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Dementia Drugs Often Prescribed Long-Term Despite Lack of Clinical Evidence

AARP report: Reducing overuse of dementia drugs could result in substantial savings for patients and payers

WASHINGTON, D.C.—A majority (70 percent) of elderly dementia patients prescribed dementia drugs are on them long-term despite the lack of evidence that they provide any benefit beyond one year, according to a [new report](#) by AARP Public Policy Institute. The study found that some patients took dementia drugs for as long as a decade, costing as much as \$20,000 per patient.

“Our research shows some health care providers continue prescribing dementia drugs to patients for much longer than is supported by the clinical evidence,” said [Elizabeth Carter](#), Senior Health Services Research Advisor, AARP Public Policy Institute, and co-author of the study. “Not only do these drugs carry potential side effects, they are costing both patients and the health care system a lot of money.”

Two types of drugs are approved by the U.S. Food and Drug Administration for the treatment of dementia symptoms: cholinesterase inhibitors (ChEI) (Aricept®, Razadyne®, Exelon®) and memantine (Namenda®, Namenda XR®). Both types may help with symptoms like memory loss and confusion for approximately three to twelve months, but some patients see no improvement.

The benefits of currently-approved dementia drugs are modest and do not affect the underlying cause of the disease or slow the rate of cognitive decline. They also do not delay institutionalization, improve quality of life, or lessen the burden on caregivers. Potential side effects of dementia drugs include low blood pressure and loss of consciousness, abnormally slow heart rate, and hip fracture.

Claims data from 36,000 Medicare Advantage enrollees who started dementia drug treatment between 2006 and 2015 showed that 58 percent of patients were prescribed a ChEI, 33 percent were prescribed both ChEI and memantine together, and 8 percent were prescribed memantine. The majority (70 percent) of all patients taking dementia drugs were on them for 13 months or longer.

“Older adults typically take multiple medications, often on a long-term basis, and see multiple health care providers without any meaningful oversight of their overall prescription drug regimens,” said [Leigh Purvis](#), Director of Health Services Research, AARP Public Policy Institute, and co-author of the report. “These findings really highlight the importance of ensuring that health care providers have access to reliable information to help them reassess medications that may no longer be of benefit, or even cause harm.”

Full research results are here: www.aarp.org/dementiadrugstudy

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Additional Resources

- AARP Disrupt Dementia Online Resource. www.aarp.org/disruptdementia
- AARP Public Policy Institute Report: [Off-Label Antipsychotic Use in Older Adults with Dementia: Not Just a Nursing Home Problem](#).

About AARP

AARP is the nation's largest nonprofit, nonpartisan organization dedicated to empowering people 50 and older to choose how they live as they age. With a nationwide presence and nearly 38 million members, AARP strengthens communities and advocates for what matters most to families: health security, financial stability and personal fulfillment. AARP also produces the nation's largest circulation publications: AARP The Magazine

Dementia costs in the U.S.
are currently at \$270 billion
and projected to rise to
\$1.1 trillion by 2050.

Source: Cost of Alzheimer's to Medicare and Medicaid. Alzheimer's Association; March 2018.

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