



Deprescribing with Dementia

Hosted by:

Dr. Amy Busker, PharmD, BCGP
Dr. DeLon Canterbury, PharmD, BCGP



Agenda

Describe

Describe what Dementia is and how it presents

Understand

Understand how Deprescribing may impact caregivers and communities

Discuss

Discuss Potentially Inappropriate Medications in Dementia patients

Outline

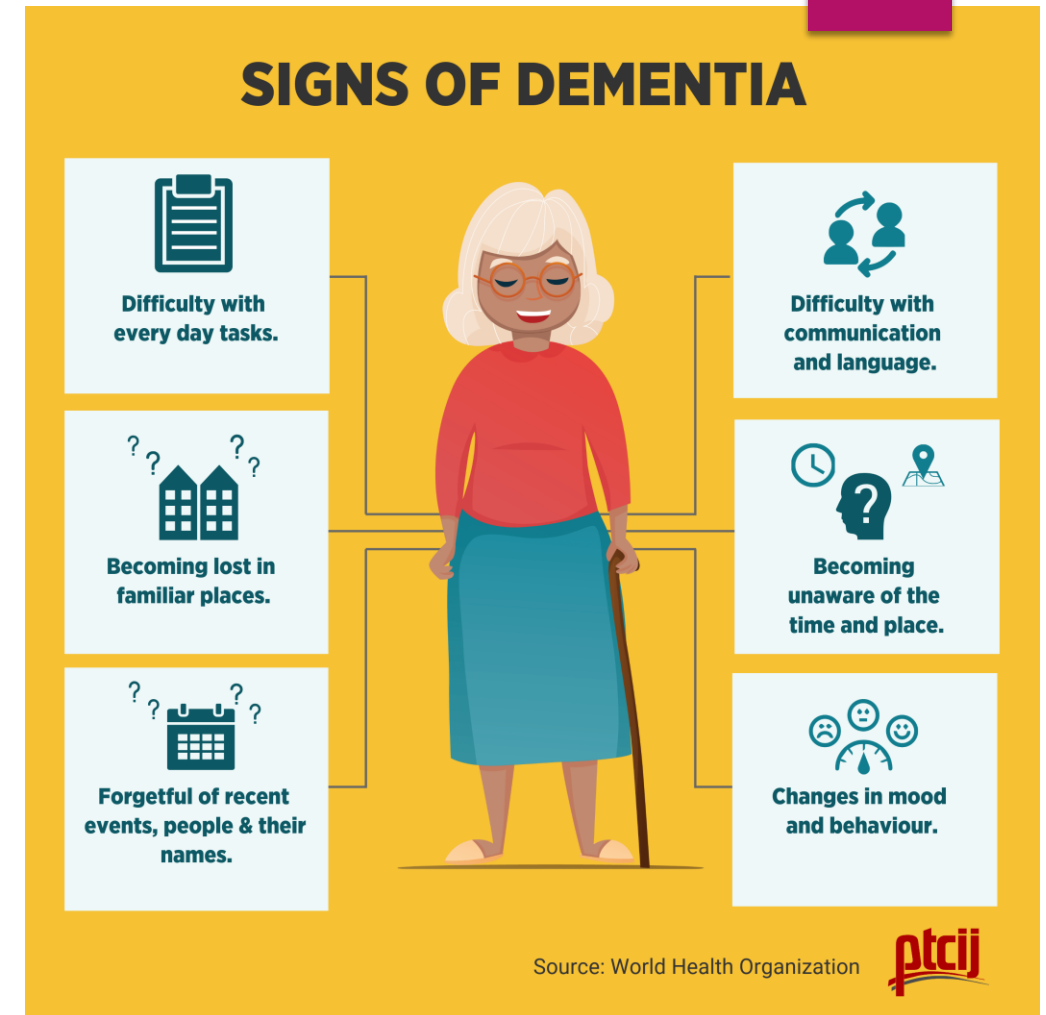
Outline Real World Examples of Deprescribing in Dementia Patients



So What is Dementia?

