

A pragmatic, multicentre, double-blind, placebo-controlled randomised trial to assess the safety, clinical and cost-effectiveness of mirtazapine and carbamazepine in people with Alzheimer's disease and agitated behaviours: the HTA-SYMBAD trial

Sube Banerjee,^{1*} Nicolas Farina,^{1,2} Catherine Henderson,³ Juliet High,⁴ Susan Stirling,⁴ Lee Shepstone,⁴ Julia Fountain,⁵ Clive Ballard,⁶ Peter Bentham,⁷ Alistair Burns,⁸ Chris Fox,⁴ Paul Francis,⁶ Robert Howard,⁹ Martin Knapp,³ Iracema Leroi,¹⁰ Gill Livingston,⁹ Ramin Nilforooshan,¹¹ Shirley Nurock,¹² John O'Brien,¹³ Annabel Price,¹⁴ Alan J Thomas,¹⁵ Ann Marie Swart,⁴ Tanya Telling¹⁶ and Naji Tabet²

¹Faculty of Health, University of Plymouth, Plymouth, UK

²Centre for Dementia Studies, Brighton and Sussex Medical School, University of Sussex, Brighton and Hove, UK

³Care Policy and Evaluation Centre, London School of Economics and Political Science, London, UK

⁴Norwich Medical School, University of East Anglia, Norwich Research Park, Norwich, Norfolk, UK

⁵Coordinator for Service User and Carer Involvement in Research, Sussex Partnership NHS Foundation Trust, Brighton and Hove, UK

⁶College of Medicine and Health, University of Exeter, Exeter, UK

⁷Birmingham and Solihull Mental Health Foundation NHS Trust, Birmingham, UK

⁸Department of Psychiatry, University of Manchester, Manchester, UK

⁹Division of Psychiatry, University College London, London, UK

¹⁰Department of Psychiatry, Global Brain Health Institute, Trinity College Dublin, Dublin, Ireland

¹¹Research and Development, Surrey and Borders Partnership NHS Foundation Trust, Leatherhead, UK

¹²Former Carer, Alzheimer's Society Research Network, London, UK

¹³Department of Psychiatry, University of Cambridge School of Medicine, Cambridge, UK

¹⁴Cambridgeshire and Peterborough Foundation Trust, Cambridge, UK

¹⁵Translational and Clinical Research Institute, Newcastle University, Newcastle upon Tyne, UK

¹⁶Joint Clinical Research Office, University of Sussex, Brighton, UK

*Corresponding author sube.banerjee@plymouth.ac.uk

Disclosure of interests

Full disclosure of interests: Completed ICMJE forms for all authors, including all related interests, are available in the toolkit on the NIHR Journals Library report publication page at <https://doi.org/10.3310/VPDT7105>.

Primary conflicts of interest: Sube Banerjee reports personal fees and non-financial support from Lilly, personal fees from Boehringer-Ingelheim, personal fees from Axovant, personal fees from Lundbeck, personal fees from Nutricia and honoraria from the Hamad Medical Service for lectures and talks, outside the submitted work; he is a Trustee of the Alzheimer's Society and has research grants from NIHR, ESRC and ESRC. Alistair Burns reports being National Clinical Director for Dementia at NHS England and receiving professional fees from NHS England, personal fees from *International Journal of Geriatric Psychiatry*, personal fees from lectures and talks, personal fees from medicolegal reports and the Driver and Vehicle Licensing Authority, outside the submitted work. Clive Ballard reports grants and personal fees from Acadia pharmaceutical company, grants and personal fees from Lundbeck, personal fees from Roche, personal fees from Otsuka, personal fees from Novartis, personal fees from Eli Lilly, personal fees from Suven, personal fees from Sunovion, personal fees from ADDEX, personal fees from Exciva, personal fees and other from Synexus, personal fees and other from Novo Nordisk, other from Biogen, outside the submitted work. Peter Bentham reports work as a paid Consultant for TauRx Therapeutics outside the submitted work. Robert Howard reported grant support from NIHR and being a Trustee of Alzheimer's Research UK, member HTA Commissioning sub-board 2016–17 and HTA Commissioning Committee 2013–18. John O'Brien reports personal fees from TauRX, personal fees from Axon, personal fees from GE Healthcare, personal fees from Eisai, non-financial support from Alliance Medical, personal fees from Roche, grants from Merck outside the submitted work and NIHR Dementia lead. Lee Shepstone was EME Funding Committee member 2010–15. Ann Marie Swart NCTU is funded by NIHR; member HTA Efficient Designs 2 2015–16, HTA Efficient Study Designs Board 2014 and NIHR CTU Standing Advisory Committee 2016–22. Naji Tabet reports grant support from Avenir Pharma and NIHR ARC and CRN leadership roles. Alan Thomas reports grants from NIHR HTA, during the conduct of the study. All other authors report no relevant interests other than NIHR funding for investigator time on this grant.

