Partnering with Other Professions & Deprescribing

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PART 1

Background: Patient contact with the Banner Alzheimer's Institute

Wendy

- 73 year old married, White woman with Master's level education
- History of rheumatoid arthritis, Sjogren's, depression, asthma, hypothyroidism, hypertension, muscle spasms/pain, pancreatic insufficiency, GERD, allergies
- Living in rural Arizona (northern Arizona in the summer, southern Arizona in the winter)

Wendy

- Presented to the Banner Alzheimer's Institute in Tucson in July 2023
  - "Failed AARP cognitive test": https://stayingsharp.aarp.org/about/brain-health/assessment/
  - History of dementia in her grandmother, mother, and sister
  - "People have been pointing out that I have memory problems:"
    - Word finding
    - Slower speech
    - Misplacing items
    - Feeling less organized

Wendy's **First Visit** to the Banner Alzheimer Institute

- July 2023
- Assessed by neurologist/geriatrician
- History of Magnetic Resonance Angiography (MRA) in 2019 to assess for stroke – no acute findings
- Mini Mental Status Exam: 30/30, Montreal Cognitive Assessment: 26/30

Wendy's **First Visit** to the Banner Alzheimer Institute

- Among other medications, Wendy was prescribed:
  - Gabapentin 800 mg 3x/day for neuropathy
  - Methocarbamol 750 mg for muscle spasms/pain, but noted it helped with sleep
- And Wendy was also taking:
  - Melatonin 5 mg due to sleep concerns, occasional Tylenol PM for same
  - Quick assessment of sleep schedule: 11:30 PM to 7 AM
- Differential diagnosis:
  - Mild Cognitive Impairment (MCI), recommend MRI and referred to neuropsychology
  - Polypharmacy leading to cognitive changes, recommended reducing gabapentin and stopping methocarbamol

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“IMPRESSION: 1. Diffuse cerebral cortical atrophy with predilection of the posterior parietal lobes. No significant atrophy of the mesial temporal structures. 2. Minimal changes of chronic microvascular ischemic disease. 3. No acute infarct/hemorrhage.”

Magnetic resonance imaging of brain with and without contrast

November 2023

Wendy's **Second Visit** to the Banner Alzheimer Institute

- November 2023
- Seen by same neurologist/geriatrician
- "Sleep is my biggest issue," reports that sleep schedule has changed to 9 PM and 3:30 AM and unhappy with early morning awakening and daytime fatigue

Wendy's **Second Visit** to the Banner Alzheimer Institute

- Successfully reduced gabapentin to 600 mg 3x/day for neuropathy and stopped methocarbamol for muscle spasm/pain
- Reviewed results of MRI with and without contrast
- Diagnosis:
  - Mild Cognitive Impairment (MCI), with etiology that may include Alzheimer's disease, polypharmacy, history of multiple anesthesia exposures, history of autoimmune disease
  - Recommended: Neuropsychological evaluation, therapy, started on duloxetine 20 mg to titrate up to 20 mg twice per day
  - Plan to continue to reduce gabapentin, stay off methocarbamol

Wendy's **Third Visit** to the Banner Alzheimer Institute

- November 2023
- Seen by social worker to address adjustment reaction due to diagnosed MCI
- Wendy discloses she is seeing therapist in the community to discuss bereavement and does not require further support in this area

Wendy's **Fourth Visit** to the Banner Alzheimer Institute

- February 2024
- Seen by neuropsychologist
- Findings:
  - Diagnosis: "Largely intact cognitive functioning"
  - Change in cognition: "There were no consistent deficits in any domains of cognitive functioning"
  - Change in daily functioning: "Denied any marked deficits in instrumental activities of daily living"
  - Change in intellectual functioning: "Current estimated intellectual functioning remains intact"
  - Etiology: "Pattern of cognitive inefficiencies is likely due to normal aging, mild cerebrovascular changes, and her mood issues"
  - Other considerations: Mild depression and anxiety, "Any effect of polypharmacy, pain, and sleep issues are also likely to exacerbate any cognitive inefficiencies"

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“RECOMMENDATIONS:
1. Review of medications for polypharmacy.
2. Evaluation for sleep concerns – CBTI and Sleep Study.
3. Therapy to address depression, anxiety, and bereavement.
4. Non-pharmacological pain treatment.”

