

Medication to avoid prescribing in dementia for common physical health conditions

Condition	Drug class or drug name	Drugs to avoid in dementia	Preferred drugs in dementia
Allergic conditions	Antihistamines	Chlorphenamine Promethazine Hydroxyzine Cyproheptadine (non-formulary) Cyclizine (and other 1st generation antihistamines)	Cetirizine Loratadine Fexofenadine (and other 2nd generation antihistamines)
Asthma/COPD	Bronchodilators		Beta agonists Inhaled anticholinergics (have not been reported to affect cognition) Theophylline
Constipation	Laxatives	No evidence to suggest that laxatives have any negative impact on cognitive function. Constipation itself may worsen cognition.	
Diarrhoea	Loperamide	Low-potency anticholinergic. Not known to have effects on cognitive function, however, may add to the anticholinergic cognitive burden if used in combination with other anticholinergics	
Hyperlipidaemia	Statins		All are safe but atorvastatin and pravastatin less likely to cross BBB
Hypersalivation	Anticholinergics	Hyoscine hydrobromide	Patients who are referred by primary care for the pharmacological management of hypersalivation in patients with neurological disorders would be managed by secondary care as per local pathway
Hypertension	Antihypertensives	Beta blockers (avoidance may not always be possible)	Calcium-channel blockers, angiotensin-converting enzyme inhibitors (ACEI), and angiotensin receptor blockers (all may improve cognitive function)
Infection	Antibiotics	Delirium reported mostly with quinolone and macrolide antibiotics. But given the importance of treating infections, the most appropriate antibiotic for the infections should be used.	
Myasthenia gravis	Peripheral acetylcholinesterase inhibitors, e.g. neostigmine and pyridostigmine	May add to the cholinergic adverse effects of central acetylcholinesterase inhibitors (e.g. donepezil, etc.) in patients with dementia, i.e. increased risk of nausea/vomiting, etc.	
Nausea/vomiting	Anti-emetics	Cyclizine Metoclopramide Prochlorperazine	Domperidone (consider license restrictions) Serotonin 5-HT3 receptor antagonists- e.g. ondansetron. Refer to BNSSG Formulary for TLS status of other options and recommended use
Other gastrointestinal conditions	Antispasmodics	Atropine sulphate Dicycloverine hydrochloride (non-formulary)	Alverine Mebeverine Hyoscine-n-butylbromide Propantheline bromide
Pain	Analgesics	Pethidine Pentazocine (non-formulary) Codeine Tramadol Methadone	Paracetamol Oxycodone Buprenorphine Topical NSAIDs (where appropriate)
		Fentanyl patches (caution in opioid naïve patients) Morphine (use cautiously due to associated cognitive and other adverse effects).	
Urinary frequency	Anticholinergic drugs used in overactive bladder	Oxybutynin Tolterodine	Trospium Mirabegron
Urinary retention	Alpha blockers	Not known to have effects on cognitive function	

Non-pharmacological options are preferred first line and consideration of overall frailty and polypharmacy should always be considered as part of any prescribing decisions. In addition to medications for physical health, review any psychotropic medications including [antipsychotic medication](#) regularly in line with NICE guidance: Dementia: assessment, management and support for people living with dementia and their carers (NG97). <https://www.nice.org.uk/guidance/ng97/chapter/Recommendations#pharmacological-interventions-for-dementia>

Note: BBB - Blood-Brain Barrier; COPD - Chronic Obstructive Pulmonary Disease; NSAIDs - Non-Steroidal Anti-Inflammatory Drugs.

Colours represent BNSSG Formulary prescribing classifications; Red- specialist use, Amber- appropriate for shared care, Green – appropriate for primary and secondary care, Blue – appropriate for primary and secondary care but are alternative choices or prescribed in specific indications or circumstances.

Reference: Taylor D et al, The Maudsley Prescribing Guidelines in Psychiatry, 14th edition, 2021, p640-641 Table 6.6 summarises those drugs that are recommended for use in dementia and the drugs to avoid

Based on Safe prescribing in Dementia, Devon Partnership NHS Trust guidance and Maudsley Prescribing Guidance

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