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Changes in antidementia medications at admission to the nursing home: Who decides and why? Results from a National Survey

Shiwei Liang, MS[1], Kate Lapane, PhD[1], Brian Ott, MD[2], Matthew Alcusky, PhD, PharmD[1]

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[1]Department of Population and Quantitative Health Sciences, University of Massachusetts Medical School, Worcester, MA; [2]Department of Neurology,

BACKGROUND

- Three-quarters of people with dementia spend some time in nursing homes before 80 years of age.[1]
- The two classes of antidementia medication with FDA marketing authorization, cholinesterase inhibitors (ChEIs) and the N-methyl-D-aspartate (NMDA) antagonist memantine, have been shown to provide modest symptomatic improvements in patients with Alzheimer's disease.[2,3]
- Consensus guidance on the pharmacological management of dementia in the nursing home is lacking, including clear recommendations regarding for whom treatment should be initiated and when treatment should be discontinued.
- Few studies have documented the decision-making process for pharmacological management of dementia in nursing homes, despite their importance as a care setting for persons with dementia.[4,5]

OBJECTIVE

- To describe factors associated with initiation and discontinuation of antidementia medications in nursing home residents with dementia..

METHODS

- Study Design and Participants: nationally representative survey of Directors of Nursing (DoNs) of 1,293 homes (response rate: 26.6%, n=340) sampled in strata defined by size (number of beds 30-99, 100+) and quality ratings (1, 2-4, 5), while oversampling homes with dementia units.
- Survey instrument: self-administered 8-page survey offered as online or paper with questions about dementia care and changes in medications for dementia management in the nursing home
- Analyses: Descriptive statistics including frequencies and percentages
- Weighting: Analyses were weighted to account for the design (sampling weights) and non-response.

Table 1. Perceptions of directors of nursing regarding the impact of resident, family and healthcare factors on decisions to initiate and discontinue antidementia medications in nursing home residents with dementia

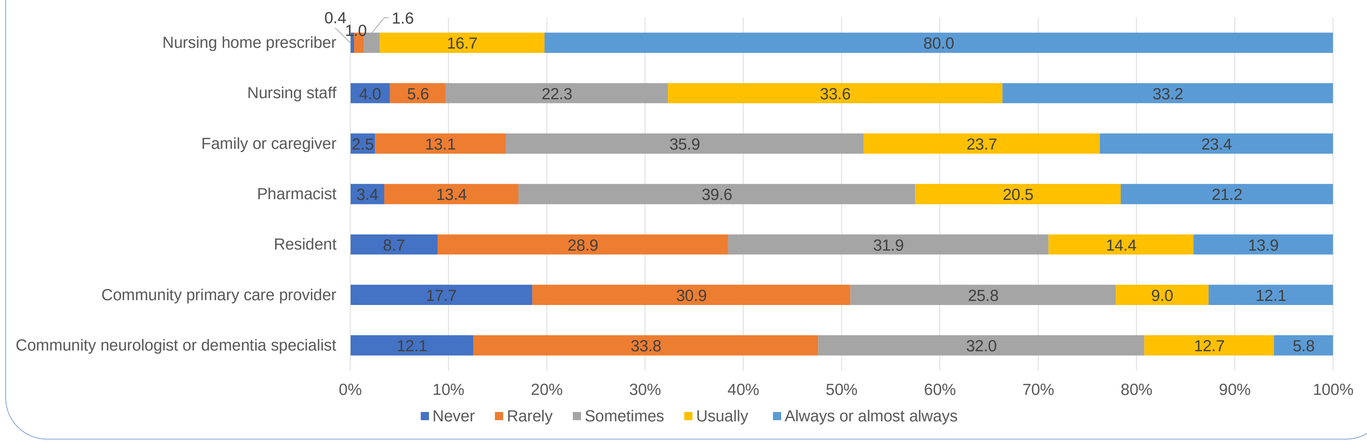
Panel 1. Impact on initiating antidementia medications