Neuropsychological report

February 2024

Wendy's **Fifth Visit** to the Banner Alzheimer Institute

- March 2024
- Seen by neurologist/geriatrician
- Reviewed neuropsychological evaluation
  - Surprised by recommendation to address mood/anxiety
- Reported feeling very sleepy during the day and then unable to sleep at night

- Recommendation:
  - Duloxetine 30 mg twice daily
  - Start trazodone 25 mg nightly, increase to 50 mg if necessary

PART 2

Patient begins psychotherapy

Wendy's Starts Psychotherapy to Address Mood & Anxiety

- April 2024
- Seen by Banner clinical health psychologist with experience working with older adults with cognitive concerns
- Reported excessive daytime worry, difficulty controlling worry, worrying too much about different things, difficulty relaxing nearly every day for over 6 months
  - Worry about family, health, cognition
- Measures
  - PHQ-9: 11/27, moderate depression
  - GAD-7: 10/21, moderate anxiety
- Diagnosis: Generalized anxiety disorder
- Have met weekly for a total of 19 visits, CBT/ACT modality

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PART 3

Patient sees Behavioral Sleep Medicine

Wendy's **First Visit** to Behavioral Sleep Medicine Clinic

- July 2024
- Reported difficulty with sleep maintenance, waking at 2-4 AM and unable to get back to sleep, but "a little better recently"
  - Reported anxiety when trying to fall back to sleep or ruminating on physical pain in joints
  - Sleeping 5 hours, and feels she needs 7-8 hours
  - ISI: 19, moderate insomnia; Fatigue Severity Scale: 52, clinically high levels of fatigue
- Reported sleep was most physically comfortable when laying on her back, but this led to snoring
  - Reported unintentional dozing
  - No history of sleep study
  - STOP-BANG: low risk of sleep apnea
  - Epworth: 17, excessive daytime sleepiness

Wendy's **First Visit** to Behavioral Sleep Medicine Clinic

- Occasional Restless Legs, but unclear if possibly secondary to neuropathy
- Reported taking duloxetine 30 mg before bed (also taking 30 mg dose in AM), trazodone 50 mg nightly, gabapentin 600 mg (also taking 600 mg in the morning and afternoon), melatonin 15 mg, Ashwagandha 500 mg, CBD of unknown dose to help with sleep problems
- Substances:
  - 2 cups of coffee between 5-8 AM, no tobacco/nicotine products, one drink of alcohol 2-3 times per week, no other substances
- Differential diagnosis: Insomnia, breathing-related sleep disorder, sleep disturbance secondary to depression/anxiety
  - Less likely: short sleep, phase advance
  - Referred to Sleep Medicine, scheduled for April 2025
  - Given sleep diaries to complete for our second visit

Wendy's **Second Visit** to Behavioral Sleep Medicine Clinic

- August 2024

	Average	Range
Into bed	10:38 PM	9:55-11:35 PM
Lights out	10:40 PM	9:55-11:35 PM
Sleep latency	7.6 minutes	5-15 minutes
Middle of the night awakenings	1.3x	0-3x
Wake after sleep onset	21.4 minutes	0-60 minutes
Wake time	6:21 AM	6:00-7:00 AM
Out of bed	6:30 AM	6:05-7:10 AM
Total sleep time	7.2 hours	6.3-8.2 hours
Sleep efficiency	91.6%	84-98%
Daily nap time	13.6 minutes	

Wendy's **Second Visit** to Behavioral Sleep Medicine Clinic

- Reported taking duloxetine 30 mg before bed (also taking 30 mg dose in AM), trazodone 50 mg, gabapentin 600 mg (also taking 600 mg in AM and 600 mg in afternoon), melatonin ~~15~~ 10 mg, Ashwagandha 500 mg, ~~CBD of unknown dose~~

- Working on preparing home for sale and stated that she was working so hard she would "hit a wall" with fatigue

Wendy's **Second Visit** to Behavioral Sleep Medicine Clinic

- Goals: Sleep through the night every night, not wake up with "unproductive thoughts and pain," and potentially reduce her dependence on sleep medications and aids

