

ECHO IDAHO



ECHO Idaho: Behavioral Health in Primary Care

Dementia and Pharmacological Interventions
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Abhilash K. Desai MD
Geriatric Psychiatrist

Dr.abhilashdesai@icloud.com

Disclosures

- I receive royalties from Cambridge University Press for a book I co-authored with Dr. George Grossberg. 2nd edition of our book titled *Psychiatric Consultation in Long-Term Care: A Guide for Healthcare Professionals*. 2017.
- 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.

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