



Behavioral Complications of Dementia

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Pre-Lecture Exam

Question 1

- 1. Which of the following complications occur frequently in patients with Alzheimer's Disease and other dementing disorders (choose the best single answer)?**
 - A. Delusions, hallucinations, agitation
 - B. Aggressive behavior, impulsive behavior
 - C. Wandering, confusion
 - D. Anxiety, insomnia, depression
 - E. All of the above

Question 2

- 2. Which of the following statements is NOT true?**
- A. Psychosis, agitation, and aggression frequently co-exist in AD.
 - B. Olfactory hallucinations are pathognomonic for AD.
 - C. About half of dementia patients exhibit aggressive behavior at some time.
 - D. Antipsychotic medications can help in the treatment of agitated behavior.
 - E. Antipsychotic medications can help in the treatment of psychotic behavior.

Question 3

- 3. Which of the following is a true statement about depression and Alzheimer's Disease?**
- A. Alzheimer's Disease patients rarely develop comorbid depression.
 - B. Depression in Alzheimer's Disease patients should always be attributed to psychological reaction to a loss of cognitive faculties.
 - C. Depression in Alzheimer's Disease patients tends to be mild, indolent in progression, and of gradual onset.
 - D. Depression in Alzheimer's Disease patients can express itself obscurely, for example through the presence of aggression, paranoid delusions, or refusal to eat.
 - E. All of the above.

Question 4

- 4. NIMH Provisional Diagnostic Criteria for Depression of Alzheimer Disease include all of the following except which statement?**
- A. Five depressive symptoms must be present during the same 2 week period in order to diagnose Major Depressive Disorder in an AD patient.
 - B. Depressed mood, decreased positive affect or pleasure or social isolation or withdrawal may be present.
 - C. Appetite may be disrupted, decreased, or increased.
 - D. Sleep may be disrupted.
 - E. The symptoms do not occur exclusively during the course of delirium.

Question 5

5. Which of the following is NOT true of the care of dementia patients with behavioral complications?
- A. Nonpharmacologic strategies are important in their management, including behavioral analysis of precipitants and consequences of undesirable behaviors.
 - B. Working with families to help them better manage dementia patients' behavioral complications has not been shown to delay nursing home placement.
 - C. Sustaining optimal functioning is aided by maintaining a familiar environment, keeping daily activities routine, and communicating in simple sentences.
 - D. Attention to caregiver burnout, stress, or depression is an important part of managing dementia patients with behavioral complications.
 - E. All of the above.

Behavioral Problems Associated with Dementia

❖ **Psychosis**

❖ **Agitation**

❖ **Aggression**

❖ **Depression**

❖ **Anxiety**

❖ **Insomnia**

❖ **Wandering**

❖ **Disinhibition**

Psychosis, Agitation and Aggression

- ❖ **Frequently co-exist**
- ❖ **More common in mid/late AD**
- ❖ **Physical aggression less common**
- ❖ **Isolated psychotic symptoms frequent**
- ❖ **Agitation in about 50% of dementia patients**

Drugs Used for Behavioral Problems Associated with Dementia

- ❖ **Anticonvulsants**
- ❖ **Antipsychotics**
- ❖ **Anxiolytics**
- ❖ **Beta blockers**
- ❖ **Cholinergic agents**
- ❖ **Selegiline**
- ❖ **Serotonergic Agents**
- ❖ **Trazodone**
- ❖ **Tryptophan**
- ❖ **Estrogen**
- ❖ **Opiates**

Antipsychotic Drugs for Patients with Dementia

- ❖ **Several studies in dementia indicate equal efficacy among agents**
- ❖ **Provide modest improvement of agitation**
- ❖ **May be more effective for psychosis**
- ❖ **Newer atypical agents show promise**

Anxiolytics for Patients with Dementia

- ❖ **Short-acting benzodiazepines preferred**
- ❖ **Minimum effective dose should be used**
- ❖ **Efficacy data unavailable after 8 weeks**

Newer Antipsychotic Drugs

- ❖ Clozapine
- ❖ Risperidone
- ❖ Olanzapine
- ❖ Sertindole
- ❖ Quetiapine
- ❖ Ziprasidone

Anticonvulsants

- ❖ **Preliminary data suggest efficacy for agitation and aggression**
- ❖ **Principal side effects:**
 - ❖ **carbamazepine: ataxia, sedation, confusion, bone marrow suppression**
 - ❖ **valproate (divalproax): gastrointestinal disturbances, ataxia**

