

# Prescribing for people with dementia

Carol Paton  
Chief Pharmacist  
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# What are the issues?

1. Minimising cognitive side effects from prescribed medicines
2. Prescribing memory enhancing drugs
3. Managing 'behaviours that challenge'

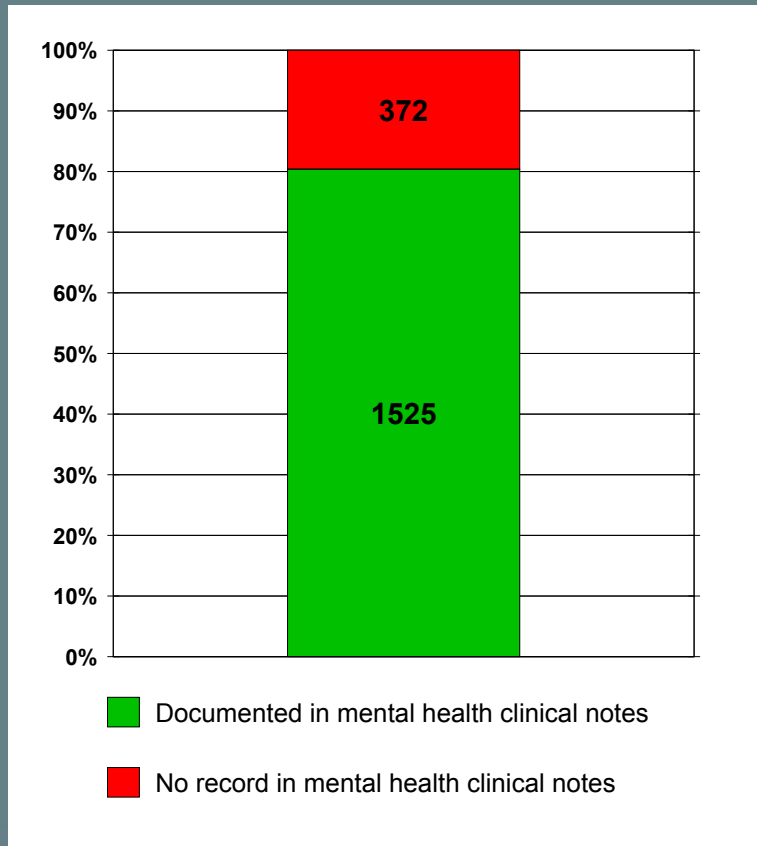
# Minimising cognitive side effects from prescribed medicines

- 80% of elderly people who take drugs with anticholinergic effects have at least mild cognitive impairment.
- Anticholinergic drugs are commonly prescribed for this patient group;
  - tricyclic antidepressants
  - drugs used for urinary incontinence
  - drugs used for Parkinson's disease
  - direct and indirect effects on cognition

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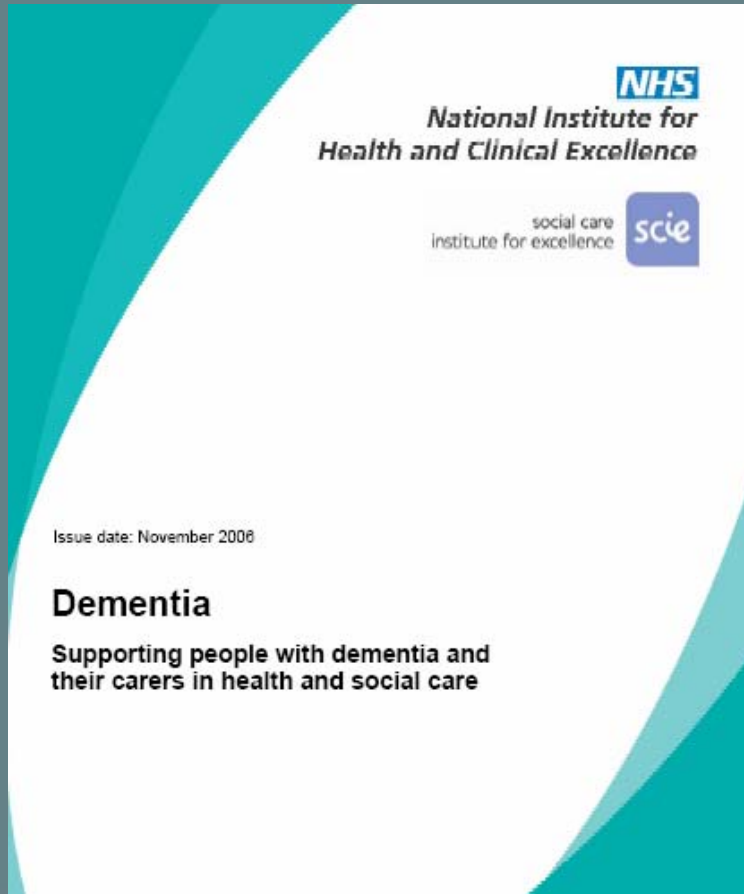
# Do we do this?

