



## BRINGING CLINICIANS TOGETHER TO DISCUSS CURRENT DRUG THERAPY

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Based on

The following succinct analysis appeared in *Pharmacist's Letter*.

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### PSYCHIATRY

Growing interest in *Nuedexta* (dextromethorphan/quinidine) will raise questions about how to treat agitation or psychosis in dementia patients.

About one in 6 nursing home residents take an antipsychotic.

But benefits are small at best. Plus, there's one more death for every 50 to 100 dementia patients on an atypical for 8 to 12 weeks.

Now some prescribers are trying *Nuedexta* instead for agitation. Dextromethorphan blocks NMDA receptors similar to memantine...and quinidine is added to boost dextromethorphan levels.

Preliminary, short-term evidence suggests *Nuedexta* might improve agitation in some Alzheimer's patients.

But *Nuedexta* isn't approved for agitation or psychosis...has many drug interactions...may increase fall risk...and costs about \$750/month.

Don't jump to *Nuedexta*...or other meds...for agitation or psychosis in patients with dementia.

Instead, narrow in on problem symptoms and investigate contributing factors. These can include pain, constipation, hunger, or boredom...drug interactions...or risky meds. See our Beers Criteria chart. Reinvigorate nondrug efforts...reducing clutter, redirecting attention, etc.

If a med is needed for agitation, suggest trying up to 20 mg of citalopram...or possibly trazodone, buspirone, or carbamazepine. All have limited evidence...but may be less risky than an antipsychotic.

Try to avoid benzos...due to the risk of delirium, falls, etc.

Recommend saving antipsychotics for patients who pose a danger to themselves or others...or have distressing hallucinations or delusions. This is in line with quality measures aiming to limit inappropriate use.

If an antipsychotic is needed, suggest risperidone, aripiprazole, or olanzapine for the most evidence. Consider quetiapine, if needed, for Lewy body dementia or Parkinson's...it's a weaker dopamine blocker.

Recommend using one-third to one-half the usual starting dose...titrating slowly...and tapering off if there's no benefit after 4 weeks.

Even if patients do respond, advise trying to taper within 4 months. Many patients CAN stop without relapsing, since symptoms may wax and wane.

See our updated chart, *Pharmacotherapy of Dementia Behaviors*, to compare meds...and use our algorithm to manage specific symptoms.

(For more on this topic, see Clinical Resource #330601 at [PharmacistsLetter.com](http://PharmacistsLetter.com).)

Primary Reference – Cummings JL, Lyketsos CG, Peskind ER, et al. Effect of dextromethorphan-quinidine on agitation in patients with Alzheimer disease dementia: a randomized clinical trial. *JAMA* 2015;314:1242-54.

See LEADER NOTES for answers to discussion questions

Discussion Questions

**Overview of current therapy**

1. **What is known about treating agitation or psychosis in patients with dementia?**

**Analysis of new study**

2. **What type of study was this? How were the patients selected for inclusion?**

3. **How were the study groups defined?**

4. **How were the outcomes evaluated?**

5. **What were the outcomes of this study?**

**6. What were the strengths and weaknesses of this study?**

**7. Were the results expressed in terms we care about and can use?**

**How should the new findings change current therapy?**

**8. Do the results change your practice? How?**

**Apply the new findings to the following case**

A.K. is an 87-year-old female who presents to your office with her daughter. A.K. is a “snowbird” and lives south with her son in the winter and in the northeast with her daughter during the summer months, and has recently arrived for her summer stay. She has a history of hypertension and Alzheimer disease, and has been well-controlled on amlodipine 10mg daily and donepezil 10mg daily. They present to your office today because they are concerned that A.K.’s dementia is worsening. She no longer drives or cooks for herself, but is able to do the rest of her activities of daily living independently. They ask if there is anything they can do to slow the progression of A.K.’s dementia symptoms.

**9. What can you tell A.K. and her daughter about treatments for Alzheimer disease?**

You discuss continuing donepezil and initiating nonpharmacologic therapies. A.K. and her daughter agree with continuing donepezil since A.K. is tolerating it well, and to work to develop a daily routine that includes exercise and socialization.

