

Dementia Reconsidered

Caring for individuals with dementia during the pandemic and beyond

#4 Using Meds Wisely

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Susan Wehry MD
Director, AgingME
Chief of Geriatrics
College of Osteopathic Medicine
University of New England



Sydney Springer, PharmD, MS, BCGP
Assistant Professor
School of Pharmacy
Westbrook College of Health Professions
University of New England

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“We did the best with what we knew...
and when we knew better, we did better.”

--Maya Angelou

AGENDA



Virtual engagement

Treatment of dementia

GDR and Deprescribing

who's here?

The background of the image is a grid of various emojis. The emojis are arranged in rows and columns, with colors including yellow, pink, green, and blue. The expressions range from happy (smiling faces) to sad (frowning faces) and surprised (wide-eyed faces).

How are you?

Type in chat box

Using medication wisely

A balance scale is shown on a wooden surface. The scale has two pans hanging from a central beam. The left pan is empty and is higher than the right pan, which contains a small, dark, circular object. The scale is set against a dark background, and the lighting highlights the metallic parts and the wooden base.

Right drug Right reason

Right time Right dose

Right person

It's always about weighing the risks and the
benefits for an individual

Treatment of Dementia

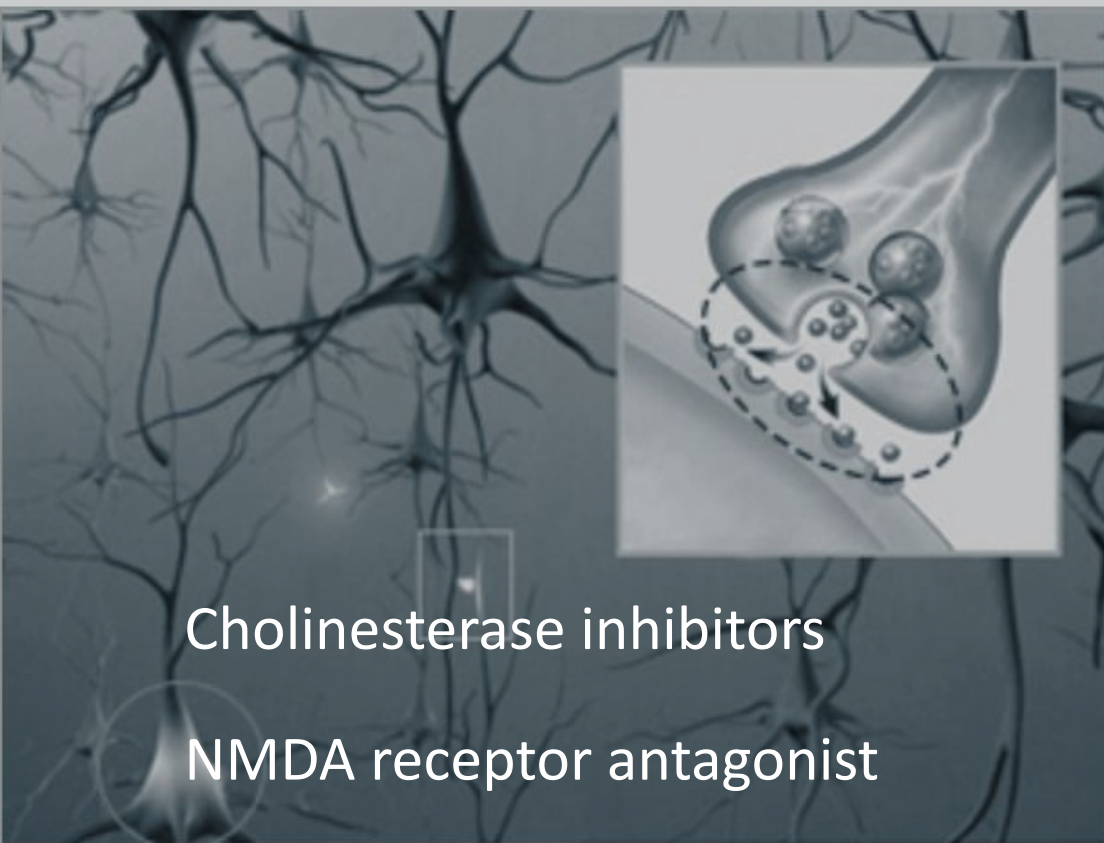
Identify the cause or type

No disease modifying treatment exists

