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Evidence doesn't change prescribing patterns ... so what does?

Ali Rida

Beaumont Wayne Family Medicine Residency Program, alimohamedrida@gmail.com

Anthony Brooks

Beaumont Wayne Family Medicine Residency Program, Anthony.Brooks@beaumont.org

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LETTER TO THE EDITOR:

Evidence doesn't change prescribing patterns... so what does?

ALI RIDA, Annapolis Family Medicine Residency, Beaumont Wayne Hospital, alimohamedrida@gmail.com ANTHONY BROOKS, Annapolis Family Medicine Residency, Beaumont Wayne Hospital, anthony.brooks@beaumont.org

In response to the article "Memantine unproven to provide any clinical benefit in cases of vascular cognitive impairment," there exist multiple parallels between the clinical scenario presented and a patient we recently cared for in our hospital, particularly regarding the use of memantine without clear indication.

Our patient was a 71-year-old male with past medical history of multiple cerebrovascular accidents, multi-infarct dementia, type 2 diabetes mellitus, and hypertension, who was admitted to our acute care hospital from a subacute rehabilitation facility where they initiated memantine 10 mg twice daily; the indication was listed as "altered mental status."

The research demonstrates no documented differences with respect to memantine treatment on scales such as the NOSGER², as well as no effects on functional outcomes such as improvement in ADLs. 3.4

Both patients under discussion were started on memantine therapy despite no evidence of clinically significant benefit. We strongly agree with the author's notion that physicians must consider statistical and clinical significance in evaluating potential efficacy, particularly in patients with multiple comorbidities and vulnerable to polypharmacy.

So why do doctors prescribe medications with such a poor benefit/harm profile? We must acknowledge the pressure we often face as physicians to "do something" for our patients, whether in an effort to appease family wishes or for our own satisfaction. This can lead to adverse side effects of a medication with no proven clinical benefit. As such, we felt it was in our patient's best interest to discontinue this medication.

We implore all prescribers to exhibit a similar degree of precaution and foresight when prescribing any medication, regardless of perceived indication and/or benefit. In order to make this a reality, doctors need to learn to critically appraise research and thoughtfully incorporate it into daily clinical practice.

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ALI RIDA and ANTHONY BROOKS are residents at Annapolis Family Medicine Residency at Beaumont Wayne Hospital.