

# Dementia behavioral disturbances: Treatment options

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# Objectives

- Describe dementia
- Describe behaviors associated with dementia
- Discuss treatment options with an emphasis on nonpharmacologic interventions

# DSM-IV-TR Definition

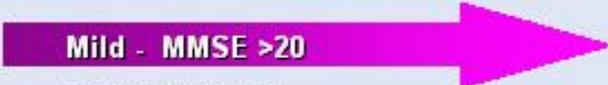
- Multiple cognitive deficits that include impairment in memory and one of the following:
  - Aphasia
  - Apraxia
  - Agnosia
  - Executive dysfunction
- Cognitive deficits must be sufficiently severe to cause impairment in social and occupational functioning

# Progression of Alzheimer's Disease

## Alzheimer's Disease Progression



### Mild - MMSE >20



- Forgetfulness
- Problems with shopping, driving, and hobbies
- Depression

### Moderate - MMSE 10-20



- Impairment of recent memory
- Require help with ADLs
- Wandering
- Insomnia
- Delusions

### Severe - MMSE <10

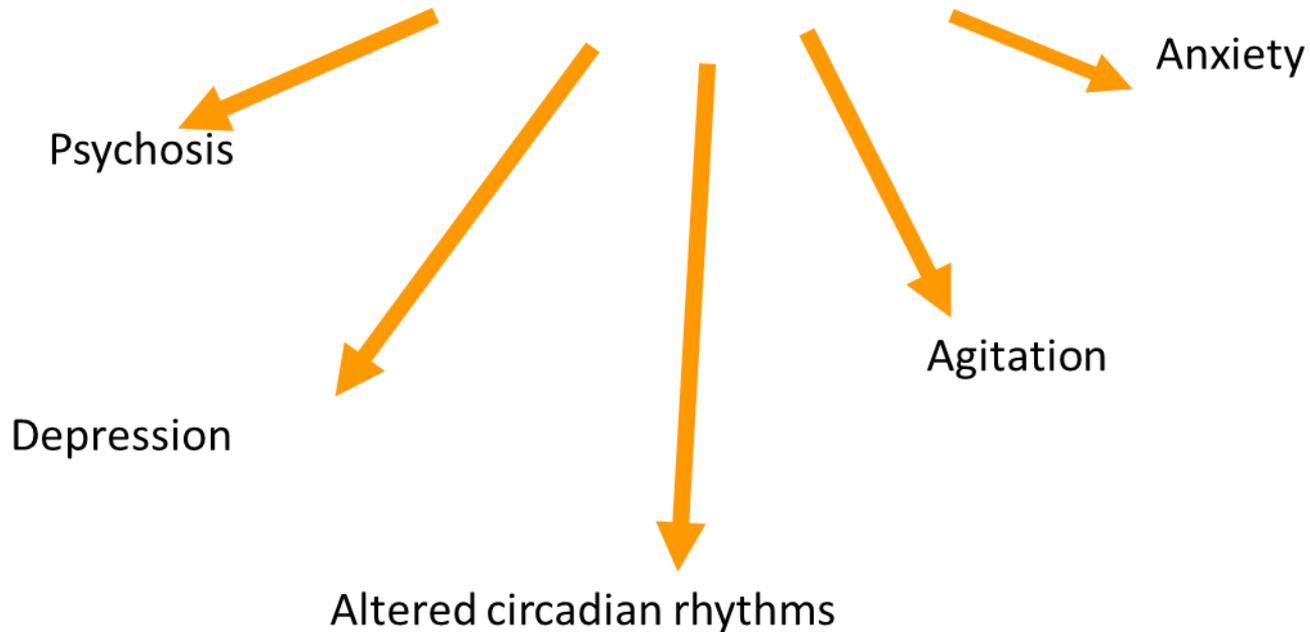


- Very limited language
- Loss of basic ADLs
- Agitation
- Incontinence

# Instrumental and Basic Activities of Daily Living

- Instrumental ADLs
  - Using the telephone
  - Performing household tasks
  - Managing money
  - Shopping
  - Pursuing hobbies
- Basic ADLs
  - Dressing
  - Grooming
  - Feeding
  - Bathing
  - Toileting

# Dementia with Behavioral Disturbances (294.11)



# Circadian Rhythm Disturbances

Nonpharmacologic therapies include:

- keeping patients awake during the day with various external stimuli
- sometimes structuring short nap after lunch to avoid sundowning
- early evening activities
- stimulus control at night
- “white noise”
- bright light exposure

# Agitation

- Some patients have symptoms that do not neatly fit into the better defined symptom complexes of circadian problems, psychosis, depression or anxiety
- These symptoms are consigned to the “grab-bag” category of agitation

