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Safe and Effective Use of Medicines in People With Cognitive Impairment

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Introduction

- Mental health pharmacists at CNWL
- CNWL is one of the largest trusts in the UK
- CNWL is an NHS provider of mental health, sexual health, physical health, addictions, eating disorder and learning disability services.
- CNWL provides a wide range of mental health services across Milton Keynes and the London boroughs of Brent, Harrow, Hillingdon, Kensington and Chelsea, and Westminster.



Objectives

- The impact of cognitive impairment on medicines management
- How to identify and assess cognitive impairment
- Which medicines to avoid
- Pharmacy's role in improving medicines management
- Dealing with medicines refusal
- The Mental Health Act (MHA) and Mental Capacity Act (MCA)



Dementia vs Delirium

Table 1 – Key differences between dementia and delirium

Features	Delirium	Dementia
Onset	Acute	Insidious
Precipitant	Yes	No
Course	Fluctuating	Usually stable
Level of consciousness	Impaired	Usually normal
Level of attention	Impaired	Usually normal
Mood and psychosis	Frequent	Rare
Prognosis	Reversible	Progressive decline



The Impact on Medicines Management

- **Decision making** – reduced ability to plan, organise and execute
- Risk of **unintentional non-adherence**
- Medicines management - involves the **functions of multiple domains**
 1. Obtain and access medicines
 2. Understand directions
 3. Schedule intake
 4. Adjust schedules
 5. Plan continuous access to medication
 6. Solve problems





The Impact on Medicines Management

- **Physical barriers** – access to medication, mobility, manual dexterity
- Increased **medication errors**
- Increased **ADRs**
- **Preventable** medication related **hospital admissions**
- **Dependence** on family/carers/nursing services



Identifying Cognitive Impairment

How can we detect the impact of cognitive impairment on the safe use of medicines?

- Impaired functional ability may not always be detected by HCPs or reported by patients
- A person's capacity to manage their medicines depends on the severity of cognitive impairment and their willingness and ability to cooperative



Assessing Cognitive Impairment

Assessment of medication self-management skills:

- Self report and informant **report** e.g. family member or carer
- **Cognitive** screening tools
- **Functional** assessment tools
- Direct **observation**
- **Self administration** medicines programmes



Our Role in Improving Medicines Management

- **Understand** your **patient** and their needs
- Assess **physical barriers**
- Provide suitable **information**
- Trial **self medication** prior to discharge
- Communicate **transfer of care** between primary and secondary care
- **Deprescribing** – simplify medicines
- **Avoid medicines** that worsen CI



Deprescribing

The aim of deprescribing is to **optimise medication** and improve health outcomes

- Tackling polypharmacy – symptom control vs risk of harm
- Benefits of deprescribing
- Risk – benefit calculation
- Cautious systematic withdrawal of medicines
- Patient centred care – capacity and informed consent



Deprescribing – case example

Patient MD 76 year old female with a diagnosis of dementia, prescribed medicines QDS, taking 22 tablets daily.

Pharmacy intervention:

1. Review acute, PRN and OTC medicines
2. Reduce number of administration times

Health outcomes:

1. Improved adherence/ reduced risk of medicines errors
2. Improved patient experience and health outcomes



Medicines to Avoid

- **STOPP/START tool** – STOPP helps to identify prescriptions that are potentially inappropriate in over 65s

Tricyclic antidepressants
benzodiazepines and hypnotics
Opioids
Antipsychotics
Anticholinergics

- **The Medicheck tool** – anticholinergic effect on cognition
20 – 50% of patients with dementia take at least one medicine with anticholinergic effects



THE ANTICHOLINERGIC EFFECT ON COGNITION TOOL

Disclaimer

- Medications with anticholinergic effects are known to increase the risk of cognitive impairment, dementia and early death in older adults.
- Anticholinergic drugs have a cumulative effect on cognition.
- The Anticholinergic Effect on Cognition (AEC) scale aims to help clinicians to identify which drugs have an anticholinergic effect on cognition and defines the extent of this effect.
- The AEC scale takes into account the anticholinergic effect of a drug, the extent of this effect, whether it is able to penetrate the brain or not and whether there are in fact reports of cognitive impairment with the drug to support the score given.

