Utilization of Anticholinergic and Sedative Medicines Amongst Australian Veterans with Dementia

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Introduction: Evidence suggests the use of anticholinergic and sedative medicines in dementia is associated with cognitive decline. It is therefore important to determine the extent of prescribing of anticholinergic and sedative medicines in those with dementia.

Aims: This study aimed to identify the extent to which medicines with anticholinergic and sedative effects are prescribed to older Australians prescribed dementia medicines.

Methods: Retrospective analysis of the Australian Department of Veterans' Affairs health claims database. Veterans dispensed anticholinesterases between February to May 2009 were identified and their subsequent prescriptions in June to September 2009 examined. Medicines with sedative or anticholinergic effect were derived from the Australian Medicines Handbook, MIMs and published review papers and then reviewed by a team of clinicians.

Results: 4,971 veterans were dispensed an anticholinesterase. Over half (57%, 2,822) were subsequently dispensed one or more medicines with clinically significant anticholinergic or sedative properties of which 22% were dispensed three or more potentially problematic medicines. Psycholeptics were the most likely to be dispensed (44%, 2,311). Fifty percent of the psycholeptics dispensed were antipsychotics and 31% hypnotics and sedatives.

41% of identified veterans received at least one medicine with anticholinergic properties. The most frequently dispensed anticholinergic medicines included the antipsychotic risperadone (663, 12%); the anticholinergic bronchodilator tiotropium (262, 5%); and the antidepressant mirtazapine (336, 6%), all of which have moderate anticholinergic activity.

Conclusions: Despite evidence and recommendations to avoid medicines that contribute to cognitive impairment, they continue to be prescribed frequently in the elderly with dementia.