Management of agitated dementia

Palliative Care Grand Rounds
Disclosures

- Pfizer
- Forest Pharmaceuticals
- Novartis
Objectives

• Review common types of dementia and associated behaviors.
• Discuss non-pharmacologic and drug therapy for dementia and related agitation.
• Delirium management is a separate topic, although there is some overlap of principles.
Nonpharmacological treatment of Inappropriate Sexual Behavior in Dementia: The case of the Pink Panther

- 68 YOWM lives in assisted living with a four year history of progressive dementia FTD vs AD admitted to Westley Woods Hospital in 2005 for agitation, and touching and grabbing the genitals of staff and residents.
- Meds on admission: Risperidone 2mg QD
- Medical workup was negative
- MMSE 12/30
- Meds started:
Pink Panther

• Quetiapine 50mg bid and titrated to 100mg bid AND 200mg HS over 3 weeks
• Divalproex ended up at 500mg bid AND 1000mg qhs
• A three foot stuffed animal toy of the Pink Panther was given him in desperation, as the meds just slowed him down and sedated him. The PP was then the object of his behaviors, and he stopped molesting females.
• Jeff Koons
• Pink Panther 1988
Which dementia has a gait disturbance?

- Pick’s
- Normal Pressure Hydrocephalus (NPH)
- Alzheimer’s Disease (AD)
- Vascular Dementia (VD)
- Lewy Body Dementia (LBD)
Which dementia has an abnormal neurological exam?

- Pick’s
- Normal Pressure Hydrocephalus
- Alzheimer’s Disease
- Vascular Dementia
- Lewy Body Dementia
Which Dementia is associated with visual hallucinations?

- Pick’s
- Normal Pressure Hydrocephalus
- Alzheimer’s Disease
- Vascular Dementia
- Lewy Body Dementia
Which Dementia is associated with sun-downing behavior?

• Pick’s
• Normal Pressure Hydrocephalus
• Alzheimer’s Disease
• Vascular Dementia
• Lewy Body Dementia
Which Dementia is associated with a hypersensitivity to neuroleptics?

• Pick’s
• Normal Pressure Hydrocephalus
• Alzheimer’s Disease
• Vascular Dementia
• Lewy Body Dementia
Which Dementia responds to AChI’s?

- Pick’s
- Normal Pressure Hydrocephalus
- Alzheimer’s Disease
- Vascular Dementia
- Lewy Body Dementia
For which dementia is the primary treatment education of the caregivers?

- Pick’s
- Normal Pressure Hydrocephalus
- Alzheimer’s Disease
- Vascular Dementia
- Lewy Body Dementia
Are the behaviors you see consistent with the stage of the dementia?

• Staging is based on function, not an MMSE

• Consider a delirium if the behavior changes are sudden or not consistent with the stage.
Hallucinations

- 20% of moderately demented Alzheimer’s patients have visual hallucinations.
- More common in those patients with visual impairment.
- A hallmark of LBD.
- Don’t usually use an antipsychotic to treat this.
Anxiety

• The most common behavior and it is often grossly over or under-treated.
• The most effective intervention is human contact
• Consider SSRI’s
• Avoid Xanax, bezo’s (some exceptions)
• Do they have undiagnosed bipolar disorder?
Anger

- May be undiagnosed depression
- Fear
- Feeling “under the microscope”
- Role reversal
Disinhibition

- Undesirable personality traits may be more obvious
- Unwanted sexual behavior
- Crying
- Screaming
- Embarrassing statements
Paranoid behavior and delusions

- My purse is missing; it’s been stolen
- My spouse is not home they are having an affair
- The neighbors are burrowing under my house/are in the attic/looking in my windows
- These people may benefit from medication review, ACHI’s, reassurance, if an antipsychotic will help it is here, but often the patient refuses meds.
insomnia

- Take a hard line against sleeping pills
- Encourage sleep hygiene
- Treat pain or nocturia (why are they getting up? R/O urinary retention.
- Trazodone 50mg start, 125mg average dose
- Mirtazepine 7.5 mg
- Avoid Tylenol PM, long acting benzo’s, tricyclics
pain

• Tylenol
• Tramadol
• Remember in many people narcotics may have a paradoxical insomnia reaction, but they are preferred over NSAIDs
• Avoid NSAIDs
Treating behaviors stepwise approach

• Evaluation of the dementia; name it and stage it, it makes it easier.

• Determine the patient’s functional status; likely at this point medication administration should be supervised.

