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Psychosocial interventions for Alzheimer's disease cognitive symptoms: a Bayesian network meta-analysis

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Abstract

Background
Alzheimer disease (AD) is the most common type of dementia with cognitive decline as one of the core symptoms in older adults. Numerous studies have suggested the value of psychosocial interventions to improve cognition in this population, but which one should be preferred are still matters of controversy. Consequently, we aim to compare and rank different psychosocial interventions in the management of mild to moderate AD with cognitive symptoms.

Methods
We did a network meta-analysis to identify both direct and indirect evidence in relevant studies. We searched MEDLINE, EMBASE, PsycINFO through the OVID database, CENTRAL through the Cochrane Library for clinical randomized controlled trials investigating psychosocial interventions of cognitive symptoms in patients with Alzheimer disease, published up to August 31, 2017. We included trials of home-based exercise(HE), group exercise(GE), walking program(WP), reminiscence therapy(RT), art therapy(AT) or the combination of psychosocial interventions and acetylcholinesterase inhibitor (ChEIs). We extracted the relevant information from these trials with a predefined data extraction sheet and assessed the risk of bias with the Cochrane risk of bias tool. The outcomes investigated were Mini–Mental State Examination (MMSE) and compliance. We did a pair-wise meta-analysis using the fixed-effects model and then did a random-effects network meta-analysis within a Bayesian framework.

Results
We deemed 10 trials eligible, including 682 patients and 11 treatments. The quality of included study was rated as low in most comparison with Cochrane tools. Treatment effects from the network meta-analysis showed WP was better than control (SMD 4.89, 95% CI -0.07 to 10.00) while cognitive training and acetylcholinesterase inhibitor (CT + ChEIs) was significantly better than the other treatments, when compared with simple ChEIs treatment, assessed by MMSE. In terms of compliance, the pair-wise meta-analysis indicated that WP and HE are better than GE and AT, while CT + ChEIs, CST + ChEIs are better than other combined interventions.

Conclusion
Our study confirmed the effectiveness of psychosocial interventions for improving cognition or slowing down the progression of cognitive impairment in AD patients and recommended several interventions for clinical practice.

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DRUGS AND AGING

Paracetamol in Older People: Towards Evidence-Based Dosing?

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Abstract

Paracetamol is the most commonly used analgesic in older people, and is mainly dosed according to empirical dosing guidelines. However, the pharmacokinetics and thereby the effects of paracetamol can be influenced by physiological changes occurring with ageing. To investigate the steps needed to reach more evidence-based paracetamol dosing regimens in older people, we applied the concepts used in the paediatric study decision tree. A search was performed to retrieve studies on paracetamol pharmacokinetics and safety in older people (> 60 years) or studies that performed a (sub) analysis of pharmacokinetics and/or safety in older people. Of 6088 articles identified, 259 articles were retained after title and abstract screening. Further abstract and full-text screening identified 27 studies, of which 20 described pharmacokinetics and seven safety. These studies revealed no changes in absorption with ageing. A decreased (3.9–22.9%) volume of distribution (*V*d) in robust older subjects and a further decreased *V*d (20.3%) in frail older compared with younger subjects was apparent. Like *V*d, age and frailty decreased paracetamol clearance (29–45.7 and 37.5%) compared with younger subjects. Due to limited and heterogeneous evidence, it was difficult to draw firm and meaningful conclusions on changed risk for paracetamol safety in older people. This review is a first step towards bridging knowledge gaps to move to evidence-based paracetamol dosing in older subjects. Remaining knowledge gaps are safety when using therapeutic dosages, pharmacokinetics changes in frail older people, and to what extent changes in paracetamol pharmacokinetics should lead to a change in dosage in frail and robust older people.

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Contribution of Patient Interviews as Part of a Comprehensive Approach to the Identification of Drug-Related Problems on Geriatric Wards

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Abstract

Background
Inappropriate prescribing is linked to increased risks for adverse drug reactions and hospitalisation. Combining explicit and implicit criteria of inappropriate prescribing with the information obtained in patient interviews seems beneficial with regard to the identification of drug-related problems (DRPs) in hospitalised patients.

Objective
We aimed to investigate the inclusion of pharmacist interviews as part of medication reviews (including the use of explicit and implicit criteria of inappropriate prescribing) to identify DRPs in older inpatients.

Methods
Clinical medication reviews were performed on geriatric and associated physical and neurological rehabilitation wards in a regional secondary care hospital. Data from electronic medical records, laboratory data, and current treatment regimens were complemented with a novel structured patient interview performed by a clinical pharmacist. The structured interview questioned patients on administration issues, prescribed medication, self-medication, and allergies. The reviews included the use of current treatment guidelines, the Medication Appropriateness Index, the Screening Tool of Older People's Prescriptions (STOPP, v2), and the Screening Tool to Alert to Right Treatment (START, v2). The potential relevance of the DRPs was estimated using the German version of the CLEO tool.

Results
In 110 patients, 595 DRPs were identified, averaging 5.4 per patient (range 0–17). The structured interviews identified 249 DRPs (41.8%), of which 227 were not identified by any other source of information. The majority of DRPs (213/249, i.e. 85.5%) identified by patient interview were estimated to be of minor clinical relevance (i.e. limited adherence, knowledge, quality of life, or satisfaction).

Conclusion
We demonstrated that structured patient interviews identified additional DRPs that other sources did not identify. Embedded within a comprehensive approach, the structured patient interviews were needed as data resource for over one-third of all DRPs.

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How confident are physicians in deprescribing for the elderly and what barriers prevent deprescribing?

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Summary

What is known and objective

Deprescribing is the process of discontinuing or reducing the dosage of medications that are no longer appropriate or aligned with goals of care, which is paramount in elderly patients with multiple comorbidities and polypharmacy. The objective of this study was to assess the perceptions of primary care physicians on deprescribing for elderly patients and potential barriers to deprescribing that physicians experience in the Local Health Authority (LHA) of Parma, Emilia-Romagna, Italy.

Methods

One hundred and sixty physicians (57% of the total number of primary care physicians in Parma) attended an educational session related to deprescribing and were asked to anonymously complete a paper survey. Participants were asked to assess their level of agreement on nine questions about their perception of deprescribing and potential factors affecting the deprescribing process using a seven-point Likert-type scale. A correlation coefficient was calculated to assess the association between physicians' confidence in deprescribing and attitudes or barriers associated with deprescribing.

Results and discussion

Many physicians (72%) reported general confidence in their ability to deprescribe. Most respondents (78%) reported they were comfortable deprescribing preventive medications, yet only half (53%) were comfortable deprescribing guideline-recommended therapies. Lack of evidence on discontinuing preventive medicines and concern about withdrawal side effects were reported to impede deprescribing by more than one-third of physicians. When medications were initially prescribed by another physician, 40% of physicians reported hesitance in deprescribing them. About half of physicians (45%) did not feel comfortable deprescribing when patients/caregivers believed that continuation of the medication was needed. Lack of time and difficulty engaging patients/caregivers in the deprescribing process were cited as barriers by about one in four physicians. There was no strong correlation between physicians' confidence and attitudes or barriers associated with deprescribing.

What is new and conclusion

The study results show that physicians believe they are generally comfortable with deprescribing, although there are still several factors that hamper their ability to engage in the process. An improved understanding of physicians' views on deprescribing may help guide further research, and policies to help patients remain healthy while streamlining their medication regimen.

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