

Behavioral Management in Dementia

a.k.a. “Public Enemy Number One”

a.k.a. “Proteins Gone Bad...”



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Game Plan

1. Definition
2. Epidemiology
3. Assessment: **IT'S OVER**
4. Nonpharmacologic Strategies: 4 S
5. Nonpharmacologic: Other Therapies

Game Plan

6. Pharmacotherapy:

- » Anti-dementia agents
- » Antipsychotics
- » Antidepressants
- » Anticonvulsants
- » Others

7. Closing thoughts: AAGP

8. P.S. New dementia drugs on the horizon

**“The worst wounds are those that
are self-inflicted”**

William Clinton



Definition

- **“Agitation”** – inappropriate verbal, motor, or vocal activity that does not result from need.
- Alternately, **“Behavioral and Psychiatric Symptoms of Dementia” (BPSD)** is used for clinical simplicity in describing the constellation of difficult behaviors arising in demented patients.



Inappropriate Behaviors

- Physically aggressive behaviors (hitting, kicking, biting).
- Physically nonaggressive behaviors (pacing, inappropriate touching).
- Verbally aggressive behaviors (cursing or screaming).
- Verbally nonaggressive behaviors (repetitive requests or phrases).

Epidemiology



- “Nursing homes now function as long-term psychiatric hospitals for the elderly” Anon.
- Agitation common – 70-90% demented NH patients; 50% become aggressive
- Behavioral problems of dementia do not correlate with cognitive decline (although functional changes do).

Epidemiology



- In general, behavioral disturbances peak in middle stages of dementia.
- Psychosis is significantly associated with aggression.
- Delusions present in 38-73% of AD patients with paranoid delusions the most common.

Epidemiology



- Hallucinations more visual than auditory.
- Depression extremely common but underdiagnosed. Difficult to diagnose; tearfulness and anorexia with weight loss remain important clues.

Assessment

- Ideally, assess in nursing home.
- Collateral history paramount.
- Insist on specifics.
- ALWAYS ask about sleep, appetite, and whether the patient cries or seems persistently sad.
- Formal rating scales exist: NPI, Cohen-Mansfield Agitation Inventory.

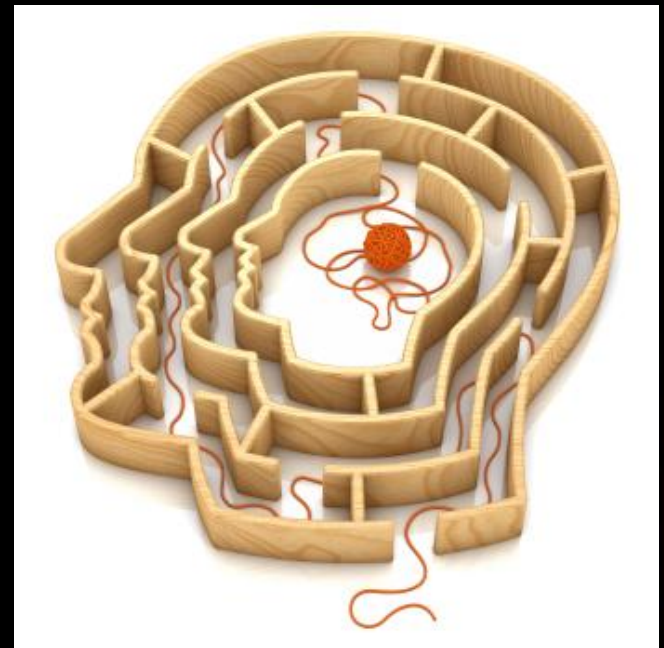
Assessment

- Agitation is usually multifactorial, therefore consider the **ITS OVER** mnemonic.

I	Identify	What is the problem?
T	Timing	When does it happen?
S	Surroundings	Where does it happen?
O	Others Involved	Who else is involved?
V	Very troubling	How dangerous is it?
E	Evaluation	What else might be a cause?
R	Response	How do I/we respond?