## Medication review at treatment initiation (n=1897)



- A medication review should be conducted before a diagnosis of dementia is made.
- This was not done in 20%
- 6% of the total sample were prescribed anticholinergic drugs

# Prescribing memory enhancing drugs; what does NICE recommend?



## Revised NICE guidance on anti-dementia drugs (2006)

- Use only for the moderate stages of AD (defined as MMSE scores of between 10 and 20, out of a possible 30).
- Memantine not recommended for use in routine clinical practice.

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# NICE: the controversy

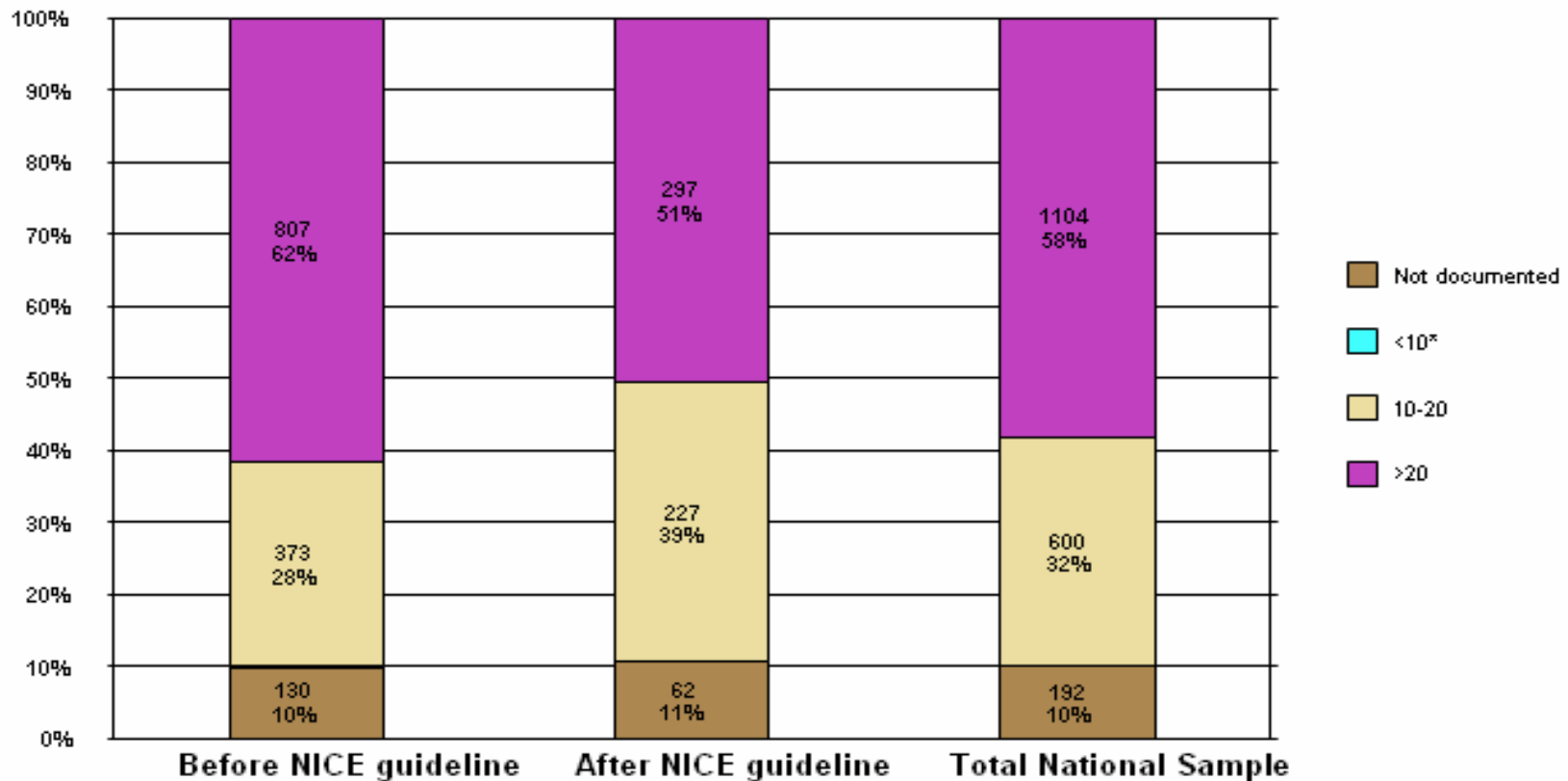
## Judicial review

- Rigid adherence to MMSE scores of 10-20 discriminated against those who had a learning disability (Disability Discrimination Act) or whose first language was not English (Race Relations Act).
- The HTA has been revised to incorporate these points.
- The NICE guideline on the treatment of dementia (2006) recommends that when assessing patients for treatment, MMSE scores are used as a guide only.

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# Impact of NICE guidance

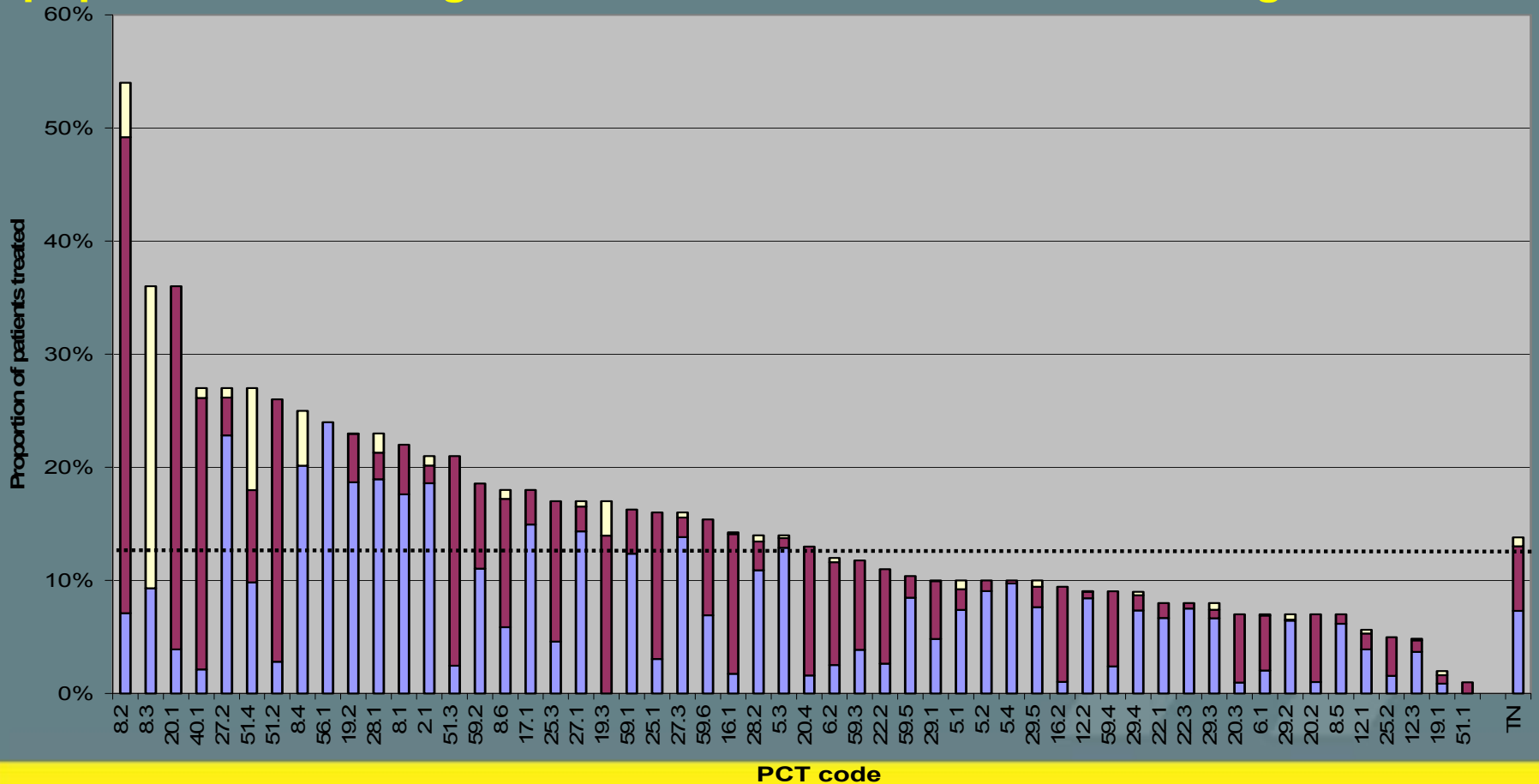
MMSE score at treatment initiation (n=1897)



