1-141 Cholinergics – place of resident

TIPS Question:

Went to a half-day seminar on Mental Health and heard a well-known geriatrician speaking about cognitive enhancers. He indicated that they should not be used in Long-Term Care. He stated that these meds should be used in community dwelling clients as they can slow down the progression of the disease at a time when the senior would derive benefit. It was strongly suggested that these meds should be stopped once the senior is placed in LTC.

I thought that the meds had been shown to help in targeting some challenging behaviours, particularly in those persons with Lewy Body Dementia. Is there a limitation in their effectiveness, depending on cognitive function of the individual?

Please advise.

Response:

The geriatrician is partially correct. The cognitive enhancers are and have been studied more thoroughly in the early stages of dementia with Alzheimer Disease in the community. Recent research has looked at measuring benefits in four areas.

1. The traditional one, cognition
2. Behaviour, particularly whether in fact it slows the onset or prevents the onset of behavioural problems
3. Abilities, i.e. function
4. Caregiver's time

Therefore, in assessing benefit we need to be clear of what we are targeting and measure accordingly.

In addition, recent data is showing benefits in moderate dementia and a mixed dementia, i.e. vascular and Alzheimer Disease. As well, there is a double blind control study in Lewy Body disease that showed promise.

I would suggest that it is not where a resident lives but more the diagnosis, symptoms, and stage of dementia that are important considerations.

One must however be mindful and be clear of the purpose and monitor closely for the common side effects. As you recall the most common side effects can be remembered by the acronym MIND – muscle cramps, insomnia, nausea, and diarrhea; and caution, i.e. be mindful of vulnerabilities to seizures, cardiac problems, asthma, and ulcer disease.

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.*