

Is there a place for the use of medications in dementia?

Delivering Excellence in Dementia Care
28th October 2011

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Auckland District Health Board

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Conflicts of interest

- Lundbeck, AstraZeneca, Janssen-Cilag, Eli Lilly



Drugs

Home > Drugs > Drug Safety and Availability > Postmarket Drug Safety Information for Patients and Providers

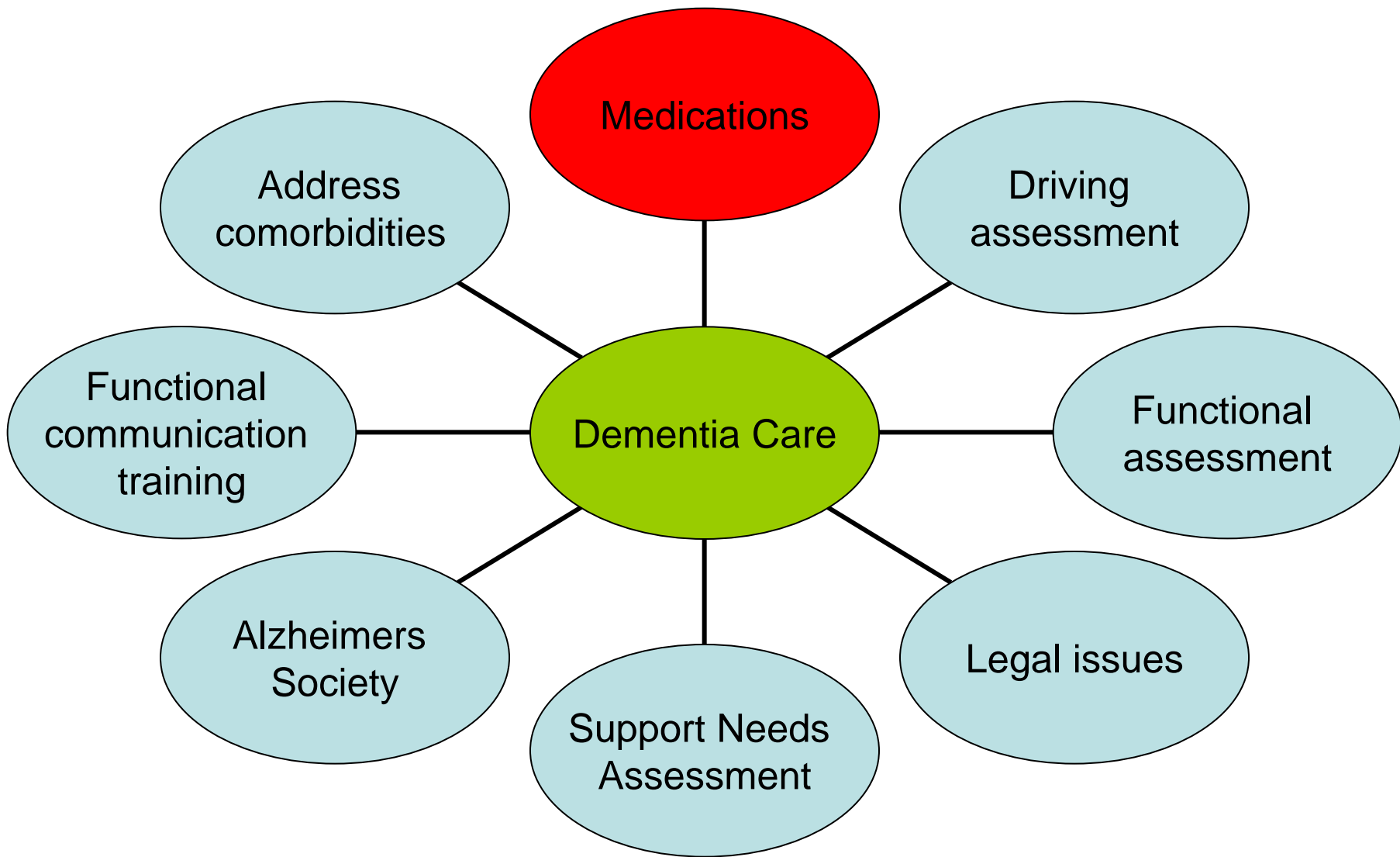
Drug Safety and Availability
Postmarket Drug Safety Information for Patients and Providers
Drug Safety Information for Healthcare Professionals
Public Health Advisories (Drugs)
2009 Public Health Advisories
2008 Public Health Advisories
2007 Public Health Advisories

Public Health Advisory: Deaths with Antipsychotics in Elderly Patients with Behavioral Disturbances

The issues described in this communication have been addressed in product labeling (see Drugs@FDA).

