



What is the clinical benefit of using anti-dementia medications in assisted living (AL) facilities?



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The clinical benefits of anti-dementia drugs in assisted living (AL) are no different than the benefits to dementia patients in *any* setting—slowing progression of disease maintains function, contributes to quality of life, and prevents placement into a setting requiring a higher level of care. Other probable benefits include improving behavioral problems, reducing caregiver time, and perhaps decreasing use of more dangerous medications such as anti-psychotics. To me, the clinical research in a majority of studies seems to support these conclusions.

These facts are especially relevant to AL for several reasons. There is an increasing number of AL residents and many will develop dementia as they age. Medications to slow the rate of dementia also keep residents in AL longer (good news for resident, family, and facility!). This may save money in the long term and is certainly consistent with many states' push towards increased attention to home- and community-based services.

More than anything, appropriate use of anti-dementia drugs should maintain resident function and quality of life, with the medications generally having very tolerable side-effect profiles. In an ideal world, this would translate into increased screening for dementia among AL residents, with resulting increased prescribing of these medications.

Knowledgeable physicians should be the leaders in educating families and facilities about this critically important issue.



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Regardless of the setting, I do not offer these medications to *everyone* diagnosed with dementia. Although it is not the purpose here to review all the controversies over the effectiveness of these medications, suffice it to say that if these medications are tried, the patient needs to be followed closely for side effects or ineffectiveness. In either case, the medications should be withdrawn.

The issue here is to determine the goal of the medication. What is the desired result? These medications are not effective in prolonging life or in treating behaviors related to memory loss. They have no proven effect on quality of life, and often result in a non-response, making families loath to allow the patient to be taken off the medication. Remember, no matter what erudite approach you take with the family, they *think* these medications will turn their loved ones into Einsteins, and are *convinced* that withdrawal of the medication will result in rapid decline.

If the goal is to try to gain a modest effect in improving memory, attention, language, and the ability to perform simple tasks, then the medications may be worth trying—as long as the patient is monitored for side effects, the family is given reasonable expectations, and a plan to remove the medication (if there is no improvement) is in place.

The use of the medication to prevent discharge of the patient because of inappropriate behaviors or significant safety concerns is not

warranted. Nor should the medications be used in the unsecured, AL setting for agitation, wandering, or delusions. Patients with these behaviors need a different, secured setting because monitoring in the usual independent setting is inappropriate.



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Appropriate use of medications is critical to successful management of persons with dementia in assisted living (AL). The challenge, of course, is to ensure that the medications are used properly, avoiding both over- and under-use. There are several steps a provider can take to achieve successful medication management in caring for persons with dementia:

1. Staff training

All staff handling medication should be trained on benefits, therapeutic uses, identification of side effects, and general medication management.

2. Prescriber Communication

A good relationship with the physician is critical. The AL facility should provide medications with a prescription only (including over-the-counter products, such as Vitamin E), and should communicate any adverse effects to the physician.

The prescriber also can be an important part of the care team by suggesting interventions other than, or in addition to, medications.

3. Regular auditing of medications

As with any medication, strict adherence to the prescriber's instructions is critical to the medication's effectiveness. Internal auditing can help insure appropriate medication administration. ALC