

MATCH-D Criteria: Mid-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.
- The wishes and needs of family and carers should not take priority over those of the person living with dementia.
- It is not acceptable to conceal medications in food or drink if the person with dementia refuses them.

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

- treatment goals
- 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

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
- continue annual influenza vaccines indefinitely
- continuing antihypertensive agents though 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
- consider continuing medications to manage osteoporosis

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
- long acting benzodiazepines are not useful
- 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

- 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)
- maximise cognitive function by reducing exposure to medications with sedative and anticholinergic properties