

P. Quillet<sup>1</sup>, C. Mongaret<sup>1</sup>, M. Bonnet<sup>1</sup>, M. Legrand<sup>1</sup>

<sup>1</sup> Robert Debré Pharmacy, University College Hospital of Reims, France

## Introduction

**Anti-dementia drugs (ADD)** are used to improve cognitive function in patients with Alzheimer's disease :

- Cholinesterase inhibitors (ACCH-) approved for mild-to-moderate stages of disease
- Memantine approved for moderate-to-severe stages of disease.

However, the literature data show only short-term efficiency of these drugs (less than 12 months), with questionable clinical relevance and risk of drug interactions increased by polypharmacy.

## Objectives

- ✓ Investigate the prescription practice of ADD in nursing homes
- ✓ Assess the appropriateness of this medication in the elderly

## Methods

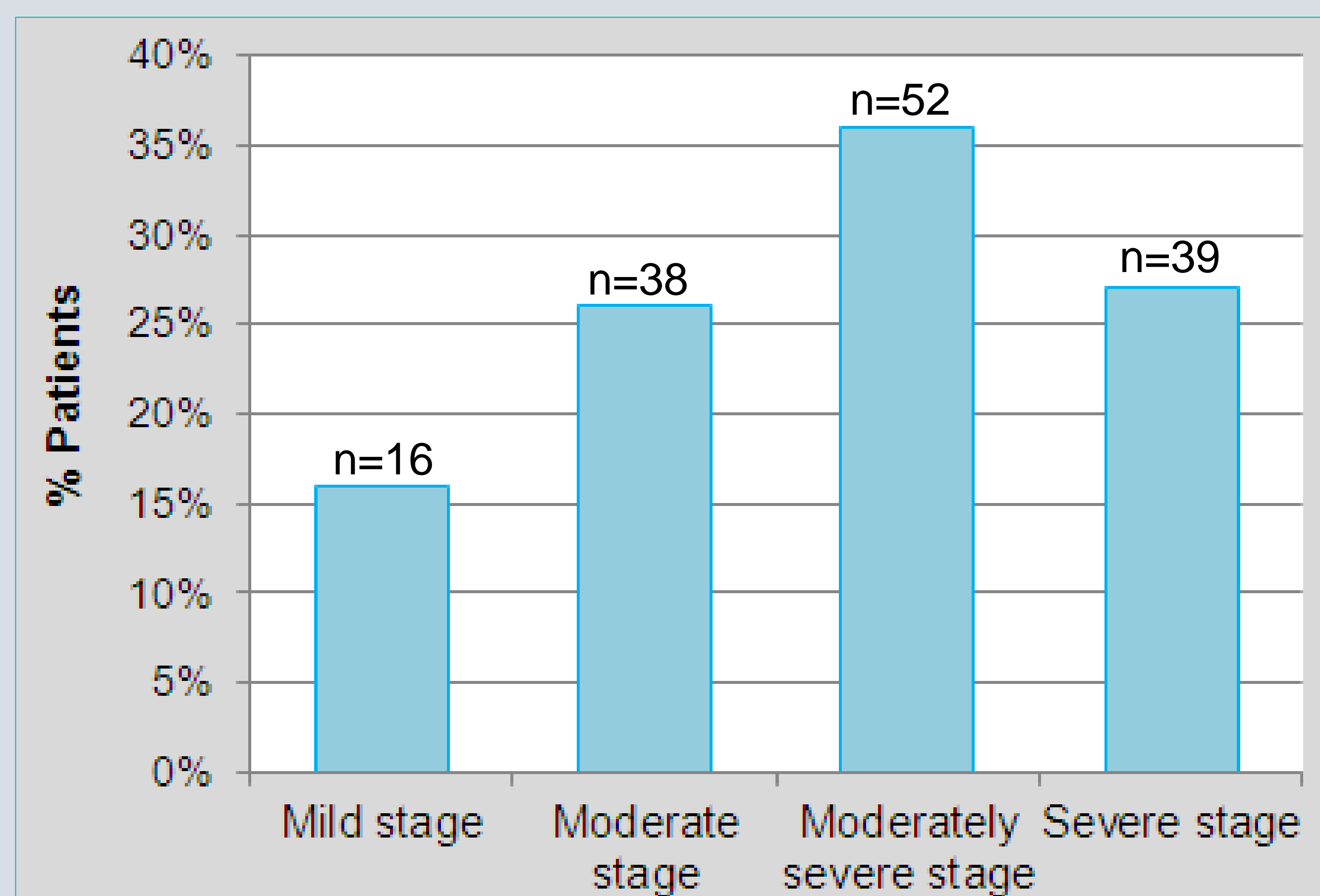
Prospective study :

- During 60 days
- About all prescriptions from 3 nursing homes
- Pharmaceutical analysis of prescriptions
- Viewing of patient records

