Supported in part by a cooperative agreement No. 90AL0011-01-00 from the Administration on Aging, Administration for Community Living, U.S. Department of Health and Human Services. Grantees carrying out projects under government sponsorship are encouraged to express freely their findings and conclusions. Therefore, points of view or opinions do not necessarily represent official AoA, ACL, or DHHS policy. The grant was awarded to University of Hawaii Center on Aging for the Alzheimer’s Disease Initiative: Specialized Supportive Services Program.
Medication Management of Dementia-Related Behaviors: When and How

Brett Lu MD PhD
Associate Professor of Psychiatry, University of Hawaii
Queen’s Medical Center
Honolulu, HI USA

Aug 2016, presented at Queen’s Medical Center for Hawaii Memory Navigators
Outline

Dementia-related Behavioral Symptoms

Overview of Behavioral Approaches

Identifying Medical Risk Factors

Indications for Medication Treatment
Dementia Types

Frontotemporal Dementia
(compulsive behaviors, personality changes)
MSA/PSP/CBD

Vascular Dementia
(stroke)
VD + DAT

Dementia with Lewy Bodies
(parkinsonism, nocturnal visual hallucinations)
DAT + DLB

Dementia of the Alzheimer’s type
(DAT)
60%

5% 10% 60% 10% 10% 5%

Dementia Prevalence

2015: >65 years: 10%,
~5 million with Alzheimer’s dementia in US

2030: 8 million
2050: 14 million

http://www.alz.org/ri/in_my_community_59331.asp
Dementia Progression

Years

0 0.5 1.0 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0 5.5 6.0 6.5 7.0 7.5 8.0 8.5 9.0

MMSE

0 5 10 15 20 25 30

Early Diagnosis

Cognitive Symptoms

Mild-Moderate

Loss of ADLs

Behavioral/Psychological Symptoms

Severe

NH Placement

Death

Gauthier, 1996
Behavioral and Psychological Symptoms of Dementia (BPSD)

Present in 60-98% with dementia

Increased/premature institutionalization

Predicts higher mortality

Suffering for patient and caregiver

Behavioral resources for older adults lagging further behind

“Crisis in geriatric mental health” starting around 2011

Behavioral and Psychological Symptoms of Dementia (BPSD)

**Psychosis**
- hallucinations/delusions
- 25%

**Depression**
- 20-40%

**Anxiety**
- often persistent

**Agitation**
- altered circadian rhythms
- disrupted sleep patterns

**Apathy**

Clear description of symptom helps to facilitate specific and effective treatment.
Psychosis in Dementia

Misidentification of caregivers/surroundings
Paranoid delusions: lost items, accusations, poison
Visual hallucinations: stalkers, stranger in the house

Increases with dementia progression (~25%)
Increases risks for dangerous behavior, institutionalization, and mortality

Leonard 2006, Lopez 2013, Steinberg 2006

Schizophrenia: bizarre delusions, auditory hallucinations
Depression in Dementia

Prevalence: 20% in Alzheimer’s, 20% - 40% in Vascular dementia, >50% in Parkinson’s Disease dementia

Irritability, self-pity, rejection sensitivity, anhedonia (loss of interest), and psychomotor retardation

Associated with an increased mortality rate and accelerated dementia progression

Suicides:
higher shortly after dementia diagnosis, male, psych hx
lower with advanced dementia and nursing home stay

Alexopoulos 1988, 2002; Kumar 2013

Seyfried 2011
Geriatric Depression Scale (short form)

Instructions: Circle the answer that best describes how you felt over the past week.

1. Are you basically satisfied with your life? yes no
2. Have you dropped many of your activities and interests? yes no
3. Do you feel that your life is empty? yes no
4. Do you often get bored? yes no
5. Are you in good spirits most of the time? yes no
6. Are you afraid that something bad is going to happen to you? yes no
7. Do you feel happy most of the time? yes no
8. Do you often feel helpless? yes no
9. Do you prefer to stay at home, rather than going out and doing things? yes no
10. Do you feel that you have more problems with memory than most? yes no
11. Do you think it is wonderful to be alive now? yes no
12. Do you feel worthless the way you are now? yes no
13. Do you feel full of energy? yes no
14. Do you feel that your situation is hopeless? yes no
15. Do you think that most people are better off than you are? yes no

Total Score ___________

Yesavage 1986

Geriatric Depression Scale
read to patients, yes or no answers
short version: 15 item depression >= 5 pts
not valid with moderate/severe dementia (MMSE <15)
Agitation/Disinhibition in Dementia

Impulsive and inappropriate behaviors
Emotionally unstable
Often persist or worsen during dementia progression

Examples:
Crying, verbal/physical aggression (often self-directed), sexual indiscretion, intrusive wandering, impulse buying

