Deprescribing with Dementia

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<td>Describe</td>
<td>Describe what Dementia is and how it presents</td>
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<td>Understand</td>
<td>Understand how Deprescribing may impact caregivers and communities</td>
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<td>Discuss</td>
<td>Discuss Potentially Inappropriate Medications in Dementia patients</td>
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<td>Outline</td>
<td>Outline Real World Examples of Deprescribing in Dementia Patients</td>
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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?

Drug A is prescribed to treat high blood pressure. It causes fluid collection as a side effect.

Drug B is prescribed to treat fluid collection. It causes an overactive bladder as a side effect.

Drug C is prescribed to treat the overactive bladder. It causes dry mouth as a side effect.

And so on...
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

Etiology of Dementia

- Alzheimer’s Disease: 62%
- Vascular Dementia: 17%
- Mixed Dementia: 10%
- Lewy Body Dementia: 4%
- Parkinson’s Disease: 2%
- Other: 3%
- Prono Dementia: 2%
Risk Factors for Dementia

- Age
- Black or Hispanic
- Genetics / Family History
- Delirium
- Head Injury / Concussion from Falls
- Smoking
- Alcohol Abuse
- High Cholesterol / Diabetes

Source: American Stroke Association's International Stroke Conference 2017, Abstract #6, Rebecca R. Gottdiener
Signs of Dementia

1. Memory Loss
2. Difficulty performing familiar tasks
3. Problems with language
4. Disorientation to time and place
5. Poor or decreased judgement
6. Problems keeping track of things
7. Misplacing things
8. Changes in mood and behaviour
9. Trouble with images and spatial relationships
10. Withdrawal from work or social activities

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

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)\textsuperscript{11-13}
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.”

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. Clozapine$^{13}$
Anticholinergic effects:

- **EYES**: Blurred vision, dry eyes
- **MOUTH**: Dry mouth
- **BRAIN**: Drowsiness, dizziness, confusion, hallucinations
- **HEART**: Rapid heart rate
- **BOWEL**: Constipation
- **SKIN**: Skin-flushing, unable to sweat, overheating
- **BLADDER**: Urine retention (unable to empty your bladder)
Antiparkinsonian Drugs

- Dopamine Blockers
- Benztropine
- Carbidopa-Levodopa
- Monoamine Oxidase Inhibitors
- Entacapone\(^{13}\)
Incontinence

- Oxybutynin
- Tolterodine
- Dicyclomine
- Lomotil
- Antimuscarinics$^{13}$
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\textsuperscript{13,16}
Opioids

- Increased Risk of Falls
- Fall Injuries
- Fractures
- Higher Sensitivity in Older Patients
- May affect Cognition
- Pain is underreported in older populations\textsuperscript{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\textsuperscript{23,24}
Clinical Applications of Deprescribing in Dementia

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
When do we stop Cholinesterase Inhibitors?
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 support.
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 Group

8. Seek support from other caregivers. You are not alone!
9. Take care of your own health so that you can be strong enough to take care of your loved one.
10. Accept offers of help and suggest specific things people can do to help you.

Learn how to communicate effectively with doctors.

Be open to new technologies that can help you care for your loved one.
Watch out for signs of depression and don’t delay getting professional help when you need it.
Caregiving is hard work so take respite breaks often.

Organize medical information so it’s up to date and easy to find.
Make sure legal documents are in order.
Give yourself credit for doing the best you can in one of the toughest jobs there is!
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.nia.nih.gov

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?