Symptomatic management

Cognition, Function (ADLs) and BPSD (sleep, mood, psychosis)

Pharmacologic and non-pharmacologic



Cholinesterase inhibitors

NMDA receptor antagonist

○ Neurons

□ Synapse

○ Neurotransmitters

Medications to Treat Dementia due to AD/RD

Generic	Brand	Approved For	Side Effects
Donepezil	Aricept	All stages	Nausea, vomiting, loss of appetite, muscle cramps and increased frequency of bowel movements.
Galantamine	Razadyne	Mild to moderate	Nausea, vomiting, loss of appetite and increased frequency of bowel movements.
Memantine	Namenda	Moderate to severe	Headache, constipation, confusion and dizziness.
Rivastigmine	Exelon	Mild to moderate	Nausea, vomiting, loss of appetite and increased frequency of bowel movements.
Memantine + Donepezil	Namzaric	Moderate to severe	Nausea, vomiting, loss of appetite, increased frequency of bowel movements, headache, constipation, confusion and dizziness.

More serious Adverse Drug Events

AChEI

Bradycardia
QTC prolongation
Syncope
 Hip fractures
Diarrhea
Nausea
Anorexia

Memantine

Nausea
Dizziness
Excitement

No proven benefit

Estrogen

Anti-inflammatory
medications

Ginkgo biloba

Statins

Vitamin B/omega 3

MAYBE

Vitamin E





30 second stretch break/look outside

The image features a blue background with a white geometric pattern of triangles. The pattern consists of a central white rectangular area surrounded by a border of blue triangles pointing outwards. The triangles are arranged in a repeating pattern, creating a sense of depth and movement.

