Buspirone for anxiety and agitation in dementia

A 69-year-old woman presented with a 7-year history of decline in memory, disorientation and an inability to attend to the activities of daily life consistent with a diagnosis of Alzheimer's disease. Caregivers felt overwhelmed by her constant agitation, pacing and demands for staff attention, which often progressed rapidly to verbal and physical aggression. The patient complained of severe anxiety. No obvious reversible medical conditions contributed to her symptoms. Behavioural approaches were ineffective.

Full trials at therapeutic doses of donepezil, trazodone, citalopram, lithium carbonate, divalproex sodium, haloperidol, loxapine, risperidone, olanzapine and quetiapine, individually and in various combinations, had no therapeutic effect.

Because of the patient's prominent anxiety, buspirone, titrated to a dose of 15 mg twice a day, was added to her current medications, a combination of trazodone, 300 mg daily, citalopram, 40 mg daily, and olanzapine, 10 mg every night. After 2 weeks at this dose, the staff reported that the patient's episodes of anxiety and agitation were considerably less frequent (i.e., from 10–12 to 5–6/day) and were resolved more rapidly. The use of antipsychotic drugs as needed decreased from 3 times daily to once or twice daily. The buspirone was tolerated without adverse effect. The improvement in the patient's agitation continued over the next 4 weeks, permitting her to be placed in a complex care facility.

Symptoms of generalized anxiety disorder, including excessive worry, restlessness, fatigue, poor concentration, irritability, muscle tension and sleep disturbance, have been reported in elderly people with dementia. These symptoms are often defined as agitation in this population. Sixty percent of patients with dementia present with agitation at some point during their illness.[1]

Management of anxiety and agitation includes addressing underlying medical conditions, assessing the patient for depression and psychosis, helping the patient cope with environmental changes, reassurance, caregiver education and therapeutic activity programs.

Buspirone is an anxiolytic agent with demonstrated effectiveness in the treatment of generalized anxiety disorder. It differs from benzodiazepines in its low potential for dependence and lower risk of adverse effects.[2] It acts on the serotonin system as a partial 5-HT_{1A} agonist. It may be useful for behavioural disturbances in dementia including agitation, but evidence from randomized controlled trials is lacking, thus, buspirone is not recommended as a first- or second-line medication.[3–7] Furthermore, no studies have addressed the role of buspirone in combination with other agents. Often patients with dementia receive several medications for cognitive, behavioural, psychotic and mood symptoms, which was the case here.

Information about the long-term efficacy of buspirone, potential adverse effects and optimal dosage in the management of anxiety and agitation in dementia is very limited.[7] In addition, this case related to a patient with a diagnosis of Alzheimer's disease. The use of buspirone in other types of dementia such as vascular has been reported in the literature but, again, primarily in the form of single case reports.[6,7]

This case highlights the need to consider the role of anxiety in the agitated, demented patient, because the addition of buspirone resulted in significant clinical improvement. Randomized controlled trials using standardized measures of anxiety and agitation are essential to permit an evidence-based approach to the care of these patients, which hopefully will result in improved quality of life for patients and their caregivers.

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