

# Neuropsychiatric Management of Young-Onset Dementias



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## KEYWORDS

- Young-onset dementia • Alzheimer's disease • Frontotemporal dementia
- Neuropsychiatric symptoms • Pharmacologic intervention
- Nonpharmacologic intervention

## KEY POINTS

- Neuropsychiatric symptoms in patients with young-onset dementia (YOD) lead to a deterioration in everyday functions, affecting the patient and causing significant caregiver burden.
- Neuropsychiatric management of YOD patients should include pharmacologic and non-pharmacologic strategies.
- Nonpharmacologic interventions, including psychological management, environmental strategies, and caregiver's support, should be the first choice for neuropsychiatric management.
- Pharmacologic interventions, including cholinesterase inhibitors, *N*-methyl-D-aspartate antagonist, and other psychotropic drugs can treat cognitive and neuropsychiatric symptoms.
- Antipsychotics should be used carefully, particularly in patients who have dementia with Lewy bodies and frontotemporal dementia, because these forms are exquisitely sensitive to these drugs.

## INTRODUCTION

Young-onset dementia (YOD) refers to patients diagnosed with dementia before 65 years of age. YOD is a relatively common, but frequently misdiagnosed, condition. Patients with YOD have more varied differential diagnoses than late-onset dementia, including not only Alzheimer disease (AD) but also frontotemporal dementia (FTD) syndrome, vascular dementia (VaD), dementia with Lewy bodies (DLB) or Parkinson disease dementia (PDD), traumatic head injury, alcohol-related dementia, and other

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| Abbreviations |                              |
|---------------|------------------------------|
| AD            | Alzheimer disease            |
| ChEIs         | Cholinesterase inhibitors    |
| DLB           | Dementia with Lewy bodies    |
| FTD           | Frontotemporal dementia      |
| NMDA          | <i>N</i> -Methyl-D-aspartate |
| PDD           | Parkinson disease dementia   |
| VaD           | Vascular dementia            |
| YOD           | Young-onset dementia         |

conditions. Because patients with YOD often presents with neuropsychiatric features, including behavioral changes and psychiatric manifestations that sometimes precede and progress to cognitive decline, accurate diagnoses are difficult. These neuropsychiatric symptoms lead to deterioration of everyday functions, which affects not only the patient but also causes significant caregiver burden.

Thus, it is important to diagnose YOD accurately, particularly because different diagnoses result in different management and treatment options. Accurate differential diagnosis of YOD based on current symptoms, present history, past medical history, family history, neurologic examinations, cognitive tests, neuroimaging (such as brain CT or MRI), and laboratory investigations form the basis for neuropsychiatric management. It is particularly important to identify any treatable causes of dementia in the differential diagnosis, such as reactions to medications, metabolic abnormalities, nutritional deficiencies, infections, and normal pressure hydrocephalus.

Management of YOD can require pharmacologic and nonpharmacologic strategies. Pharmacologic interventions may work to reduce the impact or slow the progression of the disease. Pharmacologic interventions may also be needed to manage neuropsychiatric symptoms, sometimes called behavioral and psychological symptoms of dementia, such as delusions, hallucinations, agitation, and depression.

Nonpharmacologic management strategies include environmental strategies, which may be employed to minimize the consequences of neuropsychiatric symptoms; behavioral management and other interventions; caregiver's support; and community health services and institutional care. Long-term support is vital to help manage the cognitive and neuropsychiatric symptoms of YOD. A combination of pharmacologic treatments and nonpharmacologic approaches is necessary for the appropriate management of patients with YOD.

**PHARMACOLOGIC INTERVENTIONS**

Strategies for pharmacologic management of YOD are similar to those for late-onset dementia; currently, no YOD-specific pharmacologic therapies are available. In general, pharmacologic management strategies include the use of cholinesterase inhibitors (ChEIs) and the *N*-methyl-D-aspartate (NMDA) antagonist, memantine (ie, antidementia drugs), and other psychotropic drugs to treat the neuropsychiatric symptoms. Pharmacologic interventions differ according to the underlying causes of dementia; these underlying causes should be treated appropriately. In addition, vascular risk factors can modify the progression of dementia, and thus it is important to pay close attention to these markers. It is also important to treat any comorbid medical condition or illness. Current antidementia agents for neurodegenerative diseases, such as AD or DLB/PDD, do not prevent or reverse these diseases; that is, they are not disease-modifying drugs. However, these drugs may offer symptomatic benefits for cognitive, global, functional, and neuropsychiatric outcome measures.

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