

# **The Diagnosis And Pharmacologic Treatment Of Aggression In The Elderly**

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# Characteristic Features Of Organic Aggressive Disorder

- Reactive** - Triggered by modest stimuli
- Nonreflective** - Not premeditated
- Nonpurposeful** - No obvious long term aims or goals
- Explosive** - NOT gradual
- Periodic** - Brief outbursts
- Ego-dystonic** - Patient upset by behavior

# Medical Causes Of Organic Aggression In The Elderly

- **Alzheimer's disease**
- **Cerebrovascular disease**
- **Medical conditions**
- **Traumatic brain injuries**
- **Infectious diseases**
- **Brain tumors**
- **Chronic neurologic disorders**
- **Epilepsy**
- **Metabolic disorders**

# Pharmacologic Management Of Acute Aggression

## Antipsychotic Drugs

- Example: Haloperidol - 1 mg po or 0.5 mg IV or IM q1h - until under control
- Use low dose of high-potency agent
- Taper daily dose
- Re-evaluate treatment plan

# Pharmacologic Management Of Acute Aggression

## Benzodiazepines

- Example: Lorazepam 1-2 mg IM; repeat q2h prn
- If IV dose is used, give by slow push
  - 2 mg (1 ml) per minute
- Maximum dose - 2 mg po or IM tid
- Taper over 2 weeks

# Pharmacologic Management Of Acute Aggression

## Antianxiety Agents

- Example: Buspirone
- Consider for aggression associated with anxiety, depression, safety issues, and failure of other treatments
- Dose: Begin at 5 mg tid and increase by 5-10 mg every 3 days
- Dosage range: 20-60 mg/day
- May require 2-4 weeks or more for full anti-aggressive effects

# Pharmacologic Management Of Acute Aggression

## Anticonvulsants

- Example: Carbamazepine
- Consider for abnormal EEGs, comorbid mood or personality disorders, or failure of other treatments
- Dose: 500-1800 mg/day in divided doses (tid)
- Therapeutic blood level: 4-12 ng/ml

# Pharmacologic Management Of Acute Aggression

## $\beta$ -Blockers: I

- Example: Propranolol
- In patients with hypotension or bradycardia:
  - Begin with single test dose of 20 mg/d
  - Continue to increase the dose by 20 mg/d, every 3 days

# PHARMACOLOGIC MANAGEMENT OF ACUTE AGGRESSION

## $\beta$ -Blockers: II

- Example: Propranolol (cont'd)
- For patients without cardiovascular/ cardiopulmonary disorder, begin at 20 mg tid
  - Increase by 60 mg/d, every 3 days
  - Increase until pulse rate is reduced below 50 bpm or systolic BP is <90 mm Hg
- Usual dose: 7 mg/kg
- Range: 200-800 mg/d

# Pharmacologic Management Of Acute Aggression

## $\beta$ -Blockers: III

- Example: Propranolol (cont'd)
- Maintain highest dose for 6-8 weeks for full antiaggressive effects
- Avoid sudden discontinuation
- Educate patient and caregiver

# Pharmacologic Management Of Chronic Aggression

## Overview

### Agent

### Indication

Anticonvulsants

Aggression related to seizure disorder

Antipsychotics

Aggression related to psychotic ideation

Lithium

Aggression secondary to mania

# Pharmacologic Management Of Chronic Aggression

## Overview

### Agent

### Indication

**Anxiety agents**

**Aggression with anxiety**

**Antipsychotics**

**Aggression with depression**

**$\beta$ -Blockers**

**Aggression with organic brain  
syndrome**