

After the Alzheimer's Diagnosis: Practical Advice for the Caregiver

Christina Mnatzaganian, Pharm.D., BCACP Sarah Lorentz, Pharm.D. July 14th, 2016





About Partners in Medication Therapy



An innovative venture of UCSD Skaggs School of Pharmacy and Pharmaceutical Sciences

- Mission is based on delivering best practices of care and developing innovative care models
- Goals include achieving optimal clinical outcomes and training future pharmacists

PMT offers medication therapy management (MTM) services:

- Pharmacists provide MTM to help patients get the most from their medications by managing drug therapy and by identifying, preventing, and resolving medication-related problems.
- Clients include: Self-insured employers, medical groups, health plans
- Services to individual clients coming soon (Fall 2016)

Clinical pharmacy faculty are:

- MTM providers, consultants to community partners, developers of new care models
- Licensed and credentialed in many pharmacy specialty areas



Outline

- Understanding Medications in Alzheimer's
 - Medication Management Tips
 - Avoiding Drug Interactions
 - Expectations of Medications
- Case: "Mr. Smith"
- How to Find a Part D Medication Plan





Medication Management Tips, Avoiding Drug Interactions, and Medication Expectations in Alzheimer's





Why do we Use Medications in Alzheimer's?

1. Improve memory and daily functioning

- Acetylcholinesterase inhibitors
 - For mild, moderate, and severe Alzheimer's
- NMDA blockers
 - For moderate-severe Alzheimer's

2. Treat behavioral and mood issues

- Antidepressants
- Anti-anxiety medications
- Antipsychotics (rarely used)





Acetylcholinesterase Inhibitors

Transmitting Neuron Receiving Neuron Acetylcholinesterase

- Acetylcholine
 - Chemical for brain nerve cell communication (memory and thinking)
 - As Alzheimer's progresses, brain makes less acetylcholine
 - Medication stops breakdown of acetylcholine so nerves communicate better
- Agents
 - Razadyne® and Razadyne ER® (galantamine)
 - Oral tablets and capsules for mild-moderate dementia only
 - Exelon® and Exelon Patch® (rivastigmine)
 - Oral capsules for mild-moderate dementia only
 - Patch for mild, moderate, or severe dementia
 - Aricept® (donepezil)
 - Oral or disintegrating tablet for mild, moderate, or severe dementia



Acetylcholinesterase Inhibitors (Cont.)

- Drug interactions
 - Increased effects with concurrent use
 - Tagamet® (cimetidine)
 - Nizoral[®] (ketoconazole)
 - Norvir® (ritonavir)
 - Paxil® (paroxetine)
 - Erythromycin
 - Decreased effects with concurrent use
 - Antihistamines (diphenhydramine, Benadryl®)
 - Bladder control drugs (tolterodine, Detrol®; oxybutynin, Ditropan®, Gelnique®)
- Side effects
 - Nausea, vomiting, diarrhea, muscle cramps, headaches, dizziness, appetite loss, and skin reddening





Cautions and Warnings

- Can worsen chronic obstructive pulmonary disease (COPD) or asthma
- Can cause blood pressure to go too low or fainting in patients who have a low heart rate or in patients taking certain medications for blood pressure
- Can increase gastric acid which is a concern to patients with history of peptic ulcers or patients taking nonsteroidal anti-inflammatory drugs

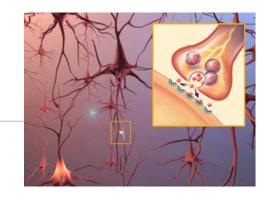




NMDA Blockers

- NMDA
 - Stimulated by chemical called glutamate
 - Too much stimulation causes decreased nerve cell function and eventually nerve cell death
- Agents:
 - Namenda® and Namenda XR® (memantine)
 - Namzaric® (memantine + donepezil)
- Drug interaction with acetazolamide
- Caution in seizure disorders or with liver impairment
- Must use lower dose in patients with moderate kidney disease
- Side effects: dizziness, headache, constipation

For moderate-severe Alzheimer's +/-Acetylcholinesterase inhibitor





Honest Expectations of Medications

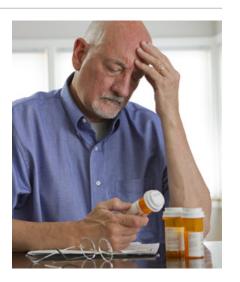
- They are not cures for Alzheimer's
- They will not significantly repair damage
- They will not stop the ultimate progress of Alzheimer's

