Medication Appropriateness Tool for Comorbid Health conditions during Dementia (MATCH-D)

Consensus-Based Criteria

Dementia:

"A clinical syndrome characterized by a chronic progressive decline in neurocognitive function, specifically affecting memory, cognition, language, behaviour, emotional control, and social functioning beyond the expected effects of physiological aging and not attributable to an intercurrent illness.

The specific signs and symptoms of dementia and the rate of progression vary accordingly to the aetiology and individual. One or more aetiology may be present at the same time; the most common forms of dementia are Alzheimer's, vascular, Lewy body, and fronto-temporal dementia. "

Early-stage dementia:

"mild cognitive impairment with a preserved ability to self-care and undertake activities of daily living."

Mid-stage dementia:

"moderate cognitive impairment with physical function often preserved. People with mid-stage dementia may be living with support in the community or a low-care residential aged care setting."

Late-stage dementia:

"severe cognitive impairment and declining function (inability to recognise loved ones, unable to ambulate independently, incontinence of urine or faeces)."

Symptom relief is defined as medication prescribed to control active disease, maintain quality of life, and relieve discomfort/distress from comorbidities. It is based on current, active symptoms rather than historical or documented symptoms.

Preventative medication is defined as medication to prevent a future serious event or delay the progression of a comorbidity.

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Treatment goals

An important treatment goal for people living with dementia is to simplify the medication regimen.

Health professionals and the person living with dementia should discuss and document:

- treatment goals (early to mid-stage dementia only)
- likely prognosis
- writing an advance care directive to indicate their wishes for treatment in specific future scenarios
- using a dose administration aid to support medication use (early to mid-stage dementia only)

Health professionals and the carer or family of the person living with dementia should discuss and document:

- treatment goals
- likely prognosis
- document wishes for treatment in specific future scenarios

Medication side-effects

People living with dementia are:

- at higher risk of side effects than cognitively-intact people
- often unable to recognise side effects from their medications
- often unable to report side effects from their medications

Principles of medication use

When prescribing for people living with dementia, health professionals should:

- provide a current medication list that includes indications, administration instructions, and planned dates for review
- regularly monitor for actual benefit of each medication
- regularly monitor for actual side effects
- start new medications at the lowest therapeutic dose
- review doses frequently to see if a lower dose would be adequate
- change only one medication at a time
- assess impact of dementia on activities of daily living

Medication reviews

When reviewing medications use for people living with dementia, health professionals should check that each medication is:

- underpinned by a current, valid indication
- effective for that individual
- consistent with individual's care goals
- documented with a time frame to review

A medication review should be triggered by:

- a significant event (e.g. cardiovascular event, fall, fracture, hospital admission, residential care facility admission)
- increasing frailty
- resistance to taking medications
- belief taking medications is a burden
- writing a new prescription for the medication
- decline in cognitive function
- decline in ability to manage activities of daily living
- regular use of five or more medications

Preventative medications

When prescribing medications intended to modify the risk of a future event for a person living with dementia, health professionals should consider:

All stages

- functionality as the most important factor
- the potential benefits weighed against the actual harm
- potential for side effects
- actual side effects
- the risks of polypharmacy
- the administration burden
- maximise quality of life rather than prolong survival

Early-stage

- continue annual influenza vaccines indefinitely

Mid-stage

- continue annual influenza vaccines indefinitely
- use less stringent targets for blood pressure
- use less stringent targets for blood glucose
- cease lipid-lowering medications
- cease medications that have a longer potential time to benefit than the person's likely prognosis

Late-stage

- use less stringent targets for blood glucose
- only use diuretics for symptomatic management of heart failure
- cease antihypertensive agents
- cease lipid-lowering medications
- cease medications to manage osteoporosis
- cease anti-platelet, anti-coagulants and anti-thrombotic agents
- cease all medications that do not also provide tangible symptom relief
- cease medications that have a longer potential time to benefit than the person's likely prognosis

Symptom management

For people living with dementia, regular medications intended only to provide symptom relief should be:

- trialled for withdrawal every three to six months if the symptoms are stable
- reviewed regularly for efficacy
- reviewed regularly for side effects
- review doses frequently to see if symptoms can be adequately maintained on a lower dose
- maximised to alleviate distress

Psycho-active medications

For managing behavioural and psychological symptoms of dementia:

- use non-pharmacological strategies in preference to medications
- benzodiazepines should not generally be used, but
- short acting benzodiazepines can be useful for managing acute agitation provided use is monitored
- antipsychotics can be useful when prescribed at a low dose for a limited period to alleviate distressing neuropsychiatric symptoms
- antipsychotics should be considered if distressing behavioural symptoms are not responsive to other management strategies
- tricyclic antidepressants have a limited role, but
- tricyclic antidepressants may be useful in managing refractory neuropathic pain

Medications to modify dementia progression

To maximise cognitive function in people living with dementia, health professionals should:

- consider a trial of an anticholinesterase inhibitor
- consider a trial of memantine
- review dementia treatments with respect to desired benefits and actual side effects (i.e. memantine, anticholinesterases)
- stop dementia treatments in late stage dementia (i.e. memantine, anticholinesterases)
- maximise cognitive function by reducing exposure to medications with sedative and anticholinergic properties

Consensus statements that the experts DISAGREED with:

Expert consensus is thus that these practices are NOT recommended in the care of people with dementia

Treatment goals

These treatment goals are important for people living with dementia:

Early and mid stages

- the wishes and needs of family and carers should take priority over those of the person living with dementia
- it is acceptable to conceal medications in food or drink if the person with dementia refuses them

Preventative medications

When prescribing medications intended to modify the risk of a future event for a person living with dementia, health professionals should consider:

Early stage

- cease all medications that do not also provide tangible symptom relief
- cease anti-platelet, anti-coagulants and anti-thrombotic agents

Early and mid stages

- cease medications to manage osteoporosis
- cease antihypertensive agents

Symptom management

for people living with dementia, regular medications intended only to provide symptom relief should be continued indefinitely in people who are unable to reliably report symptom recurrence

Psycho-active medications

- for managing behavioural and psychological symptoms of dementia, antipsychotics are never appropriate for behavioural management
- for people living with dementia, long acting benzodiazepines can be useful, provided the risks are weighed against the benefits