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ANTIPSYCHOTIC DRUGS PUT ELDERLY AT HIGHER RISK OF GETTING PNEUMONIA

A recently completed study has shed new light on the possibility that antipsychotic drugs may put elderly people at risk of developing pneumonia. The increased risk of antipsychotic users developing pneumonia has been placed at 60 percent higher than for those who are not treated with this class of drug.

Antipsychotic drugs are increasingly used on elderly patients to treat a wide range of mental disorders. These include the treatment of psychosis. The behavioral problems commonly associated with Alzheimer's, dementia and deliriums are frequently treated with these drugs.

This investigation, the first of its kind, was conducted by the Department of Geriatrics at the University Medical Center in Utrecht, The Netherlands. Researchers analyzed a group of 22,944 elderly persons who had at least one prescription for an antipsychotic. In this group, 543 cases of pneumonia were discovered. These results were matched against four randomly selected control groups. The results of the study were published in the *Journal of the American Geriatrics Society*.

It was interesting to note that the risk of a person contracting pneumonia was at its peak during the first week that a patient took their prescription medicine. After that, the risk for a person getting pneumonia trailed off. Over all, the chance of an elderly antipsychotic user getting pneumonia was placed at 60 percent above the non-user.

Researchers also pointed out from their findings that pneumonia was highest among persons using the new class of atypical antipsychotic drugs. Atypical drugs are a grouping of second generation, anti-psychotic drugs that are increasingly used to treat dementia disorders in elderly persons. According to this study, some 40 percent of residents in nursing homes are treated with antipsychotic drugs.

The researchers pointed out that the reason why patients develop pneumonia remains unclear. However, they stress to clinicians that the decision to place an elderly person on an antipsychotic should be carefully reviewed in light of this new evidence. Finally, if the elderly person receives the drug, careful monitoring of their condition should follow.