4/11/2005

The Food and Drug Administration has determined that the treatment of behavioral disorders in elderly patients with dementia with atypical (second generation) antipsychotic medications is associated with increased mortality. Of a total of seventeen placebo controlled trials performed with **olanzapine** (Zyprexa), **aripiprazole** (Abilify), **risperidone** (Risperdal), or **quetiapine** (Seroquel) in elderly demented patients with behavioral disorders, fifteen showed numerical increases in mortality in the drug-treated group compared to the placebo-treated patients. These studies enrolled a total of 5106 patients, and several analyses have demonstrated an approximately 1.6-1.7 fold increase in mortality in these studies. Examination of the specific causes of these deaths revealed that most were either due to heart related events (e.g., heart failure, sudden death) or infections





Medications

Psychosocial &
environmental factors

Person-centred Care

Medical Leadership

For diagnosis and to address
physical and psychiatric co-morbidities

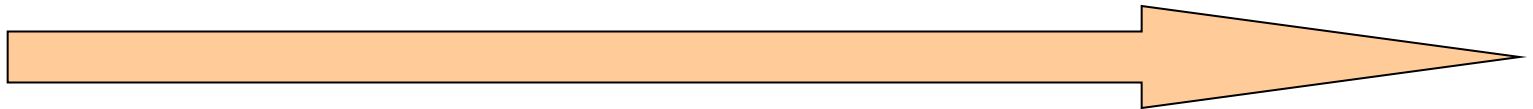
FIRST DO NO HARM



RISK-BENEFIT ANALYSIS



Stages of Dementia



Mild

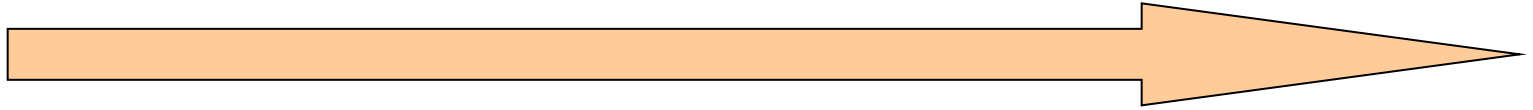
- Forgetfulness eg. difficulty recalling new names and recent conversations
- Personality change
- Disorientated or lost in familiar surroundings

Moderate

- Memory worsens
- Depends more on others for daily care & require help in decision making and managing personal finances
- Behavioural and psychological symptoms

Severe

- Unaware of time and place & at times, cannot identify close family members
- Movement and coordination may become slower and more difficult
- constant care for daily functions



Mild

Moderate

Severe

Goals of using medications in different stages of dementia

Delay progression
of cognitive
impairment

Maintain
functioning

Behavioural and
psychological
symptoms of
dementia (BPSD)

Palliative care
approach

Pain management



Log in
Article is 1.2 years old

The pharmacological management of Alzheimer's disease: The place of donepezil

- Key concepts
- Donepezil to be funded for the treatment of Alzheimer's disease
- The use of acetylcholinesterase inhibitors in Alzheimer's disease
- Initiating donepezil and assessing treatment response
- References
- Issue 30 Contents



Full colour PDF of the pages as they appeared in 'best practice'.
Printer friendly PDF.

Key Concepts

- Management of Alzheimer's disease focuses on slowing the behaviour and function. They may delay the need for full-time

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Best Practice Advocacy Centre (BPAC)

www.bpac.org.nz/magazine/2010/august/alzheimers.asp

Efficacies of cholinesterase inhibitors (CEIs)

Donepezil, Rivastigmine, Galantamine

- Cognition
- Functioning
- ~~Behaviour~~
- Cost-effectiveness ???
- Delaying residential care

ORIGINAL INVESTIGATION

Syncope and Its Consequences in Patients With Dementia Receiving Cholinesterase Inhibitors

A Population-Based Cohort Study

Sudeep S. Gill, MD, MSc; Geoffrey M. Anderson, MD, PhD; Hadas D. Fischer, MD; Chaim M. Bell, MD, PhD; Ping Li, PhD; Sharon-Lise T. Normand, PhD; Paula A. Rochon, MD, MPH

Background: Cholinesterase inhibitors are commonly prescribed to treat dementia, but their adverse effect profile has received little attention. These drugs can provoke symptomatic bradycardia and syncope, which may lead to permanent pacemaker insertion. Drug-induced syncope may also precipitate fall-related injuries, including hip fracture.

Methods: In a population-based cohort study, we investigated the relationship between cholinesterase inhibitor use and syncope-related outcomes using health care databases from Ontario, Canada, with accrual from April 1, 2002, to March 31, 2004. We identified 19 803 community-dwelling older adults with dementia who were prescribed cholinesterase inhibitors and 61 499 controls who were not.