**Behaviors:
Simply symptoms
or Something more?**

Behavior = Communication



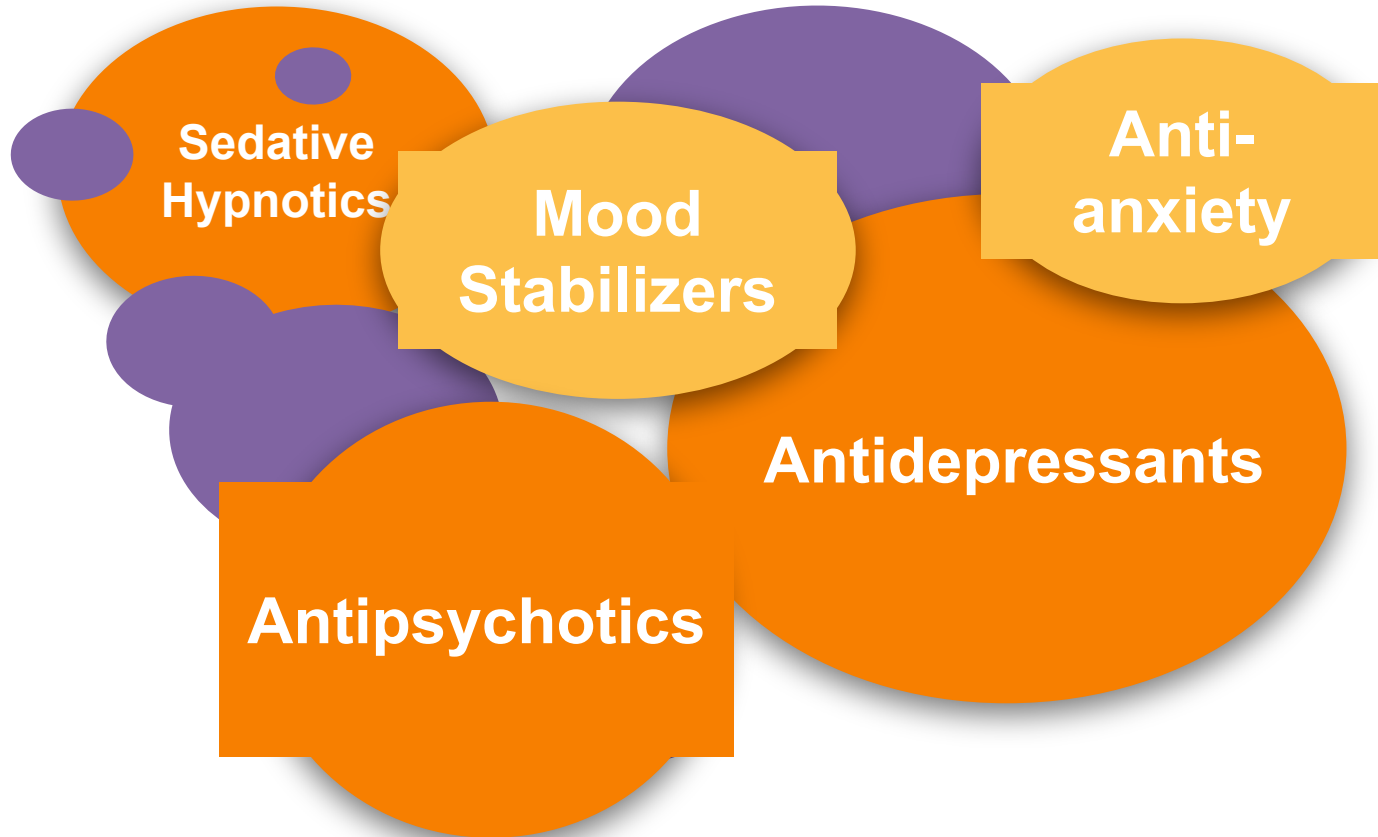
All Behavior has meaning
Not just symptoms

Our first question:
*What is this person trying
to tell me?*

Not, How do I stop it!

.

Behaviors as Symptoms → Psychotropics



2nd Gen (Atypicals)

Aripiprazole (Abilify)

Olanzapine (Zyprexa)

Quetiapine (Seroquel)

Risperidone (Risperdal)

Asenapine (Saphis)

Clozapine (Clozaril)

Iloperidon (Farapt)

Paliperidone (Invega)

Ziprazidone (Geodon)

All antipsychotics have **BLACK BOX WARNING** for increased mortality in older adults w/dementia related psychosis

FDA Approved Diagnoses: Antipsychotics

Schizophrenia

Bipolar Disorder

Irritability associated with Autistic Disorder

Treatment Resistant Depression

Major Depressive Disorder

Tourettes

Huntington's Chorea

Problem of Antipsychotic Medications

No “anti-agitation/
anti-aggression” medication

Off-label use ‘OK’

