Dementia Reconsidered

Caring for individuals with dementia during the pandemic and beyond

#4 Using Meds Wisely

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For being here
For participating
For all you do
“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?
How are you?

Type in chat box
Using medication wisely

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
### Medications to Treat Dementia due to AD/RD

<table>
<thead>
<tr>
<th>Generic</th>
<th>Brand</th>
<th>Approved For</th>
<th>Side Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donepezil</td>
<td>Aricept</td>
<td>All stages</td>
<td>Nausea, vomiting, loss of appetite, muscle cramps and increased frequency of bowel movements.</td>
</tr>
<tr>
<td>Galantamine</td>
<td>Razadyne</td>
<td>Mild to moderate</td>
<td>Nausea, vomiting, loss of appetite and increased frequency of bowel movements.</td>
</tr>
<tr>
<td>Memantine</td>
<td>Namenda</td>
<td>Moderate to severe</td>
<td>Headache, constipation, confusion and dizziness.</td>
</tr>
<tr>
<td>Rivastigmine</td>
<td>Exelon</td>
<td>Mild to moderate</td>
<td>Nausea, vomiting, loss of appetite and increased frequency of bowel movements.</td>
</tr>
<tr>
<td>Memantine + Donepezil</td>
<td>Namzaric</td>
<td>Moderate to severe</td>
<td>Nausea, vomiting, loss of appetite, increased frequency of bowel movements, headache, constipation, confusion and dizziness.</td>
</tr>
</tbody>
</table>
## More serious Adverse Drug Events

<table>
<thead>
<tr>
<th>AChEI</th>
<th>Memantine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bradycardia</td>
<td>Nausea</td>
</tr>
<tr>
<td>QTC prolongation</td>
<td>Dizziness</td>
</tr>
<tr>
<td>Syncope</td>
<td>Excitement</td>
</tr>
<tr>
<td>Hip fractures</td>
<td></td>
</tr>
<tr>
<td>Diarrhea</td>
<td></td>
</tr>
<tr>
<td>Nausea</td>
<td></td>
</tr>
<tr>
<td>Anorexia</td>
<td></td>
</tr>
</tbody>
</table>
No proven benefit

Estrogen

Anti-inflammatory medications

Ginkgo biloba

Statins

Vitamin B/omega 3

MAYBE

Vitamin E
30 second stretch break/look outside
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

- Sedative Hypnotics
- Mood Stabilizers
- Antidepressants
- Antipsychotics
- Anti-anxiety

17
<table>
<thead>
<tr>
<th>Antipsychotic</th>
<th>Brand Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aripiprazole</td>
<td>Abilify</td>
</tr>
<tr>
<td>Olanzapine</td>
<td>Zyprexa</td>
</tr>
<tr>
<td>Quetiapine</td>
<td>Seroquel</td>
</tr>
<tr>
<td>Risperidone</td>
<td>Risperdal</td>
</tr>
</tbody>
</table>

All antipsychotics have **BLACK BOX WARNING** for increased mortality in older adults with 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
SSRls 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, Carbemazepine

Mathys M, et al. Mental Health Clinician 2018; 8(6)284-93
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
<table>
<thead>
<tr>
<th>Non-pharmacologic Management</th>
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<tbody>
<tr>
<td>Person-centered/directed, individualized care and support plans</td>
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<tr>
<td>Environmental manipulation</td>
</tr>
<tr>
<td>Physical exercise</td>
</tr>
<tr>
<td>Cognitive Rehabilitation</td>
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<tr>
<td>Evidence-Based, “Bundled” Best Practices</td>
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<tr>
<td>------------------------------------------</td>
</tr>
<tr>
<td>Eden Alternative</td>
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<tr>
<td>Green House model</td>
</tr>
<tr>
<td>Positive Approach to Care</td>
</tr>
<tr>
<td>Habilitation</td>
</tr>
<tr>
<td>Oasis</td>
</tr>
<tr>
<td>Savvy Caregivers</td>
</tr>
<tr>
<td>Building Better Caregivers</td>
</tr>
<tr>
<td>Best Friends</td>
</tr>
<tr>
<td><em>Music &amp; Memory</em></td>
</tr>
</tbody>
</table>
Anecdotal Practices

Activity-based care

(Massage)

(Aromatherapy)

Companionship/walking
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