Medications for dementia-related behavior: When and How

Dementia-related behavior can be extremely distressing for the patients and/or dangerous to those around them. Even if suitable non-pharmacological interventions are implemented, it still often takes a long time for these behaviors to diminish. For such patients with severe behavior and their caregivers, pharmacological treatment is often relied upon, to improve quickly the quality of life and address safety concerns. Choosing appropriate medications can be challenging, given the lack of standardized treatment protocol and the potential for serious side effects.

To help guide healthcare providers, we offer the following evidence-based medication algorithm, which had served as our teaching core in physician training and consultation in Hawaii. Rather than providing another list of medication options, we rank choice of medications that are specific to particular symptoms and in terms of benefit to risk ratios (minimizing sedation and other adverse events as much as possible). Most of the first-line recommendations are common medications that primary physicians should be familiar with. Our goal is to reduce dementia-related suffering without unnecessary delay, while allowing caregivers some relief as they explore the most effective non-pharmacological interventions.
Honolulu Medication Algorithm for Dementia-related Behavior

- Apathy: donepezil → methylphenidate
- Depression, anxiety, paranoia, screaming:
  - Mild: citalopram, escitalopram, sertraline
  - Mod/severe: prazosin
- Agitation, aggression:
  - Mild: memantine
  - Mod/severe: prazosin, prn trazodone
  - Prn risperidone, olanzapine, quetiapine
- Insomnia:
  - melatonin
  - trazodone
  - doxepin
  - zolpidem/temazepam, suvorexant

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