DANISH HEALTH AUTHORITY

NATIONAL CLINICAL GUIDELINE ON DEMENTIA AND MEDICINE

Quick guide

It is good practice to consider a break in treatment in terms of discontinuation of dementia drugs during clinical observation for persons with very severe dementia.

Good practice

In the event of clinical worsening, including declining functional level, increased need for care or increased incidence of behavioural disorders and psychological symptoms within 2-4 weeks of starting the break in treatment, the treatment should be resumed. It is essential to involve relatives and nursing staff in this assessment.
Upon discontinuation of dementia drugs, clinical follow-up is recommended.

Discontinue antipsychotic medication (as a general rule with tapering) in persons with dementia in long-term (› 3 months) treatment.

Strong recommendation

In general, long-term treatment with antipsychotics should be discontinued in persons with dementia, but there are cases where continued treatment is indicated. Regular reassessment of the need for treatment is essential in these situations. If the indication for treatment is uncertain, the patient, relatives, GP and/or nursing staff should be involved in clarification of the reason for initiation of the treatment.

The treatment should as a rule be tapered, but treatment with a low dose can generally be discontinued without tapering, provided there is detailed information on any withdrawal symptoms (e.g. sweating, nausea, diarrhoea, insomnia and motor disorders).

Consider offering melatonin to persons with dementia in the event of significant difficulty sleeping and/or circadian rhythm disorders. The treatment must be in addition to the non-pharmacological measures.

Weak recommendation

It is presupposed that non-pharmacological measures (e.g. going to bed at the same time and good toilet routines) have been tried before commencement of treatment with melatonin. Any contributory causes of sleep problems, e.g. pain, urination problems or shortness of breath, should be excluded. No difference between drugs with immediate release of melatonin and drugs with extended release has been established.

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Consider offering low-dose mirtazapine or mianserine to persons with dementia in the event of significant difficulty sleeping and/or circadian rhythm disorders, where treatment with approved drugs is inappropriate. The treatment must be in addition to the non-pharmacological measures.

Weak recommendation

It is presupposed that non-pharmacological measures (e.g. going to bed at the same time and good toilet routines) have been tried before starting the treatment. Any contributory causes of sleep problems, e.g. pain, urination problems or shortness of breath, should be excluded. Commencement of an effect on sleep is expected after 1-2 weeks of treatment. The treatment must be reassessed within 2-4 weeks, with regard to whether there is an indication for continued treatment, possibly with a dose adjustment.

Consider discontinuing use of antidepressants in persons with dementia without any known affective disorder who have been undergoing treatment for › 6 months.

Weak recommendation

Antidepressants should be discontinued gradually because of the risk of withdrawal symptoms. If the indication for treatment is uncertain, the patient, relatives, GP and/or nursing staff should be involved in clarification of the reason for initiation of the treatment.

Follow-up is important if the antidepressant treatment is changed. For most persons with dementia, discontinuation of antidepressant treatment will not cause any changes in emotional function or behaviour, but in some persons there may be a worsening of or change in behavioural disorders. In the event of worsening of BPSD and/or depressive symptoms, resumption of treatment should be considered, provided the symptoms are not just withdrawal symptoms. For persons with an affective disorder and antidepressant treatment started before onset of the dementia disease, considerations regarding discontinuation should be based on the status of the affective disorder. Involvement of relatives and possibly nursing staff is essential, and can contribute important information on any worsening of or change in behavioural disorders and depressive symptoms. Some persons with dementia in whom cognitive impairment is affecting communication may not verbally respond to a change as a result of discontinuation, thus medical follow-up in the event of relatives and nursing staff is essential.

It is good practice to refrain from or discontinue treatment with urological antispasmodics with an anticholinergic effect in persons with dementia.

Good practice

For assessment of anticholinergic drugs and potential alternatives please see 'Antikolinerge lægemidler og "antikolinerg belastning" – en praktisk tilgang' by Indsatser for Rationel Farmakoterapi (IRF) within the Danish Health Authority.

It is good practice to consider reducing (e.g. in the form of fewer administrations) or pausing treatment with paracetamol with a view to discontinuation under clinical observation if it is uncertain whether the patient is experiencing pain and/or an effect of ongoing paracetamol treatment.

Good practice

In the event of clinical worsening without any other cause within 2-4 days of dose reduction or discontinuation (e.g. pain symptoms or changed behaviour/behavioural disorders), treatment should be resumed.

Treatment with paracetamol may have been started for a reason that no longer applies. If the indication for treatment is uncertain, the patient, relatives, GP and/or nursing staff should be involved in order to determine whether there is any reason for the treatment.

It is good practice to consider reducing the dose of opioids with a view to discontinuation under clinical observation if it is uncertain whether the patient is experiencing pain and/or an effect of ongoing opioid treatment.

Good practice

In the event of clinical worsening without any other cause within days to weeks (e.g. pain symptoms or changed behaviour/behavioural disorders), treatment should be resumed.

Pain can fluctuate and disappear over time, thus the indication for treatment with opioids may have ceased. If the indication for treatment is uncertain, the patient, relatives, GP and/or nursing staff should be involved in clarification of the reason for initiation of the treatment.

It is good practice to pursue the existing recommended treatment targets for persons with dementia aged › 80.

Good practice

In accordance with a recommendation by the Danish Cardiological Society the treatment target for patients aged < 80 with a low to moderate cardiovascular risk is < 135/< 85 mmHg. For patients aged ≥80 the treatment target is < 145 systolic. For persons with a high cardiovascular risk the recommendation is < 130/80 mmHg [13].

Based on a review of the evidence it cannot be decided whether the treatment target for blood pressure in persons aged > 80 with dementia should be higher.

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About the quick guide

This quick guide contains the key recommendations from the national clinical guideline on dementia and medication. The guideline was prepared under the auspices of the Danish Health Authority.

The focus of the national clinical guideline is pharmacological treatment of persons with dementia.

The national clinical guideline contains recommendations regarding selected parts of the area, and it cannot be seen in isolation but must be considered in conjunction with other guidelines, process descriptions etc. in this field.

Further information can be found at sundhedsstyrelsen.dk
On the Danish Health Authority's website (www.sst.dk) the full version of the national clinical guideline is available, including a detailed review of the underlying evidence for the recommendations.

About the national clinical guidelines
This national clinical guideline is one of the national clinical guidelines being prepared by the Danish Health Authority during the period 2017-2020.

Further material regarding the choice of subject, method and process is to be found at www.sst.dk

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