Combined Dementia and Depression

- ❖ **Clinical presentation of dementia syndrome of depression**
- ❖ **Acute onset, rapid progression**
- ❖ **Prior depressive episodes**
- ❖ **Brain disorder causing mood disorder**
- ❖ **Psychological reaction to cognitive losses**

NIMH - Provisional Diagnostic Criteria for Depression of Alzheimer Disease

- ❖ **A. Three (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning: at least one of the symptoms is either (1) depressed mood or (2) decreased positive affect or pleasure**
 - ❖ ***{Five (or more)...loss of interest or pleasure}***
- ❖ **Note: Do not include symptoms that, in your judgment, are clearly due to a medical condition other than Alzheimer disease, or are a direct result of non-mood related dementia symptoms (e.g., loss of weight due to difficulties with food intake)**
 - ❖ ***{...or mood incongruent delusions or hallucinations}***

Criteria- continued

- ❖ **Clinically significant depressed mood (e.g., depressed, sad, hopeless, discouraged, tearful)**
 - ❖ **{most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful)}**
- ❖ **Decreased positive affect or pleasure in response to social contacts and usual activities**
 - ❖ **{Markedly diminished interest or pleasure in all , or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation made by others)}**
- ❖ **Social isolation or withdrawal**

Criteria- continued

- ❖ Disruption in appetite
 - ❖ *{Significant weight loss when not dieting or weight gain...or decrease or increase in appetite nearly every day}*
- ❖ Disruption in sleep
 - ❖ *{Insomnia or hypersomnia nearly every day}*
- ❖ Psychomotor changes (e.g., agitation or retardation)
 - ❖ *{Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down)}*

Criteria- continued

- ❖ Irritability
- ❖ Fatigue or loss of energy
 - ❖ *{...nearly every day}*
- ❖ Feelings of worthlessness, hopelessness, or excessive or inappropriate guilt
 - ❖ *{...(which may be delusional) nearly every day (not merely self-reproach or guilt about being sick)}*
- ❖ *{Diminished ability to think or concentrate, or indecisiveness, nearly every day...}*

Criteria- continued

- ❖ **Recurrent thoughts of death, suicidal ideation, plan, attempt**
 - ❖ ***{...(not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide}***

Criteria- continued

- ❖ **B. All criteria are met for Dementia of the Alzheimer's Type (DSM-IV-TR)**
- ❖ **C. The symptoms cause clinically significant distress or disruption in functioning**
 - ❖ *{or impairment in social, occupational, or other important areas of functioning}*
- ❖ **D. The symptoms do not occur exclusively during the course of a delirium**
- ❖ **E. The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse or a medication)**
 - ❖ *{...or other important areas of functioning}*

Criteria- continued

- ❖ **F. The symptoms are not better accounted for by other conditions such as Major Depressive Disorder, Bipolar Disorder, Bereavement, Schizophrenia, Schizoaffective Disorder, Psychosis of Alzheimer disease, Anxiety Disorders, or Substance-Related Disorder**

Criteria- continued

❖ Specify if:

- ❖ **Co-occurring Onset:** if onset antedates or co-occurs with the AD symptoms
- ❖ **Post AD Onset:** if onset occurs after AD symptoms

❖ Specify:

- ❖ **With Psychosis of Alzheimer Disease**
- ❖ **With Other Significant Behavioral Signs or Symptoms**
- ❖ **With Past History of Mood Disorder**

Antidepressant Drugs for Demented Patients

- ❖ **Efficacy in Alzheimer's disease not thoroughly studied**
- ❖ **Clinically used to treat depressive symptoms**
- ❖ **Drugs with minimal anticholinergic effects (e.g., SSRIs) preferred**

