

MEDICATION ADHERENCE IN DEMENTIA



INTRODUCTION

Research indicated that 87.7% of older adults aged between 62 and 85 years old are prescribed at least one type of medication, while 35.8% of them are taking a minimum of 5 types of medications. Non-adherence to medication in adults with Alzheimer's Disease ranges from 17% to 100%, primarily due to the complexity of prescribed medications and cognitive decline.¹ Medication non-adherence is defined as either under-taking or over-taking, omitting a single dose, deviating from a prescribed time or deviating from dose intervals.

CAUSES OF POOR MEDICATION ADHERENCE

1) Multiple medications (polypharmacy)

Individuals with dementia face significant challenges in adhering to medication due to the increasing frequency of polypharmacy and complex medication instructions.

2) Low levels of education and negative beliefs regarding medication use

Insufficient understanding of an illness, combined with negative behaviors, diminishes a patient's commitment to their medication schedule

3) Cognitive impairment

Poor memory and reasoning skills hindered adherence to medication regimen, including obtaining medications, understanding instructions, using pill organizers, and taking medication on time.

4) Dementia psychological symptoms

People with dementia might refuse medication due to delusional thinking or suspicion about the medications, or a depressed mood.

5) Caregiver stress/burnout

Caregivers who are burned out might face a psychiatric disorder and eventually lose their ability to perform caregiving tasks, including medication adherence.

6) Lack of social support

Individuals with dementia who live alone or lack assistance face a higher risk of missing or incorrectly taking their doses. Poor communication between patient and healthcare providers, along with receiving prescriptions from multiple physicians, contributes to misunderstanding regarding medication regimens.

COMPLICATIONS OF NON-ADHERENCE TO MEDICATIONS.

Rapid deterioration of disease.

Increased risk of falls and other health issues such as stroke, infection etc

Frequent hospitalization.

Increased risk of death.

Psychological burden upon family and/or caregivers.

INTERVENTION/STRATEGIES

01.



Administer medications in a calm environment with minimal distractions.

02.



Ensure that medication administration times are aligned with a consistent daily routine, such as mealtime or bedtime.

03.



Utilizing dose reminder charts along with reminders or alarms, can be beneficial for individuals with mild dementia.

04.



Break the medication process into a few steps and provide calm reassurance throughout each step.

05.



Use visual aids, simple language, and clear instructions when serving medication to individuals with dementia.

06.



Identify the factors that trigger resistant behavior in individuals with dementia and avoid or modify these factors. For example, if the individual appears paranoid about a new medication, keep the medication bottle out of sight.

07.



Simplify the medication regimen by discussing options with healthcare practitioners. This can involve reducing doses, frequency, or modifying the formulations (eg. liquid or patch-based).

08.



When considering medication delivery options, it is advisable to consult with a doctor or pharmacist. They can provide guidance on various methods, such as crushing pills that are safe to crush and mixing them with fruit juice for easier ingestion.

09.



In situations where persuasion does not lead to cooperation, caregivers can benefit from taking a brief break of 10 to 15 minutes. This pause allows the individual to calm down before returning to the medication task, potentially increasing the chances of a successful outcome.

This communication is for informational purposes only and does not constitute medical, health, or professional advice. It is not intended to replace consultation with qualified healthcare professionals. Recipients are strongly advised to seek appropriate professional guidance before making any decisions related to medical or health matters.

Reference:

1. Muñoz-Contreras, M. C., Segarra, I., López-Román, F. J., Galera, R. N., & Cerdá, B. (2022). Role of caregivers on medication adherence management in polymedicated patients with Alzheimer's disease or other types of dementia. *Frontiers in public health*, 10, 987936. <https://doi.org/10.3389/fpubh.2022.987936>