



Refusing Medications: Why, What and How?

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Outline of Topics

- Refusal to take medications
- Medications to ask about
- Dementia medications

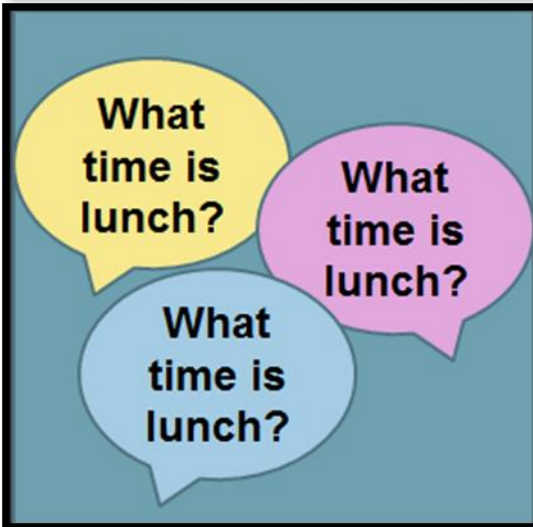




Refusal to take medications

Why would **you** refuse to do something?







Why?

- Forgetting/complex regimen
- Not understanding why
- Loss of control
- No motivation
- Side effects
- Difficulty swallowing
- Distrust





Forgetting/complex regimen

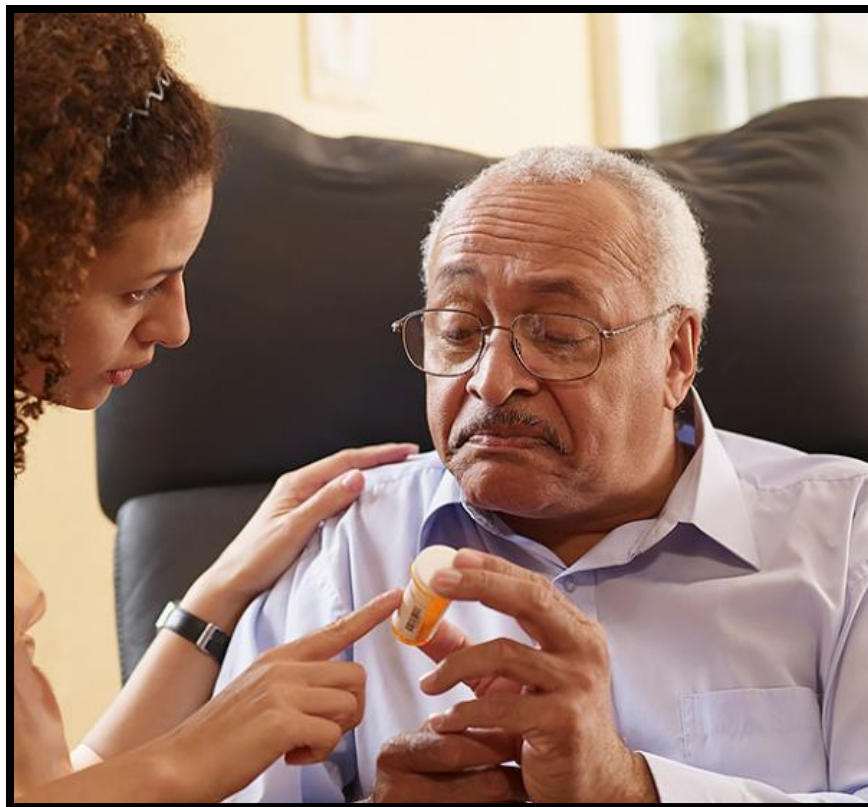
- Bubble packs
- Simplify – number and frequency
- Eliminate medications or supplements that aren't absolutely necessary
- Reminders





Not understanding why

- Anosognosia and amnesia
- Explain - if it works
- Do not engage in an argument





Loss of control

- Fundamental human need
- Ask why they refuse
- Let them do any part of it that they can
- Offer options
- Stick to a routine
- Be their medication buddy





