Welcomes You To

Pharmacological Management of Dementia-Related Behaviors

Presented by Brett Lu, MD, PhD
Associate Professor of Psychiatry
John A. Burns School of Medicine

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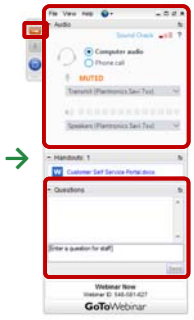

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Pharmacological Management of Dementia-Related Behaviors

Outline

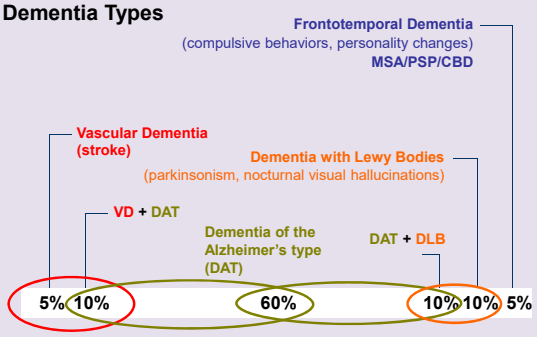
Dementia-related Behavioral Symptoms

Overview of Behavioral Approaches

Identifying Medical Risk Factors

Indications for Medication Treatment

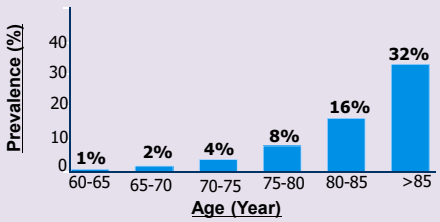
Dementia Types



Barker 2002, Morris 1994, Small 1997

Behavioral treatment usually specific to symptoms, rather than dementia type

Dementia Prevalence

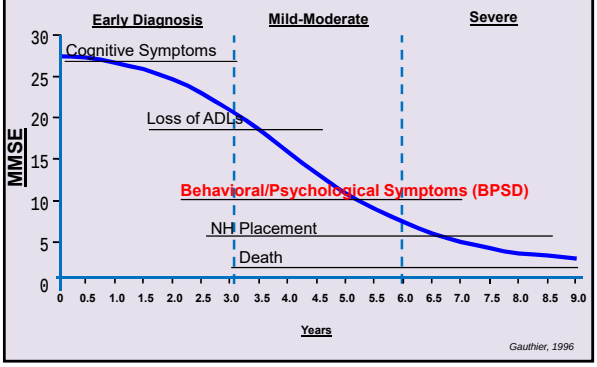


2015: >65 years: 10%,
~5 million with Alzheimer's dementia in US

2030: 8 million
2050: 14 million

http://www.alz.org/ri/in_my_community_59331.asp
Clinical Neuroscience Research Associates (©CNRA, 2000), www.therubins.com; Hurd 2013

Dementia Progression



Gauthier, 1996

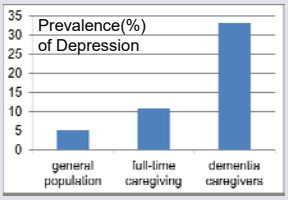
Behavioral and Psychological Symptoms of Dementia (BPSD)

Present in 60-98% with dementia

Increased/premature institutionalization

Predicts higher mortality

Suffering for patients and caregiver

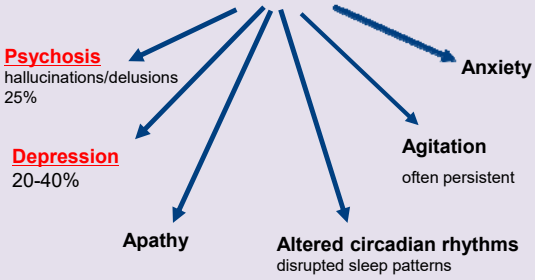


Adelman 2014; Covinsky 2003, NSDUH 2007

"Crisis in geriatric mental health" starting around 2011

Jeste 1999, Stoudemire, 1996; Streim, 1996, 2005

Behavioral and Psychological Symptoms of Dementia (BPSD)



Clear symptoms help to identify effective behavioral and pharmacological 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

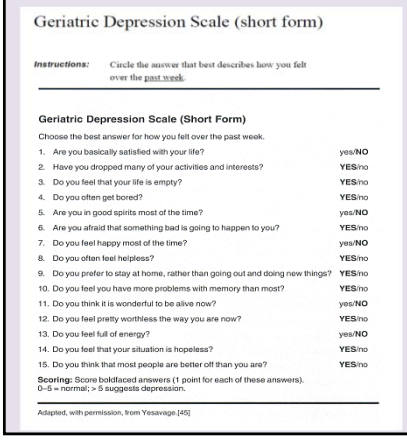
Irritability, self-pity, rejection sensitivity, anhedonia (loss of interest), and psychomotor retardation

Associated with physical aggression, increased mortality rate, and accelerated dementia progression

Alexopoulos 1988, 2002; Kumar 2013, Leonard 2006

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

Seyfried 2011



Geriatric Depression Scale (short form)

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

Geriatric Depression Scale (Short Form)

Choose the best answer for 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 new things?	**YES**/no
10.	Do you feel 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 pretty 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

Scoring: Score boldfaced answers (1 point for each of these answers). 0–5 = normal; > 5 suggests depression.