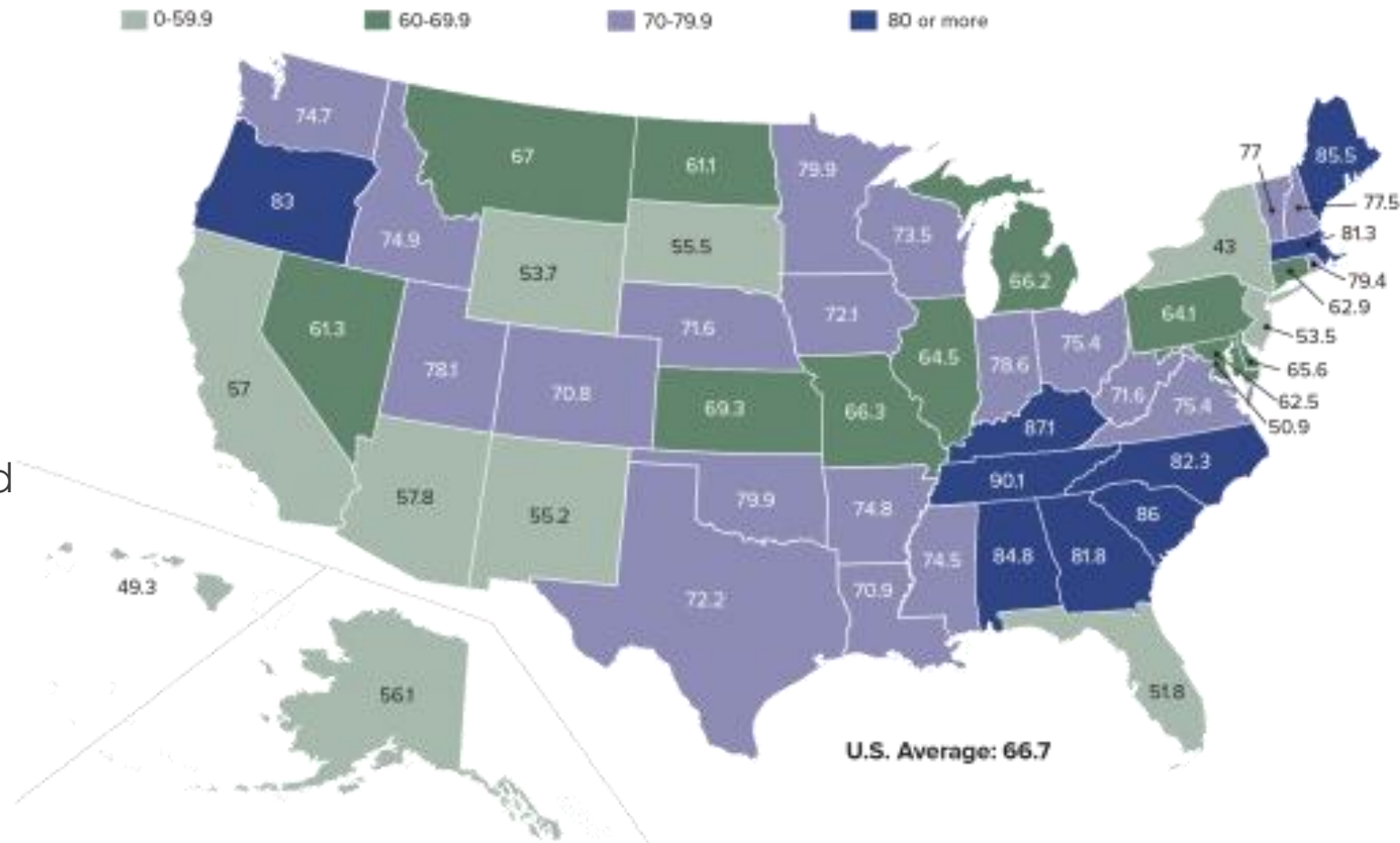
Symptoms of Dementia

- ▶ Problems with short-term memory
- ▶ Keeping track of a purse or wallet
- ▶ Paying bills
- ▶ Planning and preparing meals
- ▶ Remembering appointments
- ▶ Traveling out of the neighborhood
- ▶ Changes in Activities of Daily Living and/or Instrumental Activities of Daily Living



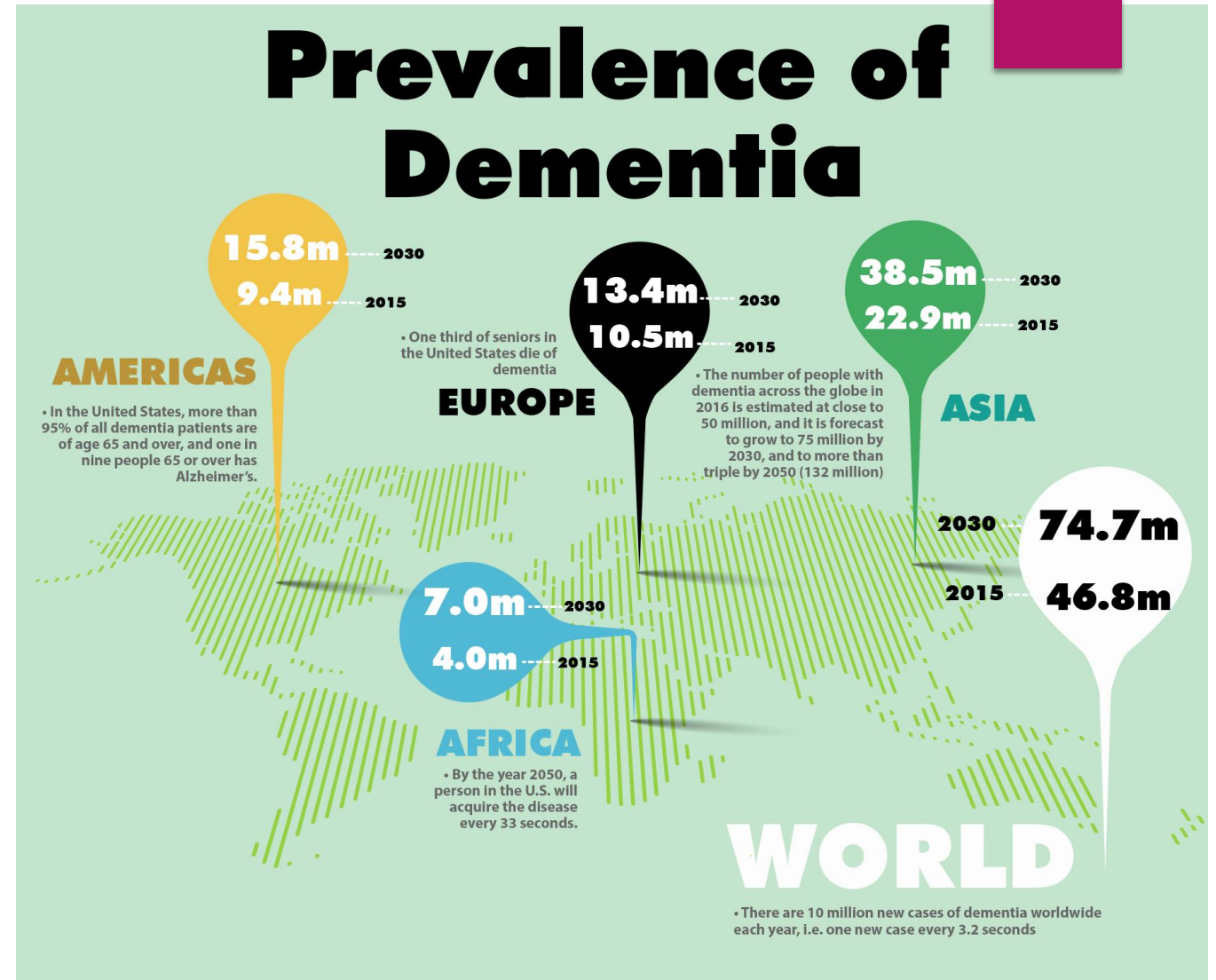
Prevalence of Dementia

- ▶ Global Dementia Cases are expected to Triple By 2050
 - ▶ 152 million people by 2050
- ▶ Patients are living longer
- ▶ Sedentary lifestyles increase risk factors that contribute to increased rates
- ▶ Rural has higher deaths vs urbanized
- ▶ Deaths from Alzheimer's increased from 16 to 30 deaths per 100,000
 - ▶ 88% increase between 1999-2019



