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*Int Psychogeriatr.* 2018 Mar;30(3):295-309. doi: 10.1017/S1041610217002344. Epub 2017 Nov 16.

## An overview of systematic reviews of pharmacological and non-pharmacological interventions for the treatment of behavioral and psychological symptoms of dementia.

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#### Abstract

**ABSTRACT**Background: This systematic overview reports findings from systematic reviews of randomized controlled trials of pharmacological and non-pharmacological interventions for behavioural and psychological symptoms of dementia (**BPSD**).

**METHODS:** The Cochrane Database of Systematic Reviews, DARE, Medline, EMBASE, and PsycINFO were searched to September 2015.

**RESULTS:** Fifteen systematic reviews of eighteen different interventions were included. A significant improvement in **BPSD** was seen with: functional analysis-based interventions (GRADE quality of evidence moderate; standardized mean difference (SMD) -0.10, 95%CI -0.20 to 0.00), music therapy (low; SMD -0.49, 95%CI -0.82 to -0.17), analgesics (low; SMD -0.24, 95%CI -0.47 to -0.01), donepezil (high; SMD -0.15 95% CI -0.29 to -0.01), galantamine (high; SMD -0.15, 95%CI -0.28 to -0.03), and antipsychotics (high; SMD -0.13, 95%CI -0.21 to -0.06). The estimate of effect size for most interventions was small.

**CONCLUSIONS:** Although some pharmacological interventions had a slightly larger effect size, current evidence suggests functional analysis-based interventions should be used as first line management of **BPSD** whenever possible due to the lack of associated adverse events. Music therapy may also be beneficial, but further research is required as the quality of evidence to support its use is low. **Cholinesterase inhibitors** donepezil and galantamine should be trialled for the management of **BPSD** where non-pharmacological treatments have failed. Low-quality evidence suggests that assessment of pain should be conducted and a stepped analgesic approach trialled

when appropriate. Antipsychotics have proven effectiveness but should be avoided where possible due to the high risk of serious adverse events and availability of safer alternatives.

**KEYWORDS:** antipsychotics; behavioral symptoms; **cholinesterase inhibitors**; complementary therapies; dementia; systematic review

PMID: 29143695 DOI: [10.1017/S1041610217002344](https://doi.org/10.1017/S1041610217002344)

[Indexed for MEDLINE]

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