

UNIVERSITY OF SOUTH FLORIDA

Recognition and Management of Alzheimer's Disease & Related Dementias in the Skilled Nursing Facility

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What is Dementia?

- A syndrome of acquired, persistent intellectual impairment
- Characterized by memory loss
- Must have deficits in at least one other cognitive function (aphasia, apraxia, agnosia, executive dysfunction)
- Produces occupational or social disability

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Symptoms of Dementia

- **Early/mild:** forgetfulness, short-term memory loss, misplacing items, trouble with complicated tasks
- **Middle/moderate:** searches for words; forgets major events; may need help dressing, cooking; may have a decrease in personal hygiene; some incontinence
- **Late/severe:** verbal communication dwindles, needs help eating, bathing; significant long-term memory loss; does not recognize family members; full incontinence

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Alzheimer's Disease

- The most common cause of dementia
- Affects 10% of people over 65; 30-50% of people over 85
- 5 million Americans at the present time
- By 2050, predicted to affect 16-20 million
- Annual cost over \$105 BILLION
- Average lifetime cost per patient \$200,000

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Alzheimer's Risk Factors

- Age
- Female gender
- History of head injury
- Low educational level
- Genetic risk factors

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Other causes of Dementia

- Vascular (strokes) 20%
- Lewy Body Dementia 20%
- "Everything else" 10%
 - Treatable- Thyroid, B12 deficiency, syphilis, NPH
 - FTD/Pick's, alcohol, Huntington's, CJD, others

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Dementia in the nursing home

- Average prevalence 45%
- Decreased ability to communicate needs
- Higher care level – increased cost
- High frequency of behavioral disturbance
- Rehabilitation failure
- “Prescription abuse”- 30% of total NH population receiving antipsychotics
- National average- 20% of NH patients without a diagnosis of psychosis

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Treatment of AD

- Offer symptomatic treatment rather than disease-modifying effect
- Slow the rate of progression of cognitive decline
- Data supporting usefulness in measures of function and behavior, delay in NH placement

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Available Drugs for Treatment of Cognitive Symptoms of AD

tacrine (**Cognex**) – *liver toxicity
donepezil (**Aricept**) 1/97
rivastigmine (**Exelon**) 6/00; transdermal patch 9/07
galantamine (Reminyl/**Razadyne**) 5/01
Razadyne ER 2005
- these are acetylcholinesterase inhibitors

mementine (**Namenda**) 1/04
- this is an NMDA-receptor antagonist

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Alzheimer’s Meds: Side Effects

- **Cholinesterase inhibitors:** mainly GI, (nausea, vomiting, diarrhea, anorexia)
also leg cramps, runny nose, excessive salivation, dizziness, vivid dreams
- **Namenda:** transient increase in confusion, dizziness, headaches, constipation
- All the drugs have a titration schedule that helps to minimize side effects

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Treatment of Behavioral Symptoms

- Includes medications *and non-medical interventions* for behavior problems such as:
 - Depression & Anxiety
 - Agitation and Restlessness
 - Inappropriate Behavior
 - Hallucinations & Delusions
 - Wandering
 - Sleep Disturbances
 - Resistiveness to care
 - Appetite and eating problems

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Management of Behavioral Problems in Dementia

- Many behaviors do not require medication
- Non-medical interventions should be tried first!
 - Redirection, distraction
 - Manipulation of environment
 - Changing approach, communication strategies
 - Making sure patient’s needs are met
 - Aromatherapy and other relaxation techniques
 - Caregiver and staff education!!!

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Medication for Behavioral Problems

- Should only be used after non-pharmacologic techniques have failed
- Can be first line when behavior causes significant distress and/or poses a threat to the patient or others
- Risks of the behavior need to be weighed against the risks of the treatment

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Medication Classes Commonly Used for Behavior Problems

- Antipsychotics*
 - Typical
 - Atypical
- Antidepressants
- Anti-anxiety drugs (sedative/hypnotics)
- Anti-seizure medications/mood stabilizers

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Why the asterisk?

WARNING: INCREASED MORTALITY IN ELDERLY PATIENTS WITH DEMENTIA RELATED PSYCHOSIS

- Elderly patients with dementia-related psychosis treated with atypical antipsychotic drugs are at increased risk of death compared to placebo. Analyses of seventeen placebo-controlled trials (modal duration of 10 weeks) in these patients revealed a risk of death in the drug-treated patients of between 1.6 to 1.7 times that seen in placebo-treated patients. Over the course of a typical 10-week controlled trial, the rate of death in the drug-treated patients was about 4.5%, compared to a rate of about 2.6% in the placebo group. Although the causes of death were varied, most of the deaths appeared to be either cardiovascular (e.g., heart failure, sudden death) or infectious (e.g., pneumonia) in nature. Atypical antipsychotic medications are not approved for the treatment of patients with dementia-related psychosis.

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Federal Guidelines

- Nursing home reform act 1987
 - mandated that residents be free from chemical restraints imposed for discipline or convenience
- Tag F329
 - Each resident's medication regimen must be free from "unnecessary medications"
 - Antipsychotics must only be given to treat a specific condition (diagnosed & documented)
 - Residents must receive gradual dose reductions and behavioral interventions unless clinically contraindicated

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What is "unnecessary?"

- Any medication when used:
 - In excessive doses (including duplicate therapy); or
 - Without adequate monitoring; or
 - Without adequate indications for its use; or
 - In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or
 - Any combination of these reasons

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Interpretive Guideline Changes

- Shift focus from **classes** of medications to **aspects** of unnecessary medications
 - Indications
 - Dose
 - Duration
 - Monitoring for efficacy and AE's
 - Tapering/gradual dose reduction
 - Prevention, identification, response to adverse consequences

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Interpretive Guideline Changes

- New key points:
 - Multiple prescribers increase risk
 - Keeping up to date on medication information
 - Focus on care process
 - Any medication or combination may increase risk of adverse consequences
 - Specific mention of “Medications with Significant Anticholinergic properties” in addition to the Beers list (high potential for severe adverse outcomes in the elderly.)

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Monitoring for Treatment Response

- Cognitive tests
- Nursing notes- regarding ADL's and mention of problem behaviors
- Assessment scales for the specific symptoms being targeted
- Assessment scales for side effects – AIMS for antipsychotics
- With demented patients, observational scales may be more reliable than self-report scales

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