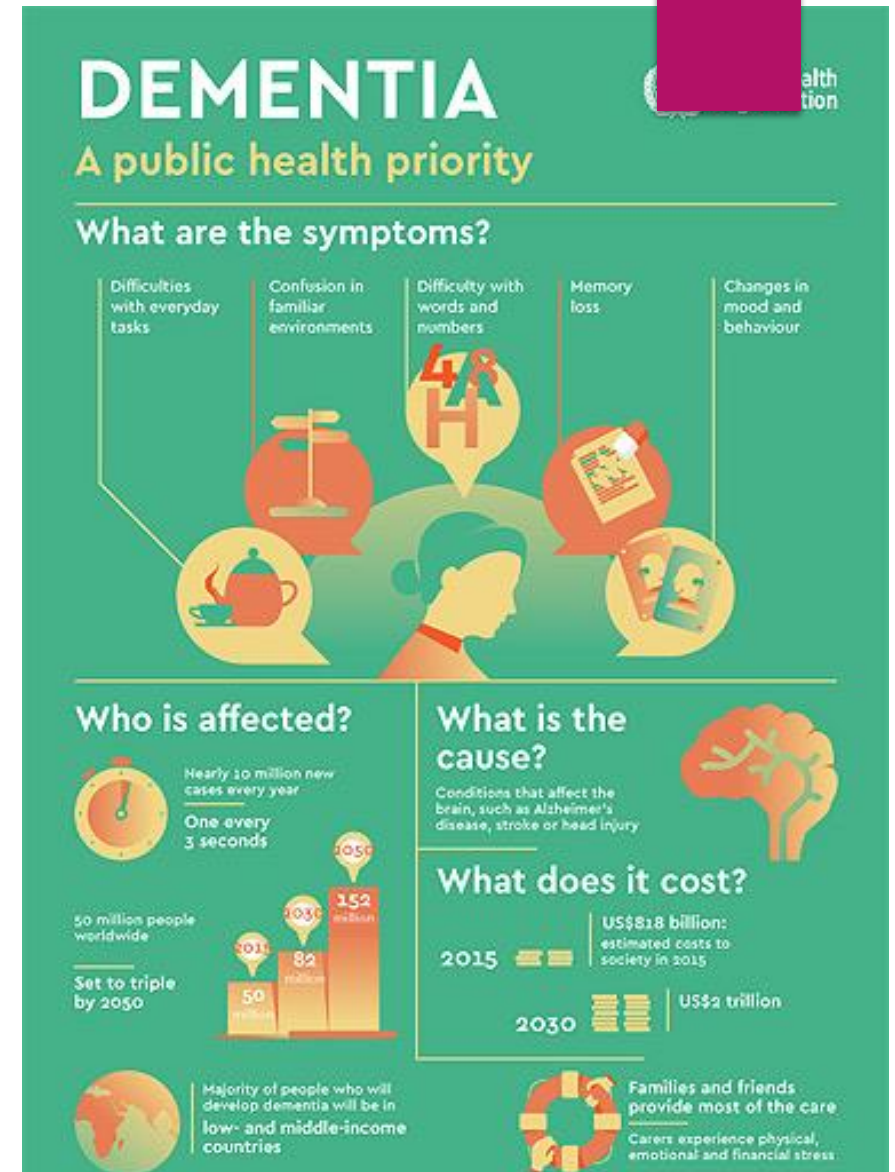
Prevalence of Dementia Worldwide

- ▶ 10 million new cases of dementia worldwide each year
- ▶ 1 new case every 3 seconds
- ▶ If global expenditures on dementia were a country, its economy would be the 18th largest in the world.

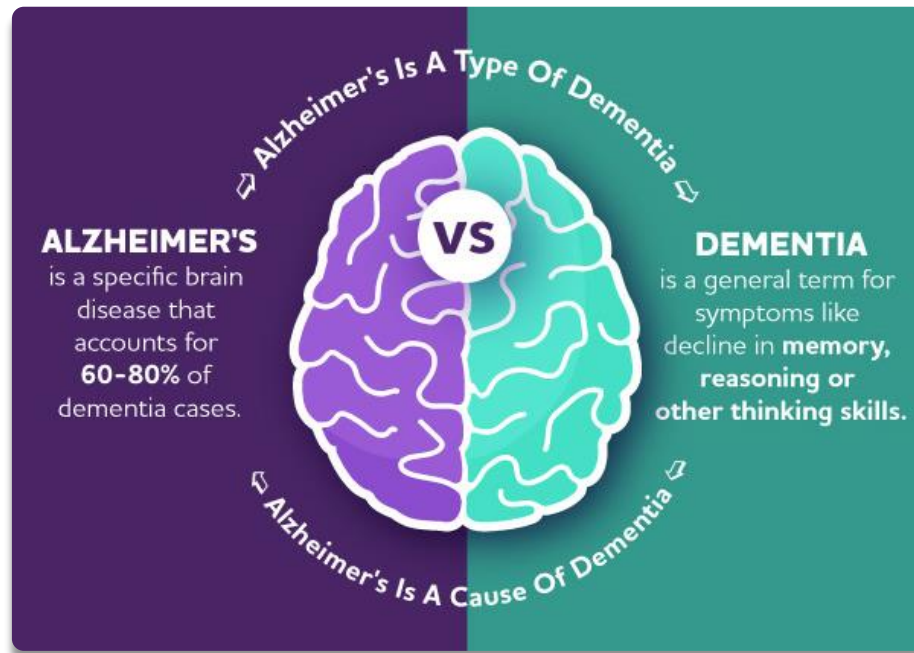


Public Health Impact of Dementia

- ▶ By 2050, CMS will have incurred over \$1 Trillion dollars in Dementia expenses
- ▶ 1/3 of seniors will die of Dementia in the US
- ▶ In 2015, 15 million people provided 18 billion hours of caregiving for people with dementia



Public Health Impact of Dementia



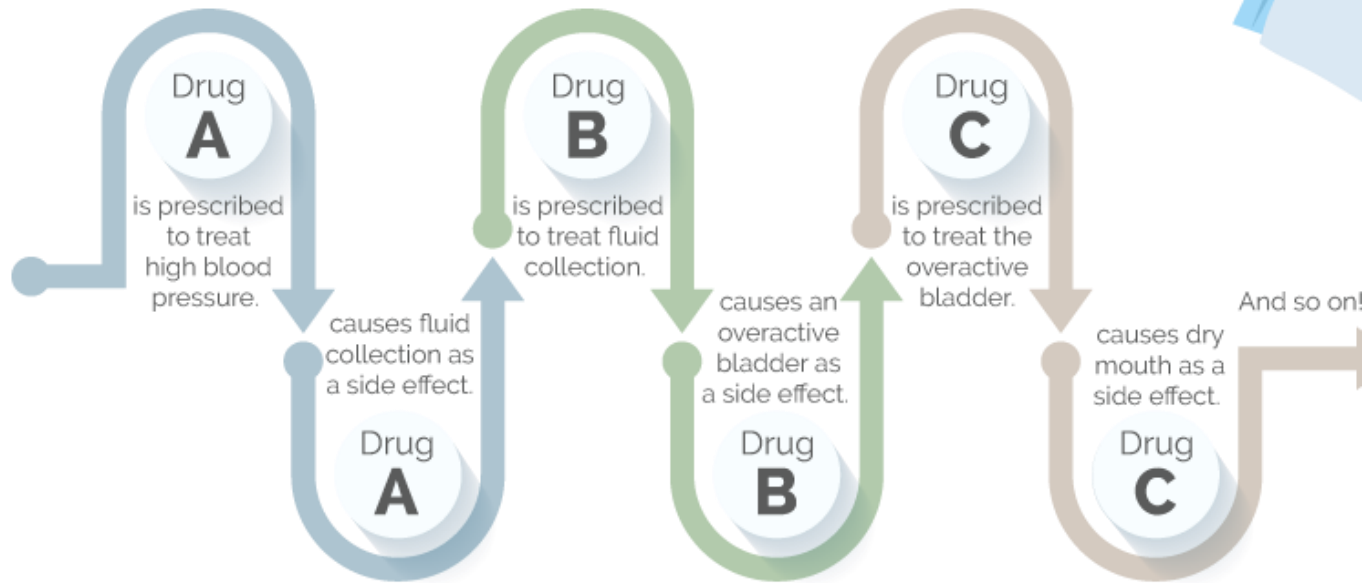
- ▶ Alzheimer's is the 6th leading cause of death in the US
 - ▶ This is more than breast and prostate cancer combined !!
 - ▶ 8 million people have dementia in the US with 6 million of them having Alzheimer's Disease