- Intervention:
  - Provided feedback on her sleep: No current evidence of insomnia, which she dismissed given her current busyness
  - Encouraged her to maintain her sleep schedule
  - Discussed willingness to reduce one of her supplements, will reduce melatonin from 10 to 5 mg and stop CBD, but made brief mention of my concern with Ashwagandha
  - CCed my note to neurologist/geriatrician

Wendy's **Third Visit** to Behavioral Sleep Medicine Clinic

- August 2024

	Average	Range
Into bed	10:46 PM	9:35-11:30 PM
Lights out	10:46 PM	9:35-11:30 PM
Sleep latency	7.1 minutes	5-20 minutes
Middle of the night awakenings	0.9x	0-2x
Wake after sleep onset	11.1 minutes	0-25 minutes
Wake time	6:34 AM	6:00-7:30 AM
Out of bed	6:39 AM	6:02-7:32 AM
Total sleep time	7.5 hours	6.3-8.6 hours
Sleep efficiency	95.2%	93-99%
Daily nap time	13.6 minutes	

Wendy's **Third Visit** to Behavioral Sleep Medicine Clinic

- Reported taking duloxetine 30 mg before bed (also taking 30 mg dose in AM), trazodone 50 mg, gabapentin 600 mg (also taking 600 mg in AM and 600 mg in afternoon), melatonin ~~15~~ ~~10~~ 5 mg, Ashwagandha 500 mg, ~~CBD of unknown dose~~

- Reported feeling happy with her nighttime sleep, but troubled by daytime sleepiness

Wendy's **Third Visit** to Behavioral Sleep Medicine Clinic

- Goals: ~~Sleep through the night every night~~, ~~not wake up with "unproductive thoughts and pain,"~~ and ~~potentially~~ reduce her dependence on sleep medications and aids

- Intervention:
  - "What is helping to improve your sleep:" regular schedule, completed work on home so had less strenuous activity, engaging in more pleasurable daily activities
  - Discussed willingness to reduce one of her sleep aids, said she most wants to reduce trazodone, gabapentin, and Ashwagandha: start with trazodone first
  - CCed my note to neurologist/geriatrician to inform her of this medication change

Wendy's **Fourth Visit** to Behavioral Sleep Medicine Clinic

- September 2024

	Average	Range
Into bed	10:39 PM	8:30 PM-12:00 AM
Lights out	10:40 PM	8:30 PM-12:00 AM
Sleep latency	11.2 minutes	3-20 minutes
Middle of the night awakenings	1.5x	0-3x
Wake after sleep onset	23.3 minutes	0-90 minutes
Wake time	6:32 AM	5:30-8:30 AM
Out of bed	6:43 AM	5:30-8:30 AM
Total sleep time	7.3 hours	5.1-10.7 hours
Sleep efficiency	89.9%	76-97%
Daily nap time	34.9 minutes	

Wendy's **Fourth Visit** to Behavioral Sleep Medicine Clinic

- Reported taking duloxetine 30 mg before bed (also taking 30 mg dose in AM), trazodone ~~50~~ 25 mg, gabapentin 600 mg, melatonin ~~15~~ ~~10~~ 5 mg, Ashwagandha 500 mg, ~~CBD of unknown dose~~
- Reported that she felt that she successfully reduced her trazodone dose with minimal disruption to sleep
- Also reported that neurologist/geriatrician recommended reducing her gabapentin dose to 400 mg in the AM, 400 mg in the afternoon, and keeping 600 mg at bedtime
  - Reported feeling worried about resurgence of pain
  - Also referred to pain management clinic by neurologist/geriatrician

Wendy's **Fourth Visit** to Behavioral Sleep Medicine Clinic

- Goals: ~~Sleep through the night every night~~, ~~not wake up with "unproductive thoughts and pain,"~~ and ~~potentially~~ reduce her dependence on sleep medications and aids

- Intervention:
  - Psychoeducation on preventing dysregulation of sleep by retaining regular sleep schedule, with focus on regular wake time
  - Discussed willingness to reduce one of her sleep aids, said she most wants to reduce trazodone, gabapentin, and Ashwagandha: will move forward with reduction in gabapentin
  - CCed my note to neurologist/geriatrician to inform her of patient progress

