

REVIEW OF ALZHEIMER'S TREATMENT IN ELDERLY PATIENTS

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BACKGROUND

Alzheimer is the most common form of dementia reaching a prevalence of up to 20% in Spain's population over 80 years old. Even with the current existence of alternative therapeutical medicines, there is limited evidence regarding their effectiveness. Former available drugs present severe adverse effects (seizures, bradycardia, loss of balance, urinary incontinence...). Consequently, close monitoring is necessary to identify cases in which there are no clear signs of therapeutic benefit.

MATERIAL AND METHODS

Retrospective observational study of poly-medicated patients living in residential institutions aged up to 75 years, belonging to a medicine reconciliation Project during 2013.

Data collection of each patient's medical history included age, sex, degree of dementia and number of drugs taken to treat Alzheimer.

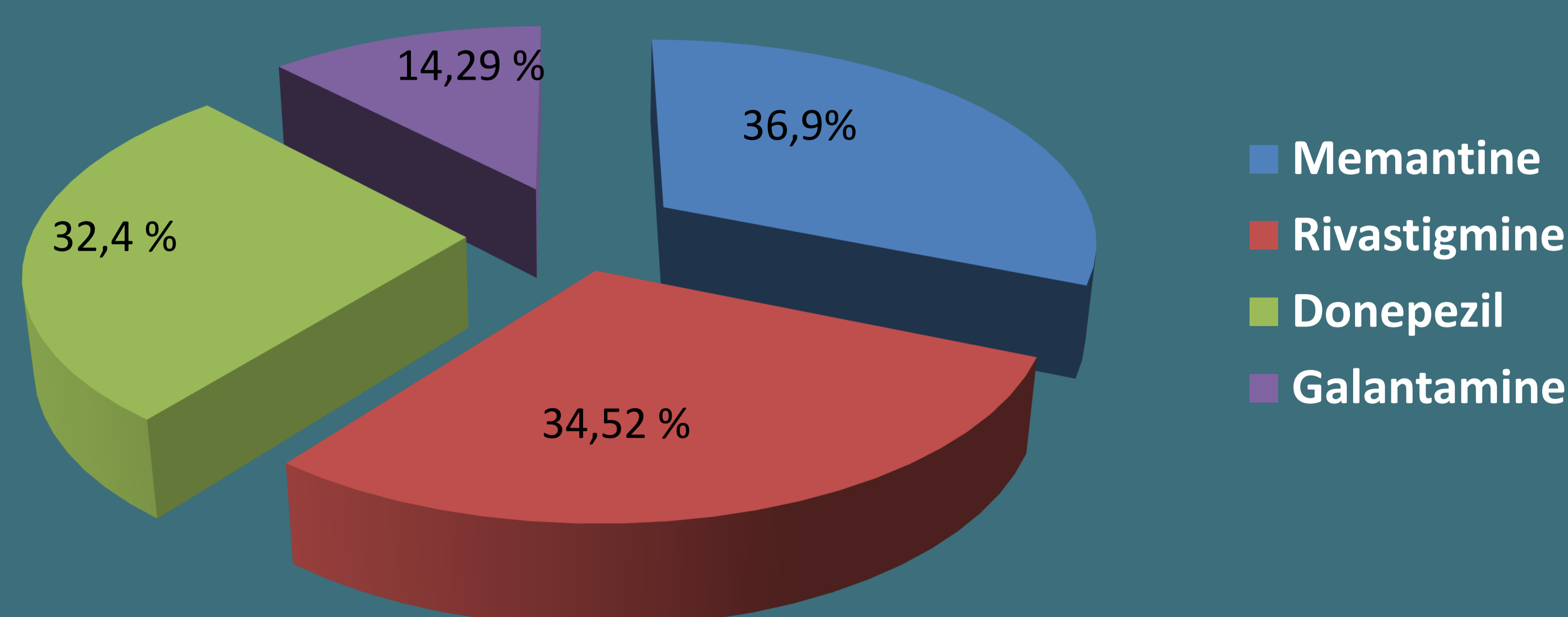
RESULTS

A total of 604 patients were analysed, from which 84 (13,9%) were being treated with anti-dementia drugs. Of these, 50 (59,5%) were females. The average age was 85,9 years, taking a medium of 10,5 daily drugs.

Memantine appeared to be the most common anti-dementia drug with 31 patients (36,9%), of whom 17 used it as monotherapy (20,24%), and 14 (16,7%) in association with Cholinesterase Inhibitors (IACE).

The most frequently IACEs used were Rivastigmine and Donepezil, with 29 (34,52%) and 27 (32,4%) patients respectively. On the other hand, Galantamine was the drug prescribed fewer times: 12 patients (14,29%). With regards to the degree of dementia and the therapeutic indications, 8 patients with severe dementia weren't being treated with Memantine, whilst 4 with mild dementia were using this drug. Moreover, one case of association Donepezil and Rivastigmine was identified.

Prescription of anti-dementia drugs in 84 patients



CONCLUSIONS

A total of 12 cases (14,29%) were identified where clinical guides analysed did not recommend the treatment. These findings, in addition to the potential adverse effects, reflect the need to revise and update treatments, adapting them to the medical condition of patients. This would ensure a more efficient and safe pharmacotherapy of Alzheimer.