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JOURNAL CLUB

ISSN #1555-0095 (online)
**Clinical Resource #371275**

# BRINGING CLINICIANS TOGETHER TO DISCUSS CURRENT DRUG THERAPY

December 2021 • Vol. 18, No. 12
The following succinct analysis appeared in *Pharmacist's Letter*. Based on vol. 37. No. 12

## *GERIATRICS*

Is there a role for stimulants in the elderly?

Rarely.

Expect stimulants to be saved as a last-ditch effort for apathy due to treatment-resistant depression in seniors...or to counteract opioid sedation in patients at end of life.

For example, adding methylphenidate to an SSRI may lead to a modest improvement in depressive symptoms at 8 to 16 weeks.

But there's not enough evidence to recommend a stimulant for other indications...such as dementia-related apathy, fatigue, or to improve mobility.

Plus point out that stimulants should generally be avoided in patients with anxiety, arrhythmias, CV disease, etc.

Before patients add a stimulant, assess for unnecessary anticholinergics or benzos...these may contribute to apathy.

For instance, think about stopping meds, such as cyclobenzaprine or oxybutynin...or switching from paroxetine to sertraline.

If a stimulant is appropriate, expect to see methylphenidate IR 2.5 mg in the morning and afternoon...titrated every 2 to 3 days as needed and tolerated, generally to a max of 10 mg BID.

Advise monitoring BP and heart rate.

Expect stimulants to be used for just a few weeks in these cases. Check with the prescriber if you see longer-term use.

See our chart, *Combining and Augmenting Antidepressants*, to weigh other approaches for treatment-resistant depression..

*(For more on this topic, see Clinical Resource #371209 at PharmacistsLetter.com.)*

*Mintzer J, Lanctot KL, Scherer RW, et al. Effect of methylphenidate on apathy in patients with Alzheimer disease: The ADMET 2 Randomized Clinical Trial. JAMA Neurol 2021;78:1324-32.*

See LEADER NOTES for answers to discussion questions.

## DISCUSSION QUESTIONS

### OVERVIEW OF CURRENT THERAPY

1. **What is known about apathy in patients with Alzheimer's disease?**

### ANALYSIS OF NEW EXPERT CONSENSUS STATEMENT

2. **What type of study is this? How were the patients selected for inclusion?**

3. **How were the study groups defined?**

4. **How were the outcomes evaluated?**

5. **What were the outcomes of this trial?**

See LEADER NOTES for answers to discussion questions.

6. **What were the strengths and weaknesses of this trial?**

7. **Were the results expressed in terms we care about and can use?**

## HOW SHOULD THE NEW FINDINGS CHANGE CURRENT THERAPY?

8. **Do the results change your practice? How?**

## APPLY THE NEW FINDINGS TO THE FOLLOWING CASE

RS is an 86-year-old female who presents to your office with her daughter for concerns of fatigue. In speaking with the patient, she lies in bed for most of the day and night and is no longer engaging in her daily activities. She lives in an assisted living community and has stopped going to the dining room for her daily meals, stopped senior aerobics, and stopped her weekly bridge club. Her daughter states this is completely unlike her and describes her as gregarious and outgoing. Her medications include losartan 100 mg daily, atorvastatin 80 mg daily, paroxetine 40 mg daily, and oxybutynin extended-release 10 mg daily.

9. **In review of RS' medications, which may be potentially harmful in the elderly?**

See LEADER NOTES for answers to discussion questions.

You assess RS for depression and note a PHQ-9 score of 19. You decide, in conjunction with the daughter and patient, to switch her paroxetine to sertraline and to see her back in 4 weeks for follow-up to assess effectiveness.

RS returns in 4 weeks and a repeat PHQ-9 score is improved at 14. She notes her ability to concentrate and engage in activities is improved, but still endorses significant difficulties with feeling down and hopeless, sleeping excessive hours, and is still apathetic about resuming to her previous activities. You discuss adding methylphenidate 2.5 mg in the mornings.

**10. How should you counsel RS and her daughter about the side effects of methylphenidate?**

RS and her daughter return in 4 weeks and her PHQ-9 is further improved to 11, due to improvement in mood, energy, and sleep. She's eating in the dining room again and has restarted some of her prior activities. RS also states she is also tolerating the medication well, and reports home BPs in the 130's.

RS's daughter is pleased about her mother's progress and asks about methylphenidate for other elderly patients. Her father-in-law was recently diagnosed with Alzheimer dementia and has lost interest in his hobbies and has begun to largely withdraw from social activities. RM wonders if methylphenidate would be helpful for him.

**11. How should you educate about methylphenidate for apathy in patients with Alzheimer's disease?**

You discuss that there's not really enough evidence to recommend methylphenidate for dementia-related apathy.

See LEADER NOTES for answers to discussion questions.

## REFERENCES

*Cummings JL. The neuropsychiatric inventory: assessing psychopathology in dementia patients. Neurology 1997;48(5 Suppl 6):S10-6.*

*Miller DS, Robert P, Ereshefsky L, et al. Diagnostic criteria for apathy in neurocognitive disorders. Alzheimers Dement 2021 May 5. doi: 10.1002/alz.12358. Online ahead of print.*

*Padala PR, Padala KP, Lensing SY, et al. Methylphenidate for apathy in community-dwelling older veterans with mild Alzheimer's disease: a double-blind, randomized, placebo-controlled trial. Am J Psychiatry 2018;175:159-68.*

*Rosenberg PB, Lanctot KL, Drye LT, et al. Safety and efficacy of methylphenidate for apathy in Alzheimer's disease: a randomized, placebo-controlled trial. J Clin Psychiatry 2013;74:810-6.*

***Additional Pharmacist's Letter Resources available at PharmacistsLetter.com***

*Chart, Pharmacotherapy of Dementia Behaviors. Pharmacist's Letter/Prescriber's Letter. May 2017.*
*Chart, Parkinson's Dementia and Dementia With Lewy Bodies. Pharmacist's Letter/Prescriber's Letter. July 2016.*
*Chart, Combining and Augmenting Antidepressants. Pharmacist's Letter/Prescriber's Letter. December 2021.*
*Toolbox, Chronic Meds in the Elderly: Taking a "Less is More" Approach. Pharmacist's Letter/Prescriber's Letter. May 2018.*
*Chart, Potentially Harmful Drugs in The Elderly: Beers List. Pharmacist's Letter/Prescriber's Letter. March 2019.*
*Chart, Drugs with Anticholinergic Activity. Pharmacist's Letter/Prescriber's Letter. August 2019.*
*Chart, Choosing and Switching Antidepressants. Pharmacist's Letter/Prescriber's Letter. July 2020.*
*Chart, Comparison of Meds for Narcolepsy. Pharmacist's Letter/Prescriber's Letter. November 2021.*
*Chart, Common Oral Medications that May Need Tapering. Pharmacist's Letter/Prescriber's Letter. August 2021.*
*Chart, Fall Prevention in the Elderly. Pharmacist's Letter/Prescriber's Letter. April 2017.*



See LEADER NOTES for answers to discussion questions.