

Malta, 17 May 2005
Circular No. P12/2005

Dear Healthcare Professional,

Re: Ongoing European and national review of atypical antipsychotics and their association with an increased risk of cerebrovascular adverse events (CVA) in elderly patients with dementia

Following the recent communications by regulatory authorities on the use of atypical antipsychotics in elderly patients with behavioral disturbances, the Medicines Authority would like to update prescribers about the current status of the ongoing review of atypical antipsychotics and their association with an increased risk of CVA in elderly patients with dementia.

Atypical antipsychotics for which an established risk has been identified include olanzapine¹ (Zyprexa®) and risperidone (Risperdal®). The product information for Zyprexa® was updated accordingly, while the product information for Risperdal® has not yet been updated but prescribers have been informed about this risk through a Dear Healthcare Professional Letter circulated by the Marketing Authorisation Holder of Risperdal® on 31 August 2004.

Following concerns that increased risk of CVA in elderly patients with dementia might be a class effect, ziprasidone (Zeldox®/Geodon®), quetiapine (Seroquel®) and aripiprazole (Abilify®) are also currently being reviewed nationally by the Medicines Authority and at a European level by the European Medicines Agency and the Reference Member States of each product. Currently only minimal data is available for the latter products, and hence the risk has not yet been established. Unlike in the US, in Europe clozapine (Leponex®) has not been included in this review since it is not used in the elderly population.

Until further data is available, the Medicines Authority advises prescribers:

- To prescribe Zyprexa® in accordance with its approved SmPC;
- **Not** to use Risperdal® for the treatment of behavioural symptoms of dementia;
- That the use of Risperdal® 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;
- To bear in mind that pending the availability of further evidence, a **risk of stroke cannot be excluded**;
- To consider carefully the risk of cerebrovascular events before treating any patient with a previous history of stroke or transient ischaemic attack when using any of the above-mentioned atypical antipsychotic drug. Consideration should also be given to other risk factors for cerebrovascular disease including hypertension, diabetes, current smoking and atrial fibrillation.

¹ Refer to the [European Medicines Agency \(EMA\)'s public statement on the safety of olanzapine](#), endorsed by the Medicines Authority, on 9 March 2004.