

MANAGEMENT OF BEHAVIORAL SYMPTOMS IN DEMENTIA

Dag Aarsland

Dept of Old Age Psychiatry, Institute of Psychiatry, Psychology & Neuroscience

King's College London, and Centre for Age Research, Stavanger University
Hospital, Stavanger, Norway

Dr Aarsland has received research support and/or honoraria from Astra-Zeneca, H. Lundbeck, Novartis Pharmaceuticals, Biogen, and GE Health, and served as paid consultant for H. Lundbeck, Eisai, Heptares, Mentis Cura..
Research support from: Evonik, Sanofi. Roche



- **To know the various behavioral and psychiatric changes in dementia**
- **To understand the consequences of behavioral challenges**
- **To know the pharmacological and non-pharmacological strategies available**

Psychological symptoms:

Depression

Anxiety

Delusions

Hallucinations

Behavioural symptoms:

Agitation (verbal, non-verbal)

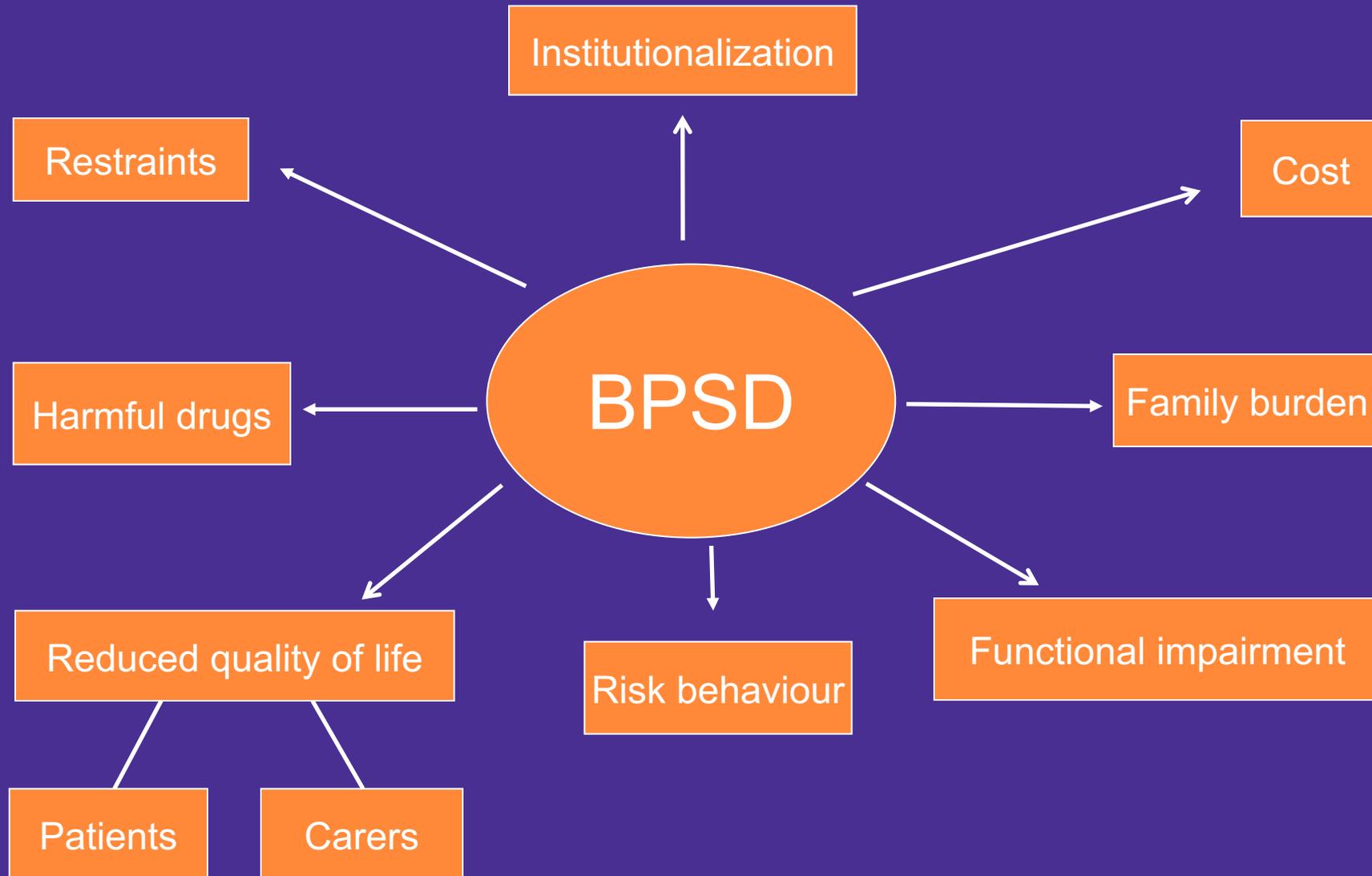
Agression (verbal, physical)

