

Behavioral Medications for Dementia

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Neuropsychiatric symptoms are common in dementia. These symptoms may include agitation, aggression, delusions, hallucinations, repetitive vocalizations, refusal of care and wandering. The presence of those neuropsychiatric symptoms often contributes to nursing home placement or may make care of your loved one more difficult. Acute changes in behavior may be a manifestation of a change in physical health, such as a urinary tract infection, pneumonia, or an adverse drug reaction. Observed behaviors can be the result of concurrent psychiatric diseases (depression, anxiety, psychosis, etc.) which can be difficult to diagnose in the setting of memory loss and dementia.

Increasing evidence suggests that nonpharmacologic measures, including behavioral methods, may be effective in reducing agitation and anxiety in patients with dementia. Behavioral interventions employ different strategies and techniques. These include identifying any preceding events that generate agitation, determining whether unmet needs can be anticipated and alleviated, and avoiding environmental triggers such as a sudden change in surroundings.

Behavioral approaches can be combined with medications. A group of medicines known as atypical antipsychotic agents have been the agents of choice for treating hallucinations in patients with dementia but may cause sedation, impaired balance, weight gain, and glucose intolerance.

Atypical antipsychotic medicines include clozapine (Klonopin), olanzapine (Zyprexa), risperidone (Risperdal), aripiprazole (Abilify), and quetiapine (Seroquel). Other medications that may be used for behaviors are cholinesterase inhibitors, such as donepezil/Aricept, galantamine/Razadyne, rivastigmine (Exelon), and if severe, benzodiazepines such as lorazepam (Ativan). If depression is suspected in patients with dementia, the first step may be to try an antidepressant medicine. A group of medicines known as selective serotonin reuptake inhibitors (SSRIs) are usually preferred. SSRIs include fluoxetine (Prozac), sertraline (Zoloft), paroxetine (Paxil), citalopram (Celexa), and escitalopram (Lexapro). These medications can be very helpful for symptoms of anxiety in addition to depression and other difficult behaviors. For difficult cases, referral to a geropsychiatrist is often advised.

The Food and Drug Administration recently reported in a public health advisory that the use of those antipsychotic medications for the treatment of behavioral symptoms in elderly patients with dementia is associated with increased death. In many patients with dementia and behavioral disturbances, the risk/benefit for prescribing these medications should be carefully assessed and their use should be reserved for patients who have neuropsychiatric symptoms that are severe and harm to self or others. Each case should be individualized and a specific determination made whether to initiate the medication, or to taper and discontinue these agents. Until further data is available, the following are recommendations regarding antipsychotic drug use in demented persons; 1) efforts should be made to determine reversible and treatable causes for behavioral problems in demented patients (e.g. infections, drugs, pain control, etc), 2) attempts should be made to handle behavioral difficulties using non-pharmacologic methods, 3) cholinesterase inhibitors should be considered for behavioral symptoms and antidepressant should be considered when depressive or anxiety symptom is present. 4) If an antipsychotic medication is to be initiated or continued, risk/benefit for prescribing those medications should be carefully discussed with the caregiver.

We do make a good faith effort to discuss behaviors and medications during our family conferences approximately twice a year, and then as an interdisciplinary team during our "Psychotropic Assessment

Tool Chat" meetings that occur once a month. In fact, currently we have a lower rate of use than the Missouri average despite the fact that we have a facility entirely devoted to dementia care. This underlies the fact that an environment that provides socialization, activities, and well educated and trained staff can go a long way to meeting the needs of our patients and limiting use of behavioral medications.