Prescribing for people with dementia

Carol Paton
Chief Pharmacist
April 2009
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
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.
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.
Impact of NICE guidance

MMSE score at treatment initiation (n=1897)

- Before NICE guideline:
  - <10*: 130 (10%)
  - 10-20: 373 (28%)
  - >20: 807 (62%)

- After NICE guideline:
  - <10*: 62 (11%)
  - 10-20: 227 (39%)
  - >20: 297 (51%)

- Total National Sample:
  - <10*: 192 (10%)
  - 10-20: 590 (32%)
  - >20: 1104 (58%)

Oxleas NHS Foundation Trust
improving lives
Access to treatment

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

- Documented in mental health clinical notes
- No record in mental health clinical notes

- Full
- Partial
- No record in mental health clinical notes
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
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
Managing ‘behaviours that challenge’

Management:

• check physical health (constipation, pain, infection etc)
• adapt surroundings (if possible)
• ? depression
• aromatherapy
• antipsychotics
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)
Always a last resort

The proportion of residents prescribed an antipsychotic for BPSD per care home

Percent (%)

0% 5% 10% 15% 20% 25% 30% 35% 40% 45%

EMI homes nursing & residential

Homeleigh (N=15)
Oaks (N=105)
Adelaide (N=42)
Abbotsleigh Mews (N=60)
Parkview (N=67)
Cedar Court (N=47)
Malborough (N=28)
Dovedale (N=46)
Northbourne Court (N=60)
Sunrise (N=40)
Summary

1. Try to avoid prescribing anticholinergics drugs in the elderly

2. Before prescribing antidementia 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
Medicines Information

Questions about psychiatric medicines?

For staff

- Telephone 01322 625002
  - Monday – Friday 9am-5pm
- e-mail medicinesinfo@oxleas.nhs.uk
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.