



Potentially Harmful Drug-Disease Interactions in the Elderly Patients with Dementia and Receiving Tricyclic Antidepressants or Anticholinergic Agents

Dementia is the clinical syndrome characterized by cognitive and emotional decline severe enough to interfere with daily functioning and quality of life. Elderly adults with dementia are more likely to develop drug-induced cognitive impairment than healthy adults.¹ Anticholinergic medications are strongly associated with causing drug-induced delirium.¹⁻²

The following table details the drugs to avoid and the recommended agents to be considered as alternatives.

DRUG SELECTION IN DEMENTIA ²⁻³														
Drug Class	Drugs to Avoid	Alternative Treatment												
Antihistamines	<table border="0"> <tr> <td>azatadine</td> <td>brompheniramine</td> </tr> <tr> <td>chlorpheniramine</td> <td>clemastine</td> </tr> <tr> <td>cyproheptadine</td> <td>dexchlorpheniramine</td> </tr> <tr> <td>diphenhydramine</td> <td>hydroxyzine</td> </tr> <tr> <td>promethazine</td> <td>tripelennamine</td> </tr> <tr> <td>triprolidone</td> <td></td> </tr> </table>	azatadine	brompheniramine	chlorpheniramine	clemastine	cyproheptadine	dexchlorpheniramine	diphenhydramine	hydroxyzine	promethazine	tripelennamine	triprolidone		azelastine (Astelin®) fexofenadine desloratadine (Clarinet®)* levocetirizine (Xyzal®)* loratadine, cetirizine
azatadine	brompheniramine													
chlorpheniramine	clemastine													
cyproheptadine	dexchlorpheniramine													
diphenhydramine	hydroxyzine													
promethazine	tripelennamine													
triprolidone														
Antispasmodics	<table border="0"> <tr> <td>belladonna</td> <td>buclizine</td> </tr> <tr> <td>clidinium</td> <td>dicyclomine</td> </tr> <tr> <td>flavoxate</td> <td>hyoscyamine</td> </tr> <tr> <td>propantheline bromide</td> <td></td> </tr> </table>	belladonna	buclizine	clidinium	dicyclomine	flavoxate	hyoscyamine	propantheline bromide		<u>Diarrhea:</u> aluminum hydroxide, cholestyramine, loperamide Nonpharmacologic Replace fluid/electrolytes Increase fiber intake Behavioral changes ⁴				
	belladonna	buclizine												
	clidinium	dicyclomine												
flavoxate	hyoscyamine													
propantheline bromide														
<table border="0"> <tr> <td>oxybutynin</td> <td></td> </tr> <tr> <td>tolterodine (Detrol®)</td> <td></td> </tr> </table>	oxybutynin		tolterodine (Detrol®)		<u>Incontinence:</u> darifenacin (Enablex®) solifenacin (Vesicare®) Nonpharmacologic Scheduled toileting Bladder retraining Pelvic muscle rehab ⁵									
oxybutynin														
tolterodine (Detrol®)														
<table border="0"> <tr> <td>trimethobenzamide</td> <td></td> </tr> </table>	trimethobenzamide		ondansetron granisetron (Kytril®)* dolasetron (Anzemet®)* metoclopramide†											
trimethobenzamide														
Antivertigo/Antiemetic	<table border="0"> <tr> <td>cyclizine</td> <td>dimenhydrinate</td> </tr> <tr> <td>meclizine</td> <td>prochlorperazine</td> </tr> <tr> <td>scopolamine</td> <td></td> </tr> </table>	cyclizine	dimenhydrinate	meclizine	prochlorperazine	scopolamine		<u>Antiemetic:</u> ondansetron granisetron (Kytril®)* dolasetron (Anzemet®)* metoclopramide†						
cyclizine	dimenhydrinate													
meclizine	prochlorperazine													
scopolamine														

Continued on Reverse



DRUG SELECTION IN DEMENTIA (continued)^{2,3}

Drug Class	Drugs to Avoid	Alternative Treatment								
Skeletal Muscle Relaxants	carisoprodol chlorzoxazone cyclobenzaprine metaxalone (Skelaxin®) methocarbamol orphenadrine	baclofen tizanidine Nonpharmacologic Avoid complications Restore movement Re-educate motion/gait ⁶								
Anti-Parkinson's	benztropine trihexyphenidyl	amantadine carbidopa/levodopa entacapone (Comtan®)* pramipexole (Mirapex®) ropinirole (Requip®) selegiline <u>Antipsychotic EPS:</u> discontinue or decrease antipsychotic ⁷								
Tricyclic Antidepressants	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">amitriptyline</td> <td style="width: 50%;">amoxapine</td> </tr> <tr> <td>amitriptyline/perphenazine</td> <td>doxepin</td> </tr> <tr> <td>imipramine</td> <td>nortriptyline</td> </tr> <tr> <td>protriptyline (Vivactil®)</td> <td>trimipramine (Surmontil®)</td> </tr> </table>	amitriptyline	amoxapine	amitriptyline/perphenazine	doxepin	imipramine	nortriptyline	protriptyline (Vivactil®)	trimipramine (Surmontil®)	<u>Depression:</u> citalopram paroxetine escitalopram (Lexapro®) sertraline bupropion <u>Neuropathic pain:</u> capsaicin, lidocaine <u>Insomnia:</u> mirtazapine trazodone zaleplon (Sonata™)* Nonpharmacologic (Insomnia): Bright light exposure Sleep hygiene Sleep restriction Stimulus control ⁸⁻⁹
amitriptyline	amoxapine									
amitriptyline/perphenazine	doxepin									
imipramine	nortriptyline									
protriptyline (Vivactil®)	trimipramine (Surmontil®)									

*Denotes non-preferred product based on a Medicare Part D choice formulary. Formulary status is based on members benefit design and is subject to change.

Italicized alternatives are available over-the-counter and typically excluded from the Medicare Part D benefit.

†metoclopramide is associated with fewer anticholinergic effects than the agents listed. However, it may cause extrapyramidal symptoms and long-term use should be avoided.

This document serves as a guide and may not apply to all patients and clinical situations.
 Information presented is not intended to override clinicians' judgement/override clinicians' judgement.

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