

# Effect of the Meprobamate removal on psychotropic drugs consumption in patients with dementia (PACA-Alz cohort)

---

**Authors: L Lagarde, Q Boucherie,  
E Ronflé, J Micallef, S Bonin-Guillaume**

- No conflict of interest

# INTRODUCTION

- Behavioral and psychotic symptoms of dementia (BPSD) in Alzheimer disease or related disease are very common during the evolution of the disease
- This is the most frequent situation to prescribe psychotropic drugs (*Ballard CG, Gauthier S, Cummings JL, Brodaty H, Grossberg GT, Robert P, et al. Management of agitation and aggression associated with Alzheimer disease. Nat Rev Neurol. 2009 May;5(5):245–55*)
- This population has a 17,7 greater risk to use psychotropic drugs (*Guthrie B, Clark SA, McCowan C. The burden of psychotropic drug prescribing in people with dementia: a population database study. Age Ageing. 2010 Sep;39(5):637–42*)
- The psychotropic drugs' use for vulnerable group is a factor of undesirable effects

# INTRODUCTION



- In France, there is one particular therapeutic: **MEPROBAMATE**
  - **non-benzodiazepine anxiolytic**
  - **Very often prescribed by geriatrician for agitation or aggressiveness in dementia**
  - In 2008, 15.2% of the patients with dementia had at least one delivery of Meprobamate
  - After fews serious indesirables effects: French National Authority **decided the withdrawal for the 10/01/2012 with stop production**
  - Meprobamate's withdrawal announcements were in october 2011
- **AIM:**
  - **To evaluate psychotropic drugs' consumption from 6 months before to 6 months after the Meprobamate's withdrawal in PACA-Alz cohort**

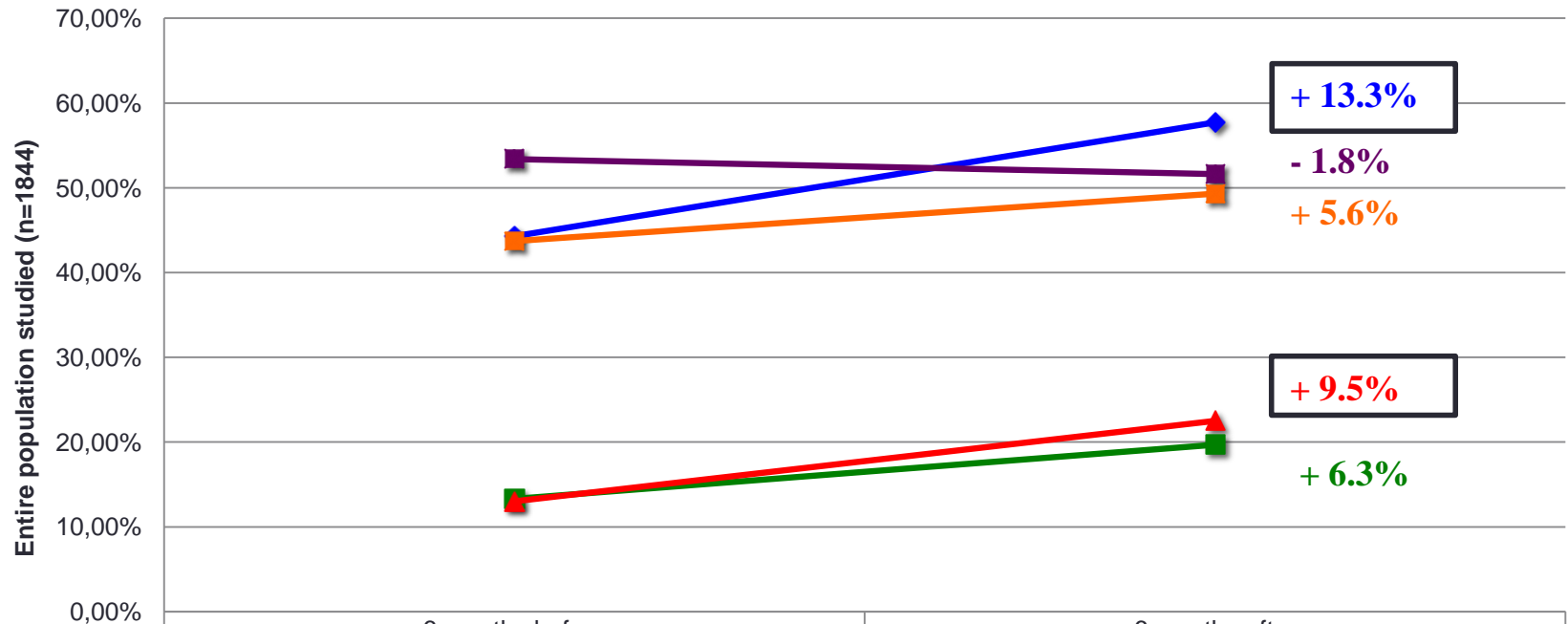
# POPULATION



- To follow the therapeutics' consumption in dementia (Alzheimer disease of related disease):
  - **Since 2008, creation of a cohort in Provence Alpes Côte d'Azur region (in the South East of France)**
  - Identified through **the General Health Insurance System's (GHIS) database**
  - GHIS represents about **5 million inhabitants** in this studied area
- **Longitudinal retrospective study** from the 1st january 2011 to the 31th december 2012
- In 2011, The PACA-Alz Cohort included 36 442 patients
- **1 844 patients with a meprobamate's delivery** between october 2011 and january 2012

