Recognizing and Managing the Complications of Dementia:
Behavioral & Psychological Symptoms of Dementia (BPSD)

Kiran Rabheru MD, CCFP, FRCP, ABPN
Geriatric Psychiatrist
Associate Professor
University of Ottawa & British Columbia

Objectives

Participants will be able to:

- Identify symptoms and clusters of behavioral disturbances in patients with dementia
- Plan treatment strategies of common behavioral disturbances in various settings: Home, LTC facility, inpatient unit or the ER
- Understand the role of pharmacological management in the treatment planning

What is BPSD?

- Occurs in all types of dementia
- Some types of dementias present with characteristic symptoms
  - e.g. Lewy Body - visual hallucinations
  - Frontotemporal dementia – disinhibition
- BPSD leads to earlier institutionalization, hospitalization, decreased quality of life

"Psychosis" in the elderly is a symptom, NOT a disorder

- Delirium
- Schizophrenia
- Delusional Disorder
- Mood Disorder
- Dementia
- Substance Abuse
- Drug-induced Psychosis
- Medical / Neurological Conditions

Presentation & Diagnosis: Highly variable
Key Principle: Comorbidity

Diagnostic Criteria for Psychosis of Alzheimer's Dementia

- Diagnosis of Alzheimer's disease
- Hallucinations &/or delusions
- Late onset
- Present intermittently for at least 1 month
- Disruptive to patient's functioning
- Associated agitation, negative symptoms and depression
- Exclusion of schizophrenia or other causes of psychotic symptoms
- Disturbances do not correlate exclusively with delirium

Jeste and Finkel. *Am J Geriatr Psychiatry*. 2000;8:29.

Comorbidity is The Rule

DELIRIUM OFTEN PRESENTS WITH PSYCHOTIC / AGGRESSIVE BEHAVIOR

PSYCHOSIS & AGGRESSION

- DELIRIUM
- DEPRESSION
- DEMENTIA
- GENETICS
  PERSONALITY
  PARENTING
  PSYCHO-SOCIAL
  ENVIRONMENT

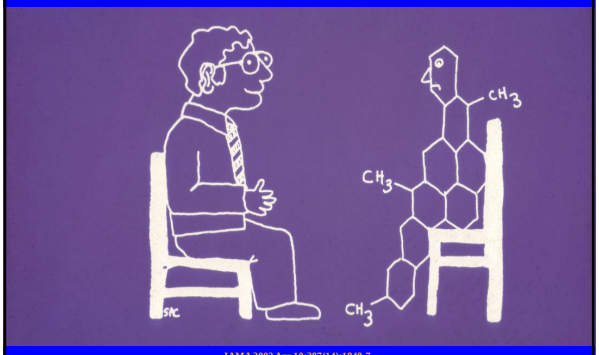
Psychosis & Aggression in the Elderly
Phases of Treatment

ACUTE → SAFETY → patient,staff,residents

MEDIUM → ASSESS → 1) rule out delirium
2) medicate or not?

LONG-TERM → **MAINTENANCE** → 1) on what?
2) how long?

DRUGS: NECESSARY BUT NEVER SUFFICIENT ALONE!!



JAMA 2002 Apr 10;287(14):1840-7
Placebo response in studies of major depression: variable, substantial, and growing.
Walsh BT, Seidman SN, Sysko R, Gould M.