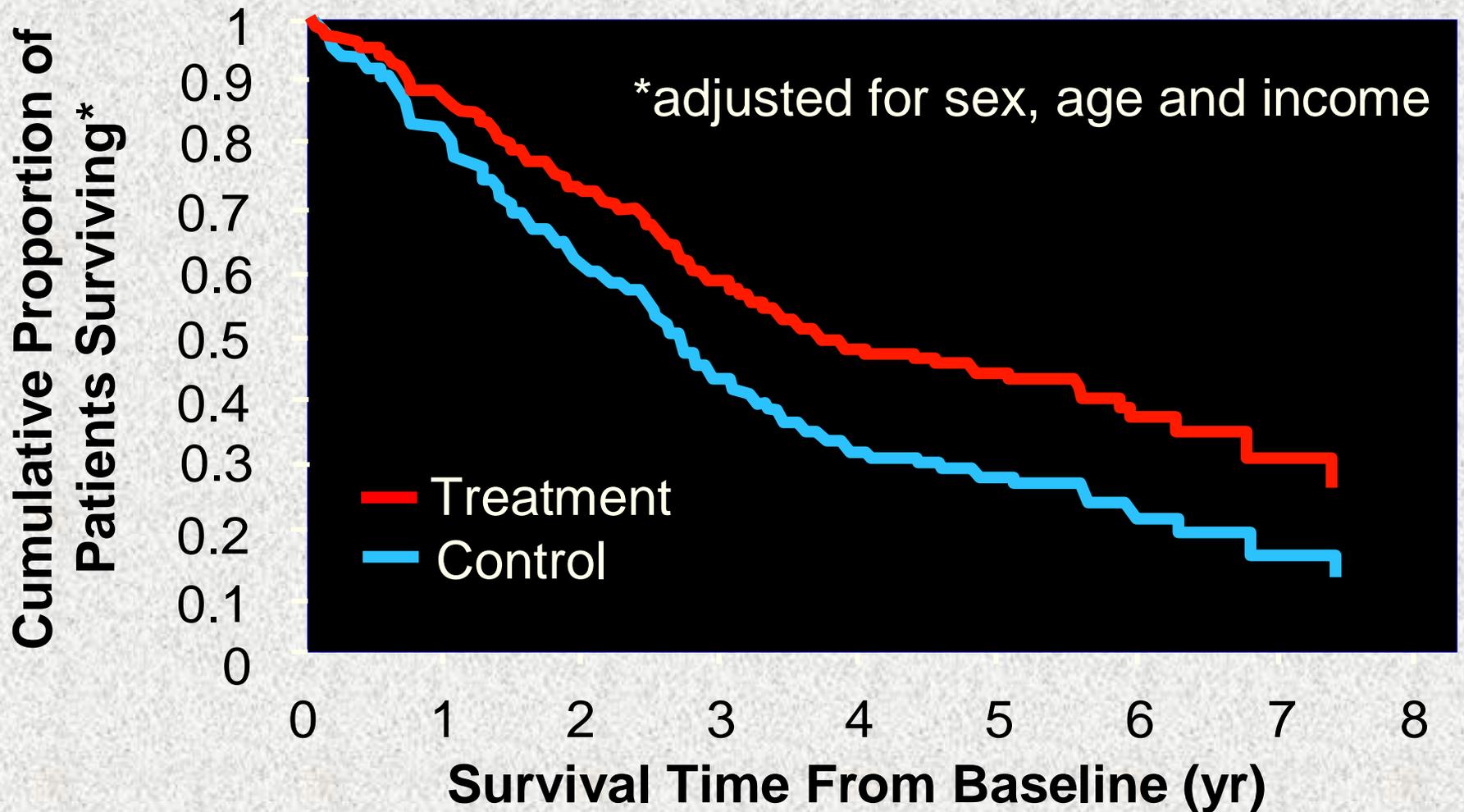
Choosing Antidepressants

- ❖ **Clinical trials indicate generally similar efficacy among antidepressants**
- ❖ **Controversy remains whether heterocyclics are better for melancholia**
- ❖ **Choose drugs according to side effect profile**
 - ❖ **e.g., sedating drug for agitated depression**
 - ❖ **Consider possible drug-drug interactions, P450 isoenzymes**

Nonpharmacologic Strategies

- ❖ **Educate caregivers**
- ❖ **Maintain social/family activities as much as possible**
- ❖ **Identify underlying precipitants of troublesome behavior**
- ❖ **Optimize sensory input**
- ❖ **Arrange regular exercise**
- ❖ **Employ familiar surroundings**
- ❖ **Keep daily activities routine**
- ❖ **Use clocks and calendars to maximize orientation**

Family Intervention and Nursing Home Placement



General Management **Approaches**

- ❖ **Arrange regular exercise**
- ❖ **Try to maintain social/family activities**
- ❖ **Modulate environment – optimize stimulation levels**
- ❖ **Employ familiar surroundings**
- ❖ **Keep daily activities routine**
- ❖ **Use clocks, calendars, etc.**
- ❖ **Use simple sentence structure and frequent reminders about content of conversation**

Other Caregiver Issues

- ❖ **Rate of depression as high as 50% in primary caregivers of demented patients**
- ❖ **Physical illness, isolation, anxiety, and burnout common**
- ❖ **Alzheimer's Association offers support and education; chapters in major cities throughout U.S. (800-272-3900)**

Post Lecture Exam

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Answers to Pre & Post Competency Exams

1. D
2. B
3. D
4. A
5. B