Management of Agitation in Dementia

Christina Trevino MD
Disclosures

- Nothing to disclose
Objectives

- Review common presentations of behavioral disturbance in dementia
- Evaluation of the agitated patient with dementia
- Review efficacy for pharmacologic interventions (No FDA approved agents)
- Briefly discuss nonpharmacologic interventions
Terminology

- Neuropsychiatric symptoms (NPS)
- Behavioral Disturbance
- Behavioral and Psychological Symptoms of Dementia (BPSD)
- Discussion relates to Alzheimer’s Dementia
Neuropsychiatric symptoms (NPS)

- Most pressing treatment issue for patients/families presenting for care
- Distressing for patients
- Primary factor in caregiver burden
- Catalyst for long-term placement
Neuropsychiatric symptoms

- Affect nearly all patients
- Very difficult to treat
  - lack of insight
  - communication and cognitive barriers
  - sensitivity to adverse effects of psychotropic medication
  - symptoms are fluctuating
Symptom clusters of NPS

- Mood symptoms - apathy, depression, irritability, anxiety
- Psychosis - delusions, hallucinations
- Agitation-aggression, motor restlessness, verbal, resistiveness to care
- Disinhibition
- Sleep disturbance
Evaluation

- Define and describe target behaviors (e.g. reactive v. spontaneous)
- Evaluate for environmental/unmet physical needs/psychological triggers
- Rule out medical causes
- Track symptoms with rating scale
  - NPI-Q Behavioral assessment scale
Medical causes

- Medication side effects
- Metabolic/electrolyte disturbances
- Dehydration
- Infections
- Poorly controlled chronic conditions: COPD, hypertension, diabetes mellitus, BPH
- **Pain**
- Constipation
- Occult head trauma
Causes, cont

- Unmet physical needs - hunger, sleep disturbance
- Sensory deficits
- Psychological -
  - Anxiety, fear, depression
  - Boredom
  - Impaired speech/Frustration
  - Lack of autonomy/privacy
Environmental contributors

- Chaotic living environment/high stimulation
- Untrained or impaired caregiver
- Change in environment
- Complex tasks beyond abilities
Pharmacological interventions

- Psychotropics should be given only when non-pharmacological interventions have failed, with 3 exceptions:
  - Major depression with or without suicidal ideation
  - Psychosis causing harm or with great potential of harm
  - Aggression causing risk of harm to self or others

Medication Interventions

- For mild to moderate symptoms of agitation, or mood related symptoms:
  - SSRI- citalopram/lexapro; sertraline
- For aggression, risk of harm, or distressing psychotic symptoms in Alzheimer’s Dementia
  - Atypical antipsychotic
    - Risperidone- 0.25 mg qhs, max 2 mg qhs
    - Olanzapine- 2.5 mg qhs, max 7.5 mg qhs
    - Abilify- 2 mg qd, max 10 mg qd
Dementia Medications

- Meta-analyses of cholinesterase inhibitors and memantine suggested benefit for agitation in dementia \(^1,^2\)
  - secondary analysis
  - lower NPI scores on entry
- RCTs of memantine v. placebo\(^3\), and donepezil\(^4\) v. placebo did not show benefit

1 McShane R, Cochrane Database Syst Rev, 2006
2 Trinh N, JAMA, 2003
Mood Stabilizers

- Valproic Acid/Depakote - studies have not shown benefit
- Carbamazepine - two small studies of 6 week duration showed benefit \(^1\), \(^2\)
  - drug interactions and adverse effects complicate use
- Open label/case reports support Gabapentin, No RCTs

1 Tariot PN, Am J Psychiatry, 1998
2 Olin JT, Am J Geriatr Psychiatry 2001
Adverse effects of Antipsychotics

- Movement side effects: akathisia, TD, parkinsonism
- Metabolic- hyperglycemia, hyperlipidemia, weight gain
- CNS effects- sedation, cognitive decline, delirium
- Orthostasis- fall risk
- Geri symptoms: gait changes, edema, UTIs
FDA Black box warnings, 2005

- Increased risk of cerebrovascular events in atypicals
- 1.6-1.7 fold higher rate mortality for people with AD treated with atypicals compared to placebo
- Important to consent patient and family to these risks, and document target symptoms
Lewy Body Dementia/Parkinson’s

- Lewy Body Dementia - cognitive impairment, visual hallucinations, parkinsonism
  - cholinesterase inhibitors first line
  - neuroleptic sensitivity - quetiapine, clozapine
- Parkinson’s Disease Psychosis
  - lower dopamine agonists/Sinemet
  - cholinesterase inhibitor (rivastigmine)
  - quetiapine for psychosis
  - Pimavanserin - currently in Phase III
Summary

- Define target behaviors, document what has been tried, track symptoms
- Rule out reversible causes
- Environmental/Behavioral interventions
- Simplify medications when possible
Behavioral Interventions

- Advance care planning
- Education of family re: progressive nature of illness, strong likelihood of behavioral symptoms at some point
- Caregiver support and education
  - predictable routine, low stimulation, structure
- Continue to revisit goals of care
Resources

- For providers:
  - Alzheimer’s Association- [alz.org](http://alz.org)
  - IA-ADAPT-University of Iowa GEC

- For caregivers
  - alz.org
  - ‘36 hour day’- Peter Rabins MD
  - Savvy caregiver-DVD course