

NEUROPSYCHIATRY AND BEHAVIORAL NEUROLOGY

Clinical effectiveness of treatments for the management of anxiety in community dwelling people living with dementia: a systematic review and meta-analysis

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Abstract

Background: People living with dementia commonly experience distress or behavioural and psychological symptoms, such as anxiety, which are associated with worse outcomes in this population. Symptoms of anxiety can be challenging to manage, as there is limited evidence supporting the prescription of psychotropic medications and it is unclear if conventional psychological treatments, such as cognitive behavioural therapy, are effective. The aim of this systematic review and meta-analysis was therefore to investigate the effectiveness of pharmacological and non-pharmacological treatments for the management of anxiety in community dwelling people living with dementia.

Method: A systematic review and meta-analysis was conducted of randomised controlled trials until January 2022, searching EMBASE, CINAHL, MEDLINE and PsycInfo. This is currently being updated to Jan 2023. Standardised mean differences were estimated at follow-up between treatments and pooled across studies using random-effects models. The Cochrane risk-of-bias tool for randomized trials assessed risk of bias and meta-analysis was performed if three or more studies of a treatment group were available.

Result: Twenty-seven studies (comprising 2517 participants) were included. We categorised these as pharmacological interventions (n = 8), non-pharmacological group interventions (n = 8) and non-pharmacological individual interventions (n = 11). Pharmacological interventions with evidence of potential effectiveness included olanzapine, loxapine, citalopram, buspirone and risperidone; and those with no evidence of effectiveness were thioridazine and haloperidol. Meta-analyses was not performed due to study heterogeneity.

Some non-pharmacological treatments were found to be effective in reducing anxiety in people living with dementia, compared to usual care or active controls. For interventions aimed at individuals the pooled standardised mean difference was -0.41

(CI: -0.71, -0.11) and for those aimed at groups it was -0.44 (CI: -0.79, -0.09). When examining different type of intervention, results suggest music therapy and muscular approaches (e.g, relaxing massage) were effective in reducing anxiety symptoms, while cognitive approaches and sensory stimulation were not. We will present additional findings from updated searches.

Conclusion: Results suggest non-pharmacological interventions can be effective in reducing anxiety in community-dwelling people living with dementia. This supports the development and use of more group-based non-pharmacological interventions to help reduce anxiety among people living with dementia in the community and their carers.