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# Access to treatment

Estimated proportion of people with dementia in each PCT population receiving treatment with an anti-dementia drug



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# Before prescribing a memory enhancing drug

## Screening and assessment at initiation of treatment

Figure 8: Physical examination\* at initiation of treatment (n=1897)

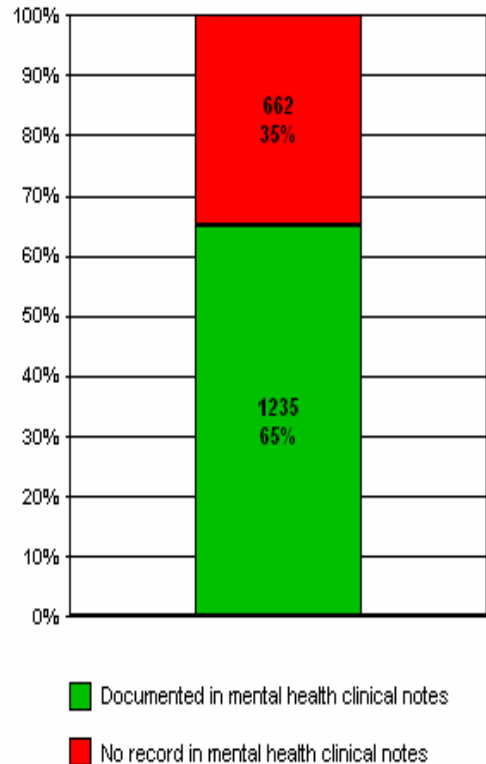
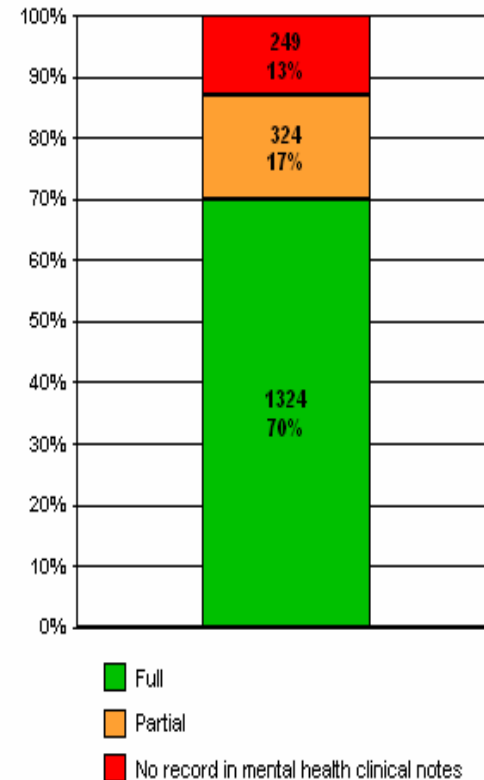