Non-Pharmacological Interventions

Approach A kind, unrushed, non-confrontational, face-to-face approach may work better

Schedules Patient-centred care schedules

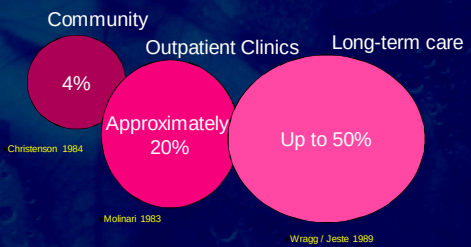
Demands Reduce demands on patient

Communication Communicate more effectively

Personal Care Meticulous attention to good personal care is essential

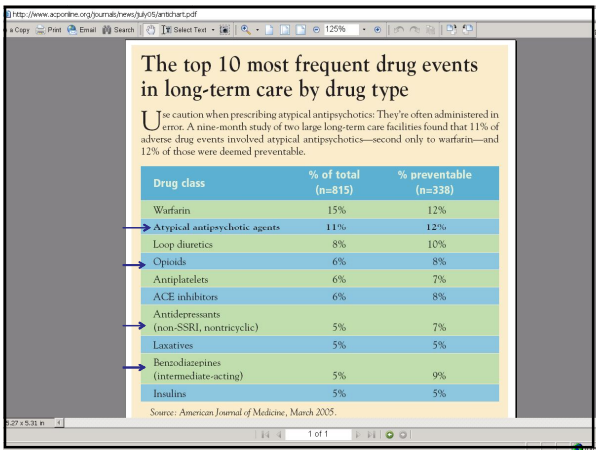
Activity and Environment Appropriate daytime activity and environment

Psychotic symptoms in Late Life
Prevalence by Setting



Problems with antipsychotics in LTC

- Began in the 60s & 70s
- Details of behavior not documented properly
- Inadequate assessment before prescribing and nurses lack the training
- Used without properly investigating other non-pharmacologic options.
- Side effects & A/E not recognized
- Families misinformed and over-react
- Psychiatric services unavailable or underutilized…use to justify use of drugs.
- Newer drugs "safer"→false sense of security



The top 10 most frequent drug events in long-term care by drug type

Use caution when prescribing atypical antipsychotics: They're often administered in error. A nine-month study of two large long-term care facilities found that 11% of adverse drug events involved atypical antipsychotics—second only to warfarin—and 12% of those were deemed preventable.

Drug class	% of total (n=815)	% preventable (n=338)
Warfarin	15%	12%
Atypical antipsychotic agents	11%	12%
Loop diuretics	8%	10%
Opioids	6%	8%
Antiplatelets	6%	7%
ACE inhibitors	6%	8%
Antidepressants (non-SSRI, nontricyclic)	5%	7%
Laxatives	5%	5%
Benzodiazepines (intermediate-acting)	5%	9%
Insulins	5%	5%

Source: American Journal of Medicine, March 2005.

bbc.co.uk

BBC NEWS

Expert warning on dementia drugs

Experts have ruled drugs used to treat schizophrenia should not be given to elderly patients with dementia.

The antipsychotic drugs risperidone and olanzapine are used to control behavioural problems.

But the Committee on Safety of Medicines said patients with dementia were three times more likely to have a stroke if they were taking the drugs.

The CSM estimated that around 40,000 over-65s were prescribed the drugs last year.

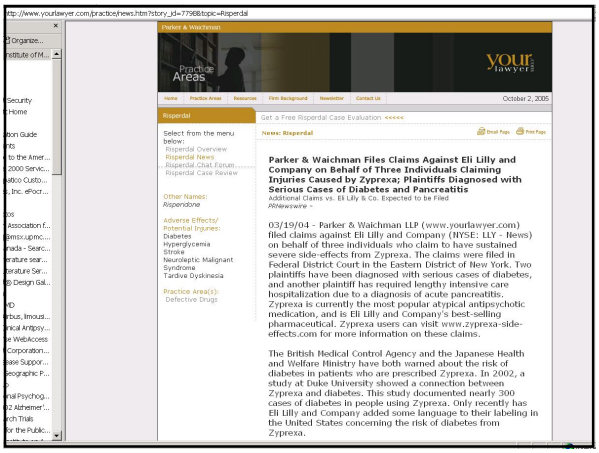
Around 30,000 were given risperidone, and 9,000 olanzapine.

