Recognition and Management of Behavioral Disturbances in Dementia

Danielle Hansen, DO, MS (Med Ed), MHSA

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INTRODUCTION

- 80%–90% of patients with dementia develop at least one behavioral disturbances or psychotic symptoms over the course of their illness
- Often precipitates early nursing-home placement
- Potentially treatable
- Anticipate and recognize them early

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CLINICAL FEATURES

- Psychiatric symptoms may resemble discrete mental disorders
- Course and features are more difficult to predict
- Treatments are less reliably effective than in younger adults without dementia
- Neuropsychiatric symptoms such as apathy, poor self-care, or paranoia may be the first indication of dementia

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CLINICAL FEATURES: AGITATION

- Loss of ability to modulate behavior in a socially acceptable way:
  - Verbal outbursts
  - Physical aggression
  - Resistance to bathing or other care needs
  - Restless motor activity such as pacing or rocking
- Often occurs concomitantly with psychotic symptoms
  - Paranoia
  - Delusional thinking
  - Hallucinations

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ASSESSMENT

- Obtain history from both the patient and observer
- Elicit a clear description of the behavior:
  - Temporal onset and course
  - Associated circumstances
  - Relationship to key environmental factors

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DIFFERENTIAL DIAGNOSIS: MEDICAL CAUSES

- New, acute in onset, or evolving rapidly are most often due to a medical condition or medication toxicity
  - Isolated behavioral disturbance can be the *sole* presenting symptom of acute medical conditions
  - Medication toxicity can present as behavioral symptoms alone

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DIFFERENTIAL DIAGNOSIS: ENVIRONMENTAL CAUSES

- Life stressor (death of a spouse)
- Change to daylight savings time or travel across time zones
- New routine, new caregivers, or new roommate
- Overstimulation (too much noise, crowded rooms)
- Understimulation (spending much time alone, use of television as a companion)
- Disruptive behavior of other patients

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DIFFERENTIAL DIAGNOSIS: STRESS IN CAREGIVING RELATIONSHIP

- May exacerbate/cause a behavioral disturbance
- Relationships with potential for stress include:
  - Inexperienced caregivers
  - Domineering caregivers
  - Caregivers who themselves are impaired by medical or psychiatric disturbances

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MANIFESTATION OF DEMENTIA: CATASTROPHIC REACTION

- Defined as an acute behavioral, physical, or verbal reaction to environmental stressors that results from inability to make routine adjustments in daily life
- Best treated by identifying and avoiding precipitants, providing structured routines and activities, and recognizing early signs so the patient can be distracted and supported before reacting

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MANIFESTATION OF DEMENTIA: BRAIN DETERIORATION

- Persistent behavioral disturbances and those with more insidious onset are likely to relate to brain deterioration
- 3 Groups:
  - Mood Symptoms (dysphoria, sadness, irritability, lability)
  - Psychosis (delusions or hallucinations)
  - Specific Behavior Problems (aggression, or behavioral disruption)
- If polysymptomatic, target treatment to the prevailing feature

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BEHAVIORAL SYMPTOMS BY DEMENTIA TYPE

- Frontotemporal dementia: often associated with prominent disinhibition, compulsive behaviors, and social impairment, often with a younger age of onset
  - In severe cases, a syndrome of hyperphagia, hyperactivity, and hypersexuality may occur
- Dementia with Lewy bodies: prominent psychosis characterized by visual hallucinations
- Behavioral problems can occur in all dementia types

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TREATMENTS FOR SPECIFIC DISTURBANCES: GENERAL PRINCIPLES

- Management of pain, dehydration, hunger, and thirst is paramount
- Consider the possibility of positional discomforts or nausea secondary to medication effects
- Modify environment to improve orientation
- One-on-one attention, supportive care, and attention to personal needs and wants are also important