• What is the social support; do they need education to communicate with and care for the patient?
Treating behaviors stepwise approach

• Medication review is critical. Examine the patient’s understanding of the meds. Examine the actual meds. Look for meds in same bottle. Do the dates and the number of tabs match? How many prescribers. Open the containers,

• Know Beer’s list
Treating behaviors stepwise approach

• Set treatment goals. Is it the cholesterol level, the A1C or the fact dad is running out naked in the street with a baseball bat?
• Get rid of all meds that don’t involve the goals.
• Treat most behaviors first with a behavior approach
• Often an SSRI is the next step
Treating behaviors stepwise approach

- ACHI’s can help the apathy associated with some types of dementia, also may help mild visual hallucinations and sundowning, but are not without side effects. With agitation, I don’t start here, may be too stimulating.

- Memantine is calming and if used the incidence of later antipsychotic meds can be cut significantly. It takes a month to titrate. Often used with an ACHI.
Case Presentation 2
Outpatient Consultation clinic
Senior Health and Wellness Center

CC: 84-year-old female with known Alzheimer’s Disease and now has hallucinations and anxiety sent for consultation by PCP
Case B

Her daughter accompanies her. Mrs. B’s goal is to stay in her home. Her daughter’s goals are to make sure her mother has the correct therapies and the help that she needs.
Case B

- HPI: She has been dementing at least 2 years. Initially she repeated the same questions and stories. Her speech has deteriorated. In the evening she sees shadows and thinks people are in the house. They want to rob her. Frightened, she repeatedly checks the door. She needs to be reminded to change her clothes, and has a caregiver in the house about two hours at least four days a week.
Case B

- She has been trying to cook meals in the evening for the people that she sees in the house.
- Failed meds were Seroquel and Risperdal, both stopped after about four days due to sedation. Namenda was started but after one or two tablets she refused to continue, fearing the drug.
Mrs. B

She has been on Aricept for 2.5 years. She took 5mg qHS for one year, now 10mg qHS. Her daughter asks about the 23mg dose.

She is having increasing problems with her gait and worries about everything.

• SH: divorced. H.S. education. Worked as an office manager.
Mrs. B/ FH/MEDS

• FH: mo had dementia and died in her early 70’s from it in a nursing home.

• Medications:

1. Trazodone 100mg qHS
2. Plendil SR 5mg daily for HTN
3. Aricept 10mg qHS
4. Sertraline 12.5mg qAM
Mrs. B /Meds

5. Vitamin E 400 i.u./D
6. Calcium with D qD
7. Enalapril 10mg qHS
8. Vitamin D 1000 i.u./D
9. Fish oil
10. Cranberry capsules bid
11. Vitamin B12 1000mcg/D
Mrs. B/ Meds

12) Turmeric
13) ASA 81mg/d
14) Simvastatin 40mg/D
Mrs. B

- PMH: TL, VV stripping, Cataract surgery, HTN, UTI’s.
- Nonsmoker. Two glasses of wine per week
- Chronic pain: none
- Driving: No
- Advanced Directives: in place
- Incontinence: no
Mrs. B

- Durable Medical equipment: none
- Disabled parking: she can walk 200 feet
- Falls in the last 12 months: none
- IADL’s: daughter and caregiver help with all, except she can use the phone without help.
- ADL’s: needs coaching to change clothes, bathe
Mrs. B

- ROS: positive for 10 pound weight loss over one year. No low mood, but she has visual hallucinations and anxiety.
- PHQ-9 10/27
- Caregiver strain questionnaire 8/12 (daughter)
Mrs. B/workup

- Physical Exam: only positives are palmo-mental sign bilat. She talks openly about her hallucinations. MMSE 20/30
- No neuro-imaging available
- Labs are normal
Mrs. B/ Diagnosis and Plan

- Diagnosis in Alzheimer’s Disease FAST stage 5 with associated anxiety and visual hallucinations.

- Plan:
  1) Copy of the 36 hour day for daughter
  2) Alzheimer’s Association referral
  3) A printed handout on the AAGP recommendations of current treatment
Mrs. B/ plan

4) Staging information is supplied
5) Referral to social worker for counseling for the daughter
6) The 2010/2011 guide to local senior services
7) Advice regarding travel. Keep a routine
8) D/C turmeric, ASA, Simvastatin
Mrs. B/ Plan

9) Increase Sertraline to 25mg
10) Change Aricept to AM dosing
11) Reinitiate Namenda starter pack
Follow-up 7 weeks later

- Patient is vague about her progress.
- Daughter is in the house daily now.
- Daughter reports she is no longer cooking for the people that are not there. Mother is sleeping better, less anxious. The sundowning behavior is gone. A vague feeling someone may be in the house remains, but she is not hallucinating.
Follow-up 7 weeks later

• Daughter is going to hire more help.
• We went over the changes one by one. The appointment with our social worker is pending, everything else was done.
• Again we discussed not traveling to California for Christmas.
• RTC 3 months