ECHO Idaho: Behavioral Health in Primary Care

Dementia and Pharmacological Interventions
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Disclosures


• I have no other financial relationships with commercial interests to disclose.

• I will be discussing off label use of citalopram, mirtazapine, trazodone, and antipsychotics for the treatment of severe and persistent agitation in persons with dementia.
Learning Objectives

• Discuss evidence-base for pharmacological interventions for Behavioral and Psychological Symptoms of Dementia (BPSD) (aka Dementia with Behavioral Disturbances).

• Discuss practical strategies to optimize pharmacological interventions.

• Describe limitations of pharmacological interventions.
Grades of Evidence

- Grade A: High confidence that evidence reflects true effect and further research unlikely to change the confidence level

- Grade B: Moderate confidence and further research may change the confidence level

- Grade C: Low confidence and further research is likely to change the confidence level

  - Agency for Healthcare Research and Quality 2014.
Rational Deprescribing

• Also called Geriatric Scalpel (Grade B evidence).
• Multi-disciplinary process of identifying medications that are unnecessary or harmful and instituting taper and discontinuation of one or more medications.
• Several medications (especially medications with significant anticholinergic activity) commonly implicated in causing / worsening cognitive impairment.
• Several medications (e.g., dopamine agonists, steroids, opioids, benzodiazepines) are commonly implicated in medication-induced psychotic/anxiety/depression/agitation/aggression in individuals with dementia.
• Should be an essential routine part of dementia care.
Cholinesterase inhibitors and Memantine

• Symptomatic treatment (NICE guidelines; Grade A evidence)
• Modest benefits for some
• Adverse effects underestimated
• Benefits over-expected
• For many, considerable psychological benefits (as you are doing “something” rather than “nothing”)
Citalopram

• May reduce agitation in individuals with mild to moderate dementia (Grade B)
• Less dangerous than antipsychotics
Antipsychotics

• Atypical antipsychotics preferred over typical antipsychotics (Grade A evidence)

• Risperidone (short term use – 6 weeks) has been approved (in other countries, not in US) for treatment of severe agitation and aggression in individuals with dementia (Grade B evidence)
Analgesics

• Analgesics (including opioids) may reduce agitation in individuals with dementia (Grad C evidence)
Limitations of Pharmacological Interventions

- May not work for many residents
- Benefits are modest
- Benefits often accompanied by serious adverse effects
Key Points

• Evidence base is not robust
• Pharmacological interventions do work for many individuals with dementia
• Staff / family caregiver education, training, empowerment, praise, and support are key to reducing antipsychotic medication use in individuals with dementia.
References

• American Psychiatric Association 2016 Practice Guideline for the use of antipsychotics in the treatment of agitation or psychosis in patients with dementia. www.psychiatryonline.org/guidelines