Barriers Prescribers Face for Treatment

- ▶ Limited safe and effective alternatives to behavioral complications in dementia patients
- ▶ Providers are forced to use medications “off-label”
- ▶ Balance for Caregiver Needs vs. Patient
- ▶ Limited Clinical Evidence and Guidelines for management



WHAT IS A **PRESCRIBING CASCADE?**



The Prescribing Cascade

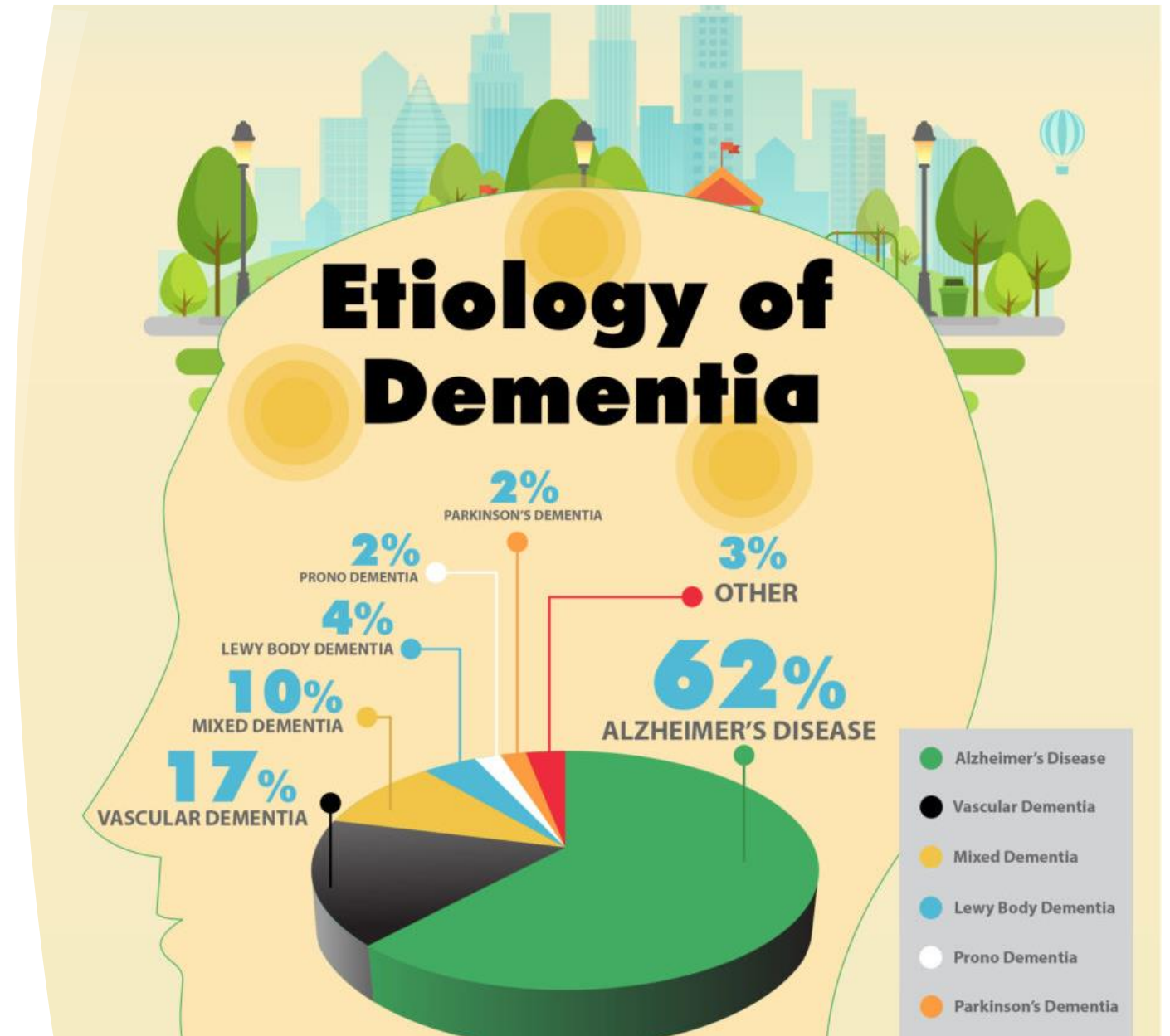


Polypharmacy

- 5 or more medications
- Multiple Providers
- Multiple Pharmacies
- Multiple Chronic Health Conditions