"People with dementia are too frequently given powerful sedative and antipsychotic drugs"

Professor Clive Ballard, Alzheimer's Society.

Both drugs are atypical antipsychotics, which are also used to treat agitation, anxiety, mania and aggression.

Some doctors prescribed the drugs for patients with dementia, even though they were not specifically licensed for that use, if they believed they could help the individual patient.



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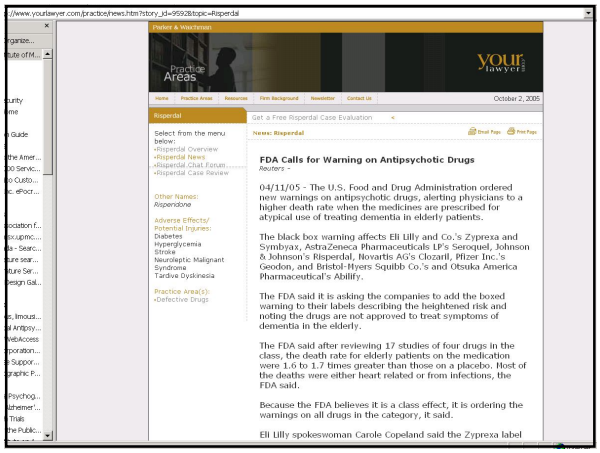
Practice Areas

Parker & Waichman Files Claims Against Eli Lilly and Company on Behalf of Three Individuals Claiming Injuries Caused by Zyprexa; Plaintiffs Diagnosed with Serious Cases of Diabetes and Pancreatitis

03/19/04 - Parker & Waichman LLP (www.yourlawyer.com) filed claims against Eli Lilly and Company (NYSE: LLY – News) on behalf of three individuals who claim to have sustained severe side-effects from Zyprexa. The claims were filed in Federal District Court in the Eastern District of New York. Two plaintiffs have been diagnosed with serious cases of diabetes, and another plaintiff has required lengthy intensive care hospitalization due to a diagnosis of acute pancreatitis. Zyprexa is currently the most popular atypical antipsychotic medication, and is Eli Lilly and Company's best-selling pharmaceutical. Zyprexa users can visit www.zyprexa-side-effects.com for more information on these claims.

The British Medical Control Agency and the Japanese Health and Welfare Ministry have both warned about the risk of diabetes in patients who are prescribed Zyprexa. In 2002, a study at Duke University showed a connection between Zyprexa and diabetes. This study documented nearly 300 cases of diabetes in people using Zyprexa. Only recently has Eli Lilly and Company added some language to their labeling in the United States concerning the risk of diabetes from Zyprexa.



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Practice Areas

FDA Calls for Warning on Antipsychotic Drugs

Reuters -

04/11/05 - The U.S. Food and Drug Administration ordered new warnings on antipsychotic drugs, alerting physicians to a higher death rate when the medicines are prescribed for atypical use of treating dementia in elderly patients.

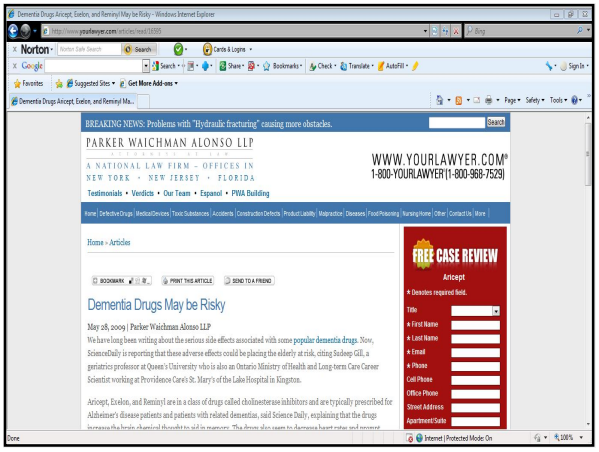
The black box warning affects Eli Lilly and Co.'s Zyprexa and Symbyax, AstraZeneca Pharmaceuticals LP's Seroquel, Johnson & Johnson's Risperdal, Novartis AG's Clozaril, Pfizer Inc.'s Geodon, and Bristol-Myers Squibb Co.'s and Otsuka America Pharmaceutical's Abilify.

