

Managing medication for a person with dementia



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Many people with dementia will need to take medication. This may be for the symptoms of dementia itself or for other short- or long-term health conditions.

Dementia is a progressive condition and over time, a person with the diagnosis will experience increasing difficulty with memory, thinking and communication. This means they may need help with managing their medication to ensure they take it safely and as prescribed.

Why might a person with dementia need medication?

There are a number of medications that may be prescribed to help with the symptoms of dementia. These include:

- medications for Alzheimer's disease, mixed dementia, Lewy body dementia and Parkinson's dementia
- antidepressants to help with anxiety and low mood
- antipsychotic medication to treat severe and distressing symptoms such as delusions and hallucinations

Please see Sources of support on p14 for more information on medication for Alzheimer's disease and other forms of dementia.

Before prescribing medication for dementia, the prescriber will consider:

- whether the medication is suitable for the person's type of dementia
- whether the potential side effects will be outweighed by the benefits (see p4 for more information)
- any other health conditions that the person has
- potential interactions with other medicines the person takes
- their ability to take the medication as prescribed



It is important that the prescriber supports the person with dementia to weigh up the pros and cons of taking a medication. If the person lacks the mental capacity to make an informed decision and you hold lasting power of attorney (LPA) for health and welfare, you may wish to make a decision on their behalf, in their best interests, in consultation with their prescriber. Please see Sources of support on p14 for more information on mental capacity and LPA.

A person with dementia may also be prescribed medications for other conditions. These could be short courses of medication, for example antibiotics for an infection, or long-term medication for managing a health condition like diabetes or heart disease.

Many medications are available without a prescription, known as ‘over the counter’ (OTC) treatments – for example, paracetamol and

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ibuprofen. While OTC medications do not need a prescription, some may interact with prescribed treatments, so it is important to seek advice from a pharmacist before the person with dementia starts taking them.

Side effects of medication

All medications come with some risk of side effects. For dementia medicines, common side effects include:

- diarrhoea, nausea and/or vomiting
- headaches
- dizziness
- loss of appetite
- muscle cramps
- fatigue
- insomnia

The person should always be given the opportunity to weigh up the potential benefits of taking a medication with the possibility of side effects.

All prescribed medications come with a patient information leaflet which lists possible side effects. To reduce the risk, the person with dementia may need your help to take their medication exactly as prescribed – for example with food or at a particular time of day. You can also speak to the person's prescriber or a community pharmacist for advice.

While side effects are often mild and short-lived, some people experience more intense or persistent side effects. If the person is



having side effects that are difficult to cope with, please speak to their GP or a pharmacist for advice.

Medication reviews

When someone starts taking dementia medication, they should be reviewed by the memory clinic after around four weeks to discuss:

- how well it is working
- whether they are experiencing side effects
- whether they are having any difficulty taking it as prescribed
- whether any adjustments are needed

After this, further reviews are likely to be done by the GP, at least once a year. This may take place at their annual dementia review, which all people with dementia should be offered. If the person is not invited for their review, please contact their GP surgery to request an appointment.

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Other medications that the person takes may need to be reviewed more regularly – you can discuss this with their prescriber.

Medication and frailty

Many people with dementia become increasingly frail as their condition progresses. This particularly affects older people, but people with young onset dementia (where symptoms develop before the age of 65) can also experience frailty.

The signs of frailty include:

- weight loss
- poor nutrition
- hydration issues
- fatigue
- weakness
- reduced physical activity
- a general slowing down

People who are frail are more likely to experience medication side effects and may struggle to recover from minor illnesses or injuries. As a result, they may be prescribed multiple medications that are regularly reviewed and adjusted to suit the person's needs. This process may involve reducing, stopping or changing medications to minimise risks and side effects and enhance the person's quality of life.

Please see the following section for information on taking multiple medications.



If you have any concerns about frailty in a person with dementia or how their medications are affecting them, please contact their GP. Please see Sources of support on p14 for information on frailty and dementia.

Taking multiple medications (polypharmacy)

Many people with dementia take multiple medications, especially if they also have other health conditions. While this may be medically necessary, it may increase the risk of problems, including the person having difficulty managing their medications (for example forgetting which should be taken when, and in what quantity). It also increases the risk of side effects and problems caused by how the medications interact with each other.

It is important to ensure you understand how each medication should be taken (time of day, frequency, etc) and how you can support the person with dementia to take it correctly – for example, if it is possible for them to take it once a day, rather than multiple times. The person’s medication reviews are an opportunity to discuss this.

Managing medications for a person living with dementia

Taking medications safely and as prescribed is essential if the person with dementia is to receive their full benefit. Taking too much medication could lead to serious complications relating to overdose; and missing doses, crushing tablets or opening capsules could reduce their effectiveness and increase the risk of side effects.