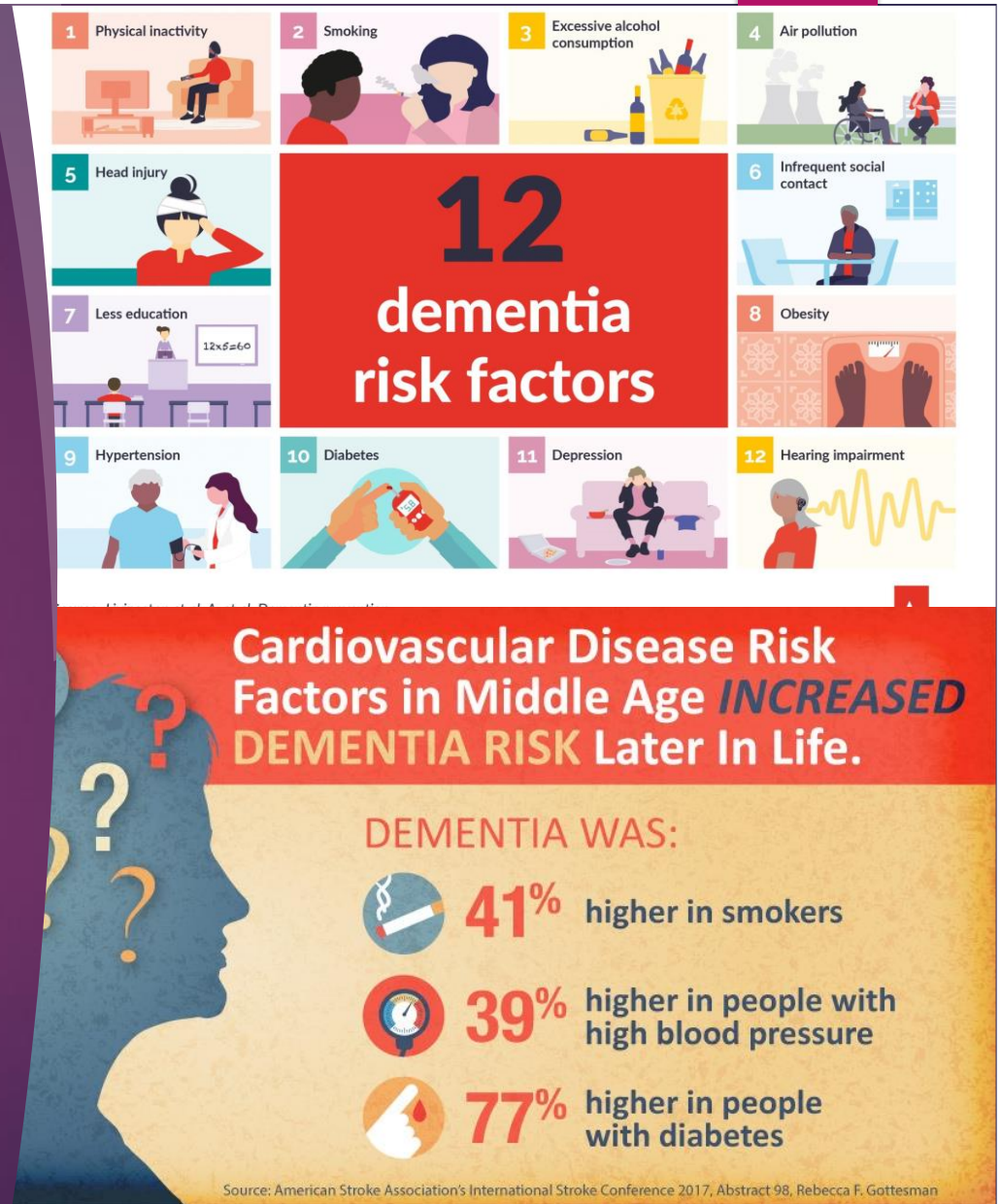
Types of Dementia

- ▶ Alzheimer's Disease
- ▶ Lewy Body Dementia
- ▶ Creutzfeldt-Jakob Disease
- ▶ Mixed Dementia
- ▶ Frontotemporal Dementia
- ▶ Vascular Dementia
- ▶ Parkinson's Disease
- ▶ Korsakoff Syndrome^{3,4}



Risk Factors for Dementia

- ▶ Age
- ▶ Black or Hispanic
- ▶ Genetics / Family History
- ▶ Delirium
- ▶ Head Injury / Concussion from Falls
- ▶ Smoking
- ▶ Alcohol Abuse
- ▶ High Cholesterol / Diabetes ^{4,5,7}





Memory Loss



Difficulty performing familiar tasks



Problems with language



Disorientation to time and place



Problems keeping track of things



Changes in mood and behaviour



Trouble with images and spatial relationships



Poor or decreased judgement



Misplacing things



Withdrawal from work or social activities

10 warning signs of dementia

@AlzDisInt
 Alzheimer's Disease International

Dementia is not a part of normal ageing.
Talk to a doctor or contact the
Alzheimer association in your country.

Alzheimer's Disease
International
The global voice on dementia

Signs of Dementia

Phony Diagnoses Hide High Rates of Drugging at Nursing Homes

At least 21 percent of nursing home residents are on antipsychotic drugs, a Times investigation found.



The New York Times

Phony Diagnoses Hide High Rates of Drugging at Nursing Homes

At least 21 percent of nursing home residents are on antipsychotic drugs, a Times investigation found.



Yvonne Blakeley's husband, David, a dementia patient, was diagnosed with schizophrenia shortly after arriving at a nursing home.
Sean Boylston for The New York Times

By Katie Thomas, Robert Gubeloff and Jessica Silver-Greenberg
Published Sept. 11, 2021 Updated Oct. 15, 2021

A Doubled Risk of Death

For decades, nursing homes have been using drugs to control dementia patients. For nearly as long, there have been [calls for reform](#).

In 1987, President Ronald Reagan [signed a law banning the use](#) of drugs that serve the interest of the nursing home or its staff, not the patient.

But the practice persisted. In the early 2000s, studies found that antipsychotic drugs like Seroquel, Zyprexa and Abilify made older people drowsy and more likely to fall. The drugs were also linked to



Potentially Inappropriate Medications

Antipsychotics

1st Generation Antipsychotics

- Haldol (Haloperidone)
- Trilafon (perphenazine)

2nd Generation Antipsychotics

- Abilify (Aripiprazole)
- Geodon (Ziprasidone)
- **Risperdal (Risperidone)**
- Seroquel (Quetiapine)
- Zyprexa (Olanzapine)¹¹⁻¹³

HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use ABILIFY safely and effectively. See full prescribing information for ABILIFY ABILIFY® (aripiprazole) Tablets
ABILIFY DISCMELT® (aripiprazole) Orally Disintegrating Tablets
ABILIFY® (aripiprazole) Oral Solution
ABILIFY® (aripiprazole) Injection FOR INTRAMUSCULAR USE ONLY
Initial U.S. Approval: 2002

WARNING: INCREASED MORTALITY IN ELDERLY PATIENTS WITH DEMENTIA-RELATED PSYCHOSIS and SUICIDAL THOUGHTS AND BEHAVIORS WITH ANTIDEPRESSANT DRUGS

See full prescribing information for complete boxed warning.

- Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. ABILIFY is not approved for the treatment of patients with dementia-related psychosis. (5.1)
- Increased risk of suicidal thinking and behavior in children, adolescents, and young adults taking antidepressants. Monitor for worsening and emergence of suicidal thoughts and behaviors. (5.2)



American Geriatrics Society

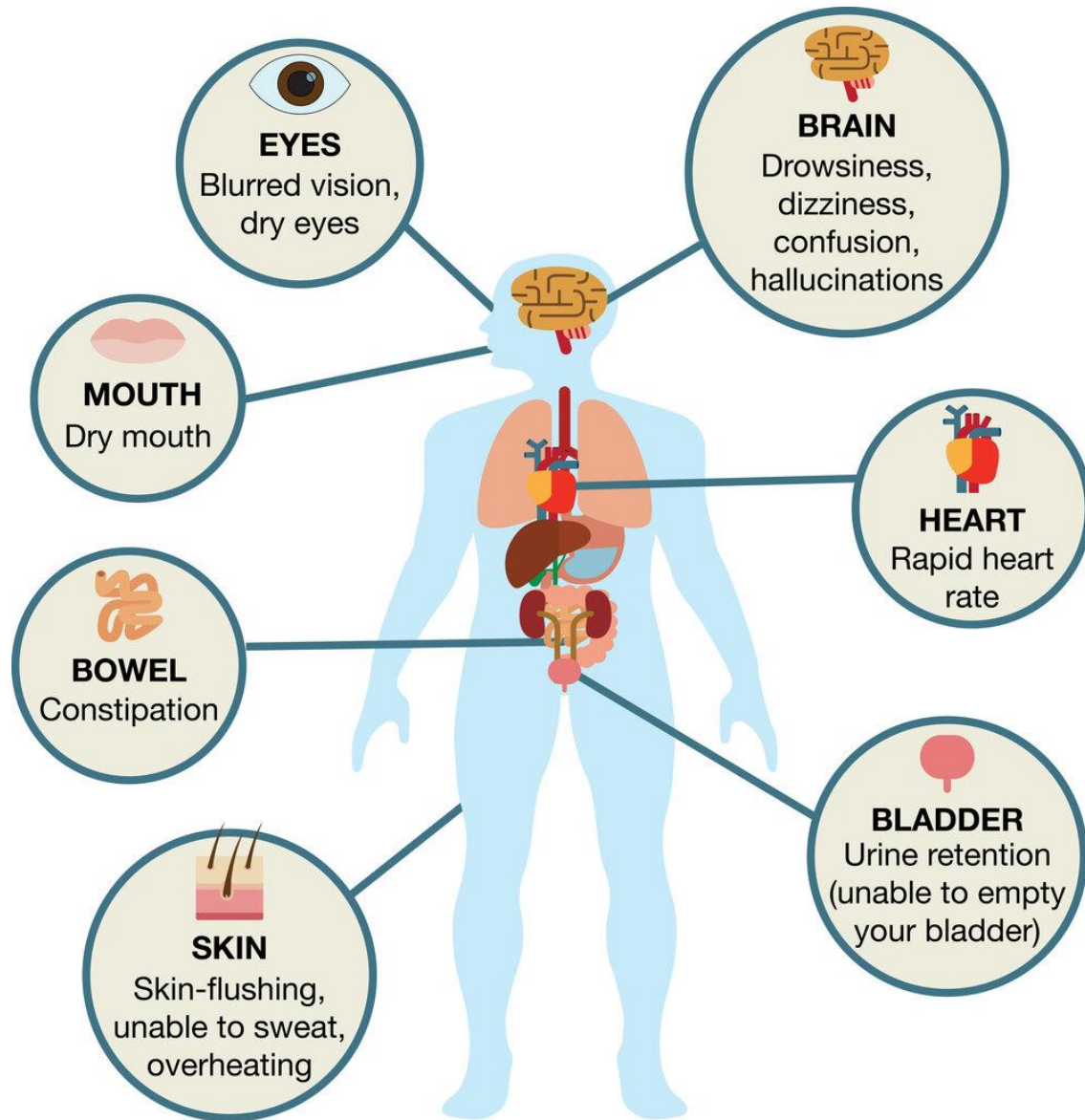
“Avoid antipsychotics for behavioral management of dementia unless non-pharmacological options have failed or are not possible and the older adult is threatening substantial harm to self or others”¹²

Antipsychotics

Anticholinergic

- ▶ Tricyclic Antidepressants
 - ▶ e.g. Amitriptyline
- ▶ Antimuscarinics
 - ▶ e.g. Oxybutynin
- ▶ Antihistamines
 - ▶ e.g. Diphenhydramine (Benadryl)
- ▶ Skeletal Muscle Relaxants
 - ▶ e.g. Cyclobenzaprine
- ▶ Antipsychotics
 - ▶ e.g. Clozapine¹³

