



Dementia/Delirium Related Behaviors

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Culture

- ▶ The Prescribing Culture contains these players:
 - ▶ American Consumers
 - ▶ Pharmaceutical Industry
 - ▶ Hospitals
 - ▶ LTC/SNF Industry
 - ▶ Care Systems
 - ▶ Physicians
 - ▶ Health plans
 - ▶ Caregivers
- ▶ Ideal-Real-Bad Deal Continuum

Geriatric Principles

- ▶ Polypharmacy
 - ▶ Medication reductions
 - ▶ Nonpharmacologic options
 - ▶ Professional informed consent

Behavioral & Psychological Symptoms of Dementia (BPSD)

- ▶ 70-90% of Dementia patients
- ▶ 40-50 % severe
- ▶ Later Stages
- ▶ Manifestations:
 - ▶ Screaming
 - ▶ Hallucinations
 - ▶ Delusions
 - ▶ Wandering
 - ▶ Resisting care
 - ▶ Sexual inappropriateness
 - ▶ Sleep disturbance
 - ▶ Hitting
 - ▶ “Agitation” ... verbal, physical, dangerous?

Antipsychotic Background

▶ Typical

- ▶ Neuroleptics
- ▶ Psychotic symptoms of Schizophrenia and other psychiatric disorders.
- ▶ Extrapyrarnidal Side effects (EPS)
- ▶ Tardive Dyskinesia (TD)
- ▶ Haldol & Chlorpromazine

▶ Atypical

- ▶ Improve compliance
- ▶ Diminish side effects
- ▶ Risperidone, Olanzapine, Quetiapine, Geodon, Abilify

Methodology

- ▶ Indications
- ▶ Efficacy
- ▶ Safety profile
- ▶ Cost

Indications

- ▶ Which atypical antipsychotics have FDA approval for BPSD?

- ▶ None

- ▶ No drug has FDA approval

- ▶ Including antipsychotics

- ▶ That means Atypicals too

Off Label Prescribing

- ▶ Legal
- ▶ Sensible sometimes
- ▶ Consumer driven sometimes
- ▶ Marketing for this is not legal
- ▶ Common sense
 - ▶ Should be large support from unbiased providers and consumers
 - ▶ Dramatic positive response without obvious harm

Indications

▶ NONE

Efficacy



- ▶ (Am J Psychiatry 2008)
 - ▶ Olanzapine (Z), Quetiapine (S), Risperidone (R)
 - ▶ No difference than placebo vs mild improvement for psychosis and aggression
 - ▶ No effect or worse effect on caregiver needs, quality of life, functional skills

Efficacy

▶ AD

- ▶ Excluded movement disorders (results may have been worse)
- ▶ Conclusion negative side effects may outweigh benefits

Efficacy

- ▶ Cochrane review suggests modest efficacy
- ▶ Not better than typical agents
- ▶ No strong evidence better than any other treatment option (Nonpharm or other pharm classes)
- ▶ Meta-analysis of 13 studies (2007) no better than placebo

Safety Profile



- ▶ Death from CVA and sudden cardiac events
- ▶ Falls
- ▶ Aspiration pneumonia
- ▶ Venous Thromboembolism
- ▶ Weight gain and diabetes documented

BPSD: What to Do?

- ▶ Search for reasonable medical causes:
 - ▶ adverse med effects
 - ▶ urinary retention
 - ▶ constipation
 - ▶ pain
 - ▶ not UTI

BPSD: What to Do?

- ▶ Environment
- ▶ Family
- ▶ Standard Nonpharmacologic Approach
 - ▶ Validate
 - ▶ Redirect
 - ▶ Reapproach

PSYCHOTIC SYMPTOMS IN DEMENTIA

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- ▶ Patients with dementia experience both hallucinations and delusions
 - ▶ Usually less complex than the delusions seen in schizophrenia or mood disorder
- ▶ **Common delusions in dementia:**
 - ▶ Belief that one's belongings have been stolen
 - ▶ Conviction that one is being persecuted
 - ▶ Belief that one's spouse is unfaithful

PSYCHOTIC SYMPTOMS IN DELIRIUM

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- ▶ Hallucinations, particularly visual hallucinations, can be a symptom of delirium, even when it is mild
- ▶ Onset is usually acute, and there is often an identifiable metabolic or infectious cause
- ▶ Mental status examination reveals:
 - ▶ Multiple cognitive impairments
 - ▶ Diminished or waxing and waning level of consciousness

BPSD: What to Do?

- ▶ Short course Haldol
- ▶ Depakote and Benzodiazepines as
- ▶ Atypicals
 - ▶ Prominent EPS or TD

COMMONLY USED ANTIPSYCHOTIC MEDICATIONS

Agent	Starting daily dose (mg)	Maximum daily dose (mg)	Side effects*		
			EPS	Drowsiness	Weight gain
Aripiprazole	5	15	2	1	1
Clozapine	12.5	100	1	3	3
Haloperidol	0.5–1	5–10	3	2	1
Olanzapine	2.5	10–15	1	2	3
Perphenazine	4	32	2	2	2
Quetiapine	25	200-300	1	3	2
Risperidone	0.5–1	4	1	2	1

*Key: 1 = uncommon to 3 = common

A class warning has been applied to atypical antipsychotics concerning the risk of hyperglycemia in both younger and older patients with schizophrenia


BENZODIAZEPINES

- ▶ Choose a short-acting agent (eg, lorazepam or alprazolam)
- ▶ Limit use to <6 months
- ▶ Long-term use is fraught with multiple complications:
 - Motor incoordination and falls
 - Cognitive impairment
 - Depression
 - Potential for abuse and dependence

Clinical Pearls

- ▶ If the drug did not work, don't keep giving it.
- ▶ Start slow, go slow
- ▶ Timing of medication; sundowning

- ▶ Clinical Rounding
 - ▶ Everyone has a voice; RNs, Nas, SW, etc.
 - ▶ Describe behaviors, don't just say "they are agitated."



▶ *“Doctors pour drugs of which they know little, to cure disease of which they know less, into patients of whom they know nothing”*

▶ *Voltaire*