

CADTH Rapid Response Report in Brief

# Antipsychotics for the Management of Agitation in Adults with Personality Disorders or Cognitive Impairment: A Review

#### Context

Personality disorder and cognitive impairment (i.e., impaired mental function) are two types of psychiatric disorders. The most common personality disorder among psychiatric in-patients is borderline personality disorder, which has an estimated prevalence of between 1.5% and 4% of the general population. Borderline personality disorder is associated with emotional dysregulation, impulsive aggression, and suicidal tendencies.

#### Technology

Antipsychotic drugs are used to treat a variety of psychiatric disorders. They are commonly divided into two categories: first-generation antipsychotic drugs, or "typical antipsychotics," and second-generation antipsychotic drugs, or "atypical antipsychotics." First-generation antipsychotic drugs include haloperidol and thiothixene. Second-generation antipsychotic drugs include aripiprazole, clozapine, olanzapine, quetiapine, and ziprasidone.

#### Issue

Although it is common practice among psychiatrists to prescribe antipsychotic drugs to treat borderline personality disorder, these medications have not received marketing approval for this purpose. A review of the clinical effectiveness of antipsychotics for reducing agitation in adults with personality disorders or cognitive impairment, as well as of evidence-based guidelines on their use for the management of agitation in these patients, will help inform decisions about the use of antipsychotics for the management of these disorders.

## Methods

A limited literature search was conducted of key resources, and titles and abstracts of the retrieved publications were reviewed. Full-text publications were evaluated for final article selection according to predetermined selection criteria (population, intervention, comparator, outcomes, and study designs).

#### **Key Messages**

- Antipsychotic drugs may improve aggression, anger, or impulsivity in patients with borderline personality disorder (based on studies that were small in size and of short duration).
- One guideline recommends that antipsychotic drugs not be used for the medium or long-term management of borderline personality disorder.
- Another guideline suggests that psychotropic drugs may improve affective symptoms and impulsivity in borderline personality disorder (but cautions that a strong evidence base is lacking to support this suggestion).
- No evidence or guidelines on the management of agitation in patients with cognitive impairment were found.

### Results

The literature search identified 369 citations, with 1 additional article identified from other sources. Of these, 42 were deemed potentially relevant and 6 met the criteria for inclusion in this review — 4 systematic reviews and 2 evidence-based guidelines.

DISCLAIMER: The information in this Report in Brief is intended to help health care decision-makers, patients, health care professionals, health systems leaders, and policy-makers make well-informed decisions and thereby improve the quality of health care services. The information in this Report in Brief should not be used as a substitute for the application of clinical judgment in respect of the care of a particular patient or other professional judgment in any decision-making process nor is it intended to replace professional medical advice. While CADTH has taken care in the preparation of the Report in Brief to ensure that its contents are accurate, complete, and up-to-date, CADTH does not make any guarantee to that effect. CADTH is not responsible for any errors or omissions or injury, loss, or damage arising from or as a result of the use (or misuse) of any information contained in or implied by the information in this Report in Brief.

CADTH takes sole responsibility for the final form and content of this Report in Brief. The statements, conclusions, and views expressed herein do not necessarily represent the view of Health Canada or any provincial or territorial government. Production of this Report in Brief is made possible through a financial contribution from Health Canada.

Canadian Agency for Drugs and Technologies in Health