	Much less likely to start	A little less likely to start	No impact	A little more likely to start	Much more likely to start
Resident and family factors					
Severe impairment (cognition, daily functioning)	23.6	16.7	10.2	27.1	22.3
Aggressive or inappropriate behavior	3.0	5.5	12.3	34.3	44.8
Resisting care behaviors	2.9	6.4	16.7	42.3	31.6
Life expectancy less than 6 months	32.7	25.6	32.1	7.1	2.5
Resident wanting to start treatment	0.8	2.7	8.0	32.6	55.8
Family or caregivers wanting resident to start treatment	0.2	1.3	8.3	36.9	53.2
Healthcare factors					
Having a neurologist of dementia specialist involved in decision	2.4	1.7	13.9	29.6	51.9
Having a pharmacist involved in the decision	2.9	4.1	29.1	39.6	23.9
Having a nurse involved in the decision	1.2	1.7	16.8	56.0	24.3
Having hospice or palliative care services involved in the decision	9.1	6.6	20.2	41.8	22.3
Resident's insurance company not covering medication costs	28.1	30.4	30.8	8.6	2.2
Resident changing from community primary care to a nursing home physician	1.6	5.3	61.0	23.8	8.3

Panel 2. Impact on discontinuing antidementia medications

	Much less likely to stop	A little less likely to stop	No impact	A little more likely to stop	Much more likely to stop
Resident and family factors					
Progression to severe impairment (cognition, daily functioning)	5.1	7.1	14.7	33.5	39.2
Emergence of aggressive or inappropriate behavior	17.0	15.4	20.1	21.9	25.2
Emergence of resisting care behaviors	15.0	17.9	22.7	24.6	19.0
Life expectancy less than 6 months	3.7	4.5	34.6	28.3	28.5
Resident reluctance to discontinue treatment	30.2	31.0	16.7	13.0	8.8
Family or caregivers' reluctance to discontinue treatment	27.3	34.9	11.4	17.4	8.6
Healthcare factors					
Having a neurologist of dementia specialist involved in decision	7.5	6.5	10.7	28.0	46.5
Having a pharmacist involved in the decision	3.6	8.3	25.3	39.9	21.9
Having a nurse involved in the decision	3.3	9.7	21.6	48.1	16.4
Having hospice or palliative care services involved in the decision	3.5	7.0	14.6	42.4	31.5
Resident's insurance company not covering medication costs	6.9	7.4	32.1	22.9	29.8

Figure 1. People involved in decisions about medication changes for residents with dementia at nursing home admission



SUMMARY OF RESULTS

- Antidementia drugs were much more likely to be **initiated** if:
  - residents (55.8%) and family members (53.2%) wanted antidementia medications,
  - a dementia specialist was involved (51.9%),
  - resident had aggressive behaviors (44.8%),
  - resisted care (31.6%),
  - had severe physical/cognitive impairment (22.3%).
- Antidementia drugs were much more likely to be **discontinued** with:
  - dementia specialist involvement (46.5%),
  - progression to severe impairment (39.2%),
  - hospice involvement (31.5%),
  - < 6 months prognosis (28.5%),
  - emergence of aggressive behaviors (25.2%),
  - resisting care (19.0%).
- Antidementia medications were much less likely to be discontinued if residents (30.2%) and family (27.3%) were reluctant to discontinue.

CONCLUSIONS

- Less than one quarter of DoNs noted that family members were involved always or almost always in medication decisions at admission, but when involved they were influential
- However, 16.7% of DoNs reported that the resident had no immediate family/caregivers usually, almost always, or always, suggesting a need for advocates for residents without family/caregivers
- In some cases prescribing patterns appear to be inconsistent with therapeutic indications (e.g., no clear relationship between severe impairment and initiation of treatment).
- Real-world evidence on the risks and benefits of antidementia medications in nursing homes is needed to inform clinical guidance about appropriate use of antidementia medications in nursing homes.