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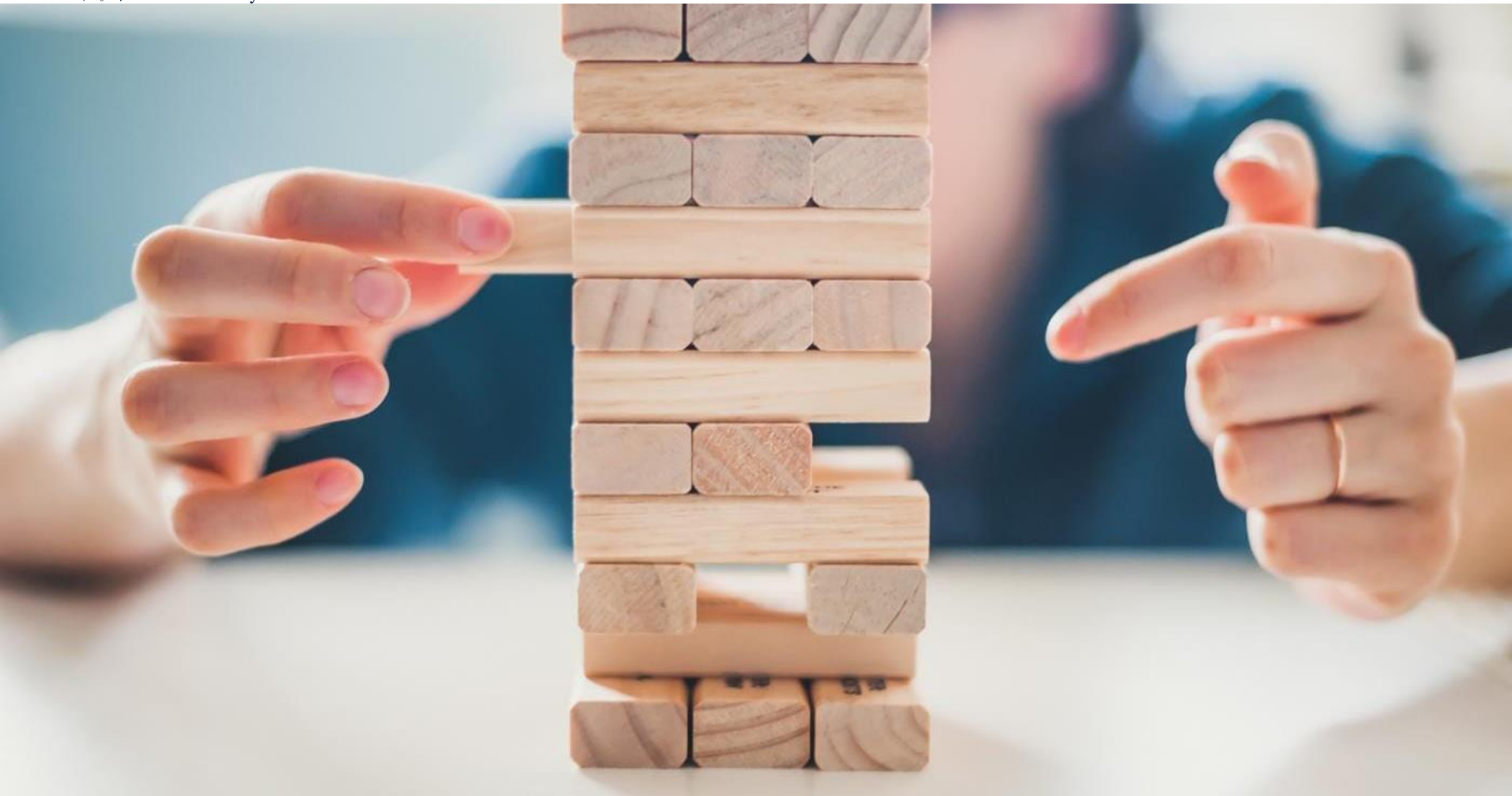

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Questions? Comments? Concerns?

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