- Mini-mental status exam scores with treatment can be variable
- May see slight improvement in scores but many patients will not have significant changes
- With time, scores will continue to decline, despite treatment
- There are no clear recommendations as to when to STOP treatment, however, once unable to speak, move freely, or provide any self-care, there is little reason to continue



Treatment of Behavioral and Mood Issues

- Depression
- Anxiety
- Sleep disorders
- Agitation
- Aggression
- Psychosis/delusions/hallucinations (less common)



Use medications for these ONLY after nonmedication strategies have been tried!



Mood and Sleep Disorders

- May be dementia complication or a side effect of treatment
- Consider non-medication management first
 - Communication methods
 - Therapeutic activities
 - Environmental modification
 - Group support (Alzheimer's Association <u>www.alz.org</u>)
 - Practice good sleep hygiene





Mood and Sleep Disorders (Cont.)

3.3₁

- For depressed mood
 - Citalopram (Celexa®), sertraline (Zoloft®), venlafaxine (Effexor®)
- For anxiety and sleep disorders
 - Avoid benzodiazepines due to decreased cognition and fall risk
 - Consider trazodone (Desyrel®) at bedtime for sleep or buspirone for anxiety
- For agitation or aggression
 - Low doses of antipsychotics only if risk for harming others or self



Medications that May Worsen Cognition

- Anticholinergic drugs
 - Amitriptyline
 - Cyclobenzaprine
 - Diphenhydramine (Benadryl[®])
 - Hydroxyzine
 - Oxybutynin (Ditropan[®], Gelnique[®])



- Diazepam (Valium[®]), Iorazepam (Ativan[®]), temazepam (Restoril[®]), clonazepam (Klonopin[®])
- Other commonly used drugs
 - Carisoprodol
 - Clonidine
 - Indomethacin
 - Proton pump inhibitors (Prilosec[®], Nexium[®], Prevacid[®], etc)





Consider Overall Health

- Successfully manage all other disease states
- Well-balanced, nutrient-rich diet
- Increase exercise
 - Increases mobility to maintain independence
 - Improves other disease states
 - Light exercise and walking shown to decrease wandering
 - Incorporate into daily routines and scheduled activities
- Non-pharmacologic management for cognition/memory
 - Crossword puzzles
 - Computer exercises
 - Reading
 - Word games





Medication Management Tips

- 1. Know each medication (prescription and OTC)
 - What is medication being used for? What positive effects should I look for and when?
 - How long will it need to be taken? How much should be taken each day? And when?
 - What if a dose is missed? What are the side effects? Drug interactions?
- 2. If miss doses for several days, may need to return to starting dose and slowly increase
- 3. Create and maintain an up-to-date-medication list; bring to doctors and pharmacies
- 4. Use a pillbox to organize medications, use alarms to remind to take medications
- 5. Alzheimer's patients should avoid anticholinergic drugs
- 6. Be aware of medications deemed unsafe for the elderly (Beers Criteria)
- 7. Mixed results with supplements (gingko biloba, vitamin E, etc); talk to doctor/pharmacist
- 8. Keep medications locked up if necessary
- 9. If patient refuses medications:
 - Provide a calm environment, find out what is distressing patient
 - Explain what you are doing and be patient
 - Talk to doctor or pharmacist about changing WHEN administered or if crushing pills is possible
 - Wait 10-15 minutes to calm down and try again
 - Remember that behaviors change over time



Case: "Mr. Smith"





Case: "Mr. Smith"

Age/gender/ education	90 year old male, attended some college
Medical history	 Hypertension Chronic heart failure Arthritis Alzheimer's dementia Benign prostatic hypertrophy
Allergies	No known drug allergies
Mini-mental state exam	 Score=21 (24-30 is normal, 17-23 is mild impairment, 10-16 is moderate impairment, <10 is severe impairment)
Patient/caregiver discussion	 Patient fell 6x in the last 2 weeks; no head injuries reported. He is bothered by his decreased independence, notices mood changes and irritability at bedtime, and has a hard time sleeping so starting using Benadryl[®] Previous physician started rivastigmine patch but was very costly (\$480/month) and didn't help; no longer using