See LEADER NOTES for answers to discussion questions

A.K. and her daughter return 3 months later for follow-up. A.K. states she has been developing worsening insomnia. A.K. has developed a good routine for her day-to-day activities and has not had any recent disruptions to her schedule. She states that she is often awake until 2:00 a.m. and has been found wandering into the front yard by a neighbor.

**10. What can you recommend to improve A.K.'s sleep?**

You advise light therapy and minimizing daytime naps as much as possible, and discuss pharmacologic options. A.K.'s daughter has a deck area where A.K. can spend time during the day, so she decides she would like to see if increasing her exposure to daylight improves her sleep before trying a medication.

The following month, A.K. and her daughter return to clinic for worsening symptoms of agitation. A.K.'s daughter states that her mother's dementia has declined over the past month and that she often no longer recognizes where she is or well-known family members. She frequently becomes agitated and defiant, refusing to dress or eat, leave a public event, and has uncontrollable emotional outbursts. She has also become physically agitated once and tried to hit her son-in-law when he was guiding her out of the grocery store. A.K. denies any hallucinations or delusions. A.K.'s daughter is concerned for her mother's well-being.

**11. What are options for managing A.K.'s agitation?**

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**Additional Pharmacist's Letter Resources** available at [PharmacistsLetter.com](http://PharmacistsLetter.com)

- Chart, Pharmacotherapy of Dementia Behaviors. *Pharmacist's Letter/Prescriber's Letter*. June 2017.
- Algorithm, Pharmacotherapy of Dementia Behaviors. *Pharmacist's Letter/Prescriber's Letter*. June 2017.
- Chart, Drug-induced Long QT Interval. *Pharmacist's Letter/Prescriber's Letter*. March 2017.
- Chart, Parkinson's Dementia and Dementia with Lewy Bodies. *Pharmacist's Letter/Prescriber's Letter*. July 2016.
- Chart, Combining and Augmenting Antidepressants. *Pharmacist's Letter/Prescriber's Letter*. April 2016.
- Toolbox, Improving Care in Patients with Depression. *Pharmacist's Letter/Prescriber's Letter*. March 2016.
- PL VOICES, Improving Outcomes in Patients with Depression. *Pharmacist's Letter/Prescriber's Letter*. March 2016.
- Chart, Comparison of Atypical Antipsychotics. *Pharmacist's Letter/Prescriber's Letter*. February 2016.
- Chart, Off-Label Use of Atypical Antipsychotics in Adults. *Pharmacist's Letter/Prescriber's Letter*. June 2015.
- Chart, Preventing and Treating Delirium in Inpatients. *Pharmacist's Letter/Prescriber's Letter*. January 2015.
- Commentary, Pharmacotherapy of Bipolar Disorder in Adults. *Pharmacist's Letter/Prescriber's Letter*. December 2014.
- Toolbox, Chronic Meds in the Elderly: Taking a "Less is More" Approach. *Pharmacist's Letter/Prescriber's Letter*. November 2014.
- PL VOICES, Strategies for Augmenting Antidepressants. *Pharmacist's Letter/Prescriber's Letter*. September 2014.
- Chart, Choosing and Switching Antidepressants. *Pharmacist's Letter/Prescriber's Letter*. July 2014.
- Toolbox, Benzodiazepine Toolbox. *Pharmacist's Letter/Prescriber's Letter*. July 2014.
- PL VOICES, When and How to Use Drugs for Alzheimer's Disease. *Pharmacist's Letter/Prescriber's Letter*. May 2014.

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PL Journal Club gives you insights and guides you to the discoveries that *Pharmacist's Letter* researchers and editors uncover. Each month we analyze many new studies and help you discover the answers to the hard questions. "What are the real advantages and disadvantages of new therapies?" "How do they compare with other options?" "What do pharmacists and prescribers need to know?" We look beyond the headlines and promotional materials to interpret the clinical studies and data. Sometimes the marketing spin doesn't stand up to scrutiny. Sometimes studies do not really prove what they are reported to prove. PL Journal Club helps guide you to the truth and how to apply new findings to patient care.

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