Neuro Psychiatric Symptoms/Alzheimer’s Dementia: A Clinical Pharmacist’s Perspective

Presented by:

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Prevalence of Cognitive Impairment

FIGURE 1. Prevalence of Cognitive Impairment among Americans Aged 55 and Older (rate per 1,000 population)

SOURCE: Adapted from Alzheimer’s Association, 2010.
Risks and Problems Associated with Medication Use in Dementia

Few Approved Medications
- Acetylcholinesterase Inhibitors
  - Donepezil (Aricept - 1996)
  - Rivastigmine (Exelon - 2000)
  - Galantamine (Reminyl, now Razadyne - 2001)
- N-methyl-D-aspartate (NMDA) Receptor Antagonist
  - Memantine (Namenda – 2003)

Limited Official Indications for use
- Dementia of the Alzheimer’s Type
  - Mild, Moderate: **Galantamine**
  - Mild, Moderate, Severe: **Donepezil, Rivastigmine, Memantine** (alone or in combination w/Donepezil)
- Mild to Moderate Parkinson’s Dementia
  - **Rivastigmine Patch**

Limited Efficacy
- Assessment tools? How long to treat?

Reality:
“**Treatment**” is (often) limited to addressing BPSD: Behavioral and Psychological Symptoms of Dementia
- Agitation, Irritability, Wandering
- Delusions, Hallucinations
- Depression

Result of Treatment with Medications:
Side effects and Unintended Consequences
Medications Used in the Tx of Behavioral and Psychological Symptoms of Dementia

**Antipsychotics**
- Haloperidol, Quetiapine, Olanzapine, Risperidone
  - Oversedation, Anticholinergic Side Effects, Stroke

**Anxiolytics**
- Alprazolam, Lorazepam
  - Oversedation, Worsening of Cognition, Gait Instability

**Antidepressants**
- **SSRI’s:** Citalopram, Escitalopram, Sertraline, Fluoxetine
  - **S/E’s:** Insomnia, Restlessness, Agitation
- **SNRI’s:** Venlafaxine, Desvenlafaxine, Duloxetine
  - **S/E’s:** Insomnia, Restlessness, Agitation
- **Others:** Trazodone
  - **S/E’s:** Anticholinergic, Increased falls risk

**Common Theme:**
- **ALL** prescriptions should be considered short term interventions.

**Home Setting:**
- Challenges of families struggling to keep loved ones home

**Institutional (LTC) Setting:**
- Challenges of prescribing “open ended” orders for acute changes in behaviors
Minimizing the (Mis)use of Medications in Behavioral and Psychological Symptoms of Dementia

Encouraging:
- Non-Drug Interventions, and
- Obtaining appropriate Medical Workups for underlying causes of behavioral changes

Requesting prescribers “Time Limit” drug orders
- Getting past the immediacy of the moment

Identifying potential adverse effects
- Allow prescribers to lower or d/c med altogether
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