






Guideline on medical management issues in dementia

Risks

- An estimated **10.5m people** in Europe live with dementia, with the number expected to increase to 13.4m by 2030
- Many patients with dementia have **comorbidities**, such as cardiovascular conditions, increased risk of developing epilepsy, painful conditions and behavioural disturbances such as agitation or aggression
- **Polypharmacy** with adverse interactions and an unfavorable risk-benefit ratio is another frequent occurrence in this population
- **Loss of autonomy** or **lack of insight** means that patients may not seek out medical evaluation on their own
- **Inequality** in access to physicians means that treatable conditions may be overlooked or mismanaged
- There are significant **variations in treatment** across medical centers, regions and countries
- If **medical management issues** are not addressed adequately, this may result in negative health consequences and lead to additional costs associated with mismanagement

Recommendations

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Systematic medical follow-up for patients with dementia
 - Patients with dementia should be offered systematic, regular, pre-planned medical follow-up
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Management of vascular risk factors in dementia
 - Prevention of cerebrovascular pathology may impact on the progression of dementia
 - Patients with dementia and atrial fibrillation should be considered for treatment with anticoagulants
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Management of pain in dementia
 - Discontinuation of opioids should be considered in patients for whom there are no complaints of pain and no clear indication for analgesics
 - In the majority of patients with dementia, behavioral symptoms should not be treated with mild analgesics
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Management of agitation/aggression in dementia
 - For the majority of patients with agitation/aggression, treatment with antipsychotics should be avoided.
 - In patients with severe agitation/aggression where non-pharmacological treatment has been unsuccessful, and where antipsychotics are considered, using an atypical (modern) antipsychotic is recommended over haloperidol
 - Discontinuation of antipsychotics should be considered in patients for whom there is no obvious indication
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Management of epilepsy in dementia
 - Newer anticonvulsants, including levetiracetam and lamotrigine, should be considered as first-line treatment of epilepsy in patients with dementia



Read the Guideline in full in the *European Journal of Neurology* at <http://bit.ly/DementiaMgmtGL>