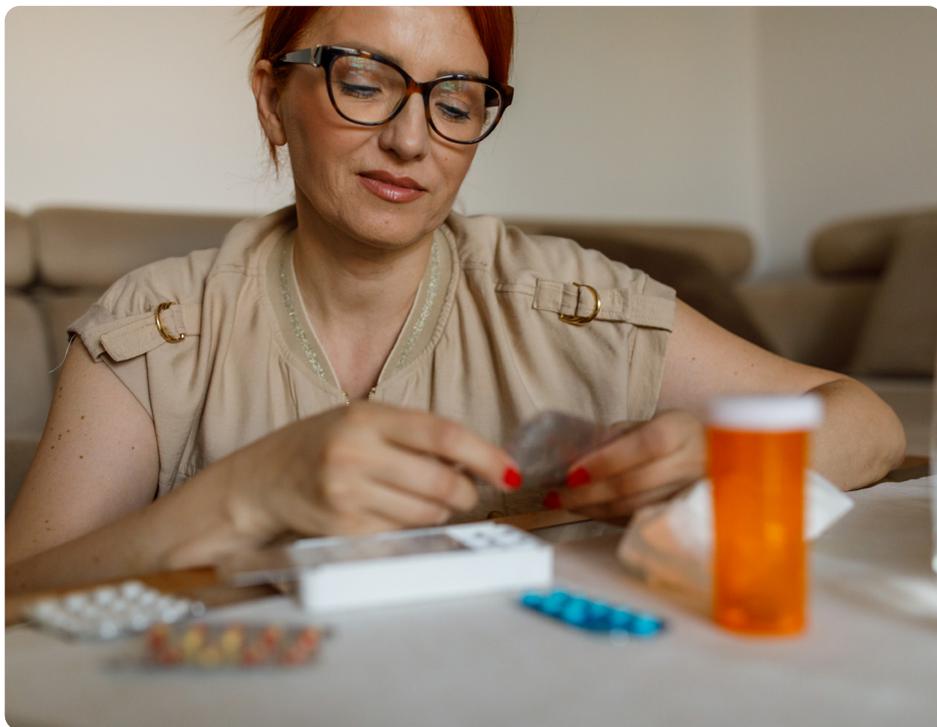
The person with dementia may need support to take their medication as prescribed. Here are some ways to help them.

Remembering to take medication

Some medications need to be taken at set intervals or a specific time of day, with or after food, or on an empty stomach. This information should be provided on the prescription label on the packaging and in the patient information leaflet inside.

If the person with dementia forgets to take their medicines, there are a number of ways to help them remember:

- if you are with them, prompting them at the right times
- visual reminders like a wipe-clean wall chart or a label stuck to the cabinet where medications are kept
- a pill organiser with separate compartments for times of day and days of the week – some sound an alert when it is time to take the medication



- alarms or alerts on the person's phone
- voice reminders on a smart device (eg Alexa)
- linking taking the medication with an element of their daily routine, eg brushing their teeth: when something becomes a habit, it is easier to remember

In some cases, pharmacies can supply tablets in a dosette box, particularly if the person takes multiple medications. This is a pre-filled pill organiser that shows the times and days when each medication needs to be taken. Please see Sources of support on p15 for more information on pharmacy services.

Missed doses

If a person with dementia forgets a dose of their medicine, they should try to take it as soon as they remember. However, if you have concerns about how long it has been since the missed dose and whether the person should take it, please contact your pharmacy.

Missing the occasional dose is unlikely to cause problems, but if the person misses their medication for several days back-to-back, it could create issues such as a return of side effects if they restart it (although this is unlikely if they are taking a low dose).

If missing medication becomes a recurring problem, it is important to discuss why this is happening with the person's GP or prescriber and whether it is still appropriate for them to take the medication.

Difficulty swallowing

Some people have difficulty swallowing tablets, especially as dementia progresses. If this is the case, speak to the person's GP, specialist or pharmacist about alternatives. For example, some medications may be available as a liquid, soluble tablets or a sticky patch worn on the skin.

Covert administration

If it is proving challenging for the person to take their medicines – including if they are resisting taking it – discuss this with their GP. In some cases, 'covert administration' – for example, hiding the medication in food or drink – may be an option. However, as this may affect how the body processes the medication, the prescriber may suggest other options (such as a liquid formulation or skin patch).

If you are thinking about covert administration, you should consider the person's mental capacity to decide whether or not to take the medication. If they lack capacity, you should discuss this with their

prescriber. Any decision should be made in their best interests – for example, if the drug is reducing the person’s symptoms and not taking it would increase their distress or risk.

Please see Sources of support on p14 for information on mental capacity and decision-making.

Different brands

Sometimes, the person with dementia may be given a different brand of their medication by the pharmacy. All brands of the same drug contain the same ingredients in the same proportions, so it is rare for there to be any difference in how people respond to a different brand, but please speak to the pharmacist if you have any concerns.

Medication safety

It is important that the person with dementia does not take too much of any medication. This could happen if they forget they have already taken their medication or if they lose track of how many doses they have taken.

To minimise the risk of overdose, community pharmacy teams can arrange for medication to be picked up or delivered to the person’s home weekly. This will prevent a stockpile of medication building up at home.

If a person has taken too much medication – even if only a small amount – you should call NHS111 for immediate advice. Please call 999 or go directly to A&E if there are signs of severe overdose, eg delirium (intense confusion), drooling, sweating or extreme nausea.