Risk/benefit equation more
critical

Antipsychotics increases risk of
mortality and stroke

Misses the point

Side effects are considerable

Sedation

Stiffness

Difficulty walking

Dehydration

Falls

Chest infections

Accelerated cognitive decline

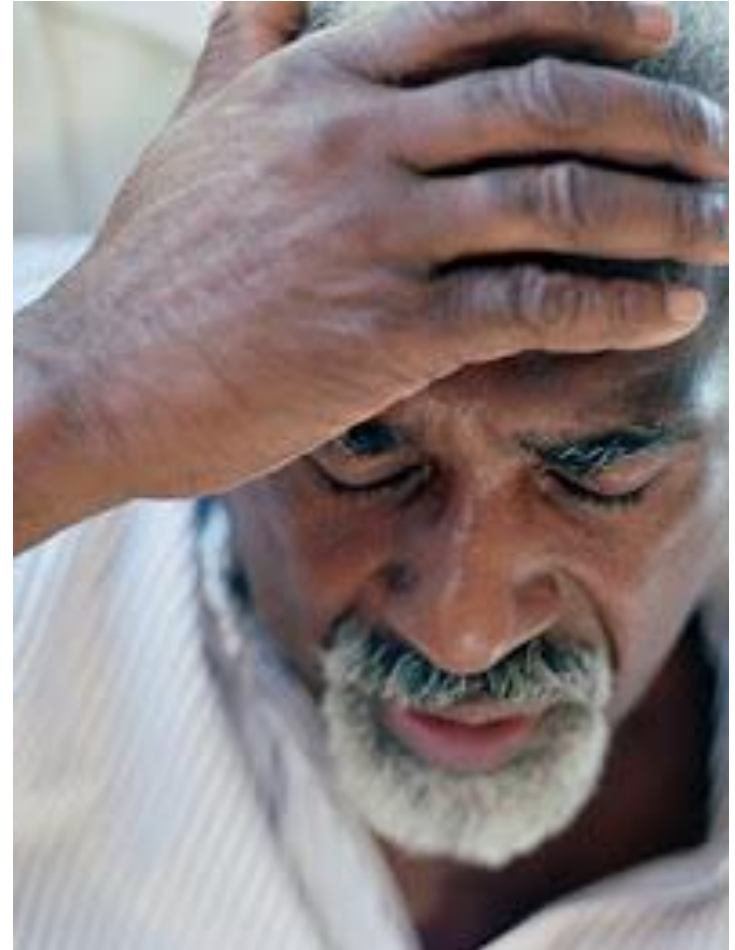
The bottom line

Antipsychotics...