Figure 9: Laboratory tests\* at initiation of treatment (n=1897)



# Which drug to choose?

## Donepezil

- Selective inhibitor of AChE
- First available and once daily

## Rivastigmine

- Inhibits AChE and BuChE

## Galantamine

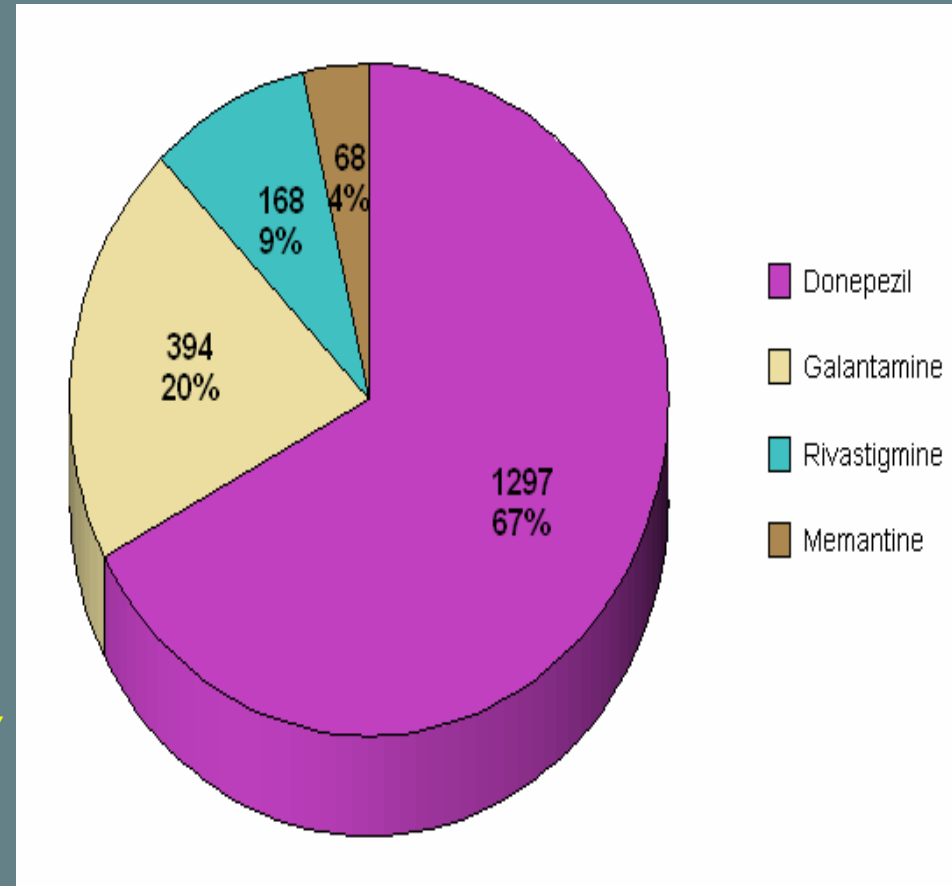
Selective inhibitor of AChE

- Agonist at nicotinic receptors

*No difference in efficacy or tolerability*

## Memantine

- NMDA antagonist



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# Managing 'behaviours that challenge'

- Group of non-cognitive symptoms
  - psychosis
  - mood disorders
  - agitation/aggression
  - resistive behaviours
  - shouting
  - wandering/pacing
- Affect 50-80% to some degree as dementia progresses

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# Managing 'behaviours that challenge'

## Management:

- check physical health (constipation, pain, infection etc)
- adapt surroundings (if possible)
- ? depression
- aromatherapy
- **antipsychotics**



