

# Managing Behavioral and Psychological Symptoms of Dementia

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## KEYWORDS

- Dementia • Behavioral and psychological symptoms of dementia
- Nonpharmacologic treatment • Caregivers

## KEY POINTS

- Behavioral disturbances are universally experienced by people with dementia and cause significant impairment in quality of life, health care outcomes, and caregiver burden.
- Antipsychotics are typically used to treat such behaviors, although evidence to support their use is modest and associated with harms, including increased mortality. There are currently no FDA-approved medications for treatment of behavioral disturbances in dementia.
- Nonpharmacologic interventions, better termed “ecobiopsychosocial,” are recommended first line and should target patient with dementia factors, caregiver factors, and environmental factors.
- The DICE (Describe, Investigate, Create, Evaluate) approach can provide a structured approach to investigating and treating behavioral and psychotic symptoms of dementia (BPSD).
- Pharmacologic measures should be considered first line for three specific scenarios: major depressive disorder with or without suicidal ideation, psychosis causing harm or potential for harm, and aggression with risk to self or others.

## INTRODUCTION

Alzheimer disease and related dementias are among the most costly and distressing medical conditions for patients and their caregivers. In 2016 it was estimated that there were 5.2 million Americans with Alzheimer disease, with that number projected to increase to 13.8 million by 2050.<sup>1,2</sup> Alzheimer disease is currently the sixth leading cause of death within the United States and has costs of more than \$236 billion

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annually.<sup>1</sup> Families and caregivers of patients with dementia are greatly affected because most individuals with dementia are cared for within their home by family and friends.<sup>3,4</sup>

Although dementia is often thought of as a disease of memory, neuropsychiatric (eg, behavioral and psychological symptoms) and social deficits are nearly universal across all types and stages of dementia.<sup>5</sup> The Cache County study found that over the course of dementia, 97% of individuals with dementia experience one or more behavioral disturbance.<sup>6</sup> These behavioral and psychological symptoms of dementia (BPSD) can often be the most challenging for caregivers and families.

## BEHAVIORAL AND PSYCHOLOGICAL SYMPTOMS OF DEMENTIA

BPSD, also known neuropsychiatric symptoms, occurs in clusters or syndromes identified as depression, psychosis (delusions and hallucinations), agitation, aggression, apathy, sleep disturbances, and disinhibition (socially and sexually inappropriate behaviors) (Table 1).<sup>7</sup> Agitation is often a broad category and it is helpful to clarify the specific behaviors that are of concern. Agitation can include restlessness, pacing, arguing, disruptive vocalizations, and rejection of care (eg, bathing, dressing, grooming).<sup>7</sup> Aggression is typically defined as verbal insults, such as shouting, and physical aggression, such as hitting and biting others, and throwing objects. In addition, there are numerous behaviors (eg, arguing, repetitive questions, resistance to care) that do not fit neatly into any symptom category, but are nonetheless burdensome to caregivers.<sup>8</sup>

Although BPSD is seen throughout the course of dementia illness, symptoms may occur intermittently or fluctuate greatly in severity. These behaviors are found in all types of dementia; however, some symptom clusters are more common in specific types of dementia. For instance, psychosis and visual hallucinations are more typical features of Lewy body dementia. Additionally, symptoms such as disinhibition, apathy, and social inappropriateness are often seen within frontotemporal dementia.

**Table 1**  
Types of behavioral and psychological symptoms of dementia

Agitation	Walking aimlessly Pacing Trailing Restlessness Repetitive actions
Aggression	Aggressive resistance Physical aggression Verbal aggression
Apathy	Withdrawn Lack of interest Amotivation
Depression	Sad Tearful Hopeless Anxiety Guilt
Psychosis	Hallucinations Delusions Misidentifications
Disinhibition	Socially and sexually inappropriate behavior

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