"Mr. Smith's" Current Medications

Drug		Take for	1	When do	o I take it	?	ling 4 minetic in a
Name	Dose	Take for	Morning	Noon	Evening	Bedtime	Instructions
Furosemide (Lasix®)	40 mg	Blood pressure	X				Take daily
Metoprolol (Lopressor®)	25 mg	Blood pressure/ heart rate	X		X		Take twice daily
Klor-Con®	20 mg	Potassium supplement	X		Х		Take twice daily
Acetaminophen (Tylenol®)	500 mg	Arthritis pain	X		X		Take twice daily
Aspirin	81 mg	Heart health	X				Take daily
Tamsulosin (Flomax®)	0.4 mg	Prostate			X		Take at night
Diphenhydramine (Benadryl®)	25 mg	Sleep				X	Take at night



Areas for Discussion

Dementia	 Not on any agent Recommend trial of donepezil 5 mg at bedtime
Sleep	Stop Benadryl® as this may be worsening cognition Consider cortroling 25 mg at haddime for mood/cloop
Mood	 Consider sertraline 25 mg at bedtime for mood/sleep Practice good sleep hygiene
Falls	 Check that socks/shoes are non-slippery Remove home hazards Light up living space Use assistive devices



"Mr. Smith's" Personalized Medication Record

Drug		Take for		When d	o I take it?		Dootor	Instructions
Name	Dose	Take for	Morning	Noon	Evening	Bedtime	Doctor	instructions
Furosemide (Lasix®)	40 mg	Blood pressure	X				Moore	Take daily
Metoprolol (Lopressor®)	25 mg	Blood pressure/ heart rate	X		X		Moore	Take twice daily
Klor-Con®	20 mg	Potassium supplement	X		X		Moore	Take twice daily
Acetaminophen (Tylenol®)	500 mg	Arthritis pain	Х		Х		Moore	Take twice daily
Aspirin	81 mg	Heart health	X				Moore	Take daily
Tamsulosin (Flomax®)	0.4 mg	Prostate			X		Moore	Take at night
Diphenhydramine (Benadryl®)	25 mg	Sleep				X	ОТС	Consider stopping
Donepezil (Aricept®)	5 mg	Memory				X		Consider starting; discuss with Dr. Moore at next visit
Sertraline (Zoloft®)	25 mg	Mood and sleep				Х		Consider starting; discuss with Dr. Moore at next visit

"Mr. Smith's" Medication Action Plan (MAP)

The list below has important action steps to help you get the most from your medications.

Follow the checklist to help you work with your pharmacist and doctor to manage your medications

AND make notes of your actions to each item on your list.

Action Steps (What I need to do...)

Notes (What I did and when I did it...)

- □ Discuss with Dr. Moore: Consider starting donepezil 5 mg, one tablet at bedtime for mild memory loss/dementia.
- □ Discuss with Dr. Moore: Consider starting sertraline 25 mg, one tablet at bedtime for mood and sleep.
- □ Recommend STOP Benadryl® (diphenhydramine) 25 mg due to increased likeliness for falls, drowsiness, and possible drug interaction with previous Alzheimer's medication and newly recommended one above.
- **☐** Recommend initiate non-pharmacologic options:
- ☐ Increase walking to 10-15 minutes/day
- Watch for fall risks (wear non-slip shoes/socks, remove home hazards, light up living space, use assistive devices)





How to Find a Medicare Part D Plan







Medicare Plan Finder

You have the option to complete a general or personalized plan search. A personalized search may provide you with more accurate cost estimates and coverage information. To begin your plan search, please choose from one of these options below.

General Search A general plan search only requires your zip code. ZIP Code:
By selecting this button you are agreeing to the terms and conditions of the <u>User</u> <u>Agreement</u>
Find Plans D



Plan Finder Multimedia Step by step overview on how to complete a plan search Lesson 1- Getting Started Getting to the Medicare Plan Finder Wedicare Pl

Additional Tools

- Find PACE Plan(s)
- Find and compare Medigap policies
- Search by plan name and/or ID
- Enroll now
- Check your enrollment
- Medicare complaint form

Related Resources

- Extra Help paying for Medicare prescription drug coverage
- Helpful contacts
- 6 ways to lower your drug costs
- Download Plan Finder databases
- Helpful Tips

Step 1 of 4: Enter Information

All fields on the page are required unless noted as Optional.



