

# MATCH-D Criteria: Late-stage dementia

## Medication reviews

Is there a trigger for a medication review? Select one

**The medication review is 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

**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

Medicines reviewed and are consistent with these criteria:

Medicines reviewed and are not consistent with these criteria:

## 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

## 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:**

- likely prognosis
- writing an advance care directive to indicate their wishes for treatment in specific future scenarios

**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

**Consider side effects as people living with dementia are:**

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

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### ***Preventative medication***

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

- 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
- 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 (if non-ambulant)
- cease anti-platelet, anti-coagulants and anti-thrombotic agents
- cease medications that have a longer potential time to benefit than the person's likely prognosis
- cease all medications that do not also provide tangible symptom relief

### ***Symptom management***

- 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
- regular medications intended only to provide symptom relief should not be continued indefinitely even in people who are unable to reliably report symptom recurrence

### ***Psychoactive medications***

- 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
- long acting benzodiazepines are not useful
- 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***

- stop dementia treatments in late stage dementia (i.e. memantine, anticholinesterases)
- maximise cognitive function by reducing exposure to medications with sedative and anticholinergic properties