

DEPRESCRIBING CHOLINESTERASE INHIBITORS

gastrointestinal or ureteric obstruction. Cholinesterase inhibitors may aggravate peptic ulcer disease, seizures, heart block, bradyarrhythmias (including sick sinus syndrome), Parkinson's disease, asthma, and COPD. Treatment with medicines with anticholinergic activity reduces the therapeutic effect.

Memantine

Memantine (Ebixa, Memanza, Memantine) is indicated for moderate-to-severe Alzheimer's disease. Memantine may be associated with a modest reduction in clinical deterioration associated with Alzheimer's disease. Memantine may sometimes be added to cholinesterase inhibitor therapy. However, one study showed no improvement in cognitive and functional outcomes over 12 months when added to a stable dose of donepezil compared to donepezil alone. Memantine commonly causes confusion, dizziness, drowsiness, headache, insomnia, agitation, hallucinations, dyspnoea, and hypersensitivity. Rare side effects include seizures, rash, renal failure, cholestatic hepatitis, heart failure, and bradycardia.

Risk/benefit

It is estimated that about one-third of cholinesterase inhibitors and memantine use is potentially inappropriate. Benefits of cholinesterase inhibitors and memantine usually reduce over time. The likely harms outweigh the likely benefits to the individual resident. A proportion of people who have used these medications for over 12 months or outside an approved indication may be able to