If the person has supplies of medication that they no longer take or are out of date, they should be taken to a pharmacy to be disposed of safely.

Medicines should be stored in a safe place at all times. If the person with dementia needs support with taking medications safely, it is advisable to keep them in a locked drawer, cupboard or safety box. It is also very important that medications are kept out of reach of any children who live in or visit the person's home.

Help with prescription costs

In England, everyone over the age of 60 is entitled to free NHS prescriptions. In addition, prescriptions are free for people who have certain medical conditions (known as medical exemption or MedEx), receive some benefits, or are classed as being on a low income. For more information on free prescriptions in England, please see Sources of support on p15.

If a person does not qualify for free prescriptions but requires two or more prescribed medications a month, they can save money by buying a prescription prepayment certificate (PPC). This involves paying a set fee that covers all prescriptions issued during the month, no matter how many. For more information on PPCs, please see Sources of support on p15.

In Wales, Scotland and Northern Ireland, prescriptions are free for everyone.

Stopping medication

People may decide to stop taking medication for a variety of reasons. These might include:

- unpleasant side effects
- the perception that the medication is not working
- difficulty in taking the medication as prescribed, even with support



Stopping medication may be a personal choice or advised by the person's healthcare professional. Ideally, it should be a joint decision, and the doctor should ask the person and their carer for their opinions.

It is important that if a person wishes to stop taking their medication, they speak to their prescriber first. This ensures it is done in a safe and supervised way, often by reducing it gradually. This will help to avoid complications such as a sudden worsening of symptoms.

If the person with dementia is prescribed a short course of medication – such as antibiotics – they should finish the course even if they feel better. This is to reduce the likelihood of their symptoms returning.

Sources of support

If you are living with dementia or caring for someone with the condition, register for our free online sessions, ‘Dementia: what next?’ at [▶ dementiauk.org/dementia-what-next](https://dementiauk.org/dementia-what-next)

To speak to a dementia specialist Admiral Nurse, call our free Helpline on **0800 888 6678** (Monday–Friday 9am–9pm, Saturday and Sunday 9am–5pm, every day except 25th December) or email [▶ helpline@dementiauk.org](mailto:helpline@dementiauk.org)

If you prefer, you can book a phone or video call with an Admiral Nurse at a time to suit you: please visit [▶ dementiauk.org/book](https://dementiauk.org/book)

Dementia UK resources

Frailty and dementia

[▶ dementiauk.org/frailty](https://dementiauk.org/frailty)

Getting the best out of GP and other health appointments

[▶ dementiauk.org/getting-the-best-out-of-gp-and-other-health-appointments](https://dementiauk.org/getting-the-best-out-of-gp-and-other-health-appointments)

Getting the most out of a remote consultation

[▶ dementiauk.org/getting-the-most-out-of-a-remote-consultation](https://dementiauk.org/getting-the-most-out-of-a-remote-consultation)

Lasting power of attorney

[▶ dementiauk.org/lasting-power-of-attorney](https://dementiauk.org/lasting-power-of-attorney)

Medication for Alzheimer’s disease and dementia

[▶ dementiauk.org/medication](https://dementiauk.org/medication)

Mental capacity and decision-making

[▶ dementiauk.org/mental-capacity-and-decision-making](https://dementiauk.org/mental-capacity-and-decision-making)

Online GP services for a person with dementia

➤ dementiauk.org/gp-online-services

Pain and dementia

➤ dementiauk.org/pain-and-dementia

Staying healthy with dementia

➤ dementiauk.org/staying-healthy

Other resources

Check what help you could get to pay for NHS costs

➤ services.nhsbsa.nhs.uk/check-for-help-paying-nhs-costs/start

Find a pharmacy

➤ nhs.uk/service-search/pharmacy/find-a-pharmacy

NHS: how your pharmacy can help

➤ nhs.uk/nhs-services/prescriptions-and-pharmacies/pharmacies/how-your-pharmacy-can-help

NHS: medicines tips for carers

➤ nhs.uk/conditions/social-care-and-support-guide/practical-tips-if-you-care-for-someone/medicines-tips-for-carers

NHS: who can get free prescriptions?

➤ nhs.uk/nhs-services/prescriptions-and-pharmacies/who-can-get-free-prescriptions

Prescription prepayment certificates (PPC)

➤ nhs.uk/nhs-services/prescriptions-and-pharmacies/save-money-with-a-prescription-prepayment-certificate-ppc

**To speak to a dementia specialist Admiral Nurse
about any aspect of dementia:**

Contact our Helpline:

0800 888 6678 or [▶ helpline@dementiauk.org](mailto:helpline@dementiauk.org)

Book a virtual appointment:

[▶ dementiauk.org/book](https://dementiauk.org/book)

**Our charity relies entirely on donations to fund our
life-changing work. If you would like to donate to help us
support more families:**

- Call **0300 365 5500**
- Visit [▶ dementiauk.org/donate](https://dementiauk.org/donate)
- Scan the QR code



Thank you.



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Helping families face dementia



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