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ECHO Idaho: Behavioral Health in Primary Care

Treating Dementia with Behavioral Disturbance
March 4th, 2020
Reiko Emtman, M.D.
Geriatric Psychiatrist, Boise VAMC

The speaker has no relevant financial relationship(s) to disclose.
Learning Objectives

• Identify relevant information to gather in HPI
• List 3 behavioral management strategies for agitation
• Reason about medication management strategies for aggression
What is behavioral disturbance?

• Aggression
• Wandering
• Psychotic symptoms
• Mood symptoms
• Disinhibition
• Sleep disturbances
Evaluation: HPI

• Frequency, duration, context
• New physical symptoms
  – Body language
• Medication side effects
• Mood
• Sensory depravation
• Caregiver attributes
Evaluation: Medication Side Effects

• Anticholinergics
  – Anticholinergic antidepressants
  – Urinary antispasmodics
  – Over the counter: diphenhydramine, sleep aids
  – Benzodiazepines

• Special considerations for Vascular Dementia
Treatment: Behavioral Interventions

• SAFETY ASSESSMENT
  – Screening for abuse, driving, fire hazards, access to guns
• Pleasant events
• Consistent routine
• Scheduled toileting
• Caregiver support:
  – Adult day health
  – Home health services: nursing, nutrition, PT, OT
  – Alz.org
Treatment: Medications

• Antidepressants
  – SSRI/SNRI
  – Trazodone vs. mirtazapine

• Misc:
  – Acetylcholinesterase inhibitors
  – Dextromethorphan/quindine
  – Gabapentin

• Antipsychotics
Medication Pitfalls: a cautionary tale

• Benzodiazepines
  – Paradoxical agitation
  – Increased risk of delirium, falls and withdrawal symptoms

• Antipsychotics in Lewy Body Dementia
  – Use acetylcholinesterase inhibitor instead

• Antipsychotics and urinary incontinence
Key Points

• Assessment should focus on safety
• Behavioral interventions are first line and more effective than medications
• Medications should be prescribed only with clear indications and deprescribed as soon as possible
References