Adapted, with permission, from Yesavage.[45]

Geriatric Depression Scale (GDS)

screen and track degree of depression

read to patients, yes or no answers

short version: 15 item depression >= 5 pts

not valid with moderate/severe dementia (MMSE <15)

Yesavage 1986

Agitation/Disinhibition in Dementia

Impulsive and inappropriate behaviors
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 poor mood/irritability
Up to 70% of dementia, increase with severity

Landes 2001

Antidepressant in apathy w/o depression may worsen apathy

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), 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
Concealed exits

Recreation (routines):
exercise, games, singing

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

Courtesy of Manoa Cottages

Ballard 2009, Beier 2007, Gerdner 1993, Kong 2009, Rowe 1999

Specific symptoms-based approaches

Paranoia/Hallucinations
Avoid confrontation, validate their experiences
Re-assurance and distraction
Anticipate safety issues (conceal harmful objects)

Anxiety/Fear
Place patient at a busy/high-traffic area
Scheduled events/individualized tasks/checks

Sleep
Wake up same time of the day
Keep occupied/awake in the day
Hallway/bathroom lights

Depression/Cognitive Decline
Physical and mental activities
Community resources
Day programs

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Medical Risk Factors for Behavioral Symptoms

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

Leonard 2006

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

Avoid adding behavioral medications only to "mask" symptoms of treatable/reversible causes

Outline

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Indications for Medication Treatment

Medications for Dementia-related Behavior

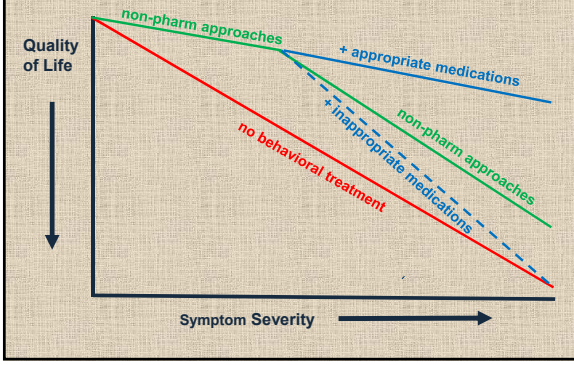
Indications:
Poor quality of life
Physical aggression, Distressing levels of psychosis/depression

Goals:
Maintain quality of life
Prevent institutionalization/emergency services

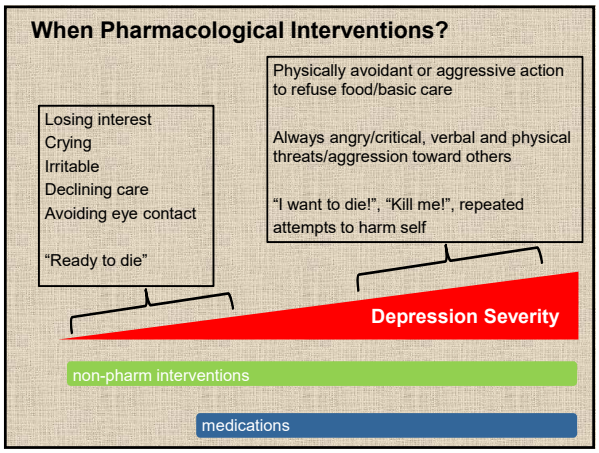
Avoid over-treatment:
"He keeps wanting to get out of bed, can you give him a medication?"
"My mother is eating less and doing less…"

Avoid under-treatment:
"Of course anyone (me) would not want to live if demented, why fight it?"
"Why meds? Staff/caregivers can and should deal with the worst behavior.

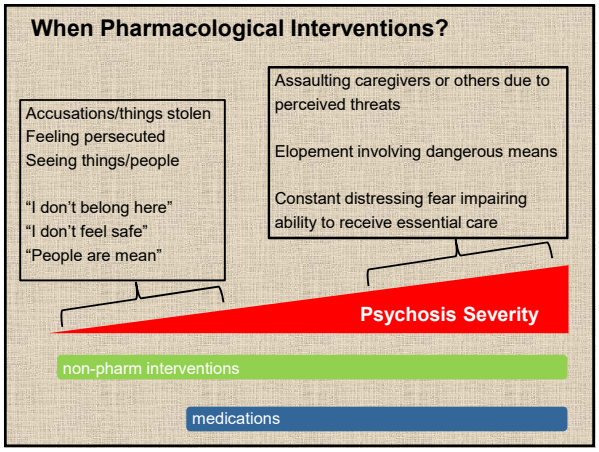
Maintaining Quality of Life in Dementia



When Pharmacological Interventions?



