Name of company **Janssen Research Foundation**	TABULATED STUDY REPORT	
Name of the finished product **Risperdal**		
Name of the active ingredient Risperidone		

Title: Risperidone in the treatment of behavioural disturbances in patients with Alzheimer's dementia: a double-blind placebo-controlled trial				**Trial No**.: RIS-BEL-14 **Clinical phase**: II	
Principal Investigator: [redacted] Psychiatrist				**Country**: Belgium	
Reference: JRF, Clinical Research Report RIS-BEL-14, June 1993 (N 98715/1)					
Trial period: Start: 5 May 1989 End: 15 July 1992				**No. of investigators**: 5 **No. of patients**: 39	
Indication / objectives: to investigate the effect of low doses of risperidone on behavioural disturbances in patients with Alzheimer's dementia: to assess its safety; to evaluate its effect on the cognitive functioning and the activities of daily life in this patient population.					
Trial design: Double-blind placebo-controlled parallel group					
Patient selection: • Inclusion criteria: - male or female patients, - aged > 65 years, - diagnosis of Senile Dementia of the Alzheimer Type (criteria of Berg et al), - staging of dementia of 1, 2 or 3 on the Clinical Dementia Rating scale. • Exclusion criteria: - other neurologic disorders, - other psychiatric diagnosis, - other reversible dementias or medical disorders that may reduce cognition.					
Treatment					
Tablets - oral	matching tablets - oral				
Medication	placebo		risperidone 1 mg		
Batch No.	372.057		88F17/F5 and 88F20/F5		
Dosage	Starting dose 1 tablet a.m.; could be uptitrated to 4 tablets daily. If dose higher than 1 tablet daily, dose divided evenly a.m. and p.m.				
Duration	1 week placebo run-in; 4 weeks double-blind treatment.				
Disallowed medication	antipsychotic treatment				

Assessments	Day-7	Baseline	Day 7	Day 14	Day 28
• Selection evaluations					
- Demography	X				
- Diagnosis	X				
- Physical examination	X				X
- Clinical Dementia Rating	X				
• Efficacy					
- Behave-AD	X	X	X	X	X
- CGI	X	X	X	X	X
- Vas target symptom	X	X	X	X	X
• Tolerability					
- Mini-Mental State	X	X		X	X
- ADL	X	X	X	X	X
• Safety					
- ESRS	X	X	X	X	X
- UKU	X	X	X	X	X
- Vital signs	X	X	X	X	X
- Laboratory screening	X				X
- ECG	X				X
• Global evaluation					X
Statistical methods	Intent-to-treat analysis, Mann-Whitney *U*-test, c^2-test, Fisher exact probability test, Wilcoxon matched-pairs signed-ranks test, Friedman test, Page test				

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Main features of the trial sample and summary of the results

Patient disposition - Baseline characteristics - drop-outs - dose	risperidone	placebo
Number of patients entered (M/F)	20 (7/13)	19 (5/14)
Age: median (min-max), yrs	79.0 (66, 88)	77.6 (65, 87)
Mean age at onset of symtoms (min-max), yrs	75.4 (63, 84)	73.1 (59, 85)
No. of pts. with previous use of neuroleptics	10 pts	13 pts
Clinical Dementia Rating: mild	1	0
moderate	5	3
severe	14	16
Premature discontinuation: total No.	4	4
reason: - insufficient clinical response	2	4
- uncooperativeness		1
- intercurrent disease	1	
- abnormal laboratory values	1	
Mean dose at endpoint	2 mg	2.5 tablets

Therapeutic results	risperidone		placebo	
Primary parameter	Mean base-line score	Mean Δ from baseline	Mean base-line score	Mean Δ from baseline
- Behave-AD	10.3	-3.2	13.3	-3.5
Secondary parameter	Mean base-line score	Mean Δ from baseline	Mean base-line score	Mean Δ from baseline
- Visual Analogue Scale	36.1	+16.9	23.1	+15.4
- CGI for severity of illness	4.2	-0.1	5.1	-0.2
Tolerability				
- Activities of Daily Life	17.1	-0.7	12.1	+0.6
- Mini-Mental State	9.8	-0.4	7.8	-0.1
	Mean score at endpoint		Mean score at endpoint	
- CGI for change from baseline	3.7		3.9	
- Global evaluation at endpoint	3.7		4.2	

No between-group differences on any of the efficacy parameters

Safety	risperidone	placebo
ESRS: mean shift from baseline		
- Parkinsonism cluster	0.7	1.2
- Dystonia cluster	0.0	0.1
- Dyskinesia cluster	-0.7*	2.0
- Total score	-0.4	3.1
No. of patients with one or more AE on UKU	11	8
No. of pts. with AEs elsewhere reported	5	6
No. of drop-outs because of AE	2	0
Laboratory parameters: No. of pts. with code 4	9	16
ECG: No. of patients with abnormal values	7	6
Vital signs and weight	No clinically relevant changes or tendencies within one group; no clinically relevant changes differences between the two groups.	

Conclusions

- The study showed no statistically significant differences in efficacy between RIS and PLA.
- Risperidone did not affect the cognitive functioning or the activities of daily life of the patients.
- Risperidone had an antidyskinetic effect: a significant difference from placebo was seen on total dyskinesia score and on the bucco- linguo-masticatory factor.
- Risperidone had a very low liability to induce EPS.
- Risperidone 1-4 mg did not cause serious adverse reactions in patients with SDAT. No clinically relevant changes in vital signs, laboratory values or ECG were observed.

Asterisk refers to diference with placebo; *$p \leq 0.05$