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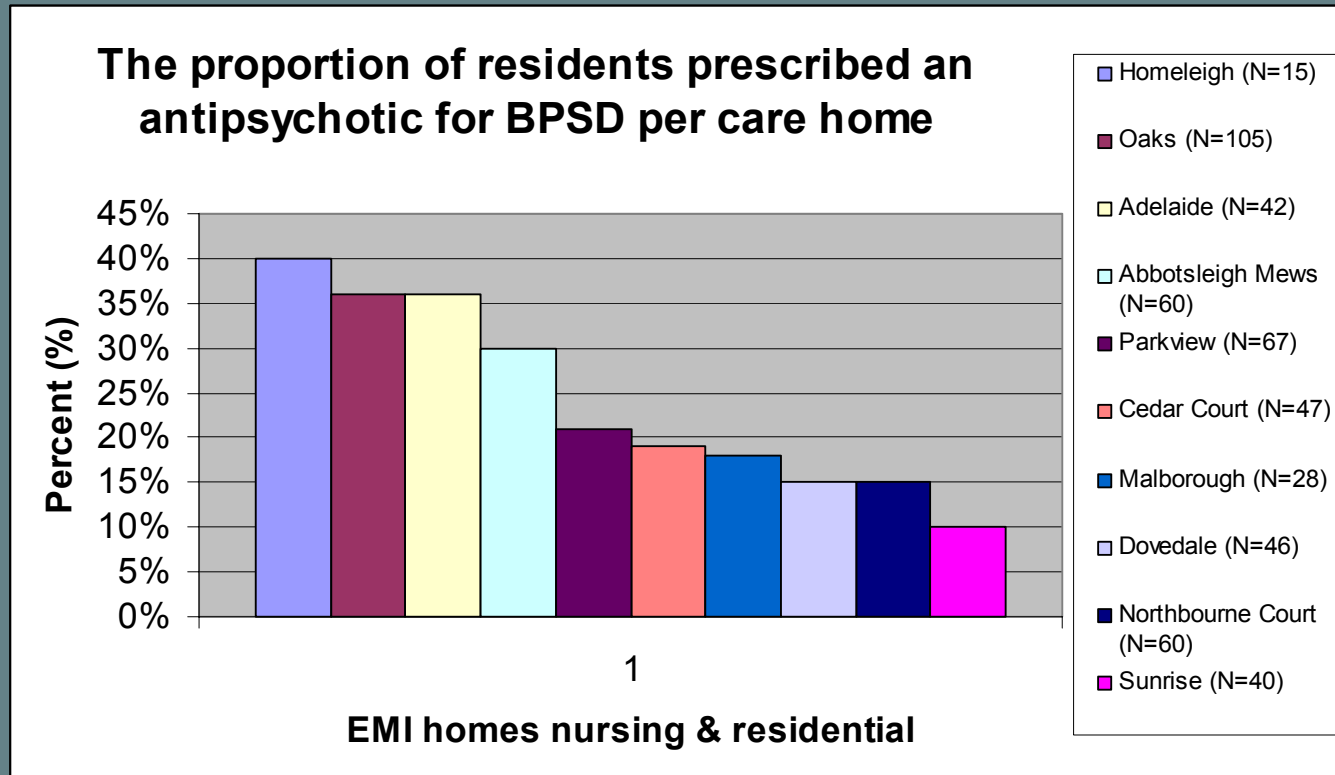
# Managing 'behaviours that challenge'

## Antipsychotics

- traditionally widely used
- association between risperidone and stroke/stroke like events (2004). RR=3, AR=1% or so.
- olanzapine then other antipsychotics implicated
- RCTs showing that the effect size was small
- discontinuation studies find that most patients can stop treatment with no adverse consequences
- antipsychotics are not recommended as a routine intervention by NICE
- need to document indication and review regularly
- risperidone now licensed for short term management of BPSD (up to 6/52)

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# Always a last resort



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# Summary

1. Try to avoid prescribing anticholinergics drugs in the elderly
2. Before prescribing antimentia drugs
  - Physical examination and lab tests to rule out treatable causes
  - Use the MMSE only as a guide
3. Managing behaviours that challenge
  - Exclude/treat physical illness
  - Ensure risks of antipsychotics are understood
  - Regularly review

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# Medicines Information

Questions about psychiatric medicines?

For staff

- Telephone 01322 625002
  - Monday – Friday 9am-5pm
- e-mail [medicinesinfo@oxleas.nhs.uk](mailto:medicinesinfo@oxleas.nhs.uk)

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# Oxleas Medicines Line

For Service Users and Carers



**01322 621 062**

Line open Monday – Friday, 2 - 4 pm

To speak to a pharmacist about medicines.