Koss, Weiner, et al. 1997

- Agitation can be defined as inappropriate verbal, vocal or motor activity that is not judged by an outside observer to result directly from the needs or confusion of the person

Cohen-Mansfield and Billig, 1986

# Agitation Symptoms

## Verbally Non-Aggressive

- Negativism
- Chanting
- Repetitive Sentences
- Constant Interruptions
- Constant Requests for Attention

# Agitation Symptoms

## Verbally Aggressive

- Screaming
- Cursing
- Temper Outbursts
- Socially Inappropriate Commentary

# Agitation Symptoms

## *Physically Non-Aggressive*

- General Restlessness
- Repetitive Mannerisms
- Pacing
- Hiding Objects
- Inappropriate Handling
- Shadowing
- Escaping protected environment
- Inappropriate Dressing/Undressing

## *Physically Aggressive*

- Hitting
- Pushing
- Scratching
- Grabbing
- Kicking
- Biting
- Spitting

# Treatment of Dementia with Behavioral Disturbances

- Evaluate for delirium.
  - Consider changes in environment, medication, fecal impaction, pneumonia, urinary infection, etc.
- Evaluate for unmet needs that the dementia patient is unable to communicate normally e.g. pain
- Behavioral management or situational manipulation are the initial strategies of choice for mild to moderate behavioral disturbances
- Pharmacological interventions are useful if symptoms are severe or do not respond to nonpharmacologic strategies alone

# Rationale for Nonpharm

- Directly address cause of behavior
- Avoid side effects, interactions, limited efficacy of meds
- Ethical
- OBRA 1987 Mandate to reduce meds

# OBRA 1987

- Omnibus Budget Reconciliation Act of 1987
- Reform nursing home care
- Specifically targeting overmedication and physical restraints

# Nonpharm: Three Theories

- Unmet needs
- Behavioral/learning
- Environmental vulnerability/reduced stress

# Unmet Needs

- Think “black box”
- Hunger, thirst, pain, o<sub>2</sub>, toileting
- Sensory deprivation
- Boredom, loneliness

# Learning/Behavioral

- ABC=antecedent, behavior, consequence
- Modification of reinforcement to change behaviors
- Behavioral treatment plans often part of intervention

# Learning/Behavioral

- Extinction: withholding positive reinforcement during inappropriate behaviors
- Differential reinforcement: reinforcing quiet or other behaviors incompatible with inappropriate behaviors
- Stimulus control: cue and behavior

# Environmental Vulnerability

## Reduced Stress-Threshold

- Dementia causes greater vulnerability to the environment and lower threshold where stimulus causes behavior (think fight or flight)
- Overreaction, loss of coping abilities therefore environment is more stressful
- Therefore anxiety/inappropriate behaviors increase
- Relaxation strategies most common

# General Recommendations

- Educate families, especially wrt behaviors
- Do not take attack personally
- Reasoning, coaxing, pleading, confronting, patronizing, punishing usually discouraged
- Calmness, predictability, requests within their energy/cognitive abilities encouraged
- Ask permission

# General Recommendations II

- Improve visibility, hearing etc...
- Slow down both speech and movements
- Positive statements: “Lets go” rather than confusing options
- Limit caffeine and etoh
- Breakdown complicated tasks
- Therapeutic deception?

# Sensory enhancement

- Massage/touch
- Music: both stimulation and relaxation
- White noise: induces relaxation/sleep

# Social Contact

- Pet therapy
- One on one, in primary language
- Simulated presence therapy
- Structured activities: walks, puzzles, games

## If Pharmacological Therapy Is Needed:

- Look for symptom complexes such as depression, psychosis or anxiety to guide initial choice of agent
- If enlightened empiric therapy is needed, chose agents that minimize side-effect potential and maximize chance of efficacy
- In most situations, medications should be given in lower doses than are typically recommended for an adult population. However, it is noteworthy that the elderly are heterogeneous and the range of medication dosage is substantial
- Ideally, use agents with demonstrable efficacy as first line agents

# Supporting the Caregivers

- Provide information on the disease process
- Communicate realistic expectations of persistent treatment
- Encourage planning for future financial, legal, and medical issues
- Remain alert to signs of caregiver distress
- Provide ready access to a healthcare team (physician, nurse, social worker) and support services (Alzheimer's Association, adult day care, respite programs)

# Summary

- Behavioral disturbances of dementia are common
- Behavioral disturbances have a major negative impact on the patients, their families and caregivers
- The behavioral disturbances should first have nonpharm interventions if possible and can be helpful even when meds are necessary
- Alzheimer's Association, NM chapter: (505)266-4473  
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