Palliative care of dementia
Tips for the care of those imminently dying

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How to do illness planning

- You can use the GCHIP if you wish, we hope to be able to work with the National End of Life Care programme to develop it as an enhancement of Preferred Priorities of care
- But by the time they are imminently dying it is a bit late!

Antipsychotics

- Are harmful
- causing stroke, falls, worsened confusion and also death. It's a class effect. Strokes reported most with olanzapine and risperidone but not studies with others. Worsened confusion with Quetiapie. Recent study on death show older typicals are the worse.
- So use them if you need them and they are indicated after a clear discussion of harm with carers.

Antidepressants

- SSRI’s are best with low side effect and effective.
- Mirtazepine may help with agitation.
- Have a low threshold for their use;- dying depressed is, we think, far worse than dying not depressed and should be discouraged.

Analgesia at the end of life

- Observe carefully for pain
- Use Paracetomol, Co-codomol/ Tramodol, opiates morphine.
- Oramorph is good and often enough for the whole course of the dying process but not always. Patients with dementia are often quite sensitive to this and so you can use a small dose to begin with (2mg four hourly). Morphine injection 2mg initially usually.
- If need syringe driver usually put in morphine, glycopyrronium, midazolam (if needed) and metoclopramide (if needed)
- Out of hours syringe drivers via GP deputising/ District nurses ,
- Palliative care nurses will advise

- Note patient with dementias and severe frailty may be more sensitive to these drugs but also try not to undertreat.

Minimums standard for homes

- Know which is your pharmacy
- When they are open
- That they have the core palliative care drugs available
- And you know how to get these at the right time in the right way
- Think ahead, if you think you may need them get them early
- But do not conclude that they are then required straight away.

Hazards to avoid

- Do not forget that if the patient needed psychotropic meds over the previous months they may still need them now. Stopping anti-psychotics altogether has caused some severe distress in some patients. If need be can be added to syringe driver.
- Must continue to think of food and fluid until (and very much if) it is clear that giving these causes distress
- There may be a tendency to out up e.g. a syringe driver as soon as it is thought of rather than as soon as it is needed, which can be an error

The Liverpool Care Pathway

- Used at QE and also in some homes locally
- Gives a good guideline for staff on how to manage the last 2-3 days of life (ie those imminently dying)
- But eligibility criteria do not seem to work well for dementia
- Omits food and fluid from the care plan which may be a serious error in this patient group
- Tends to prompt syringe driver and may do this before other appropriate analgesia
- Therefore may need further development for dementia

So

- Cherish and value life, even at the end
- Accept natural death
- Distress reduction is key
- Must limit care to symptom relief and avoid burdensome interventions etc
- Talk to and discuss with relatives etc
- Be proud that you are providing terminal care and aim for excellence.