Many people with dementia require medication. But, people with dementia often can’t follow instructions about taking their medication. Some people with dementia will refuse to take their medication. What can you do to make sure they are getting the medications they need?

Make Sure You Are Giving the Right Medicine

People often keep medicines they were supposed to stop. Or, maybe one provider prescribed a medicine, and another prescribed the same medicine, without knowing what the first one was doing. So, it is best to bring a bag or list of all medications, including those bought over-the-counter, to each medical visit. The provider should create a single list of medications that includes medicine names, doses, times taken, and who prescribed it. Once you know the correct medicines, keep an updated list with you at all times.

Make Sure You Know When to Give the Medicine

Some medicines should be given with meals, while others should be given on an empty stomach. Some should be given in the morning, while others should given before bed. Some are taken once daily and some are taken several times each day. Be sure you know when each medicine should be given, and what it is used for.

Use a Pill Organizer to Keep Track of What Should be Given and When

Pill organizers are plastic boxes with a place for each day’s pills. Some, like the one pictured here, even have separate places for morning pills, lunchtime pills, evening pills, and bedtime pills. You can fill the whole organizer with pills at the beginning of the week. Using an organizer will help you keep track of what to give and when. It will also lower the chance that you will miss a dose or give a double dose.
What To Do If Swallowing Pills is a Problem

Many people with dementia have trouble swallowing. If you are running into this problem it may be easier to swallow pills if their head is tilted forward (chin tucked in). You can also ask your pharmacist if the medicine comes in liquid form. If it does, you can give the medicine with a spoon or a cup, or mix it with food.

If it doesn’t come in liquid form, you may be able to crush pills or open capsules and mix the medicine in a spoon with applesauce, pudding, yogurt, or other soft food. But, it is important to know that some pills or capsules must never be crushed or opened. It can be dangerous to do so. Be sure to check with your pharmacist. The table below lists words in a medicine name that tell you it should not be crushed or opened. A detailed list of medicines that should not be opened or crushed can be found at: [http://www.ismp.org/tools/donotcrush.pdf](http://www.ismp.org/tools/donotcrush.pdf).

<table>
<thead>
<tr>
<th>Do Not Crush Pills or Open Capsules If….</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The medicine name ends in any of these letters: CD, CR, LA, DR, XL, XR, XT</td>
</tr>
<tr>
<td>• The medicine is “enteric coated”</td>
</tr>
<tr>
<td>• The medicine is “extended release,” “slow release,” or “sustained release”</td>
</tr>
<tr>
<td>• The medicine is supposed to be given under the tongue</td>
</tr>
</tbody>
</table>

Consider Combo Pills

Sometimes giving medicine can be made easier with combo pills. They put two different medicines into one pill. That way, you don’t have to give as many pills. Ask the provider if there are combo pills that might work in your situation.

Finally, Make Sure the Medicine is Truly Needed

There comes a time when dementia is so far advanced that it doesn’t always make sense to keep giving some medicines. Pain medicine, nausea medicine, and other medicines needed to keep the person comfortable should be continued. But, there is often no benefit to continuing cholesterol medicine, blood pressure medicine, and others meant to prevent problems in the long-term. Talk to the provider about which ones to stop and which one to keep taking. For more information, read the Care Partners information sheet on End-of-Life Care.

Written by: Barry D Weiss, MD, Arizona Center on Aging

Care Partner Information ~ Tips for Providing Older Adult Care

Edited by an interprofessional team from the University of Arizona Center on Aging

This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U1QHP28721, Arizona Geriatrics Workforce Enhancement Program. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.