The FDA said it is asking the companies to add the boxed warning to their labels describing the heightened risk and noting the drugs are not approved to treat symptoms of dementia in the elderly.

The FDA said after reviewing 17 studies of four drugs in the class, the death rate for elderly patients on the medication were 1.6 to 1.7 times greater than those on a placebo. Most of the deaths were either heart related or from infections, the FDA said.

Because the FDA believes it is a class effect, it is ordering the warnings on all drugs in the category, it said.

Eli Lilly spokeswoman Carole Copeland said the Zyprexa label



BREAKING NEWS: Problems with "Hydraulic fracturing" causing more obstacles.

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FREE CASE REVIEW

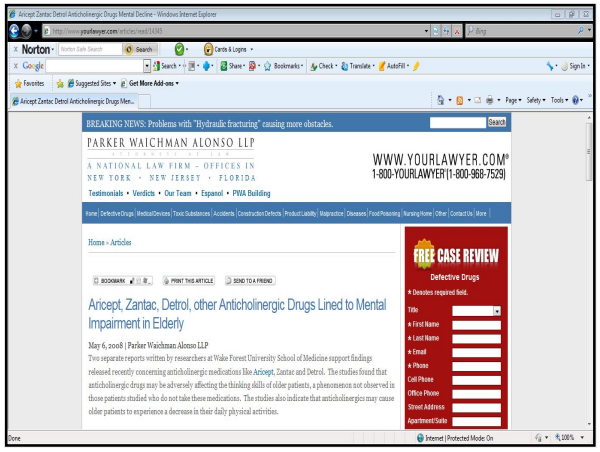
Aricept

Dementia Drugs May be Risky

May 28, 2009 | Parker Waichman Alonso LLP

We have long been writing about the serious side effects associated with some popular dementia drugs. Now, ScienceDaily is reporting that these adverse effects could be placing the elderly at risk, citing Sudeep Gill, a geriatrics professor at Queen's University who is also an Ontario Ministry of Health and Long-term Care Career Scientist working at Providence Care's St. Mary's of the Lake Hospital in Kingston.

Aricept, Exelon, and Reminyl are in a class of drugs called cholinesterase inhibitors and are typically prescribed for Alzheimer's disease patients and patients with related dementias, said Science Daily, explaining that the drugs



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FREE CASE REVIEW

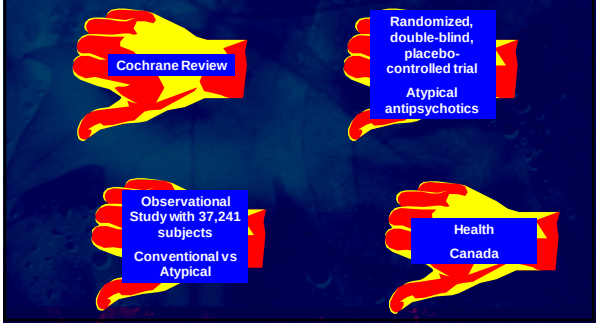
Defective Drugs

Aricept, Zantac, Detrol, other Anticholinergic Drugs Lined to Mental Impairment in Elderly

May 6, 2008 | Parker Waichman Alonso LLP

Two separate reports written by researchers at Wake Forest University School of Medicine support findings released recently concerning anticholinergic medications like Aricept, Zantac and Detrol. The studies found that anticholinergic drugs may be adversely affecting the thinking skills of older patients, a phenomenon not observed in those patients studied who do not take these medications. The studies also indicate that anticholinergics may cause older patients to experience a decrease in their daily physical activities.

