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The *Australian Journal of Dementia Care* is published six times a year by Hawker Publications Australia Pty Ltd, 7 Conrad Place, Wishart, QLD 4122.

Printed by Spotpress, Sydney.

© Hawker Publications Australia Pty Ltd 2015  
ISSN 2049-6893

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www.journalofdementiacare.com

**Subscriptions** \$95 per annum (see page 40 for special offer) from DCA, (03) 8317 8163, dementiajournal@data.com.au

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# The importance of medication management



By **Dr Andrew Stafford\***, Director WA Dementia Training Study Centre and *AJDC* Advisory Board member

**M**y father had the misfortune of needing to be referred to a cardiologist some months ago. My parents asked me to attend Dad's first consultation in case there was a need to interpret some of the information that would be presented to them by the specialist.

Upon meeting me, the cardiologist inquired about my work and I briefly outlined my role as Director of the WA Dementia Training Study Centre. I was somewhat taken aback when he immediately asked, "But what do pharmacists have to do with dementia management?" I responded with a remark about the high frequency of medication use in people with dementia, and the conversation moved onto addressing my father's concerns.

However, that evening I reflected upon the exchange as I could not understand the cardiologist's question. Of the 342,000 Australians living with dementia, around 70 per cent of them live in the community, and over half of them take five or more different medications daily. Consequently, community pharmacies are often the most frequented health care destination for people living with dementia and their carers, and community pharmacists are the health care professionals they most commonly encounter.

Furthermore, specially accredited pharmacists have been providing clinical medication review services for people living in residential aged care (Residential Medication Management Review Services, RMMRs) and the community (Home Medicines Reviews, HMRs) for over 15 years.

Optimising medicine use for people with dementia is a particular priority as they are amongst the most vulnerable to adverse outcomes from inappropriate medication management. People with dementia frequently have a number of coexisting conditions which results in them requiring complex, frequently changing medication regimens.

Many commonly prescribed medications can exacerbate the symptoms of dementia; of particular concern are medications with anticholinergic effects, as these have been associated with an increased risk of hospitalisation and death in people with Alzheimer's disease. Difficulties with remembering to take medication often further complicate medication management with over 30 per cent of people with dementia not taking their medications regularly as intended.

The behavioural and psychological symptoms of dementia (BPSD) are frequently treated with medications, though most symptoms generally respond poorly, if at all, to pharmacological treatment. Although antipsychotics such as risperidone have been used for many years to treat BPSD, they are usually only effective for specific BPSD such as aggression in a minority of people and there is concern that the use of these medications may not always be consistent with evidence-based practice. Antipsychotic use for BPSD, even when used for short durations, is associated with a risk of a number of severe adverse effects, including movement disorders, falls and an increased risk of cerebrovascular accidents and death.

Numerous activities undertaken by community pharmacists have been shown to improve medication management for people with dementia. Some of these benefits include reductions in the use of medications that adversely affect cognitive function, optimisation of the use of antipsychotics and sedatives, and improved compliance.

I concluded from my exchange with my father's cardiologist that his comments were most likely a reflection of a limited understanding of the intricacies of assisting people with dementia and those who care for them.

For most people living with dementia, medication management is an integral part of their daily lives, and not getting it right may have serious consequences. Virtually every type of health professional has a role in assisting people living with dementia and their carers, whether it be nurses, allied health professionals or cardiologists. I believe that it is time to recognise and expand the roles that pharmacists may play too. ■

*\* Dr Stafford has a background in community pharmacy and maintains a clinical medication review consultancy in aged care facilities in WA and Tasmania. His research and clinical interests involve ways to optimise medication use, particularly in older people, focusing on quality of life and patient-centred care.*

**This issue of *AJDC* features two reports on the topic of medication management: an update on the HALT Project – an intervention to reduce inappropriate use of antipsychotic medication in people with dementia in aged care facilities; and outcomes from a recent national stakeholders' meeting discussing strategies to avoid the harms of multiple or unnecessary medication use in older Australians. We also look at an award-winning dementia care program in country Victoria, which has significantly reduced the use of antipsychotic and sedative medication among people in residential care.**