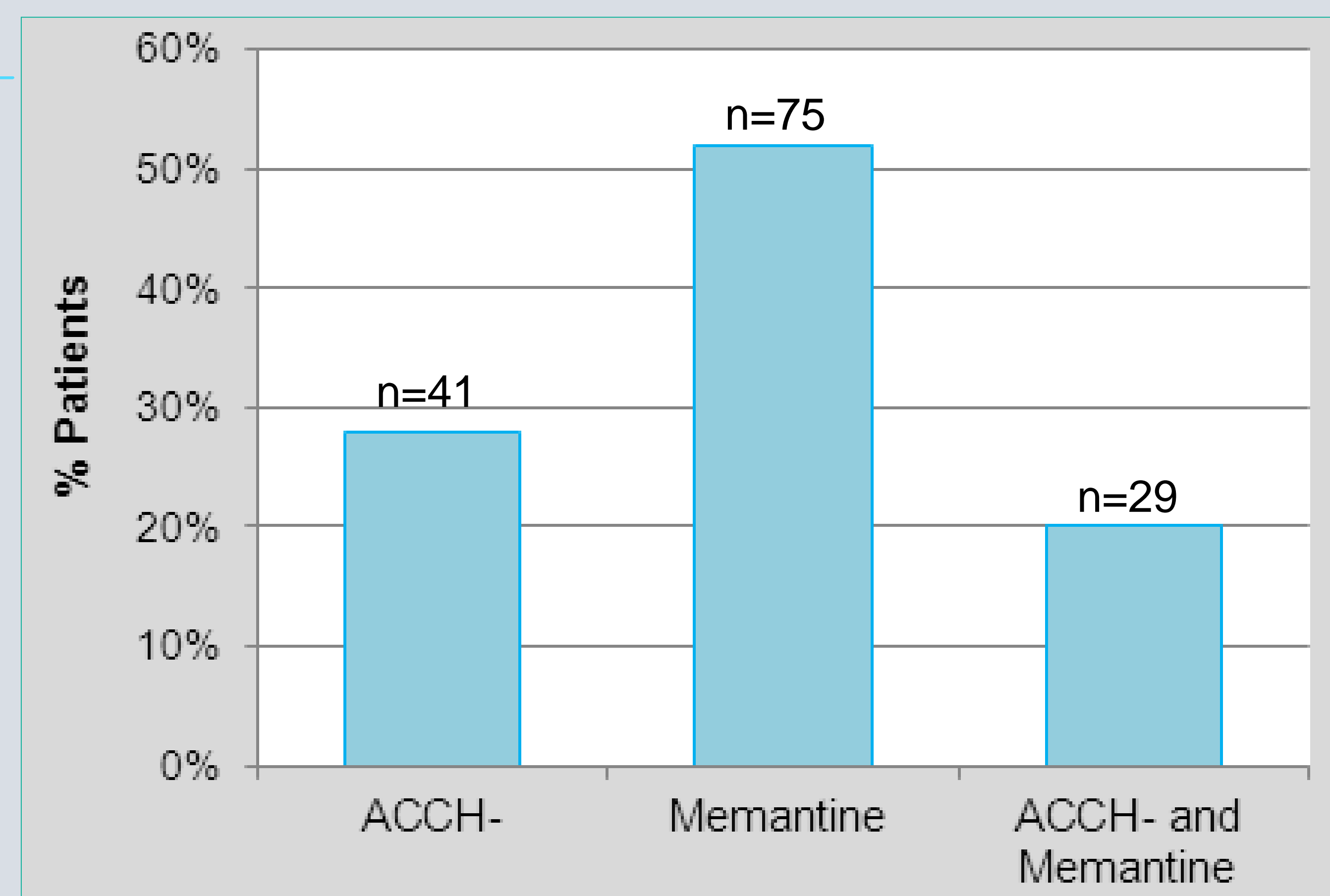
## Results

Among 416 patients included :  
**145 patients treated with ADD**

114/145 patients are  
treated for more than  
12 months



**Stages of Alzheimer's disease**



**Treatments of Alzheimer's disease**

### **Inappropriate treatments (13/145 patients = 9 %)**

- ACCH- monotherapy      3 severe stage patients
- Memantine monotherapy   3 mild stage patients
- ACCH- and Memantine      3 mild + 4 severe stage patients

### **Drug interactions that may increase the risk of cognitive impairment :**

- n = 63 with benzodiazepines
- n = 7 with antipsychotics
- n = 4 with atropinic drugs

## Discussion - Conclusion

The choice of the ADD is appropriate for 91% of patients, but the treatment is rarely reassessed and in about half of cases associated with a drug known for causing acute cognitive impairment.

This study will help us to develop a cross-functional approach between physicians and pharmacists to improve the prescribing of ADD in nursing homes.