Apathy

Disinhibition

- Integrated in dementia definition (emotional dysfunction)
- Defining feature of some dementias (eg DLB; FTD)
- Occurring also as prodrome (Mild Behavioral Impairment, MBI)

Important consequences of BPSD



Nice Guidelines: Management of agitation, aggression, and psychosis

1.before starting :

- explore possible reasons for their distress and
- check for and address clinical or environmental causes (for example pain, delirium).

2, offer psychosocial an environmental interventions to reduce distress

3 Only offer antipsychotics for people living with dementia who are either:

- at risk of harming themselves or others or
- experiencing agitation, hallucinations or delusions that are causing them severe distress.

4 Be aware in people with DLB or PDD

5 Before starting antipsychotics, discuss the benefits and harms with the person and their family

6 When using antipsychotics:

- lowest effective dose and shortest possible time
- reassess at least every 6 weeks

7 Stop treatment with antipsychotics:

- if no clear ongoing benefit , and
- after discussion with the person / family

8 Ensure access psychosocial and environmental interventions during and after

9 offer personalised activities to promote engagement, pleasure and interest.

10 Do not offer valproate

Management evidence

Psychosocial interventions have shown efficacy

Evidence for drug treatment is highly variable

Antipsychotics helpful for some, but poor tolerability

Emerging strategies include citalopram, pimavanserin, dextromethorphan

Cannabinoids (CBD with/without THC) promising candidates

In Parkinson's disease, psychiatric symptoms are also common, Level-1 evidence for clozapine (psychosis) and antidepressants

- A number of different behavioral and psychological changes are common at all stages in dementia and have important clinical consequences
- Diagnosing such symptoms is an important task of dementia assessment
- Non-pharmacological strategies are safe, cost-efficient , and effective
- Symptomatic drugs are available, but evidence base is variable and tolerability limits the use

Pharmacotherapy of Behavioral and Psychological Symptoms of Dementia: State of the Art and Future Progress. Magierski R, Sobow T, Schwertner E, Religa D. *Front Pharmacol.* 2020 Jul 31;11:1168.

Effect of biological treatments on psychotic symptoms in lewy body disease: A systematic review and meta-analysis of randomized controlled trials. Ford A, Almeida OP. *Int J Geriatr Psychiatry.* 2020 (10):1083-1096

Agitation and impulsivity in mid and late life as possible risk markers for incident dementia.

Bateman DR, Gill S, Hu S, Foster ED, Ruthirakuhan MT, Sellek AF, Mortby ME, Matušková V, Ng KP, Tarawneh RM, Freund-Levi Y, Kumar S, Gauthier S, Rosenberg PB, Ferreira de Oliveira F, Devanand DP, Ballard C, Ismail Z; International Society to Advance Alzheimer's Research and Treatment (ISTAART), Neuropsychiatric Syndromes Professional Interest Area (NPS-PIA). *Alzheimers Dement (N Y).* 2020 Sep 6;6(1):e12016. doi: 10.1002/trc2.12016. eCollection 2020. PMID: 3299546

Neuropsychiatric signs and symptoms of Alzheimer's disease: New treatment paradigms.

Lanctôt KL, Amatniek J, Ancoli-Israel S, Arnold SE, Ballard C, Cohen-Mansfield J, Ismail Z, Lyketsos C, Miller DS, Musiek E, Osorio RS, Rosenberg PB, Satlin A, Steffens D, Tariot P, Bain LJ, Carrillo MC, Hendrix JA, Jurgens H, Boot B. *Alzheimers Dement (N Y).* 2017 Aug 5;3(3):440-449. doi: 10.1016/j.trci.2017.07.001. eCollection 2017 Sep. PMID: 29067350