Back to Top 🍨



Medicare.gov

A federal government website managed by the Centers for Medicare & Medicaid Services 7500 Security Boulevard, Baltimore, MD 21244



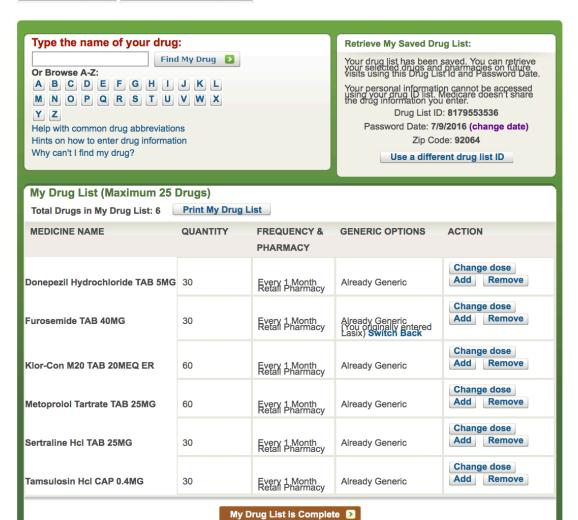
Sign Up / Change Plans	Take Action	Helpful Links
our Medicare Costs	Find health & drug plans	Site Map
What Medicare Covers	Find doctors, providers, hospitals & plans	Site policies & important links
Drug Coverage (Part D)	Where can I get covered medical items?	Privacy policy
Supplements & Other Insurance	Get Medicare forms	Nondiscrimination
Claims & Appeals	Publications	Accessibility
Manage Your Health	Information in other languages	FOIA
Forms, Help & Resources	Phone numbers & websites	No Fear Act
		USA.gov

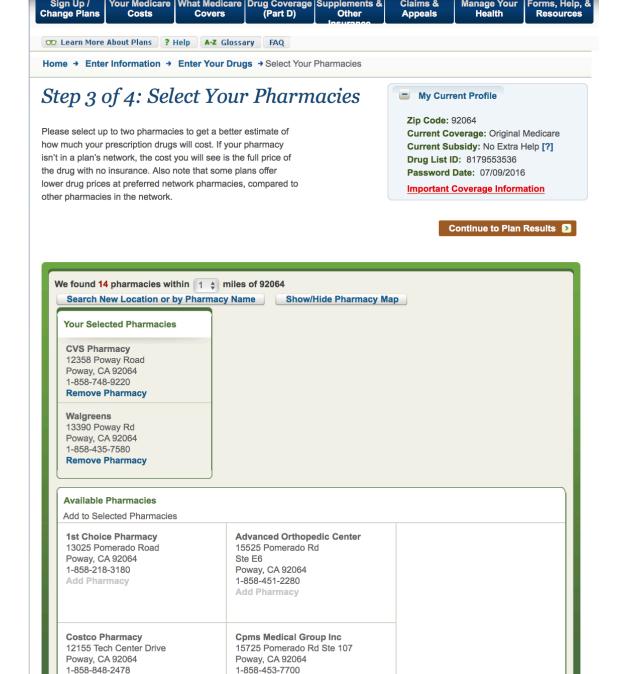
Step 2 of 4: Enter Your Drugs

Please select the information (e.g. dosing frequency) as prescribed by your doctor. Failure to enter information consistent with your prescription may result in the display of inaccurate pricing information. For example, if you select a frequency greater than that prescribed by your doctor, it may result in the display of the full drug cost rather than the appropriate cost-sharing amount. This will help us estimate your costs and allow you to see which plans cover your drugs. The site doesn't show pricing for most over the counter drugs or diabetic supplies. For more information, you may contact the plan.

