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Dementia Dinner Recap

We were treated to a wonderful evening of education and fine dining on October 5th. Dr. Nathan Herrmann gave an insightful review of drug and non-drug treatments of dementia.

The discussion focused on behavioural and psychological symptoms of dementia. In many cases drugs can treat these symptoms effectively. Agitation, anxiety, depression, delusions and hallucinations are examples of disorders and symptoms that typically respond well to drugs. Unfortunately, screaming, hiding and hoarding objects, dressing and undressing in public areas, wandering and eating inedible objects, etc., do not respond well to drugs.

Antipsychotics shouldn't be used indefinitely in demented residents. They can often be stopped after several months without noticeable impact. Antidepressants should often be considered before, or in place of antipsychotics. Celexa® (citalopram) has been as effective as risperidone for treating agitation and psychosis in some studies. It achieves this with less sedation, a better side effect profile, and applause, rather than jeers, from MOHLTC.

Cognitive enhancers also have a significant role to play. Cholinesterase inhibitors (Aricept®, Reminyl® and Exelon®) are helpful for residents with negative symptoms (e.g. apathy, depression) but not as effective with positive symptoms, such as agitation and aggression. Ebixa® (memantine) works well with positive symptoms. Though uncovered, its cost has dropped since a generic form was introduced recently.

Finally, benzodiazepines are rarely a good choice in this age group. They cause confusion, delirium, sedation and falls, and rarely improve quality of life in any way.

Bisphosphonate Alerts

Until recently, we didn't have too many bad things to say about bisphosphonates (Actonel®, Fosamax®, Didronel®). GI upset, bone pain, hypocalcemia, and rarely, esophageal ulceration or osteonecrosis of the jaw, have done little to discourage us from using these drugs. We now have another reason to think twice before prescribing. Over the last few months, oral bisphosphonates have been linked to atypical femur (thigh) fractures. The injectable bisphosphonate, Aclasta®, has been associated with renal failure and death when used improperly or in unsuitable patients.

The femur fractures are rare and seem to occur after extended treatment (five years or more). Some clinicians are recommending bisphosphonate treatment be stopped or interrupted after five years. *Health Canada* and the *FDA* are studying the data to see if the fracture link is conclusive. In any event, these drugs prevent many more fractures than they may cause. For the time being, patients are being advised to watch for groin or thigh pain, as these precede femur fracture.

Aclasta® has gained some attention recently, because it is infused only once each year. Remaining upright and avoiding food and most beverages after taking the oral drugs can be a nuisance. Nursing time could be saved and resident/patient's lives simplified using this product. Infusion reactions had been a concern in the past. Now, reports of acute renal failure have prompted a warning from *Health Canada*. Preexisting renal impairment, advanced age, concomitant diuretic therapy and dehydration may trigger the development of renal failure. As such, this would be a challenging drug to use in our resident population.

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