

Medicines Optimisation Briefing – Dementia

The Royal Pharmaceutical Society's model of medicines optimisation describes four guiding principles (in the boxes below) to achieve three key outcomes: **a patient-centred approach, aligned measurement and monitoring of medicines optimisation** and most importantly **improved patient outcomes**.

Patient experience

I have dementia and I worry about telling people because of their reaction. I also worry about what the future holds for me and my family. Take time to listen to me; this may help me to find the right words and don't assume I will forget what you say. Find out what is most important to me right now; this may not be my medicines or health. If I have someone with me don't ignore me and just talk to them. Help me to be involved in decisions about my medicines and health whenever I can.

Steps you can take:

- Speak slowly and clearly to me, use open questions, allow me time to respond and be aware of your body language.
- Focus on what I can do, not what I can't do.
- Provide information in small amounts, supported by written information or reminder charts in a form that I can understand and use.
- If I fail to pick my medicines up regularly, contact me to ask how I am getting on

Safe and effective

Some medicines or combinations of medicines may trigger or worsen symptoms of dementia and should be avoided or withdrawn carefully. Administration of medicines may become problematic, especially in the later stages of dementia.

Steps you can take:

- Check when medicines are started that everyone involved is clear what they are for, how they should be taken and monitored, as well as when, how and why they should be increased or stopped.
- Look out for medicines with side effects or additive side effects that could trigger or worsen signs of dementia.
- Work with people with dementia and their carers to manage their number of medicines; reduce doses where possible and help them to avoid accumulating unused medicines.
- Use medication review tools to assess whether all medicines including over-the-counter medicines are appropriate.

Evidence - is the medicine appropriate?

People diagnosed with dementia and their carers may have high expectations of medicines. People with dementia may be unable to recognise their needs, know how to meet them, or communicate what they need to others. This may cause them to act in ways that are deemed as 'challenging'. If medicines are prescribed they should be regularly monitored and reviewed.

Steps you can take:

- Help people with dementia and their carers to understand that whilst medicines are available for some types of dementia, they have a limited place.
- Take a holistic approach to help people with dementia and their carers. They often have other conditions, such as hypertension, depression and diabetes; managing these may slow the progression of some forms of dementia.
- Help people with dementia to communicate or identify their unmet need, for example, pain, boredom or frustration, and challenge the inappropriate use of medicines such as antipsychotics, other sedatives and those with high anticholinergic burden.

MO as part of routine practice

People caring for people with dementia may think they are helping by administering their medicines to them covertly without taking into consideration the person's ability to make their own decision and the Mental Capacity Act 2005. It is important that people with dementia and their carers have all their needs met and this requires you to liaise with the multidisciplinary team involved in their care.

Steps you can take:

- Make notes on your PMR about how the person prefers to communicate, how they take their medicines, who their main carer is and how to contact them in emergencies.
- Signpost people with dementia and their carers to local support groups for further help and encourage both to have their annual flu vaccination.
- Make contact with the GP or care co-ordinator to signpost patients who may have memory issues to them, with permission.
- Encourage everyone in your team to become a Dementia Friend or Champion and join your local Dementia Action Alliance (DAA).

CASE STUDY 1

Richard Hounsell is a retired lawyer who was diagnosed with Alzheimer's disease two years ago.

His wife, Sheila, collects his medicines from your pharmacy for him. One day while one of your health care assistants, who is also a Dementia Friend, is having a chat with her, Sheila starts to cry. She says that Richard is a shadow of the man she once knew and she doesn't know how she is going to cope any longer; she keeps collecting all his medicines but Richard refuses to take them. You invite Richard, who is happy to be accompanied by Sheila, for a medicines use review. By asking Richard how he feels about his medicines, listening carefully to him and allowing him time to respond, you give him the opportunity to open up about his frustrations. He feels that he has been shunted from doctor to hospital with various investigations and told he has dementia, but feels left out in terms of decisions about treatment and control. He tells you that you are the first person who has listened to him for months and thanks you. Sheila also thanks you as she had no idea that he was feeling like this.

In subsequent appointments you go through the common symptoms of Alzheimer's disease with Richard and Sheila. They are able to relate these to their experiences so everything makes more sense to them both. You go through Richard's medicines with him and work out the best way to help him to remember to take them. Richard is now more interested in his medicines and he comes to collect them himself, sometimes with Sheila and sometimes on his own, so you and your team are able to look out for him and find out how he is getting on. He tells you that your signposting to local support groups really paid off because he has met another man about his age who also has dementia and they have become good friends.

CASE STUDY 2

You overhear Rachel, your pharmacy assistant, talking on the phone with the care worker who is responsible for administering medicines to Anika Khan, one of your patients who has dementia. You have supplied medicines to Anika in the form of tablets and capsules for the past three years. After a brief conversation, Rachel checks the BNF and calls the care worker back with information about whether donepezil, atorvastatin, ramipril and amlodipine are available as liquid formulations or can be crushed and added to liquids. After the phone call you have a chat with Rachel and ask if the call was about Anika. She confirms that it was so you ask if the care worker said why she was asking and Rachel says she doesn't know. You ask Rachel if she has considered that this may be a Mental Capacity Act issue and that the care worker may inadvertently be acting outside of the legal boundaries of the law. Rachel becomes very flustered and tells you that she hadn't considered that, she was just trying to help the care worker. She calls her back to find out more about the situation and it does indeed turn out to be a decision about medicines administration which requires the involvement of Anika, her family and her wider healthcare team.

Lifestyle messages

- Encourage patients to keep active and stay involved
- Suggest they attend local Singing For The Brain sessions, dementia cafés, tea dances or other support sessions
- Help people to create a life story book
- Individualise your advice to people with dementia and their carers with a particular focus on smoking cessation, alcohol, healthy eating and exercise

Where's the evidence?

- NICE
www.nice.org.uk/guidance/conditions-and-diseases/mental-health-and-behavioural-conditions/dementia
- Clinical knowledge summaries
<http://cks.nice.org.uk>
- The Dementia Evidence Toolkit
<https://toolkit.modem-dementia.org.uk>
- Dementia Action Alliance (DAA)
www.dementiaaction.org.uk
- NHS England dementia toolkit primer
www.england.nhs.uk/wp-content/uploads/2014/09/dementia-revealed-toolkit.pdf

Signposting patients

- Alzheimer's Society
www.alzheimers.org.uk
- Dementia UK www.dementiauk.org
- Carers Trust <https://carers.org>
- Carers UK www.carersuk.org
- NHS Choices www.nhs.uk/Conditions/dementia-guide/Pages/about-dementia.aspx
- DEEP guides on dementia
www.dementiavoices.org.uk/deep-guides
- Local support groups

Where can I learn more about this?

- CPPE www.cppe.ac.uk
- RPS www.rpharms.com
- Alzheimer's Society
www.alzheimers.org.uk
- College of Mental Health Pharmacy
www.cmhp.org.uk
- Dementia Friends
www.dementiafriends.org.uk
- Barbara's story <http://www.guysandstthomas.nhs.uk/education-and-training/staff-training/Barbaras-story.aspx>
- Dementia Interactive Care Pathway Toolkit
https://dementiaacademy.files.wordpress.com/2016/10/dementia-interactive-care-toolkit_280217_linked.pdf