Assessment

- **ALWAYS** consider:
 - » Environment
 - » Medical
 - » Psychiatric
 - » Dementia



Nonpharmacologic Strategies

- First-line
- **4-S** mnemonic:
 - » **SAFETY**: control risk-driving, financial, physical.
 - » **SERENITY**: manage affect-simplify, communicate affection, distract.
 - » **STRUCTURE**: regulate/organize environment, establish a routine.
 - » **SANITY**: reduce caregiver burden, realistic expectations, seek social support, use respite.

Nonpharmacologic Strategies

- Validation therapy-Naomi Feil
- Focus is on empathy; caregivers to accept the values, beliefs and reality of the person with dementia.
- www.vfvalidation.org

Nonpharmacologic Strategies

- Bright light therapy.
- Therapeutic touch, massage.
- Music, art, pet therapies.
- Simulated presence audiotape therapy.
- Multisensory stimulation (Snoezelen room installation)/ simple pleasures / recreational therapies.

Nonpharmacologic Use of Restraints

- Use as last resort on a short-term basis.
Constant reevaluate.
- CONCERNS:
 - » Inappropriate Application – “quick fix”.
 - » Morbidity and Mortality
 - » Psychological Factors
 - » Regulatory Agency

*“If you come to a fork in the road,
take it”*

Yogi Berra



Pharmacotherapy

- CAVEATS: When psychotropics are used:
 - » Lowest Effective Dose (L.E.D.)
 - » Shortest time necessary
 - » Close monitoring
 - » Judicious use
 - » Constant vigilance for side effects



Pharmacotherapy Cholinesterase Inhibitors

- “Cholinergic agents are downstream neuroleptics.” G. Grossberg MD
- Anti-dementia agents: first observe impact on behavioral symptoms, as milder disturbances may not require other psychotropic drugs.
- Early initiation is vital.
- Consistent benefit in irritability and disinhibition.

Pharmacotherapy Memantine

- Different mechanism of action, NMDA receptor antagonist. Reduces “noise” and calcium overload.
- Effective as monotherapy in moderate to severe AD.
- Significant benefits in decreasing delusions, apathy/indifference, and irritability/lability.
- Combination therapy (donepezil and memantine) benefited agitation/aggression, irritability/lability, and appetite/eating changes.

Pharmacotherapy

Antipsychotics

- Psychotic symptoms are common and associated with aggression in dementia.
- Antipsychotics are modestly effective.
- Conventional antipsychotics used for decades; no single standout but Haldol most commonly used.
- Cochrane review suggest Haldol useful for aggression but associated with increased side effects.

Pharmacotherapy

Antipsychotics

- Atypical antipsychotics emerging as drug of choice for BPSD.
- Orally disintegrating formulations preferable.
- Body of data with Zyprexa and Risperdal.
- Seroquel with emerging benefit in Lewy body dementia and Parkinson's dementia.
- Clozaril reserved for PD with dementia.

Pharmacotherapy

Antipsychotics

- Newest agents, Abilify and Geodon, data in elderly is accumulating.
- Recent warnings per FDA regarding increased risk of cardiovascular events.



Pharmacotherapy

Antidepressants

- Depressive symptoms common in AD.
- Therefore, maintain low threshold for diagnosis.
- Diagnosis of depression difficult; demented patient may not recognize symptoms of depression or may be unable to articulate symptoms.
- Tearfulness, decreased appetite with weight loss, social withdrawal are key symptoms.

Pharmacotherapy

Antidepressants

- SSRIs preferred; effective, safe, well-tolerated.
- Celexa/Lexapro and Zoloft have minimal-zero drug-drug interactions.
- Single study demonstrated Celexa outperformed antipsychotic for BPSD symptoms in nondepressed, demented patients.

Pharmacotherapy

Antidepressants

- Celexa/Lexapro and Zoloft preferred SSRIs in elderly
- Trazadone important alternative, widely used in UK
- DBPC trial: Trazadone as effective as Haldol in BPSD (and better tolerated)
- Trazadone also helpful as PRN sedative.

Pharmacotherapy

Antidepressants

- Remeron may be useful in the elderly.
- Earlier onset of action, fairly well-tolerated.
- Has appetite stimulant effect, weight gain, and sedative effect. Remeron available in rapidly dissolving formulation.