Published October 2023
DOI: 10.3310/VPDT7105

Plain language summary

A pragmatic, multicentre, double-blind, placebo-controlled randomised trial to assess the safety, clinical and cost-effectiveness of mirtazapine and carbamazepine in people with Alzheimer's disease and agitated behaviours: the HTA-SYMBAD trial

Health Technology Assessment 2023; Vol. 27: No. 23
DOI: 10.3310/VPDT7105

NIHR Journals Library www.journalslibrary.nihr.ac.uk

Plain language summary

It is common for people with Alzheimer's disease to experience agitation, for example feeling restless or unsettled. If left untreated, agitation can lead to poorer quality of life and increased hospitalisation and strain for family carers. Often these symptoms are treated with medications that are usually used to manage psychosis (antipsychotic drugs), but such medication has limited effectiveness and can cause serious adverse effects to patients, including risk of increased death. Two medications that are already commonly prescribed for other health issues, mirtazapine (an antidepressant) and carbamazepine (a drug used to treat epilepsy), had been identified as a possible alternative way of treating agitation in Alzheimer's disease that might not have the harms associated with antipsychotic medication.

In this study, we compared the effects of giving mirtazapine or carbamazepine with a dummy drug (placebo) in people with Alzheimer's disease who were experiencing agitation. The results of the study showed that neither medication was any more effective than the placebo in reducing agitation over 12 weeks in terms of improving symptoms, or in economic terms. Mirtazapine may lead to additional carer costs as compared to placebo. The study findings are stronger for mirtazapine than carbamazepine because the carbamazepine arm was stopped when it had recruited less than half the numbers needed. That was done because the study was not recruiting quickly enough to support both the mirtazapine and the carbamazepine arms.

The findings from this study show that mirtazapine should not be recommended to treat agitation in Alzheimer's disease. More work is needed to formulate effective ways and to test new drug and non-drug treatments for agitation in dementia.

Health Technology Assessment

ISSN 1366-5278 (Print)

ISSN 2046-4924 (Online)

Impact factor: 3.6

Launched in 1997, *Health Technology Assessment* (HTA) has an impact factor of 3.6 and is ranked 32nd (out of 105 titles) in the 'Health Care Sciences & Services' category of the Clarivate 2021 Journal Citation Reports (Science Edition). It is also indexed by MEDLINE, CINAHL (EBSCO Information Services, Ipswich, MA, USA), Embase (Elsevier, Amsterdam, the Netherlands), NCBI Bookshelf, DOAJ, Europe PMC, the Cochrane Library (John Wiley & Sons, Inc., Hoboken, NJ, USA), INAHTA, the British Nursing Index (ProQuest LLC, Ann Arbor, MI, USA), Ulrichsweb™ (ProQuest LLC, Ann Arbor, MI, USA) and the Science Citation Index Expanded™ (Clarivate™, Philadelphia, PA, USA).

This journal is a member of and subscribes to the principles of the Committee on Publication Ethics (COPE) (www.publicationethics.org/).

Editorial contact: journals.library@nhr.ac.uk

The full HTA archive is freely available to view online at www.journalslibrary.nhr.ac.uk/hta.

Criteria for inclusion in the *Health Technology Assessment* journal

Reports are published in *Health Technology Assessment* (HTA) if (1) they have resulted from work for the HTA programme, and (2) they are of a sufficiently high scientific quality as assessed by the reviewers and editors.

Reviews in *Health Technology Assessment* are termed 'systematic' when the account of the search appraisal and synthesis methods (to minimise biases and random errors) would, in theory, permit the replication of the review by others.

