

Tiapride in gerontopsychiatry

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It was our great pleasure as guest editors to review and comment on the following series of papers that have been presented at the symposium 'Treatment of behavioral symptoms in elderly patients: an update on tiapride' held in Paris, 11 March 1999. The collection of papers provides a comprehensive overview of pharmacologic and clinical data on tiapride.

Tiapride is a benzamide and a dopaminergic antagonist with specific affinity to the D₂- and D₃-receptors, but lacking affinity to D₁-receptors. It acts as an atypical neuroleptic. It has been used for different neurologic and psychiatric disorders, including extrapyramidal motor disorders, hyperkinesia, tardive dyskinesia, alcohol dependence and withdrawal [2, 5, 8, 11, 12]. The treatment of subjects with Huntington's chorea, dyskinesia and abnormal movements are among the most common indications of the drug for neurologists and psychiatrists [4]. These are also the major indications in Germany. However, tiapride has also been used successfully for behavioural problems in geriatric patients, including agitation, aggressiveness, anxiety and sleep disturbances [3, 7, 10, 16-18]. The majority of relevant publications concerning this indication have been published in French, which indicates that there is more experience with this treatment of elderly patients in France than in other countries. A recent comparison of the efficacy of tiapride and melperone for behavioural problems in elderly demented subjects conducted in Germany [6] indicated no significant differences between the two substances concerning efficacy and the number of side effects. One major problem of this study was the apparent lack of adequate clinical instruments for the measurement of behavioural symptoms. Consequently, there is an urgent need for applicable instru-

ments that are also sensitive to small changes in behavioral symptoms in the elderly.

A very good option presented by Monteiro et al. [9] is the frequency-weighted BEHAVE-AD (BEHAVE-AD-FW), which is explained in the first paper of this supplement. This instrument has been developed from the BEHAVE-AD, a well-known instrument for measuring behavioral symptoms in patients with Alzheimer's disease. The BEHAVE-AD-FW accounts for the fact that many behavioral problems in gerontopsychiatric patients appear temporarily and also to some extent at irregular intervals. To account for these problems in developing an adaptation of the scale is a step towards precise measurements of treatment effects on behavioral symptoms in the elderly.

The paper from Salzman [14] provides an overview of current medications for the treatment of behavioral problems, including psychotic agitation in the elderly. Classical atypical neuroleptics including benzamides are among the most common drugs for this indication. However, alternative options (trazodone, buspirone, valproate and β -blockers) may be possible even though there is a great need for additional research concerning this indication.

Scatton et al. [15] present a detailed description on the preclinical pharmacology of tiapride and explain the reasons for the relative lack of postural hypotension in the elderly, i.e., the low affinity of the drug for adrenergic (α_1 , α_2), histaminergic and muscarinic receptors. Most important for its application in the elderly may be the low potential of tiapride to induce extrapyramidal as well as cognitive side effects.

The paper from Allain et al. [1] proposes and outlines the cognitive mapping approach. The aim is to examine

the cognitive side effects of newly developed drugs. This does not only apply to drugs used in the treatment of behavioral problems in the elderly, but should be used for all drugs or at least those which are to be used in the elderly. This approach had been successfully performed for tiapride, revealing a favourable side effect profile.

Robert and Allain [13] finish this extraordinary collection of papers by summarising previous and very recent studies on the application of tiapride for the management of agitation in the elderly. The most recently performed double-blind three parallel group study had compared haloperidol, tiapride and placebo. The efficacy of tiapride was comparable to that of haloperidol, but led to fewer side effects. Both were superior to placebo. Consequently, tiapride seems to be a useful option for treatment in behavioral problems, especially in the elderly.

In summary, we urgently recommend that the application of tiapride receives further attention in clinical practice and research. This collection of exciting papers provides a valuable starting point and overview for the interested pharmacologist, clinician, gerontopsychiatrist, and researcher.

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