No motivation

- Offer a reward
- Do it for someone they would want to please
- Identify other motivators



Video

<https://www.uclahealth.org/dementia/refusal-to-take-medications>



Side Effects

- Talk to your health care provider about side effects and strategies
- Try to avoid a prescribing cascade

WELL, THE **WHITE PILL** LOWERS MY BLOOD PRESSURE BUT MAKES MY **LEGS SWELL**, THE **YELLOW PILL** LOWERS THE SWELLING BUT **CAUSES ME TO PEE**, THE **BLUE PILL** STOPS ME FROM PEEING BUT **MAKES ME CONFUSED**, THE **TAN PILL** IMPROVES MY MEMORY BUT **MAKES MY NOSE RUN**, THE **PINK PILL** STOPS MY NOSE FROM RUNNING BUT **MAKES ME SLEEPY**, THE **ORANGE PILL** WAKES ME UP BUT **INCREASES MY BLOOD PRESSURE**, SO THE **WHITE PILL** LOWERS MY BLOOD PRESSURE BUT...



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Difficulty Swallowing

- Crush pills that can be crushed
- Cut a pill into two smaller pieces with a pill splitter
- Get an alternate form if possible
- Lots of water – Thicker fluids
- Always check with a pharmacist or doctor





Distrust

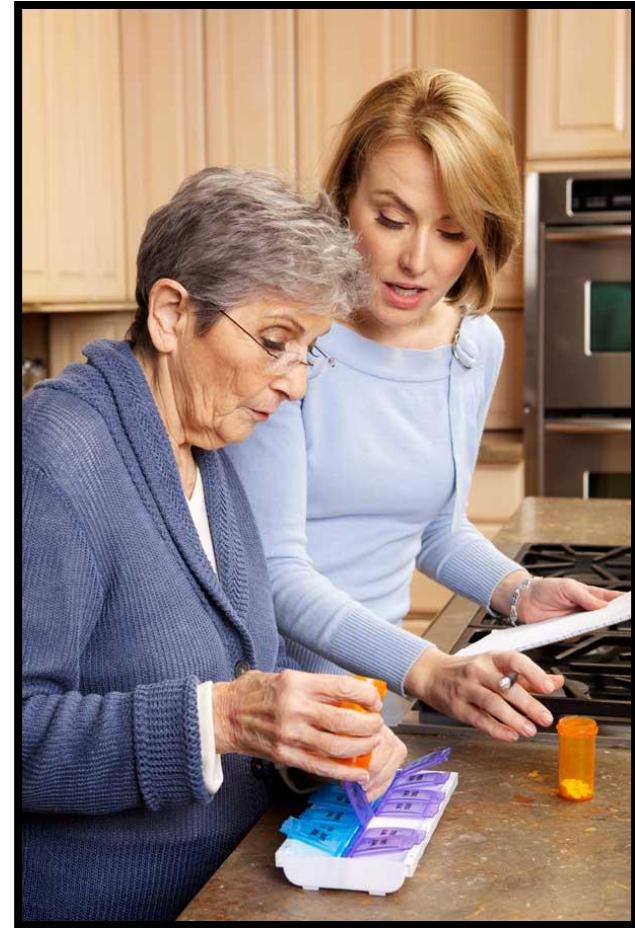


- Increase control
- Routine
- Stay positive
- Do not argue
- Change approach – would another time of day be better?