# RESULTS

## Psychotropic drugs' consumption 6 months before and 6 months after Meprobamate's removal

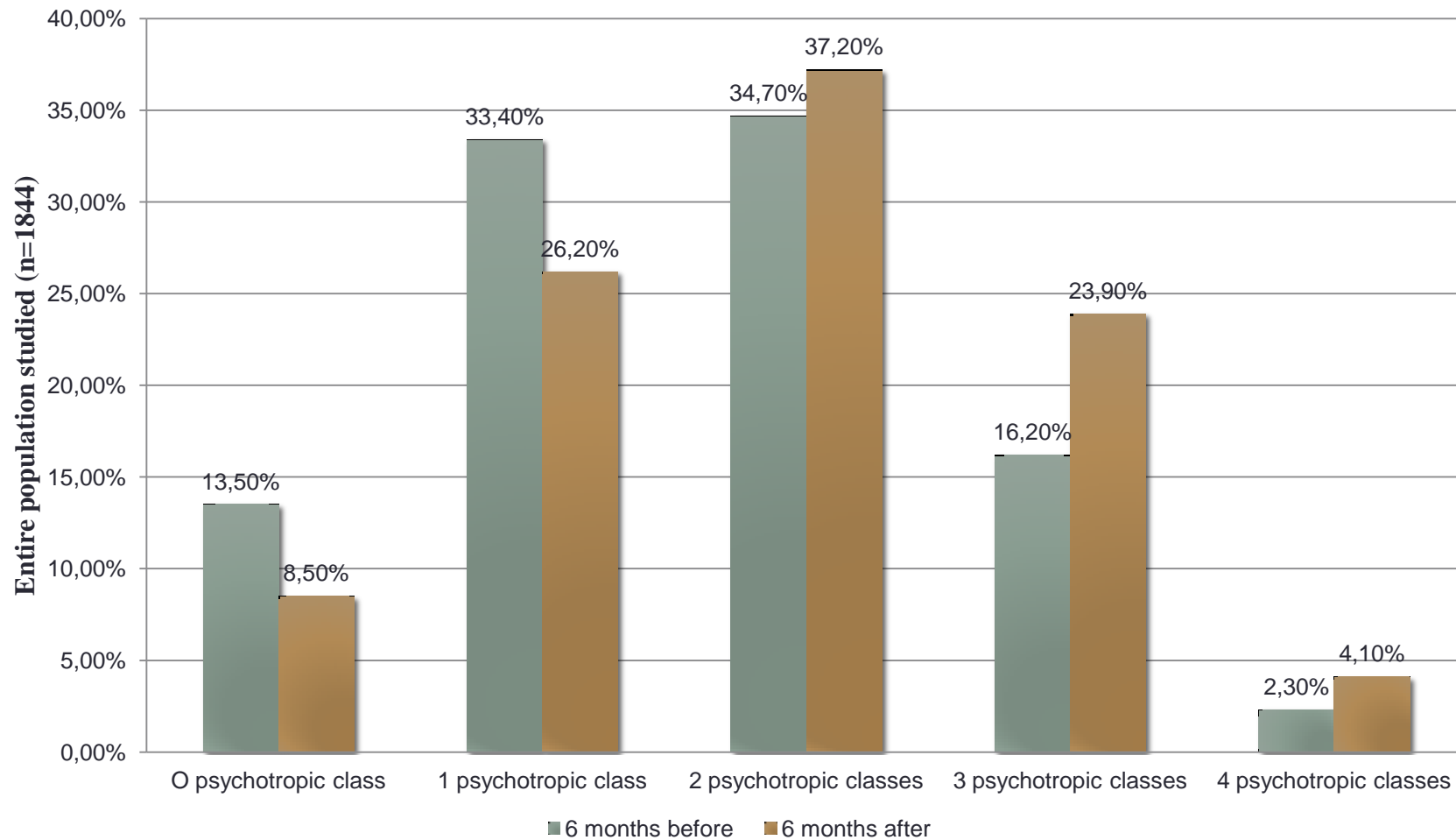


	6 months before	6 months after
short life BZD	44,30%	57,70%
long life BZD	13,30%	19,70%
non BZD anxiolytic	13%	22,50%
antipsychotic	43,70%	49,30%
antidepressant	53,40%	51,60%

- For non-BZD anxiolytic, Hydroxyzine is the main representative:  
**it represents +8%**

# RESULTS

## Coprescription of different psychotropic drugs' classes 6 months before and 6 months after Meprobamate's removal



# CONCLUSION

- Meprobamate's removal **led to poly-medication of psychotropic drugs** with **an increase of psychotropics prescribed** and **an increase of the number of different psychotropics' classes co-prescribed**
  - A total stop of psychotropic doesn't allow an improvement of prescription
  - Shows the difficulties for the prescriptors with this population and the fact that there is less and less possibility for therapeutics
- There is a real **necessity to have a reflection about the prescriptors' support** when they want to stop psychotropic drug with personalized support



# THANKS FOR YOUR ATTENTION

## QUESTIONS?

### Thanks to

My co authors: Q Boucherie, E Ronflé, J Micallef, S Bonin-Guillaume;

And INT's team



Société  
Française de  
Gériatrie et  
Gérontologie



Faculté  
de Médecine  
Aix-Marseille Université



Assistance Publique  
Hôpitaux de Marseille