GRP090

Therapeutic target in patients with dementia

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Objectives

To evaluate optimisation of the use of medicines in patients prescribed anti-dementia drugs

Materials and methods

In order to reach reasonable therapeutic objectives among geriatric patients, the proper use of BEERS and STOPP-START (Screening Tool of Older Person's Prescriptions- Screening Tool to Alert doctors to Right Treatment) criteria should be maximized.

The study population included patients who had been diagnosed with dementia, which was defined as patients prescribed ATC N06D medicines (Anti-dementia drugs). Outpatient pharmacological hospital profiles were reviewed at the time of admission to identify patients who might benefit from patient-centred interventions. Clinical judgment was used to detect potentially inappropriate prescriptions among these patients.

Results

Over one year (2010), 93 individuals (average age 81.9±3.8 years) were evaluated and prescribed a mean of 8.7±3.7 medicines.

Anti-dementia medicines were documented as follows: 33 patients were prescribed galantamine (35%) , 31 memantine (32%) , 16 rivastigmine (17%) and 15 donepezil (16%) (Fig1). Eight patients were given memantine in addition to one of others.

In practice, patients with advanced disease are often prescribed additional medicines. In this study, 39(42%) were prescribed neuroleptics, 45(48%) antidepressants and 44(47%) anxiolytics. All three classes were used in combination in 6(6%) patients, and 17(18%) were prescribed a two-drug combination of either anxiolytic/antidepressant or anxiolytic/neuroleptic.

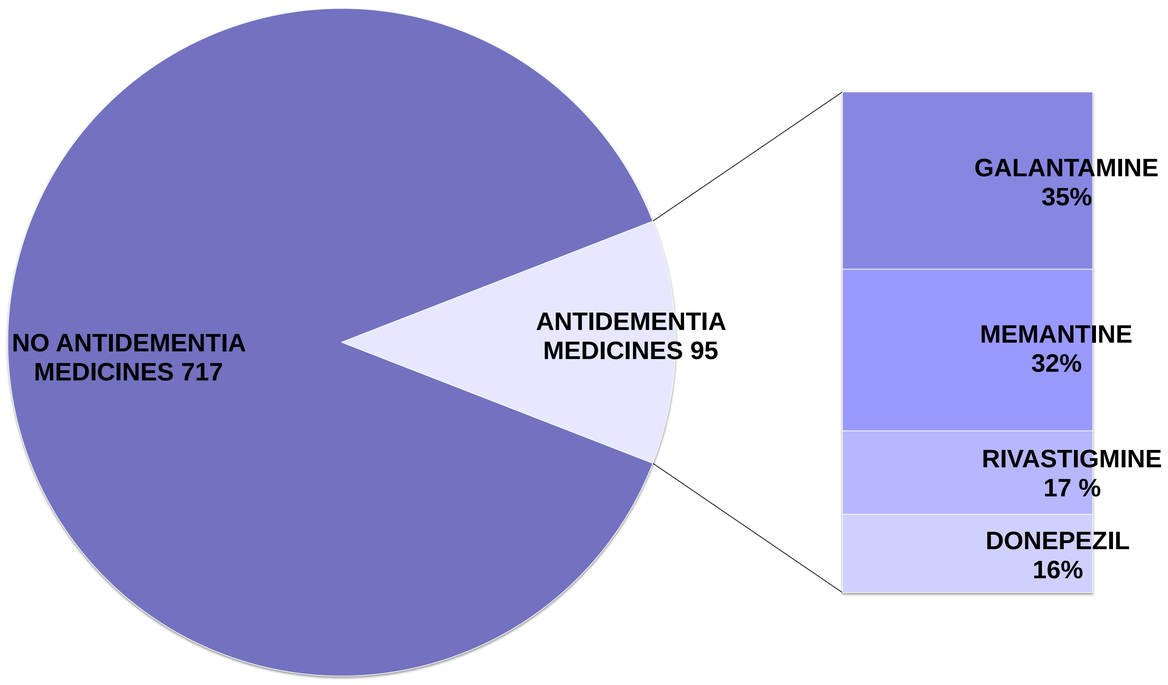

Fig 1: Anti-dementia medicines prescribed.

Four patients in our study were identified as candidates for changing the treatment to drugs with a lower anticholinergic potential (paroxetine). Statins were prescribed in 32(34%) patients. This class of drugs may not be warranted for patients diagnosed with dementia, as long-term benefit has not been fully demonstrated. Additionally, five patients were prescribed medicines from the N06BX Nootropics as citicoline, ATC classification; there is little evidence to support the use of these drugs. (Fig 2).

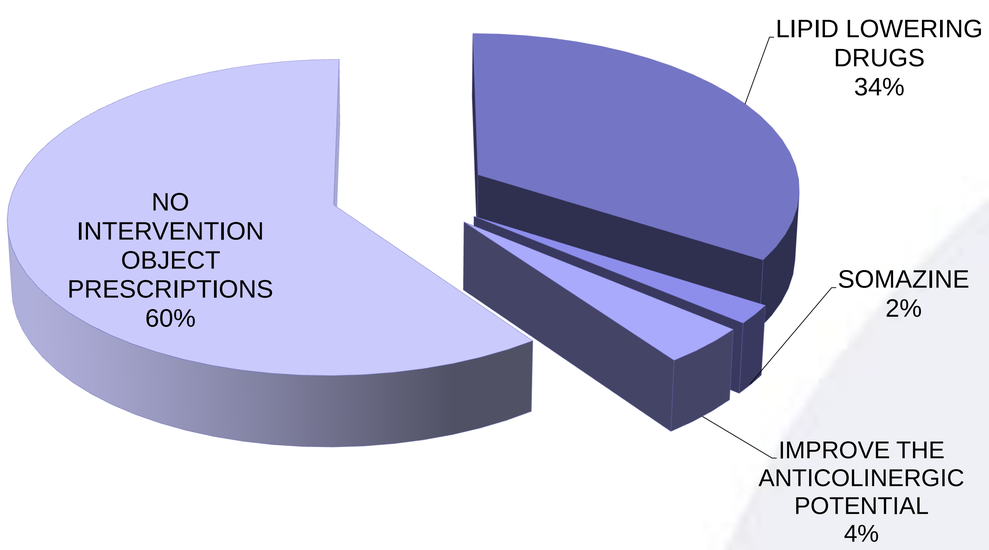

Fig 2: Potential improvement drug prescription

Discussion

As we have expected, the study population are high complexes patients treated with polipharmacy which medicines also have a high risk of ADR.

The improvement of patients security should include different aspects:

- The onset of therapeutic targets dispensing with medicines that won't give health benefit in advanced patients for example: HMG CoA Reductase Inhibitors.

- The detection of inappropriate prescriptions of medicines with misbalanced benefit risk changing them in to a safetier therapeutic alternative as for example paroxetine

- The prevention of low scientific evidence medicines as Nootropics (citicoline).

Conclusion

By increasing access to therapeutic resources, providers can improve medicines selection and monitoring in patients with complex disease states. As this study demonstrates, future focus is warranted to improve the care of patients with dementia by identifying therapy optimisation strategies.

No conflict of interest