Use of Antipsychotics in Elderly Dementia Patients: Benefits out-weighed by adverse events



Drugs for BPSD

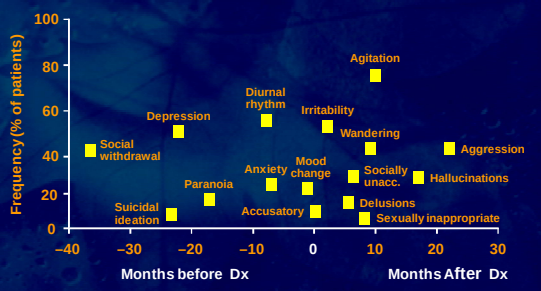
- If drugs are bad……..
- Why do we still use them?
- If we have to use them, how do we use them safely?
- Goal is to:
  - Maximize benefit
  - Minimize risk
  - Explain these to patient & family
  - Consent

CONCEPT:

1. SYMPTOMS

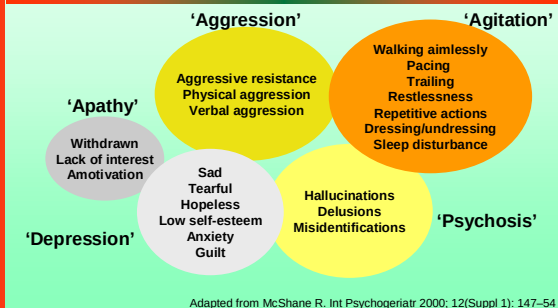
2. CLUSTERS OF SYMPTOMS

Symptoms of BPSD



Jost and Grossberg, 1996

Clusters of BPSD



Adapted from McShane R. Int Psychogeriatr 2000; 12(Suppl 1): 147–54

Measurement of vital signs

Identifying & Measuring BPSD

"Behavioural Vital Signs" or "BVS" Tool

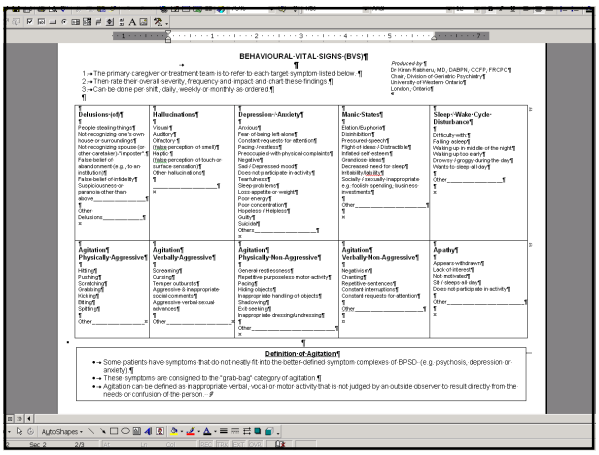
Target BPSD Symptoms & Clusters

- **Frequency**
- **Severity**
- **Impact**

BVS Tool: www.cagp.ca

- Click: "LINKS"
- Click: "ASSESSMENT TOOLS"
- Click: "BVS TOOL"

"Behavioral Vital Signs" Tool



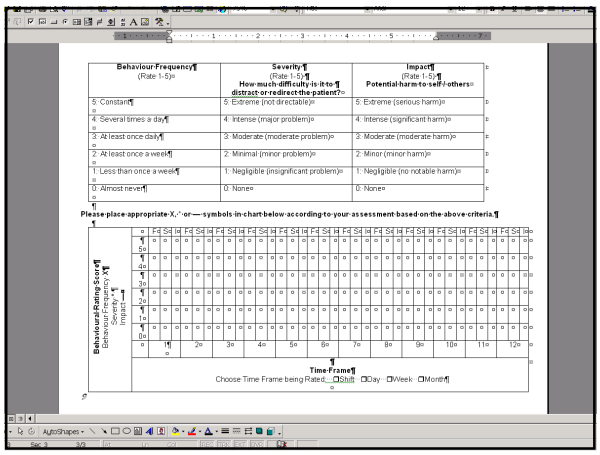
BEHAVIOURAL-VITAL-SIGNS-(BVS)