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BEHAVIORAL INTERVENTIONS

- Replace poorly fitting hearing aids, eyeglasses, and dentures
- Remove offending medications
- Keep the environment comfortable, calm, and homelike with use of familiar possessions
- Provide regular daily activities and structure
- Attend to patient's sleep and eating patterns
- Install safety measures to prevent accidents

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BEHAVIORAL INTERVENTIONS

- Simplify bathing and dressing with use of adaptive clothing and assistive devices, if needed
- Offer toileting frequently and anticipate incontinence as dementia progresses
- Provide access to experienced professionals and community resources
- Refer family and patient to local Alzheimer's Association
- Consult with caregiving professionals, such as geriatric case managers

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BEHAVIORAL INTERVENTIONS

- Ensure that the caregiver has adequate respite
- Educate caregivers:
  - Practical aspects of dementia care and behavioral disturbances
  - Communication skills
  - How to avoid confrontation
  - Techniques of ADL support
  - Activities for dementia care

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TREATMENT OF MOOD DISTURBANCES

- Consider antidepressants for:
  - Depression of 2 weeks' duration resulting in significant distress or functional impairment
  - Depressive symptoms lasting >2 months after initiation of behavioral interventions
- SSRIs
- SNRIs
- TCAs

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TREATMENT OF MANIC-LIKE BEHAVIOR

- Symptoms resemble those of bipolar disorder
  - Pressured speech
  - Disinhibition
  - Elevated mood
  - Intrusiveness
  - Hyperactivity
  - Impulsivity
  - Reduced sleep
- The important distinction in the dementia patient is the frequent co-occurrence with confusional states and a tendency to have fluctuating mood

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TREATMENT OF DELUSIONS AND HALLUCINATIONS

- Delusions (fixed false beliefs) or hallucinations (sensory experiences without stimuli) typically require pharmacologic treatment if:
  - The patient is disturbed by these experiences
  - Experiences lead to disruptions in the patient's environment that cannot otherwise be controlled
- Clinical criteria for the diagnosis of Alzheimer's dementia with psychosis specifies the presence of delusions or hallucinations for at least 1 month, at least intermittently, and must cause distress for the patient

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ANTIPSYCHOTIC AGENTS

- All of these medications have warnings about hyperglycemia, cerebrovascular events and increase in all-cause mortality in patients with dementia
- All of these medications are off-label for treatment of psychosis in dementia

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CHOLINESTERASE INHIBITORS

- In patients with mild to moderate Alzheimer's disease, donepezil or galantamine are better than placebo in reducing psychosis and behavioral disturbances
- In patients with dementia with Lewy bodies, who are sensitive to the EPS of antipsychotic agents, cholinesterase inhibitors have been reported to reduce visual hallucinations

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MANAGING SLEEP DISTURBANCES

- Improve sleep hygiene
- Treat associated depression, suspiciousness, delusions
- If the above do not succeed, consider RX
- Avoid benzodiazepines or antihistamines

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SLEEP HYGIENE

- Establish a stable routine for going to bed and awakening
- Pay attention to noise, light, and temperature
- Increase daytime activity and light exercise
- Reduce or eliminate caffeine, nicotine, alcohol
- Reduce evening fluid consumption to minimize nocturia

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SLEEP HYGIENE

- Give activating medications early in the day
- Control nighttime pain
- Limit daytime napping to periods of 20 to 30 minutes
- Use relaxation, stress management, and breathing techniques to promote natural sleep

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INAPPROPRIATE SEXUAL BEHAVIOR

- First exclude underlying treatable causes
- Treat any underlying syndrome, such as a mania-like state
- Consider antiandrogens for men who are dangerously hypersexual or aggressive

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INTERMITTENT AGGRESSION OR AGITATION

- Behavioral interventions: distraction, reminiscence, validation therapy, environmental modifications, caregiver education and support, music therapy, physical activity, or aromatherapy
- Behavior modification using positive reinforcement of desirable behavior
- Avoid physical restraints