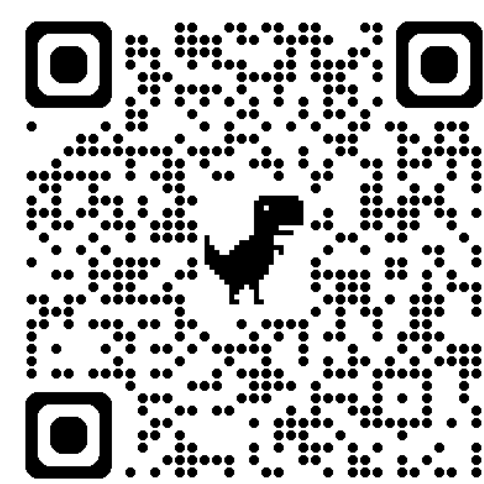


Associations of medication causing dizziness or hypotension with adverse outcomes in dementia



Harsharon Kaur Sondh¹, Delia Bishara^{1,2}, Gayan Perera¹, Hitesh Shetty², Robert Stewart^{1,2} & Christoph Mueller^{1,2}

¹ Institute of Psychiatry, Psychology and Neuroscience, King's College London, 16 De Crespigny Park, London SE5 8AB, UK

² South London and Maudsley NHS Foundation Trust, London SE5 8AZ, UK



- The use of medication with dizziness or hypotension as a side effect is common in people with dementia.
- Medications with dizziness or hypotension as a side effect were linked to an increased risk of emergency hospitalization.
- No associations were found between medication with these side effects and mortality, cognitive decline and hospitalization due to falls.

Introduction		Methods		Conclusion	
• Polypharmacy in people with dementia is common and increases the risk of adverse drug reaction. • Dizziness is a common side effect of medications. • Research into polypharmacy mainly focuses on primary indications such as antidepressants. • Little work(1,2) has been done on outcomes when grouping medications by risk.		• The South London and Maudsley NHS foundation trust Clinical records interactive search (CRIS) (3) was used to assembled a cohort. • Medications at diagnosis with listed side effect were ascertained and grouped: 1, 2, 3 or 4, 5 or 6 & 7 or more. • Multivariable Cox regression models (adjusting for up to 19 variables) applied to determine the risk of adverse outcomes.		Significant hazard ratio per 1 unit increase in number of medications causing dizziness (95% Confidence interval) in people with dementia Significant hazard ratio per 1 unit increase in number of medications causing hypotension (95% Confidence interval) in people with dementia	
Aim		Results		References	
• Investigate whether medication with dizziness or hypotension are associated with adverse outcomes: 1) Mortality 2) Emergency hospitalisation 3) Hospitalisation due to falls 4) Cognitive decline		• 15,210 patients with dementia 82.2% dizziness medication 71.2% hypotension medication • No associations were found with mortality, cognitive decline and hospitalisation due to falls. • Additional prescription- 4% increased risk of emergency hospitalisation.		1)Bishara D, Perera G, Harwood D, Taylor D, Sauer J, Stewart R, et al. The anticholinergic effect on cognition (AEC) scale-Associations with mortality, hospitalisation and cognitive decline following dementia diagnosis. Int J Geriatr Psychiatry. 2020;35(9):1069-77. 2)Mbazira A, Bishara D, Perera G, Rawlins E, Webb S, Archer M, et al. Sedation-Associated Medications at Dementia Diagnosis, Their Receptor Activity, and Associations With Adverse Outcomes in a Large Clinical Cohort. J Am Med Dir Assoc. 2022;23(6):1052-8. 3) Perera G, Broadbent M, Callard F, Chang CK, Downs J, Dutta R, et al. Cohort profile of the South London and Maudsley NHS Foundation Trust Biomedical Research Centre (SLaM BRC) Case Register: current status and recent enhancement of an Electronic Mental Health Record-derived data resource. BMJ Open. 2016;6(3):e008721. 4) Bishara D, Riaz S, Sauer J, Mueller C, Gee S, Taylor D, et al. A tool for safer prescribing in vulnerable adults: the continuing development of the Medichech app and website. BJPsych Bull. 2023;1-7.	
				Contact	
				Harsharon Kaur Sondh Email: Harsharon.Sondh@kcl.ac.uk Linkedin: Harsharon Kaur Sondh	