	Inconsistency	Indirectness	Imprecision	Sample size	Effect size (95% CI)	Quality			
Mortality (ITT) – lower	Mortality (ITT) – lower numbers favour continuation									
1 (Ballard 2008)	Not serious	N/A	Not serious	Not serious	165	HR 0.58 (0.36, 0.92)	High			
Mortality (modified ITT*) – lower numbers favour continuation										
1 (Ballard 2008)	Not serious	N/A	Not serious	Not serious	128	HR 0.58 (0.35, 0.95)	High			
*Population restricted	Population restricted to only those individuals who took one dose of study medication									

Antipsychotic switch to memantine

Number of RCTs	Risk of bias	Inconsistency	Indirectness	Imprecision	Sample size	Effect size (95% CI)	Quality				
Bristol Activities of Dai	Bristol Activities of Daily Living score – higher numbers favour memantine										
1 (Ballard 2015)	Not serious	N/A	Not serious	Serious ¹	164	MD 0.23 (-1.80, 2.27)	Moderate				
Cohen-Mansfield Agitation Inventory – lower numbers favour memantine											
1 (Ballard 2015)	Not serious	N/A	Not serious	Serious ¹	164	MD 4.09 (-0.35, 8.53)	Moderate				
NPI – lower numbers favour memantine											
1 (Ballard 2015)	Not serious	N/A	Not serious	Serious ¹	163	MD 3.63 (-1.40, 8.67)	Moderate				
MMSE – higher number	ers favour memant	ine									
1 (Ballard 2015)	Not serious	N/A	Not serious	Serious ¹	113	MD 1.29 (-0.21, 2.79)	Moderate				
Serious adverse event	Serious adverse events – lower numbers favour memantine										
1 (Ballard 2015)	Not serious	N/A	Not serious	Serious ²	164	RR 0.74 (0.44, 1.24)	Moderate				

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Number of RCTs	Risk of bias	Inconsistency	Indirectness	Imprecision	Sample size	Effect size (95% CI)	Quality		
Mortality – lower num	bers favour memar	ntine							
1 (Ballard 2015)	Not serious	N/A	Not serious	Serious ¹	164	RR 0.46 (0.15, 1.42)	Moderate		
1. Non-significar	1. Non-significant result								
2. 95% CI crosses one line of a defined MID interval									
3. 95% CI crosses two lines of a defined MID interval									

Enhanced psychosocial care versus usual care

Number of RCTs	Risk of bias	Inconsistency	Indirectness	Imprecision	Sample size	Effect size (95% CI)	Quality	
Proportion taking neu	uroleptics – lower n	umbers favour inter	vention					
1 (Fossey)	Serious ¹	N/A	Not serious	Not serious	338	RR 0.55 (0.39, 0.76)	Moderate	
Fall in past 12 month	s – lower numbers	favour intervention						
1 (Fossey)	Serious ¹	N/A	Not serious	Very serious ³	340	RR 0.90 (0.59, 1.38)	Very low	
Aggression (Cohen-Mansfield agitation score) – lower numbers favour intervention								
1 (Fossey)	Serious ¹	N/A	Not serious	Serious ²	334	MD 0.3 (-8.3, 8.9)	Low	
Wellbeing (dementia	care mapping) - hi	igher numbers favo	ur intervention					
1 (Fossey)	Serious ¹	N/A	Not serious	Serious ²	302	MD -0.2 (-0.5, 0.2)	Low	
 Lack of appr Non-signification 	opriate blinding ant result.							

3. 95% CI crosses two lines of a defined MID interval

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