When Pharmacological Interventions?



Medications for Dementia-related Behavior

No "FDA-approved" medication for behavior in dementia

Identify surrogates able to make informed consent

Use medications with **highest benefit to risk ratio,** based on available evidence and patient's specific profile

Medications for Dementia-related Behavior

No "FDA-approved" medication for behavior in dementia
Identify surrogates able to make informed consent
Use medications with **highest benefit to risk ratio**

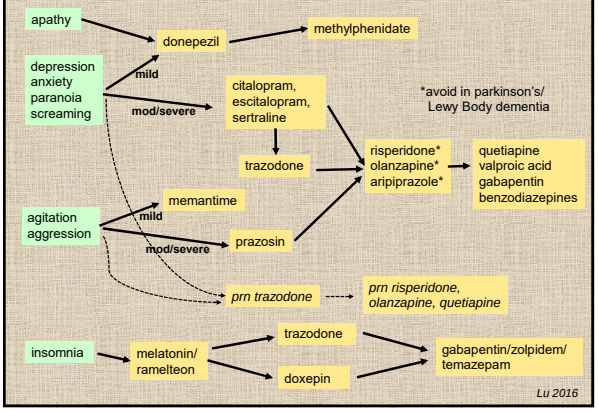
Antidepressants (higher benefit, lower risk):
as effective as antipsychotics, less serious side effects

Antipsychotics (higher benefit, higher risk)
can also help, more sedation/serious side effects

Dementia medications (lower benefit, lower risk)
smaller improvement in behavior, less serious side effects

Benzodiazepines (lower benefit, higher risk)
confusion, physical dependence

Honolulu Medication Algorithm for Behavioral Symptoms in Dementia



Monitoring Medications for Dementia Behavior

<u>Effective?</u>
-start with low dose, to ensure tolerability
-may need up to 2-6 weeks for improvement
-if behavior persist during this time,
-not necessarily due to "medications not working"

<u>Side Effects?</u>
Clear changes from baseline (often fluctuating)

Medication-specific Side Effects

Antidepressants (citalopram, escitalopram, sertraline, trazodone, mirtazepine):
nausea, diarrhea, insomnia; sedation/falls, confusion (low sodium)

Antipsychotics (haloperidol, risperidone, olanzapine, quetiapine, aripiprazole):
tremor, stiffness; sedation/falls, risk of stroke and irregular heart rate

Benzodiazepines (lorazepam, alprazolam, diazepam, temazepam):
sedation/falls, confusion; disinhibition, physical dependence

Mood stabilizers (valproic acid):
sedation, tremor, stomach upset, rash, edema

Dementia medications (donepezil):
weight loss, poor appetite, diarrhea

Prazosin:
low blood pressure

Responsible Medication Use: Better Long-term Outcomes

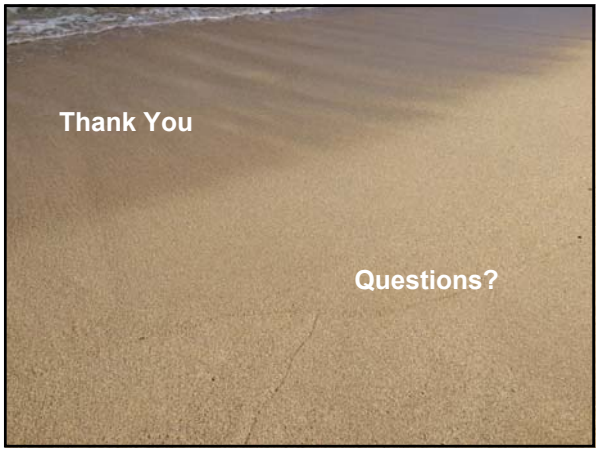
When used for disruptive behaviors (psychosis, aggression, agitation), antipsychotics use in dementia not associated with greater nursing home admission or mortality

Lopez 2013

"Judicious use of pharmacological interventions, including antipsychotics, is appropriate, necessary, and ethically justified…"

Desai 2012

Rather, it is the debilitating levels of depression, psychosis, aggression that accelerate cognitive/physical decline, poorer quality life, and premature institutionalization



Questions?

Type your questions into the Questions tab of your Control Panel.

Brett Lu, MD, PhD
Associate Professor of Psychiatry
JABSOM

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