Pharmacotherapy

Anticonvulsants

- When antipsychotics and antidepressants fail...
- Many anecdotal reports suggest benefit; body of data with Depakote and Tegretol/Trileptal. Some data with Neurontin.
- Suggestion of “neuroprotection” with Depakote and Lithium.
- Acute, individual use generally preferred.
- Serum drug levels critical; Threshold for toxicity is lower in elderly.

Pharmacotherapy Alternatives

- Anxiolytics/Benzodiazepines commonly prescribed in the elderly, esp. as PRN for agitation.
- Avoid long acting Benzodiazepines (i.e., Valium, Tranxene, Klonopin).
- Concerns exist: falls, paradoxical excitement, cognitive dulling, amnestic effects, abuse/dependency potential.
- A single study suggests Xanax as effective as Haldol in managing disruptive episodes.

Pharmacotherapy Alternatives

- Buspar helpful. Not addictive.
- IM Progesterone q 2 weeks or PO Premarin useful for hypersexuality in demented males.
- Provigil (wakefulness agent) may be useful for excessive sleepiness/apathy.
- Inderal

AAGP Position Paper Patients

- **SAFETY:** Falls, wandering, driving, accidents, etc. Alzheimer's Association-Safe Return. "Childproof" house.
- **STRUCTURE:** Simplify/organize day. Establish, then maintain routine, i.e. regular toileting.
- **MEDICAL MANAGEMENT:** Meticulous medical care; Rule-out UTI, pneumonia, fecal impaction, pain, dehydration.
- **ADVANCE DIRECTIVE:** Never too early.

AAGP Position Paper Caregivers

- EDUCATE, EDUCATE, EDUCATE.
- PROBLEM-SOLVING: Role-play behavior.
- LONG-RANGE PLANNING: The 36 Hour Day by P. Rabins, MD.
- ACCESS RESOURCES
- EMOTIONAL SUPPORT
- RESPITE, RESPITE, RESPITE.

P.S. New Approaches

- A beta modulation, inhibition, immunization.
- Oxidative Stress
- Inflammation



New Approaches

- Abeta modulation-secretase modulators
- Abeta inhibition of aggregation:
 - » ALZHEMD
- Abeta immunization: 'active' vaccine
- Abeta immunization: 'passive' vaccine
IVIG



New Approaches

- Oxidative Stress: Vitamin E modifications max dose 400 IU/d.
- Oxidative Stress: Curcurim?



New Approaches

- Reduce inflammation: r-Fluriprofen, a nontoxic antiinflammatory with the potential to decrease production of Abeta.



*“Nothing in life is to be feared,
it is only to be understood.
Now is the time to understand more,
so that we may fear less.”*

Marie Curie



Pharmacotherapy



Thank you!



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FIG. 3.—Case 490. Orbitoclast in primary position parallel with the bony ridge of the nose.

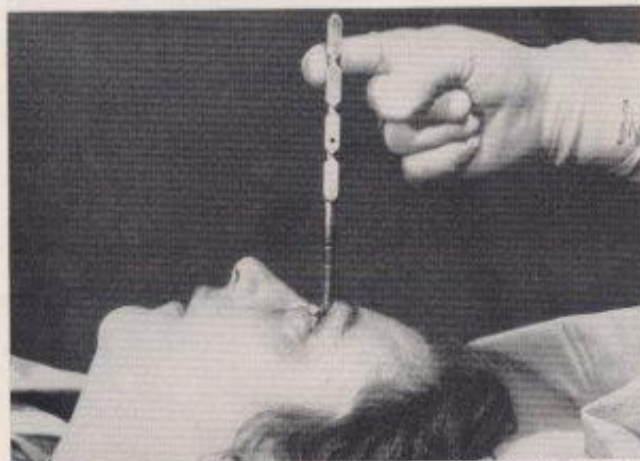


FIG. 4.—Case 490. Orbitoclast in elevated position making deep frontal cut.



FIG. 5.—Case 490. Superimposed roentgenograms illustrating the range of movement of the orbitoclast within the frontal lobe.