Delusions-(ed)	Hallucinations	Depression-/-Anxiety	Manic-States	Sleep-/Wake-Cycle-Disturbances
People stealing things	Visual	Anxious	Elation/Euphoria	Difficulty with
Not recognizing spouse (or other caretaker)-"Imposter"	Auditory	Fear of being left alone	Disinhibition	Falling asleep
Abandonment (e.g., to an institution)	Olfactory	Constant requests for attention	Pressured speech	Waking up in middle of the night
False belief of infidelity	Haptic	Pacing / restless	Flight of ideas / Distractible	Waking up too early
Suspiciousness or paranoia other than above	Other hallucinations	Preoccupied with physical complaints	Initiated self-esteem	Drowsy / groggy during the day
Other Delusions		Tearfulness	Decreased need for sleep	Wants to sleep all day
		Sleep-problems	Irritability/Agitation	Other
		Loss appetite or weight	Socially / sexually inappropriate e.g. foolish spending, business investments	
		Poor energy		
		Poor concentration	Other	
		Hopeless / Helpless		
		Guilty		
		Suicidal		
		Other		

Agitation-Physically-Aggressive	Agitation-Verbally-Aggressive	Agitation-Physically-Non-Aggressive	Agitation-Verbally-Non-Aggressive	Apathy
Hitting	Screaming	General restlessness	Negativism	Appears withdrawn
Pushing	Cursing	Repetitive purposeless motor activity	Chanting	Lack of interest
Scratching	Temper outbursts	Pacing	Repetitive sentences	Not motivated
Grabbing	Aggressive & inappropriate social comments	Hiding objects	Constant interruptions	Sit / sleep all day
Kicking	Aggressive verbal sexual advances	Inappropriate handling of objects	Constant requests for attention	Does not participate in activity
Biting	Other	Shadowing	Other	Other
Spitting		Exit-seeking		
Other		Inappropriate dressing/undressing		
		Other		

Definition-of-Agitation

- Some patients have symptoms that do not neatly fit into the better-defined symptom complexes of BPSD -(e.g. psychosis, depression or anxiety)
- These symptoms are consigned to the "grab-bag" category of agitation
- 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. - P



Behaviour-Frequency (Rate 1-5)	Severity (Rate 1-5) How much difficulty is it to distract or redirect the patient?	Impact (Rate 1-5) Potential harm to self/-others
5: Constant	5: Extreme (not directable)	5: Extreme (serious harm)
4: Several times a day	4: Intense (major problem)	4: Intense (significant harm)
3: At least once daily	3: Moderate (moderate problem)	3: Moderate (moderate harm)
2: At least once a week	2: Minimal (minor problem)	2: Minor (minor harm)
1: Less than once a week	1: Negligible (insignificant problem)	1: Negligible (no notable harm)
0: Almost never	0: None	0: None

Please-place-appropriate-X,-'-or-—-symbols-in-chart-below-according-to-your-assessment-based-on-the-above-criteria.

Behavioural-Rating-Score (Behaviour-Frequency x Severity x Impact)

0 1 2 3 4 5 6 7 8 9 10 11 12

Time-Frame

Choose Time Frame being Rated: ☐Shift ☐Day ☐Week ☐Month

Approach to BPSD:

The *SMART* Approach:

- Safety: remove patient to safe environment
- Medical: organic workup to treat reversible causes; reduce medication load
- Assess Competency: personal care decisions, financial, driving; protect assets
- Rest, nutrition, hydration; pain ambulation, vision, hearing, constipation
- Trial of medication: cholinesterase inhibitor / antipsychotic / antidepressant/ mood stabilizer

Rabheru K. Can Family Physician Vol 49 March 2003 pg. 389