

3-29 Cognitive Enhancer and Dementia

TIPS Question:

A resident in our facility has been on Aricept 10 mg daily since for 3 year (prior to her admission). Her daughter is questioning whether the drug should be discontinued as she says: "I can't see it doing anything." This was stated to a locum physician when her mother's physician was on vacation. There has been no significant decline in the resident's status over the past 4 years. She remains pleasantly confused and disoriented to time. She requires direction for hygiene otherwise she would skip it and is able to dress independently. She is independent in toileting with only occasional incontinence. We feel that the drug is warranted.

My Question – I have learned (at the P.I.E.C.E.S. course) that taking a client off a cognitive enhancer can cause a rapid decline in status with little improvement on restarting same. Is there any documented information stating this fact specifically that can be shared with the daughter? How do we advocate effectively for the resident with an individual who is unreceptive? The resident's daughter works at another LTC facility (not as a nurse) and is openly hostile to our staff. She has made it clear that her mother is in our facility because her mother's friends are in this village.

What are the significant factors you have learned as a result of working through the six-question template?

- The P.I.E.C.E.S. 6-question template points you in directions you may not have considered

Response:

Your situation and question speaks to a very common problem in health care—the problem of lack of mutual understanding of the purpose for treatment. You are correct. Taking individuals off cholinergics has been associated with a decline that may not recover. This finding was seen in people with mild to moderate dementia. Is this the case in the more advanced dementias? We don't really know at this present time.

The decision should be based on the facts and identification whether the benefits outweigh the risks. I suggest you:

- (1) Review this woman in terms of side effects, i.e., muscle cramps, insomnia, nausea, diarrhea, and are they related to the drug (MIND); and
- (2) Assess potential risks, i.e., lowering seizure threshold, making asthma worse, causing heart rate conduction problems, exacerbating or producing ulcers, i.e., does she have a history of ulcers or is she on non-steroidal anti-inflammatories.

I would then look at benefits of the cholinergics; what have the cholinergics assisted with. Has it improved her cognition; has it delayed the decline? (It sounds like your resident has been fairly stable.) This may be due to the Aricept. Also, cholinergics have been found to delay the onset of behavioural difficulties, as well as improving cognition, decreasing caregiver time spent in caring. Also, recently there is a suggestion that those on cholinergics use less anti-psychotics for behavioural problems. Given the above risks and benefits, you might use the U-First! Framework to have a discussion with the daughter, i.e., talk to her about how she understands it, what she is seeing and observing. Have her (and you) reflect on the data and information and come together as a team in regards to moving forward, as well as identifying perhaps others that can help in clarifying some of the issues.

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.