1-108 Cholinergic and anticholinergic dilemma

TIPS Question:

An 82-year old active female has exhibited noted efficacy from an 8-month trial of Reminyl (galantamine) and is receiving the maximum dose of 24mg/day, based on assessment of clinical benefit and tolerability.

An acute exacerbation of pre-existing Meniere's Disease has resulted in ENT prescribing a maintenance dose of Gravol 25mg OD-BID. This dose was decreased to the pediatric dose of 15mg. following recommendations. History indicated other treatments were not tolerated. BP and salt restriction has been maintained. Physical status stable: no evidence of any abnormal findings. The problem is a noted increase in confusion and disorientation with the initiation of Gravol. Her husband is concerned with discontinuing the Gravol, as the vertigo she experiences places her at risk for falls. The couple live in a rural area. He is a competent caregiver.

Is there any indication for reducing the Reminyl? A trial of slowly reducing the Gravol dose has been discussed.

Response:

This is unfortunately not an uncommon dilemma in the elderly with complex needs where 2 conditions exist and unfortunately often many more in which the treatment of one may due to the side effects of medication make the other one worse. This is particularly true sometimes when we are dealing with psychosis and Parkinsons patients and the dilemma of using antipsychotics which may make EPS's worse and the Parkinson's worse while trying to treat the disabling consequences of their psychosis.

It is usually a process of trying to titrate to maximize the benefit of the drugs and minimize the risk.

Reminyl as you know enhances we think cognition by increasing cholinergic activity which is depleted in Alzheimers. Gravol, unfortunately, causes confusion and has anticholinergic properties so you see the dilemma. In this case I would not reduce the Reminyl. As it "may" be counter balancing the anticholinergic effects to some extent.

The lowest dose of Gravol is worth considering. I would also contact the neurologist again and see whether there is any other alternative with less potential for confusion in this lady. There has been some case reports of SSRI's helping with vertigo and it's worth discussing with the neurologist.

Please note: *TIPS information should be used similar to the way you would use information from a text book! TIPS is not intended to serve as an individual consultation service! P.I.E.C.E.S. participants should use this information in context and always work closely with the family physician involved in the care of the resident or client and with other Partners In Care to find solutions to individual resident/client issues.*