Next Steps

- Be flexible
- Don't take it personally
- Creativity
- Prioritize
- Support feelings of control





Next Steps

- Medication review
- Doctor &/or Pharmacist
 - What is really needed?
 - Reducing potentially harmful medications
 - Simplifying regimens







Medications to ask about

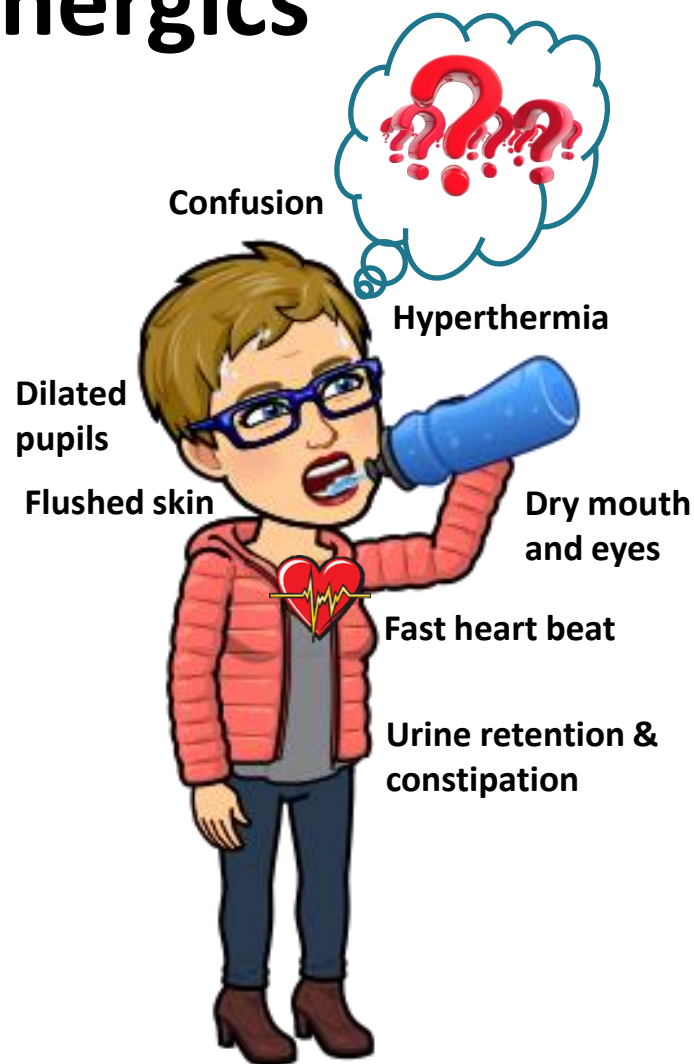
- Anticholinergics
- Benzodiazepines
- Non-benzodiazepine prescription sedatives
- Antipsychotics and mood-stabilizers





Anticholinergics

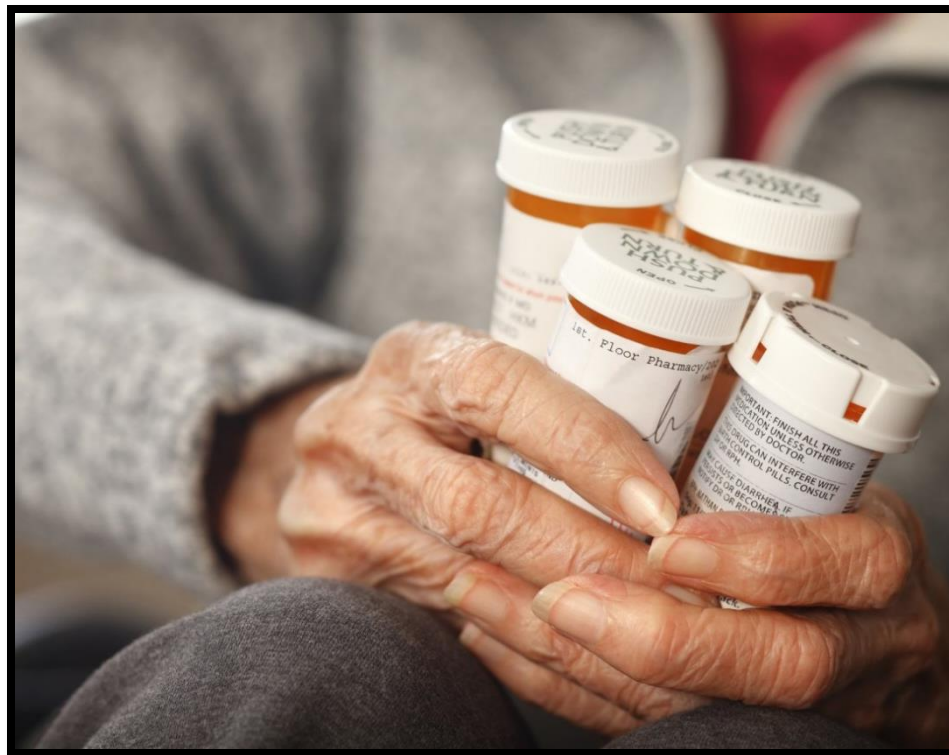
- Have the opposite effect of the cholinesterase inhibitors
- Affect thinking, cause dry mouth, dry eyes, flushed skin, drowsiness, constipation, delirium & hallucinations
- Many medications have anticholinergic properties e.g. antihistamines, some antidepressants, antipsychotics, muscle relaxants, urinary medications