- ...don't work very well

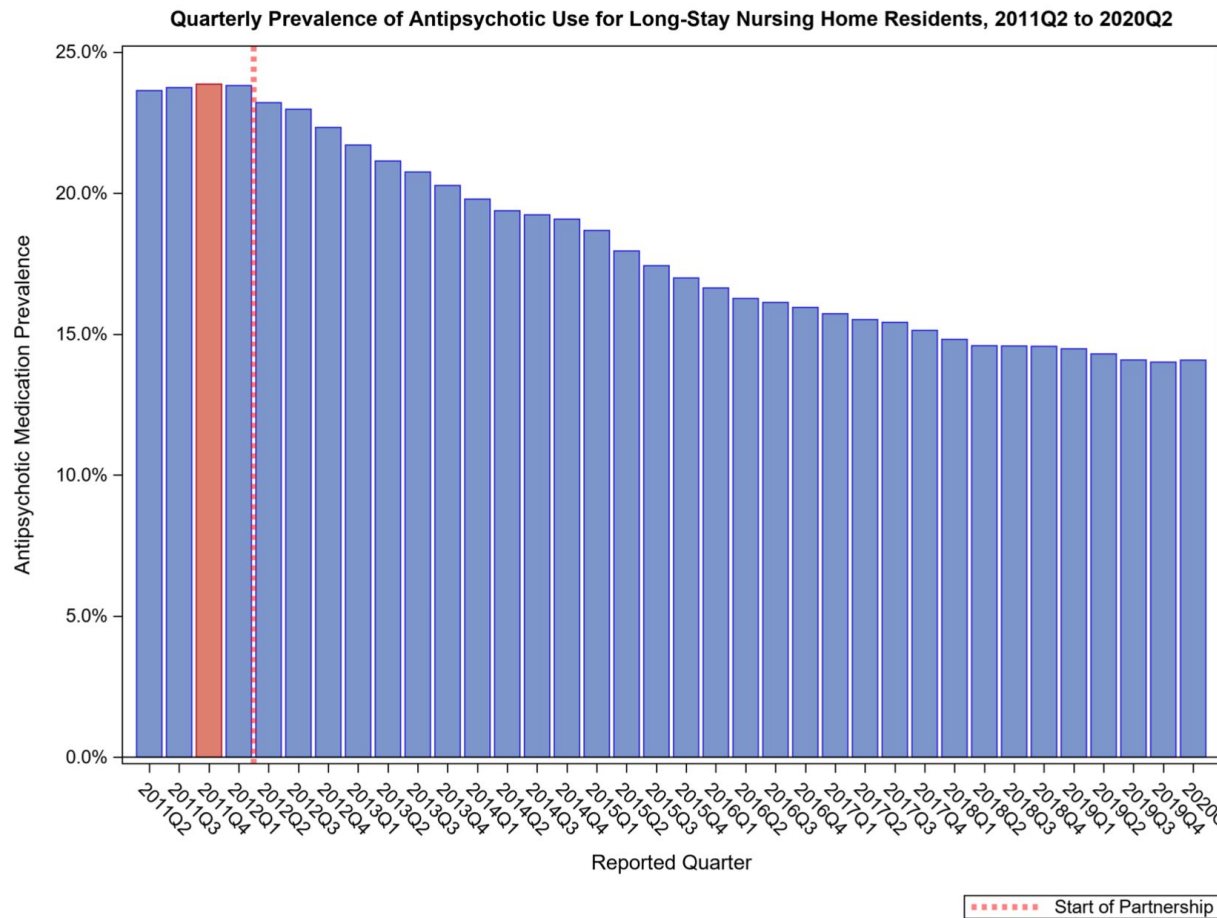
- ...make people feel lousy

- ...can lead to death for some people



CMS has made reduction of off-label use
of antipsychotic medications
a national **priority**

National Partnership 2012-



#50

19%

0.4-47%

How to start

Identify residents with off-label use

Review records to assure compliance

Use evidence based approaches for gradual dose reduction (GDR) to discontinue antipsychotics

Work with medical director, PCP and pharmacists to guide the GDR process

Is Using Medication *Ever* OK?

Of course. When...
The reason is clear.
It is part of an individualized
care plan.
The benefits are greater than
the risks.
No better alternative exists.



Potential for medications

Non-narcotic pain medications have potential value
Cognition enhancers MAY help apathy and depression
SSRIs MAY help irritability

Antipsychotics have a focused and limited role

Short term treatment with risperidone helps severe aggression that is interfering with quality of life

NO SUPPORT for Trazadone, Valproate, Carbamazepine

Mathys M, et al. Mental Health Clinician 2018; 8(6)284-93

Husebo, B., Ballard, C. et al. BMJ 2011;343:d4065

Best Practice Guidance When Antipsychotics Are Indicated

Plan care

Assess condition

Manage pain

Try alternatives first

Document

Involve resident, family

Use lowest dose

Monitor for effect

Monitor side effects

Review after 6 weeks

Discontinue at 12 weeks

Non-pharmacologic Management

Person-centered/directed,
individualized care and support plans

Communication, de-escalation
techniques

Environmental manipulation

Pain assessment and management*

Physical exercise

Connection/Engagement

Cognitive Rehabilitation

*may include non-narcotic trial

Evidence-Based, “Bundled” Best Practices

Eden Alternative

Green House model

Positive Approach to Care

Habilitation

Oasis

Savvy Caregivers

Building Better Caregivers

Best Friends

Music & Memory



Anecdotal Practices

Activity-based care

(Massage)

(Aromatherapy)

Companionship/walking



Resources

[AHCA/NCAL Quality Initiative Toolkit](#)

[Deprescribing Article +Algorithm](#)

Connect with AgingME



@beingwithaging



[Susan Wehry MD](#)



<https://www.facebook.com/agingmegwep/>



<https://sites.une.edu/gwep/>

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One minute stretch break

