

Trends of successful exelon (*Rivastigmine*) patch in geriatric patients with Dementia

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Skin reactions are one reason for termination of rivastigmine patch. The study goal was to identify factors associated with skin reactions from rivastigmine patch in older adults. A retrospective chart review with prospective skin assessment observational study was performed on all outpatients with Alzheimer's dementia at a specialized ambulatory geriatric evaluation clinic.

Demographic, clinical, and outcome variables were compared between the two groups (i.e., those with versus without skin reactions) using χ^2 or Fisher's exact test for cross-tabulations of nominal variables and independent samples and Student t-test, for continuous variables. Statistical differences between groups were considered significant when p-values were ≤ 0.05 .

A total of 33 patients were included with 24.2% males, 75.8% females and a mean age of 83 years. Race included Caucasian (90.9%) and Hispanic (9.09%). Patients lived at home with a spouse (39.39%), home with caregiver (24.24%) or in an assisted-living facility (6.06%).

A statistically significant finding was MMSE score of 17 ($p < 0.01$) and a skin reaction. Comorbidities included, 15.2% had diabetes and 66.7% had hypertension. On average sodium plus potassium values were 139 mEq/L and 4 mEq/L respectively. Bathing was on average 3 baths weekly. Concomitant medications included: memantine (39.4%), antidepressant (51.5%), antipsychotic (12.1%) with 24.2% not taking any medications.

Two statistically significant skin reactions seen were erythema where the patch was applied and pruritis ($p < 0.01$). There were no significant skin reactions resulting in rivastigmine patch discontinuation.

This small cohort showed one statistically significant trend: the lower MMSE score the increase risk of a skin reaction.

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