ABSOLUTE SCOOP

DID YOU KNOW?

Patients with low body weight (< 121 lbs) must be monitored closely for toxicities (eg, excessive nausea, vomiting).

Low body weight is a risk factor for developing these GI adverse effects.

DEPRESCRIBING DEMENTIA MEDICATIONS

Written by Deanna Merrick, PharmD, BCGP, BC-ADM, Consultant Pharmacist

There are several different medications that can be used for the treatment of dementia that usually fall in 2 different classes of medications. The first class are NMDA Receptor Antagonists and they include memantine (Namenda). The second class are Acetylcholinesterase Inhibitors which include donepezil (Aricept) and rivastigmine (Exelon) as the most commonly prescribed.

While these medications are indicated for mild to severe Alzheimer's and varying types of dementia, like all medications, we need to reevaluate these on a regular basis. These medications can come with severe gastrointestinal (GI) effects and weight loss. GI effects are the most common adverse reactions associated with these medications; symptoms may include nausea, vomiting, and diarrhea. Decreased appetite, weight loss, and/or anorexia may also occur. Other very common side effects include dizziness, confusion, headache, insomnia, and falls. **Most of these adverse effects can end up affecting your Quality Measures!**

It is important to remember for our cholinesterase inhibitors, (donepezil, rivastigmine) due to their mechanism of action, they have drug interactions with many of the anticholinergic medications used to treat our geriatric population. Anticholinergic medications may decrease the therapeutic effects of these medications. Some examples of more commonly prescribed anticholinergic medication classes are antidepressants (eg. sertraline, mirtazapine), antihistamines (eg. loratadine, cetirizine), urinary incontinence (eg. oxybutynin), anti-anxiety (eg. lorazepam, hydroxyzine), antipsychotics (eg. quetiapine), and pain relievers (eg. tramadol).

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Deprescribing guidelines backed by research recommend tapering these medications in the following situations:

- If their cognition and/or function has worsened over the past 6 months
- No benefit (eg. no improvement, stabilization, or decreased rate of decline) during treatment period
- Severe/end-stage dementia (dependence in most activities of daily living, inability to respond to environment)
  - Think of your secure unit residents
- Limited life expectancy

These medications should NOT be stopped abruptly. Reach out to your consultant pharmacist to help prescribers with a tapering schedule that is safe for your residents.

If you have any questions, please reach out to your Consultant Pharmacist.

About the Author

Outside of work, Deanna enjoys traveling, spending time with her dog, Sloopy and husband, Kyle while sipping tequila and supporting Inter Milan.

Deanna Merrick, PharmD, BCGP, BC-ADM is a clinical consultant pharmacist. She started her Absolute career in operations in the spring of 2016. Her clinical knowledge quickly made her the best qualified candidate to be added to the consulting team in January 2019. She is passionate about appropriate disease state management and medication optimization. She has recently attained advanced credentialing in diabetes management which is impacting consulting practice at Absolute. She is a graduate of The Ohio State University and a diehard Buckeye fan.

When do you go at red and stop at green?

When you're eating watermelon.

What animal is always at a baseball game?

A bat.