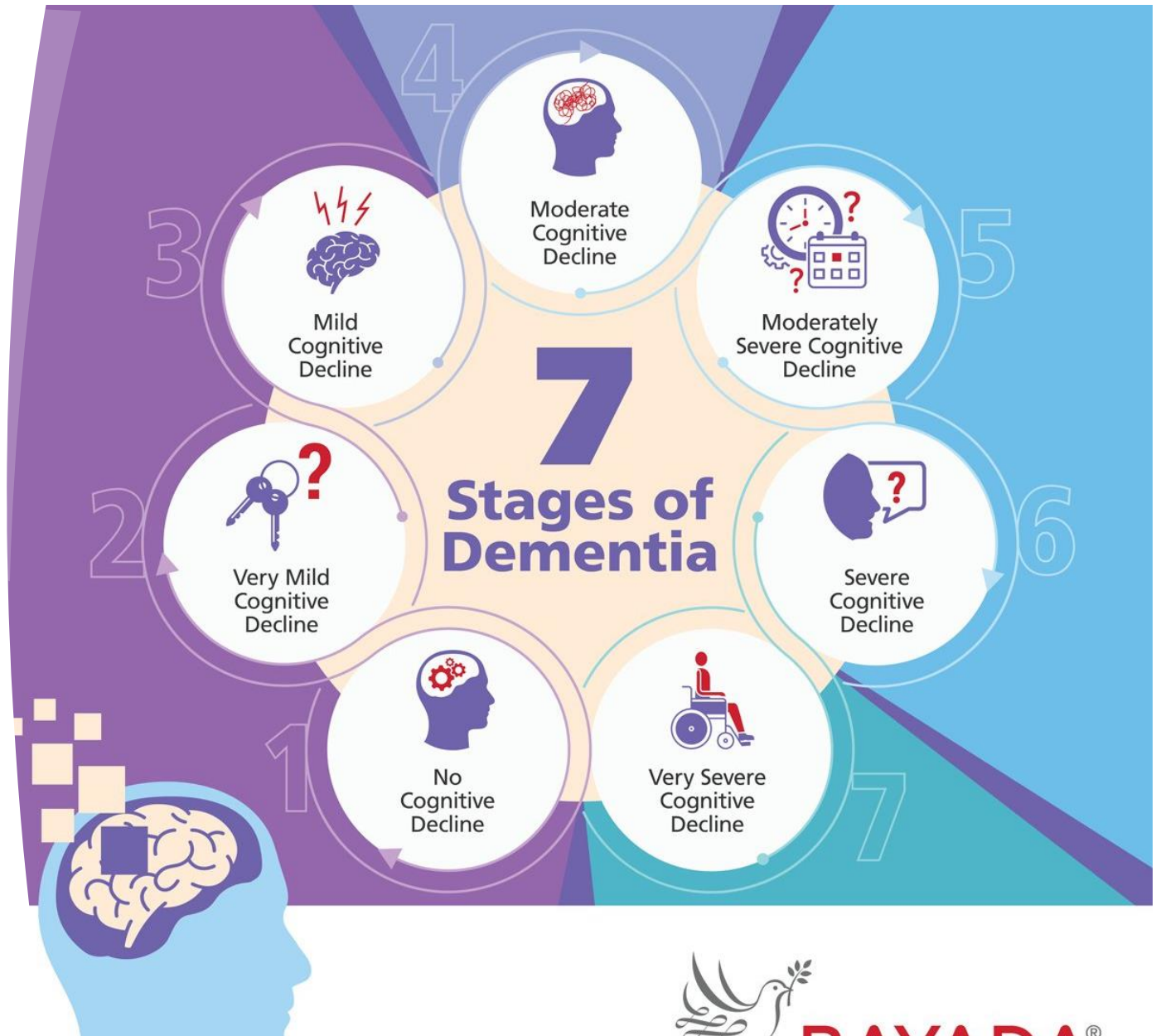




Anticholinergic

Antiparkinsonian Drugs

- ▶ Dopamine Blockers
- ▶ Benztropine
- ▶ Carbidopa-Levodopa
- ▶ Monoamine Oxidase Inhibitors
- ▶ Entacapone¹³



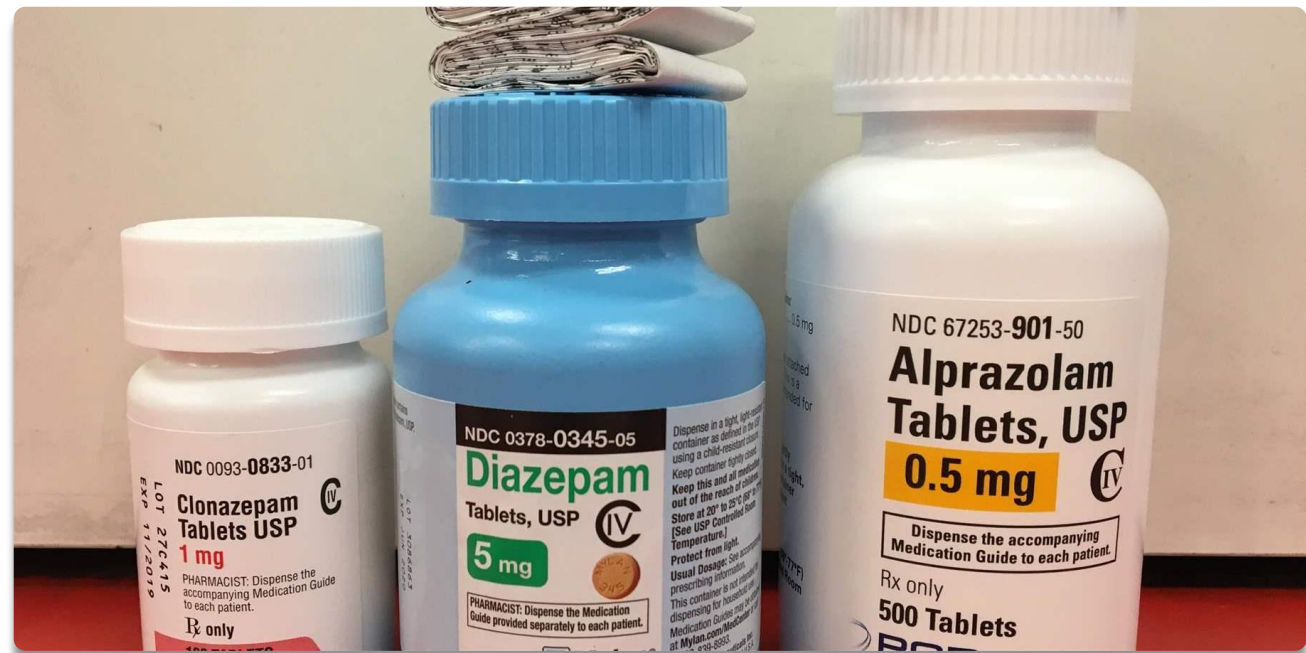
Incontinence

- ▶ Oxybutynin
- ▶ Tolterodine
- ▶ Dicyclomine
- ▶ Lomotil
- ▶ Antimuscarinics¹³



Benzodiazepines

- ▶ Positive Association between the use of BZP's but no causality has been determined
- ▶ Significant Risk of Overdose when combined with Alcohol or Opioids
- ▶ May have increased risk of Alzheimer's Disease
- ▶ Can Impair Cognition, Mobility, and Driving in older people^{13,16}



Opioids

- ▶ Increased Risk of Falls
- ▶ Fall Injuries
- ▶ Fractures
- ▶ Higher Sensitivity in Older Patients
- ▶ May affect Cognition
- ▶ Pain is underreported in older populations^{13,18}



Herbals and Dietary Supplements

- ▶ DON'T FALL FOR SCAMS
- ▶ NO CLEAR EVIDENCE FINDS BENEFIT IN DEMENTIA TREATMENT
- ▶ Dietary Supplements are not regulated by the FDA
- ▶ Several Drug Interactions
- ▶ Ginkgo Biloba
- ▶ Omega 3 Fatty Acids
- ▶ B-Vitamins
- ▶ Turmeric²⁰



Over-The-Counter Medications

- ▶ Sleeping Medications
- ▶ Allergy Medications
- ▶ Tylenol PM (PM Drugs)
- ▶ Caution with certain Stomach Acid Reducers



Non-Drug Dementia Strategies

- ▶ Music Therapy
- ▶ Aromatherapy
- ▶ Art Therapy
- ▶ Behavioral Therapy
- ▶ Memory Training
- ▶ Animal Assisted Therapy
- ▶ Physical Exercise^{23,24}





