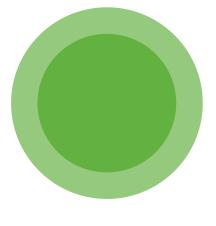
The Rate of Use of Acetylcholinesterase Inhibitors and/or the NMDA Antagonist Memantine in Long Term Care Dementia Patients at Risk for BPSD

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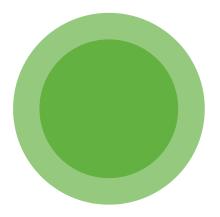


Table 1



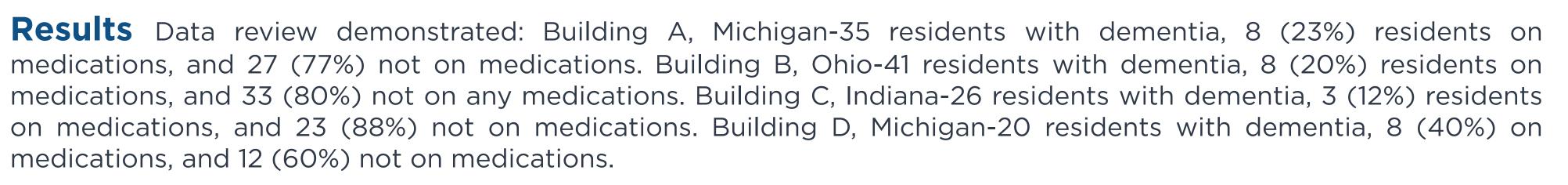
Background According to the CDC, 47.8% of long-term care residents have dementia and 98% of these residents are at risk for Behavioral and Psychological Symptoms of Dementia (BPSD). Acetylcholinesterase Inhibitors (AChEIs) and the NMDA blocker memantine separately provide improvements in cognition, function, and BPSD associated with Bui dementia. Data indicates that treatment with an AChEI and memantine in combination would be more beneficial for cognition, function, and BPSD than either drug separately. GuideStar Eldercare (GSE), a Neuropsychiatric Behavioral service agrees that this medication combination mitigates the development and severity of BPSD. We sought baseline data on long term care residents with dementia that are on either an AChEI, memantine, or both, to establish baseline information for clinical protocol development. We conducted this study to measure the levels of compliance with the standard of care that AChEI's and/or memantine be provided for the majority of dementia patients.

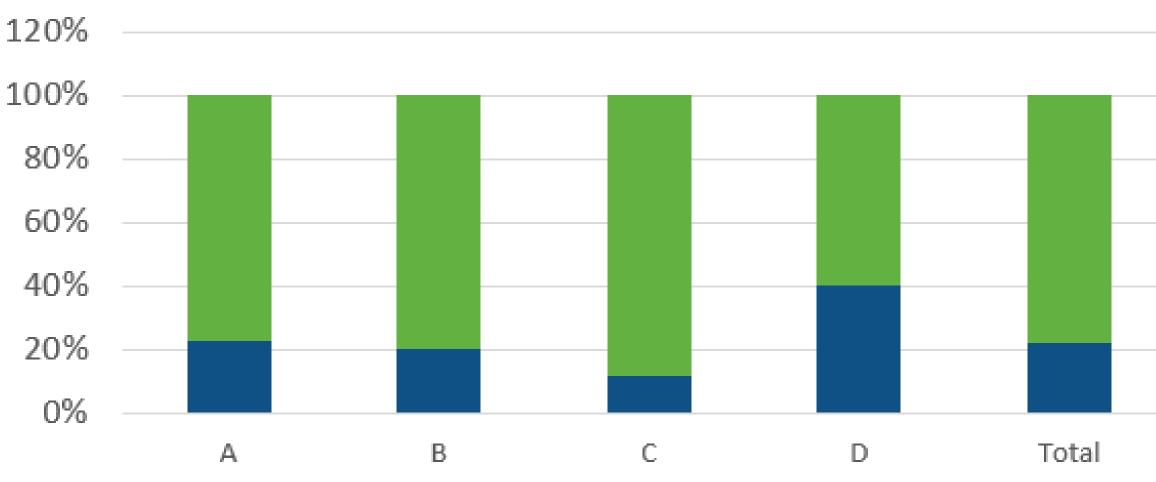
	Patients with	Patients with	Patients without
ilding	dementia diagnosis	medications (n(%))	medication (n(%))
Α	35	8 (23%)	27 (77%)
В	41	8 (20%)	33 (80%)
С	26	3 (12%)	23 (88%)
D	20	8 (40%)	12 (60%)
Total	122	27 (22%)	95 (78%)



Method sGSE selected four buildings that were new to our services. An audit of all residents to whom we had chart access was completed. Criteria included established dementia and AChEI and/or memantine use prior to initiation of our services. A ratio of those residents with a qualifying dementia diagnosis compared to those with AchEl and/or memantine use was calculated.

Figure 1





Conclusion Data review demonstrated: Building A, Michigan-35 residents with dementia, 8 (23%) residents on medications, and 27 (77%) not on medications. Building B, Ohio-41 residents with dementia, 8 (20%) residents on medications, and 33 (80%) not on any medications. Building C, Indiana-26 residents with dementia, 3 (12%) residents on medications, and 23 (88%) not on medications. Building D, Michigan-20 residents with dementia, 8 (40%) on medications, and 12 (60%) not on medications.

■ Patients with medications (n(%))

Patients without medication (n(%))

Interim Report on the CMS National Partnership to Improve Dementia Care in Nursing Homes. Department of Health and Human Services-CMS March 1, 2022 https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-14-19.pdf . Nursing Home Action Plan. Center for Medicare and Certification/CertificationandComplianc/Downloads/2016-2017-Nursing-Home-Action-Plan.pdf. Reducing Antipsychotic Medication Use in Nursing Homes: A Qualitative Study of Nursing Staff Perceptions. PubMed. July 1, 2022. https://pubmed.ncbi.nlm.nih.gov/28575301/