

USE OF SPECIFIC DRUGS FOR DEMENTIA IN PEOPLE AT THE END OF LIFE IN NURSING HOMES

A. ZURUTUZA¹, I. BEOBIDE², B. MIRÓ², A. FERRO².

¹DONOSTIA UNIVERSITY HOSPITAL, PHARMACY, SAN SEBASTIAN, SPAIN.

²RICARDO BERMINGHAM HOSPITAL MATIA FOUNDATION, PHARMACY, SAN SEBASTIAN, SPAIN

Background

Acetylcholinesterase inhibitors (ACEIs) and memantine are drugs used in Alzheimer's disease (AD) and dementia with Lewy bodies or associated to Parkinson disease (LB-P). Its efficacy is limited and deprescription strategies are necessary when clinical, functional decline, advanced dementia and/or end of life occurs.

Purpose

To evaluate the use of anti-dementia drugs of institutionalized people who died throughout a year in the studied nursing homes.

Material and methods

Retrospective analysis of patients who died in 7 nursing homes between July 2017 and June 2018. We analyzed the Global Impairment Scale (GDS-FAST), the Barthel Index (BI), anti-dementia drugs and their withdrawal prior to the death of people diagnosed with dementia. The data were obtained from the electronic prescription system and analyzed with SPSS v20.

Results

Among 1125 people treated during the analyzed period, 183 (16.3%) died, identifying 128 (69.94%) cases of dementia. Of these, 56% were women, with a mean age of 89.9 ($s=6.54$) for women and 84 ($s=6.9$) for men, and the median stay was 613 days (IQR 1679). Cognitive and functional assessments were: GDS-FAST median 6 (IQR 1), BI median 17 (IQR 32).

The distribution of dementias had the following pattern: AD 51 (39.8%), vascular dementia 14 (10.9%), LB-P 6 (4.7%), mixed dementia 3 (2.3%), frontotemporal dementia 2 (1.6%) and other types 52 (40.6%).

41 (32%) patients had a specific drug for dementia during stay: ACEIs 27 (65.9%), memantine 9 (22%) and ACEIs + memantine 5 (12.2%). 73.2% of patients diagnosed with AD or LB-P had prescribed one of these drugs.

The median number of days from the suspension of the drugs to death was 11 (IQR 259.5). For this analysis, 4 cases with a stay shorter than 30 days were excluded. The cause of withdrawal of the drug could not be analyzed.

Conclusions

A high percentage of patients had prescribed anti-dementia drugs close to the death. We have to do an early identification of patients at the end of life and re-evaluate the effectiveness of these drugs during this period, applying if necessary, deprescription strategies.