RISK FACTORS FOR **ALZHEIMER'S** DISEASE



BEING OLDER THAN 65



A FAMILY HISTORY OF THE DISEASE



INHERITING GENES FOR THE DISEASE
FROM YOUR PARENTS



EXISTING MILD COGNITIVE IMPAIRMENT



DOWN SYNDROME



UNHEALTHY LIFESTYLE



PREVIOUS HEAD TRAUMA



BEING SHUT OFF FROM A COMMUNITY
OR HAVING POOR ENGAGEMENT WITH
OTHER PEOPLE FOR EXTENDED PERIODS OF TIME

Clinical Applications of Deprescribing in Dementia

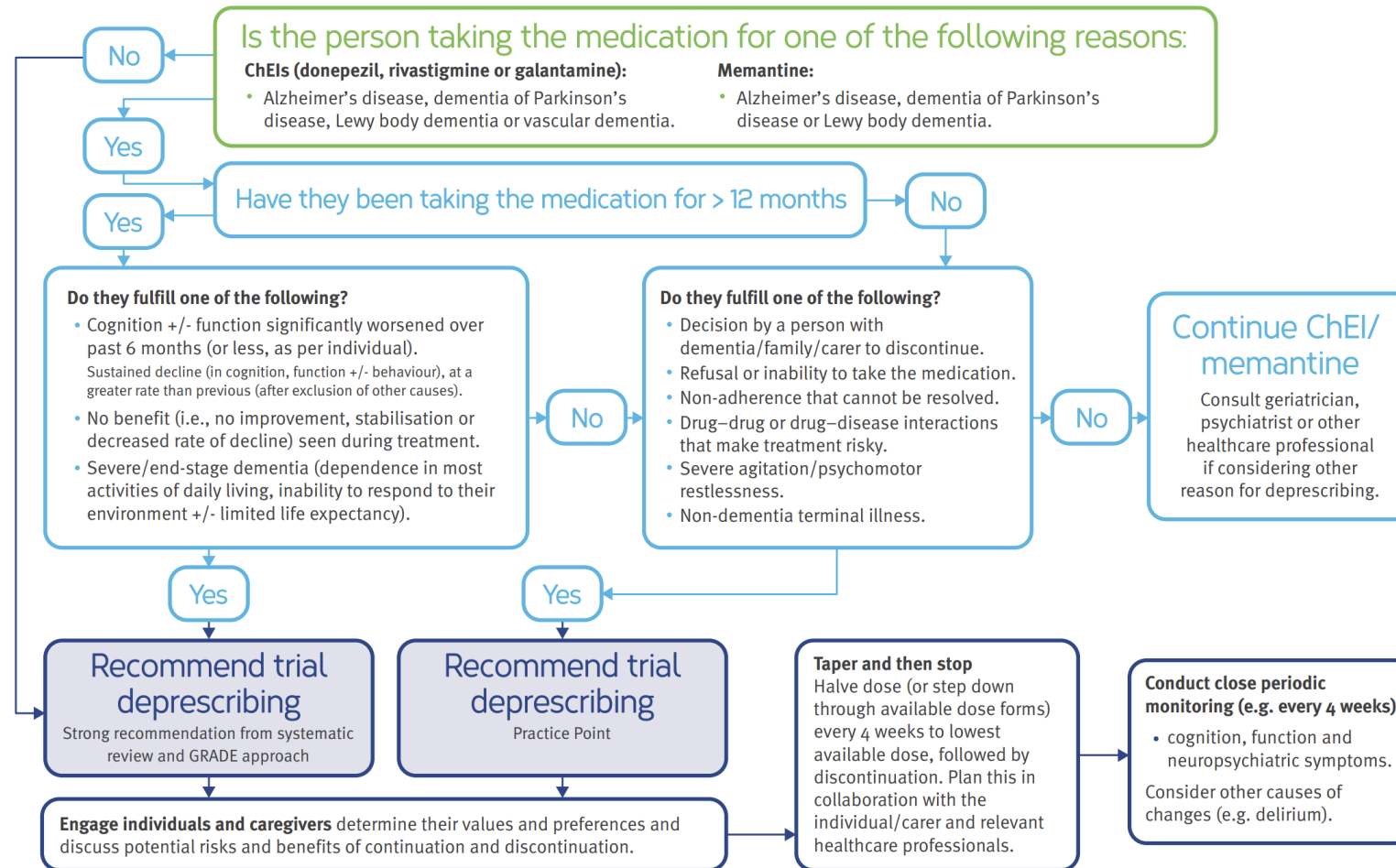
When do we stop Cholinesterase Inhibitors?



deprescribing.org

Cholinesterase Inhibitor (ChEI) and Memantine Deprescribing Algorithm

January 2018



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Reeve E, Farrell B, Thompson W, et al Evidence-based Clinical Practice Guideline for Deprescribing Cholinesterase Inhibitors and Memantine. 2018. ISBN-13: 978-0-6482658-0-1 Available from: <http://sydney.edu.au/medicine/cdpc/resources/deprescribing-guidelines.php>



Managing Dementia During COVID

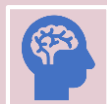
- ▶ Telehealth
- ▶ Reassurance Calls
- ▶ Wellness Checks
- ▶ Stay Physically Active
- ▶ Engage in hobbies, activities or listening to music
- ▶ Try not to expose your Loved One to too much negative information
- ▶ Contact your local Area Agency on Aging ²⁶



Caregivers Need a Break!



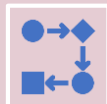
Take a break



Do a meditation or relaxation exercise



Read a book or a magazine article



Ask yourself – what is the next step? Try not to focus on more than one step at a time, it's too overwhelming



Reach out to your support network and to your friends and family via phone or video chat.




The Alzheimer's Association has a 24/7 helpline you can call for help with many things, including decision-making support, crisis assistance or caregiver support⁵⁰



Caregiver Tips

1. Think of behavior as a form of communication
2. Try to identify what is causing the behavior change
3. Consider whether the behavior is risky and hazardous, versus annoying and frustrating
4. Try to create a daily routine that is structured and predictable for the person with dementia
5. Foster an attitude of acceptance
6. Try to be calm and patient
7. Join a Caregiver Support Group³¹



10 TIPS FOR FAMILY CAREGIVERS

1. Seek support from other caregivers. You are not alone!
2. Take care of your own health so that you can be strong enough to take care of your loved one.
3. Accept offers of help and suggest specific things people can do to help you.
4. Learn how to communicate effectively with doctors.
5. Caregiving is hard work so take respite breaks often.
6. Watch out for signs of depression and don't delay getting professional help when you need it.
7. Be open to new technologies that can help you care for your loved one.
8. Organize medical information so it's up to date and easy to find.
9. Make sure legal documents are in order.
10. Give yourself credit for doing the best you can in one of the toughest jobs there is!

CAREGIVER ACTION NETWORK CAN
CaregiverAction.org

Resources on Dementia

How can I learn more?

1. Alzheimer's Association

Telephone: 1-800-272-3900

Web address: <http://www.alz.org>

2. National Institute on Aging

Telephone: 1-800-438-4380

Web address: <http://www.nih.gov/nia>

3. National Institute of Mental Health

Telephone: 1-800-421-4211

Web address: <http://www.nimh.nih.gov>

4. American Psychiatric Association

Telephone: 1-888-357-7924

Web address: <http://www.psych.org>





Takeaways

- Thoughts?
- Concerns?
- Questions?