I don't take any drugs I don't want to add drugs now

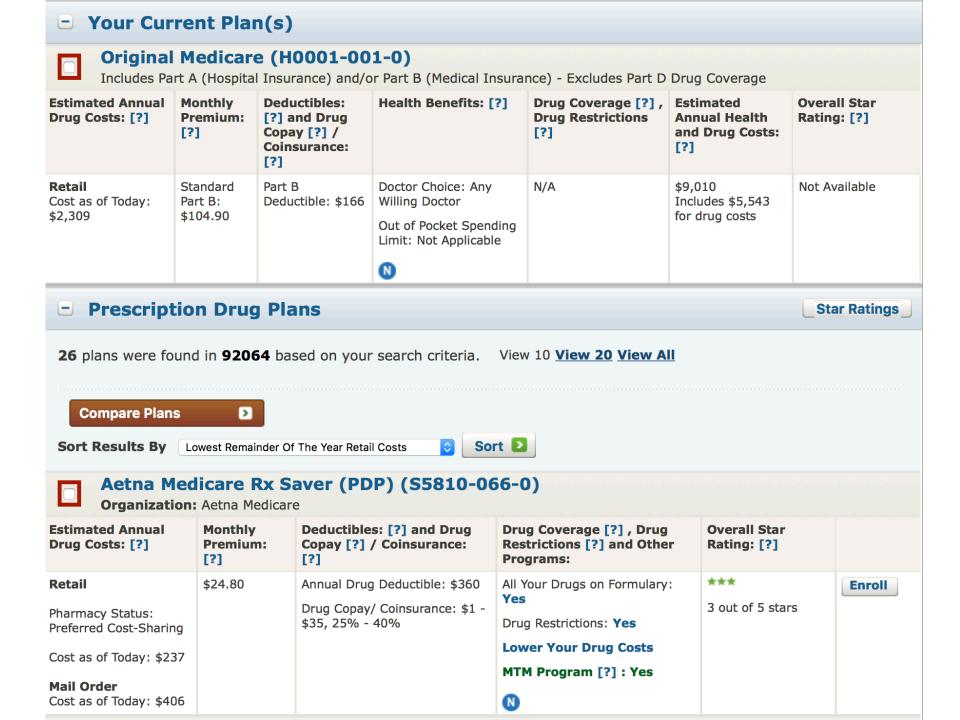
Zip Code: 92064
Current Coverage: Original Medicare
Current Subsidy: No Extra Help [?]
Important Coverage Information





Add Pharmacy

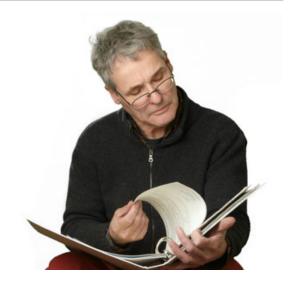
Add Pharmacy



Aetna Medicare Rx Saver (PDP) Transamerica MedicareRx Classic (PDP) (S5810-066) Plan Type: PDP (S9579-031) Plan Type: PDP Organization: Aetna Medicare **Organization:** Transamerica Life Insurance Company Members: 1-888-672-7206 **Members:** 1-877-238-6211 711(TTY/TDD) 711(TTY/TDD) Non Members: 1-855-338-7030 Non Members: 1-877-527-1958 711(TTY/TDD) 711(TTY/TDD) **Coverage:** Provides drug coverage only. **Coverage:** Provides drug coverage only. NOTE: Health Plan Benefits are based on Original Medicare NOTE: Health Plan Benefits are based on Original Medicare Ø Enroll Enroll Fixed Costs Monthly Drug Plan Premium [?] \$24.80 Monthly Drug Plan Premium [?] \$131.50 **Monthly Health Plan Premium [?]** N/A Monthly Health Plan Premium [?] N/A \$360.00 Annual Drug Deductible [?] \$360.00 Annual Drug Deductible [?] Medicare costs at a glance Medicare costs at a glance Estimate of What YOU Will Pay for Drug Plan Premium and Drug Costs **Cost at Walgreens Cost at CVS Pharmacy Enrollment** \$237.45 **Enrollment** \$942.95 Today [?] Today [?] **Cost at CVS Pharmacy Cost at Walgreens Enrollment Enrollment** \$408.75 \$914.45 Today [?] Today [?] Cost at mail order pharmacy Cost at mail order pharmacy

What are the Differences Between Each Plan?

- Each Medicare Part D plan is unique
 - List of drugs covered
 - Copay
 - Monthly Fee
 - Deductible
 - Coverage Gap



Specific plans change what they cover every year





Questions?

Thank you for your time!