Apathy in Dementia

Indifference, lack of motivation, no dysphoria/irritability

Up to 70% of dementia, increase with severity,
Anxiety in Dementia

repeatedly asking questions on a forthcoming event:
  Godot syndrome
fear of being left alone
pacing/fidgeting

Circadian Rhythm Disturbances in Dementia

increased sleep latency (more time to fall asleep)
Increased awakenings
decreased slow wave sleep, daytime sleepiness
sundowning
Outline

Dementia-related Behavioral Symptoms

Overview of Behavioral Approaches

Identifying Medical Risk Factors

Indications for Medication Treatment
General Approaches for Dementia-related Behavior

Social contacts/Basic care:
- Speak slowly and calmly
- Simple and positive commands, Use gestures
- Gentle touch
- Approach patient from front

Safety:
- grab bars, no sharp edges
- concealed exits

Orientation:
- routines, clocks
- encourage ADLs,
- hearing aids,
- written communications

General Approaches for dementia-related behavior

Recreation: exercise, games, singing

Sensory stimulation:
music, white noise, plants, animals, massage, aromatherapy

Courtesy of Manoa Cottages
Specific symptoms-based approaches

Paranoia/Hallucinations
Avoid direct confrontation
Validate their experiences
Re-assurance followed by distraction
Anticipate safety issues (conceal harmful objects)

Anxiety/Fear
Place patient at a busy/high-traffic area
Orientation
Scheduled events/tasks (often individualized)
Scheduled checks
Specific symptoms-based approaches

Sleep
-wake up same time of the day
-keep occupied/awake in the day
-early evening activities
-hallway/bathroom lights

Depression/Cognitive Decline
-physical and mental activities
-community resources
-day programs

Outline

Dementia-related Behavioral Symptoms

Overview of Behavioral Approaches

Identifying Medical Risk Factors

Indications for Medication Treatment
Medical Risk Factors for Behavioral Symptoms

Look for medical illness/physical discomfort
- acute changes (within a few days): confusion, paranoia, slurred speech, sedation).
- pain
- constipation
- urinary changes (frequency, burning, smell, incontinence)

Look for medication-side effects
signs: increased sedation, agitation, confusion, poor appetite after medication change

Clear reporting of these changes allows:
(1) prompt treatment of the underlying cause
(2) avoid inappropriate medications for “behaviors”
Outline

Dementia-related Behavioral Symptoms

Overview of Behavioral Approaches

Identifying Medical Risk Factors

Indications for Medication Treatment
Medications for Dementia-related Behavior

Indications: Poor Quality of Life, Safety Concerns
-distressing psychosis/anxiety, severe depression
-elopement, physical aggression
-to avert institutionalization, emergency services

Goals of Medications Treatment
What is the highest quality of life possible, using medications with the highest benefit to risk ratio?

“judicious use of pharmacological interventions, including antipsychotics, is appropriate, necessary, and ethically justified…” Desai 2012
Medications for Dementia-related Behavior

General Considerations

No “FDA-approved” medication for behavior in dementia
Clear surrogacy/Transfer Decision-making Appropriately

Balance between no treatment and overtreatment
Clear symptom description allows specific, effective plans

Antidepressants:
  improve mood/agitation, less side effects
Antipsychotics/benzodiazepines (tranquilizers):
  can also help, more sedation/serious side effects
Honolulu Medication Algorithm for Behavioral Symptoms in Dementia

- Depression/Anxiety/Paranoia/Screaming:
  - Citalopram, Escitalopram, Sertraline
  - Memantine

- Agitation/Aggression:
  - Donepezil
  - Prazosin

- Apathy:
  - Risperidone, Olanzapine, Quetiapine
  - Trazodone

- Insomnia:
  - Melatonin
  - Trazodone
  - Doxepin

- Newer Agents:
  - Melatonin
  - Trazodone
  - Zolpidem/Temazepam
  - Newer agents

- Benzodiazepines

- Valproic Acid

- Gabapentin

- Lu 2016
To treat or not to treat……

When used for disruptive behaviors (psychosis, aggression, agitation), antipsychotics not associated with greater nursing home admission or mortality

Lopez 2013
Maintaining Quality of Life in Dementia

- non-pharm approaches
- + appropriate medications
- + inappropriate medications
- no behavioral treatment

Quality of Life vs. Symptom Severity
Thank You

Questions?
Supported in part by a cooperative agreement No. 90AL0011-01-00 from the Administration on Aging, Administration for Community Living, U.S. Department of Health and Human Services. Grantees carrying out projects under government sponsorship are encouraged to express freely their findings and conclusions. Therefore, points of view or opinions do not necessarily represent official AoA, ACL, or DHHS policy. The grant was awarded to University of Hawaii Center on Aging for the Alzheimer’s Disease Initiative: Specialized Supportive Services Program.