Benzodiazepines

- The “pam” drugs
- Increase fall risk significantly
- Confusion, disorientation, inattention, reduced coordination, driving accidents
- Should not be stopped suddenly





Non-benzodiazepine rx sedatives

- The “Z” drugs
- Impair thinking & balance
- Originally thought to be safer than benzos but...not so much.








Antipsychotics & mood-stabilizers

- Increased risk of stroke, anticholinergic effects, sedation, falls, confusion
- May be reasonable to try if behaviours are severe & distressing and nothing else working



 : Likely to be helped by antipsychotics

 : Likely to have no benefit from using antipsychotics

 : Likely to have a stroke or die*



Antipsychotics & mood-stabilizers

- Adverse effects include:
 - Extrapyrimalidal symptoms (EPS)
 - Parkinsonism
 - Tardive dyskinesia (TD)
 - Anticholinergic effects (Ach)
 - Sedation
 - Falls
 - Hypotension (\downarrow BP)
 - Confusion
 - QT prolongation





Polypharmacy

- 5 or more medications a day increases risk of adverse effects
- Doctors should review medications annually
- Know what your medications are for and if they are helping or still needed
- Watch for a “prescribing cascade”
- Weigh risk/benefit





- Many medications can cause delirium
- Dosage and medication interactions can play a part
- Even medications you have been taking for a long time can cause problems
- Most supplements have very little or no evidence to support their use
- If you don't need it, don't take it







Dementia Medications

Cholinesterase Inhibitors

- Aricept (Donepezil)
- Galantamine (Reminyl)
- Rivastigmine (Exelon)

Glutamate Inhibitors

- Memantine





Dementia Medications

- treat symptoms but not a cure
- may stabilize progression for a time
- these drugs will not help everyone who tries them and an individual's response cannot be predicted
- may not be safe for people with some heart and lung diseases





Cholinesterase Inhibitors

- mild to moderately severe Alzheimer's disease and for people with dementia with Lewy bodies, vascular dementia or mixed dementia
- there is no evidence that they can halt or reverse the process of cell damage that causes the disease.





Cholinesterase Inhibitors

- increase levels of acetylcholine: a brain chemical that is important for memory
- may take as long as 12 weeks to begin working
- the type and length of response will vary from person to person
- most common side effects: nausea, diarrhea, insomnia, vomiting, muscle cramps, fatigue and loss of appetite, headaches, slower heart rate, incontinence
- may see modest benefits in overall cognitive function, behaviour & performance of day to day activities



Glutamate inhibitors

- works on glutamate: a brain chemical present in high levels in Alzheimer's disease
- for people with moderate to severe AD – may be some benefit for vascular dementia
- may see slower decline in cognition (memory, orientation, language) and function
- side effects, are usually mild: hallucinations, confusion, dizziness, headache, tiredness, high blood pressure, constipation, & anxiety



! COMPLICATED