Note: This scale scores drugs according to anticholinergic safety only

Medications are categorised according to their anticholinergic score as follows:

3 Review and withdraw or switch

2 Review and withdraw or switch

1 Caution required

0 Safe to use

? Limited data - unable to scope



Anticholinergic Burden

Therapeutic area	Example
Atimuscarinics	Oxybutynin
Antiemetics	Prochlorperazine
First generation antihistamines	Chorphenamine
Antidepressants - TCAs	Amitriptyline
Opioid analgesics	Tramadol
Sedatives – benzodiazepines	Nitrazepam
Antipsychotics	Clozapine
Antiparkinsonian	Trihexyphenidyl
Antispasmodics	Hyoscine

Table 2 – Examples of highly anticholinergic medicines

Medicines for various therapeutic indications have anticholinergic effects

Dealing with medicines refusal

- ***Establish and understand why patient is refusing ***
- **All adults are presumed to have sufficient capacity to decide on their own medical treatment, unless there's significant evidence to suggest otherwise.**
- Does person have capacity?
- Are there good reasons for refusal?
- Has capacity assessment been done?



Why do patients refuse?

***Establish and understand why patient is refusing ***

I don't want
to take so
many
tablets

I didn't
take it
like this
at home

Unable
to give
a
reason

I can't
swallow
tablets

Patient lacks capacity to make informed decision

I Don't like
the taste

I don't like
the side
effects

I'm not
unwell so I
don't need it

The doctor
told me I
don't need
to take
them



Assessing capacity

An adult can only be considered unable to make a particular decision if:

- 1) They have “an impairment of, or disturbance in, the functioning of the mind or brain” (permanent or temporary)

- 2) They are unable to undertake any of the following steps:
 - **Understand** the information relevant to the decision
 - **Retain** the information
 - Use or **weigh the information** as part of the process of making the decision
 - **Communicate** the decision



Assessing capacity

Understand the information



Retain the information



Weigh up the information



Communicate decision



Document



MCA or MHA?

- Sometimes it is necessary to treat a patient against their will **if they lack the capacity to consent to treatment**
- Important to use the correct legal framework
- The Mental Health Act is limited to treatment for mental disorders
- The Mental Capacity Act can be used alongside to treat physical conditions



Mental Health Act 1983

The MHA allows medical treatment for mental disorder to alleviate or prevent a worsening of

- the mental disorder
- or one of its manifestations (eg Consequences of self harm)



Mental Capacity Act 2005

- Legal framework for acting and making health/social care decisions on behalf of young people (16 & 17) and adults who lack capacity to make specific decisions
- Establishes five key principles
- Follow MCA Code of Practice
- Establishes the legal test of capacity
- Best interests



Section 1 The Statutory Principles

Prior to assessment of capacity

1. Assume capacity
2. Assist with decision-making
3. People are entitled to make unwise decisions - doesn't necessarily mean they person lacks capacity

If person assessed as lacking capacity

4. Decisions are to be made in the *person's* best interests
5. Least restrictive options must be considered



Best Interests Checklist

- Does the decision need to be made without delay or can it wait until the person gains/regains capacity? If so let it wait
- Does the person have a valid and applicable advance decision or Lasting Power of Attorney? If not:
- Has the person named anybody to consult? If not:
- Is there anybody to consult?
- Involve the person in the decision-making
- Find out if ascertainable the person's wishes & feelings, beliefs & values
- Don't make assumptions based on the person's lifestyle, appearance, age, condition
- Consider & use least restrictive alternatives if consistent with best interests



Recap

- *Understand how to do a capacity assessment*
 - *Understand, retain, weigh up, communicate....*
- *Understand what legal frameworks are in place to treat someone who lacks capacity*
- Now think about the patient who lacks capacity, is refusing their medication and needs treatment...



Covert medication example

- Mrs A is an 85 year old lady on the mental health ward
- Refusing all medicines and not eating or drinking
- Consultant would like to give her meds covertly...

➤ What other information do we need?



Covert medication

Covert medication is the administration of any medical treatment in disguised form.

Essential that capacity assessment has been done and the patient lacks capacity to consent, otherwise unlawful to give concealed medication



Covert medication

Where covert administration is being considered as the most appropriate option the following principles should be seen as good practice:

- Last resort
- Medication specific
- Time limited
- Regularly reviewed
- Transparent
- Inclusive
- Best interest



Covert medication example

- Mrs A is an 85 year old lady with dementia with severe depression and psychotic symptoms. Currently an inpatient on the mental health ward under section 3 of the MHA. A capacity assessment has been done and she does not have capacity to consent to treatment. She is on atorvastatin, adcal D3, folic acid, levothyroxine, metformin, amlodipine, clopidogrel, quetiapine, clonazepam, sertraline, memantine.
- Can we assess which meds are required and which we can stop?
- What meds can we give covertly?
- What information does pharmacist need to supply?



Conclusion

- How we can make medication use safe in people with cognitive impairment
- Understand how to do a capacity assessment
- Understand what legal frameworks are in place to treat someone who lacks capacity
- Think about when covert medication use may be appropriate and what steps need to be taken before giving medicines covertly.





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