

RGH Pharmacy E-Bulletin

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A joint initiative of the Patient Services Section and the Drug and Therapeutics Information Service of the Pharmacy Department, Repatriation General Hospital, Daw Park, South Australia. The RGH Pharmacy E-Bulletin is distributed in electronic format on a weekly basis, and aims to present concise, factual information on issues of current interest in therapeutics, drug safety and cost-effective use of medications.

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Treating behavioural symptoms in frontotemporal dementia

Frontotemporal dementia (FTD) is characterised by disturbances in behaviour or language. Patients with the frontal variant of FTD typically present with marked changes in personality and behaviour, including apathy, disinhibition and inappropriate social behaviour, which can be difficult to manage.

Although there is currently no approved drug treatment for the behavioural symptoms of FTD and only a limited number of clinical trials have been conducted in this area, various medications have been used to ameliorate these symptoms.

Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants which act on the serotonergic system, are the most commonly studied drugs used to treat FTD. The use of these agents is supported by the finding of a dysfunctional serotonergic system in patients with FTD. SSRIs such as sertraline and fluvoxamine are currently used as first line agents in the management of disinhibition and inappropriate behaviour. Most of the studies reporting some effect of these agents did however use open-label or case series designs and the few, large scale clinical trials that have been conducted showed mixed results.

Trazadone, an atypical serotonergic agent which is not available in Australia, may also be useful in the treatment of FTD. Studies with this agent have revealed improvement in behavioural symptoms including irritability and agitation. Fatigue, hypotension and dizziness were the most commonly reported side effects in these studies.

The effect of memantine, an NMDA-receptor antagonist, has been examined in a few studies. Although some positive results were reported from case series, larger trials are needed to determine the efficacy of memantine in FTD.

Case reports have supported the use of atypical antipsychotic drugs such as olanzapine and risperidone. Atypical antipsychotics may be considered in patients with severe behavioural disturbances refractory to SSRIs. These medications should be used with caution since patients with FTD are particularly vulnerable to extrapyramidal side effects associated with these agents.

Although cholinesterase inhibitors have been used with some effect in the treatment of Alzheimer's disease, studies conducted with these agents in FTD have not shown a consistent improvement in cognitive and behavioural symptoms in FTD.

Some interesting preliminary results have been reported in small studies with medications that increase dopaminergic transmission including methylphenidate, bromocriptine and selegiline.

Based on the current evidence, SSRIs appear to be the first line treatment option for behavioural symptoms associated with FTD. Large, well-designed trials will be needed to confirm the safety, efficacy and long-term effects of any of these agents in the treatment of FTD.

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FOR FURTHER INFORMATION – CONTACT THE PHARMACY DEPARTMENT ON 82751763 or email: chris.alderman@rgh.sa.gov.au
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