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Analysis of Trazodone and Pregabalin in Neurocognitive Disorders with Psychomotor Agitation

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Background: Patients diagnosed with neurocognitive disorders have behavioral disturbances, like aggression, self-harming behaviors, psychomotor agitation, impulsivity, that are difficult to manage in a population with comorbidities, pharmacodynamic and pharmacokinetic specific features.

Objective: To evaluate the comparative efficacy of pregabalin and trazodone in patients diagnosed with neurocognitive disorders that associate behavior disturbances.

Method: We selected a group of 30 patients, admitted in our department, diagnosed with neurocognitive disorders, who also presented severe behavioral symptoms of sufficient importance to necessitate specific treatment. Patients received either trazodone (100-200 mg flexible daily dose) or pregabalin (75-150 mg flexible daily dose) for 4 weeks. All participants in this trial were assessed weekly using Global Assessment of Functioning (GAF), Mini Mental State Examination (MMSE), Instrumental Activities of daily Living Scale (IADL) and Neuropsychiatric Inventory (NPI).

Results: Patients receiving pregabalin had a better efficacy/tolerability rapport, reflected in the lowest rate of discontinuation due to side events ($p<0.05$), while the improvements in behavioral symptoms (NPI) were only slightly superior in the pregabalin group ($p=0.112$). There were no significant inter-group differences regarding cognitive deterioration after 4 weeks (overall -0.7+/-0.1 points on MMSE), while GAF scores increased slightly in both groups (+5.6+/-1.2 at week 4). IADL scores improved in both groups but didn’t reach the level of significance ($p=0.135$).

Conclusion: Patients with behavior disturbances associated to neurocognitive disorders may benefit from pregabalin or trazodone treatment, although there are marked differences regarding individual responses and the overall impact on the NPI are relatively small.

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