Results: Hospital visits for syncope were more frequent in people receiving cholinesterase inhibitors than in controls (31.5 vs 18.6 events per 1000 person-years; adjusted hazard ratio [HR], 1.76; 95% confidence inter-

val [CI], 1.57-1.98). Other syncope-related events were also more common among people receiving cholinesterase inhibitors compared with controls: hospital visits for bradycardia (6.9 vs 4.4 events per 1000 person-years; HR, 1.69; 95% CI, 1.32-2.15), permanent pacemaker insertion (4.7 vs 3.3 events per 1000 person-years; HR, 1.49; 95% CI, 1.12-2.00), and hip fracture (22.4 vs 19.8 events per 1000 person-years; HR, 1.18; 95% CI, 1.04-1.34). Results were consistent in additional analyses in which subjects were either matched on their baseline comorbidity status or matched using propensity scores.

Conclusions: Use of cholinesterase inhibitors is associated with increased rates of syncope, bradycardia, pacemaker insertion, and hip fracture in older adults with dementia. The risk of these previously underrecognized serious adverse events must be weighed carefully against the drugs' generally modest benefits.

Gill et al. 2009

- A population-based cohort study
 - 19803 community-dwelling people with dementia prescribed CEIs
 - 61499 controls
- Hospital visits
 - Syncope
 - Bradycardia
 - Permanent pacemaker insertion
 - Hip fracture

Gill et al. 2009

	Adjusted hazard ratio	95% CI
Syncope	1.76	1.57-1.98
Bradycardia	1.69	1.32-2.15
Permanent pacemaker insertion	1.49	1.12-2.00
Hip fracture	1.18	1.04-1.34

Behavioural and Psychological Symptoms of Dementia (BPSD)

Neuropsychiatric Inventory (NPI)

- 10 behavioural domains
 - Delusions
 - Hallucinations
 - Agitation/aggression
 - Depression/dysphoria
 - Anxiety
 - Euphoria
 - Apathy
 - Disinhibition
 - Irritability/lability
 - Abberant motor behaviour
- Total = frequency (1-4) x severity(1-3)



Optimising treatment and care for people with behavioural and psychological symptoms of dementia

A best practice guide for health
and social care professionals

www.alzheimers.org.uk/bpsdguide

THE NEW ZEALAND MEDICAL JOURNAL

Journal of the New Zealand Medical Association



Quetiapine for the treatment of behavioural and psychological symptoms of dementia (BPSD): a meta-analysis of randomised placebo-controlled trials

Gary Cheung, Janli Stapelberg

Abstract

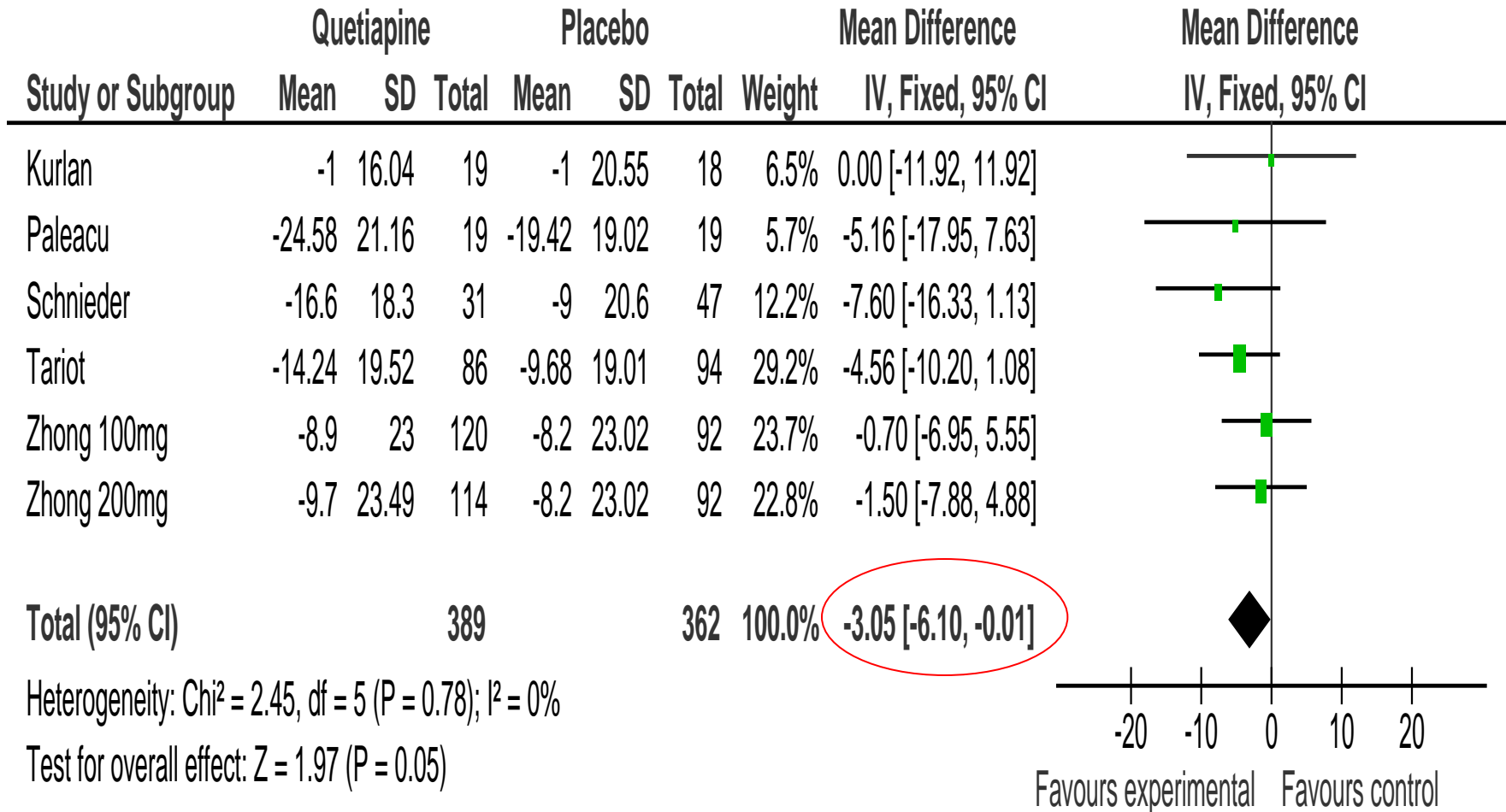
Aim This meta-analysis is aimed to determine the efficacy of quetiapine for the treatment of behavioural and psychological symptoms of dementia (BPSD).

