**Psychotropic use in community-dwelling people with dementia: a systematic review and meta-analysis**

Edward C.Y. Lau1, Sarah Hilmer2, Yun-Hee Jeon3, Edwin C.K. Tan1. Sydney Pharmacy School, The University of Sydney1, Sydney, NSW, Australia; Kolling Institute, The University of Sydney 2, Sydney, NSW, Australia, Susan Wakil School of Nursing and Midwifery, The University of Sydney 3, Sydney, NSW, Australia.

**Introduction.** Psychotropic medications are commonly prescribed for changed behaviours in people with dementia. While their use has been associated with increased risk of mortality and adverse drug events, the global prevalence of psychotropic use in community-dwelling people with dementia remains unclear.

**Aims**. To estimate the global prevalence of psychotropic use and identify associated factors in people with dementia living in the community.

**Methods**. In this systematic review and meta-analysis, five databases (Embase, Medline, PsycINFO, International Pharmaceutical Abstracts, and CINAHL) were searched in January 2025 using a combination of keywords and Medical Subject Heading (MeSH) terms related to dementia, older adults, psychotropics and community settings. Title and abstract screening, full text assessment, data extraction and quality assessment were performed independently by two authors, with conflicts resolved by consensus among all authors. Meta-analysis was performed with the R package *meta* to estimate pooled prevalence of psychotropic use and meta-regression was used to explore heterogeneity.

**Results.** From 3486 studies identified, 93 studies were included. Majority of studies included were conducted in Europe (n=49), followed by North America (n=38), Asia (n=3) and Oceania (n=3). The pooled prevalence of psychotropic use was 51% among community-dwelling people with dementia. Antidepressants were the most commonly used (29%) followed by benzodiazepines (19%), opioids (15%) and antipsychotics (14%). Temporal trends showed stable overall psychotropic use since 2005, with declining use of antipsychotics and benzodiazepines. Factors associated with lower psychotropic use included older age, higher socioeconomic status, fewer comorbidities, absence of mental health conditions, and higher education levels.

**Discussion.** Over half of community-dwelling individuals with dementia are prescribed psychotropic medications. Sociodemographic factors including education and socioeconomic status may influence prescribing patterns, highlighting future areas for targeted policy initiatives.