PW01-263 - **GALANTAMINE COMPARED TO RISPERIDONE IN NEUROPSYCHIATRIC AND BEHAVIOURAL SYMPTOMS IN ALZHEIMER PATIENTS: A ONE-CENTER CLINICAL TRIAL IN 100 PATIENTS**

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Neuropsychiatric symptoms and behavioral disturbances in dementia (BPSD) are key symptoms of AD, adds to cognitive decline and causes an increased caregivers burden. Antipsychotics provide a limited treatment option and acetylcholineesterase inhibitors (AchEI) also show beneficial effects in treatment of BPSD.

Objective: To compare treatment effects between AchEI (galantamine, GAL) and antipsychotics (risperidone, RIS) in patients with BPSD.

Methods: Open randomized trial in 100 patients (mean 78.7years, 67% females) using the NeuroPsychiatric Inventory score (NPI)>10 on patients (73 % mild to moderate AD and 27% other dementias, treated with GAL (n=50) or RIS (n=50) for 12 weeks. Neuropsychiatric symptoms (NPI, CMAI, FAST), caregivers stress (PGWB), cognition (MMSE) and severity (CIBIC) were assessed at baseline and 12 weeks.

Results: 91 patients completed the trial. Safety and tolerability were good. 58 % were APOEε4 carriers. At baseline MMSE was 20.1±4.6, and NPI 51.0±25.8. After 12 weeks NPI total scores had improved significantly (GAL: 16.6±16.1, RIS: 16.2±16.2).

In both groups there were statistically significant improvements after 12 weeks. In several of the NPI-domains galantamine and risperidone were equally effective. RIS showed a significant treatment advantage in the NPI-domains irritation (p=0.02), agitation (p=0.02) and a trend in aberrant motor behaviour (p=0.08). GAL showed a ppositive trend in apathy/indifference (p=0.09), night time behaviour (p=0.07) and appetite (p=0.06). GAL improved MMSE scores with 2.8 p ($p < 0.001$) and RIS with 1 p ($p < 0.07$).

Conclusion: This indicates that GAL could be beneficial in the treatment of neuropsychiatric and behavioural symptoms underlying AD unless aggressive symptoms are prominent.

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