Method Our electronic search included MEDLINE (1950-2009), Cochrane Central Register of Controlled Trials and PsychINFO. We also did a hand search of the International Psychogeriatric Association poster presentations and checked the National trial registry data bases from USA, UK, RSA, Holland, Australia and New Zealand. We included double-blinded randomised placebo-controlled trials studies

Meta-analysis of Quetiapine for BPSD

Cheung & Stapelberg 2010

NPI



BMJ

BMJ 2011;343:d4065 doi: 10.1136/bmj.d4065

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RESEARCH

Efficacy of treating pain to reduce behavioural disturbances in residents of nursing homes with dementia: cluster randomised clinical trial

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Abstract

Objective To determine whether a systematic approach to the treatment of pain can reduce agitation in people with moderate to severe dementia

Conclusion A systematic approach to the management of pain significantly reduced agitation in residents of nursing homes with moderate to severe dementia. Effective management of pain can play

Husebo et al 2011

- 352 patients
- Moderate to severe dementia
- Clinically significant behavioural disturbances
- Randomized
 - Stepwise Protocol for the Treatment of Pain (SPTP); N=175
 - Control; N=177

Husebo et al 2011

- SPTP
 - Individual daily pain treatment according to the protocol with
 - Paracetamol 1g/day
 - Morphine retard 20mg/day
 - Buprenorphine transdermal patch 10 mcg/hour
 - Pregabalin 300mg/day
- Control
 - Usual treatment and care

Husebo et al 2011

Results

- Significant reductions in agitation in the pain treatment group compared to the control group after 8 weeks

New trial

CITAD

- Citalopram 30mg for agitation
- Trial due to complete in 2013

Severe Dementia

- Palliative care approach
 - Pain management



Guidelines for a Palliative Approach in Residential Aged Care

Enhanced Version — May 2006



THE NATIONAL
PALLIATIVE CARE
PROGRAM

Prepared by Edith Cowan University

Approved by



Australian Government

National Health and Medical Research Council

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Palliative care approach

- begins when a chronic illness is diagnosed
- should be integral to the management of all non-curative diseases
- involves the patient and the family in decisions
- fosters good supportive communication between all concerned

THE NEW ZEALAND MEDICAL JOURNAL

Journal of the New Zealand Medical Association



The use of the pain assessment checklist for seniors with limited ability to communicate (PACSLAC) by caregivers in dementia care facilities

Gary Cheung, Peter Choi

Abstract

Aim Pain is often under-detected and under-treated in nonverbal patients with severe dementia. PACSLAC is a behavioural assessment tool designed to improve the detection of pain in severe dementia. Previous studies on PACSLAC were primarily with qualified nurses in Canada and the Netherlands. This pilot study is aimed to evaluate the inter-rater reliability of the PACSLAC when it is administered by caregiver staff.

Method 50 patients from four dementia care facilities were included. For each