



North East Specialized  
Geriatric Centre  
Centre gériatrique  
spécialisé du Nord-Est

**Date: July 3, 2019**

PLEASE NOTE that Project ECHO® Care of the Elderly case recommendations do not create or otherwise establish a provider-patient relationship between any ECHO Care of the Elderly Hub team member/presenters and any patient whose case is being presented in a Project ECHO® setting.

All resources are posted in the COP website, under “July 3 – Medical Cannabis”. You must be logged in to view the resources.

### **Case Synopsis:**

75 y.o Italian male w/ late life onset depression with severe anxiety since 2013. Received ECT in 2015 and improved for 6 months. Second course of ECT was in 2016 and he stopped after 1 treatment. Family felt he was “worse” –mood but mainly memory. ECT recommended but declined by patient and family. Previous courses of: Escitalopram 10mg, Venlafaxine XR 150mg, Duloxetine 90mg, Nortriptyline 50mg, Mirtazapine 30mg, Bupropion 150mg, Sertraline 100mg. Because of delusions (paranoia) –trials of Risperidone, Quetiapine, Aripiprazole–Olanzapine suggested, declined trial of this. Diagnoses documented: Depression, Anxiety, Parkinson’s Disease, Parkinsonism related to antipsychotics, neurodegenerative disorder not yet diagnosed, Dementia –Alzheimer’s, LewyBody.

1. “What about medical marijuana?” –family is asking this
2. Will it help with sleep, anxiety, pain, tremors?
3. Will it be safe to trial medical marijuana?
4. How do you go about starting medical marijuana?

### **Summary of Recommendations:**

#### **Further workup/investigations:**

- Dementia Observation System (DOS) tool to identify any patterns in the occurrence, frequency, and duration of behaviours. This information may also highlight opportunities to engage patient in meaningful activities that he enjoys.
- P.I.E.C.E.S (Physical, Intellectual, Emotional, Capabilities, Environment, Social) assessment to yield person-directed approach to care and responsive behavior management
- Further assessment of orthostatic hypotension and considering potentially aggravating medications

#### **Non-Pharmacological interventions:**

- Provide increased caregiver support for the wife such as short-term respite care of the patient
- Use the Unmet Needs Model with the understanding that expressed behaviors are likely related to an unmet need
- Diagnostic uncertainty as possibly contributing to the overall clinical picture and the passage of time may reveal more information and clarity around diagnosis

#### **Pharmacological interventions:**

- Optimize pain medications with scheduled dosing of Acetaminophen
- Address constipation with pharmacological interventions such as PEG 3350
- Medical cannabis may be an option if other interventions are exhausted, however, need to weigh benefits vs risks especially adverse effects in the elderly e.g., hypotension, sedation. Also, need to consider that travelling with medical cannabis is illegal in most countries.
- May consider completing e-consultation with GeriMedRisk to review possible drug interactions and other precautions before embarking on trial of medical cannabis or synthetic cannabinoid
- May consider other medications such as Carbamazepine as third-line agent for BPSD