HTA programme

Health Technology Assessment (HTA) research is undertaken where some evidence already exists to show that a technology can be effective and this needs to be compared to the current standard intervention to see which works best. Research can evaluate any intervention used in the treatment, prevention or diagnosis of disease, provided the study outcomes lead to findings that have the potential to be of direct benefit to NHS patients. Technologies in this context mean any method used to promote health; prevent and treat disease; and improve rehabilitation or long-term care. They are not confined to new drugs and include any intervention used in the treatment, prevention or diagnosis of disease.

The journal is indexed in NHS Evidence via its abstracts included in MEDLINE and its Technology Assessment Reports inform National Institute for Health and Care Excellence (NICE) guidance. HTA research is also an important source of evidence for National Screening Committee (NSC) policy decisions.

This report

The research reported in this issue of the journal was funded by the HTA programme as project number 13/115/76. The contractual start date was in December 2015. The draft report began editorial review in July 2021 and was accepted for publication in September 2022. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HTA editors and publisher have tried to ensure the accuracy of the authors' report and would like to thank the reviewers for their constructive comments on the draft document. However, they do not accept liability for damages or losses arising from material published in this report.

This report presents independent research funded by the National Institute for Health and Care Research (NIHR). The views and opinions expressed by authors in this publication are those of the authors and do not necessarily reflect those of the NHS, the NIHR, the HTA programme or the Department of Health and Social Care. If there are verbatim quotations included in this publication the views and opinions expressed by the interviewees are those of the interviewees and do not necessarily reflect those of the authors, those of the NHS, the NIHR, the HTA programme or the Department of Health and Social Care.

Copyright © 2023 Banerjee *et al.* This work was produced by Banerjee *et al.* under the terms of a commissioning contract issued by the Secretary of State for Health and Social Care. This is an Open Access publication distributed under the terms of the Creative Commons Attribution CC BY 4.0 licence, which permits unrestricted use, distribution, reproduction and adaptation in any medium and for any purpose provided that it is properly attributed. See: <https://creativecommons.org/licenses/by/4.0/>. For attribution the title, original author(s), the publication source – NIHR Journals Library, and the DOI of the publication must be cited.

Published by the NIHR Journals Library (www.journalslibrary.nhr.ac.uk), produced by Newgen Digitalworks Pvt Ltd, Chennai, India (www.newgen.co).

NIHR Journals Library Editor-in-Chief

Dr Cat Chatfield Director of Health Services Research UK

NIHR Journals Library Editors

Professor Andrée Le May Chair of NIHR Journals Library Editorial Group (HSDR, PGfAR, PHR journals) and Editor-in-Chief of HSDR, PGfAR, PHR journals

Dr Peter Davidson Interim Chair of HTA and EME Editorial Board, Consultant Advisor, School of Healthcare Enterprise and Innovation, University of Southampton, UK

Professor Matthias Beck Professor of Management, Cork University Business School, Department of Management and Marketing, University College Cork, Ireland

Dr Tessa Crilly Director, Crystal Blue Consulting Ltd, UK

Dr Eugenia Cronin Consultant in Public Health, Delta Public Health Consulting Ltd, UK

Ms Tara Lamont Senior Adviser, School of Healthcare Enterprise and Innovation, University of Southampton, UK

Dr Catriona McDaid Reader in Trials, Department of Health Sciences, University of York, UK

Professor William McGuire Professor of Child Health, Hull York Medical School, University of York, UK

Professor Geoffrey Meads Emeritus Professor of Wellbeing Research, University of Winchester, UK

Professor James Raftery Professor of Health Technology Assessment, School of Healthcare Enterprise and Innovation, University of Southampton, UK

Dr Rob Riemsma Consultant Advisor, School of Healthcare Enterprise and Innovation, University of Southampton, UK

Professor Helen Roberts Professor of Child Health Research, Child and Adolescent Mental Health, Palliative Care and Paediatrics Unit, Population Policy and Practice Programme, UCL Great Ormond Street Institute of Child Health, London, UK

Professor Jonathan Ross Professor of Sexual Health and HIV, University Hospital Birmingham, UK

Professor Helen Snooks Professor of Health Services Research, Institute of Life Science, College of Medicine, Swansea University, UK

Please visit the website for a list of editors: www.journalslibrary.nihr.ac.uk/about/editors

Editorial contact: journals.library@nihr.ac.uk