

When Do You Call for Help to Treat your Loved One

When you're mad at them & want to "put 'em away"?

When those around them can't tolerate their behavior?

When the third caregiver quits?

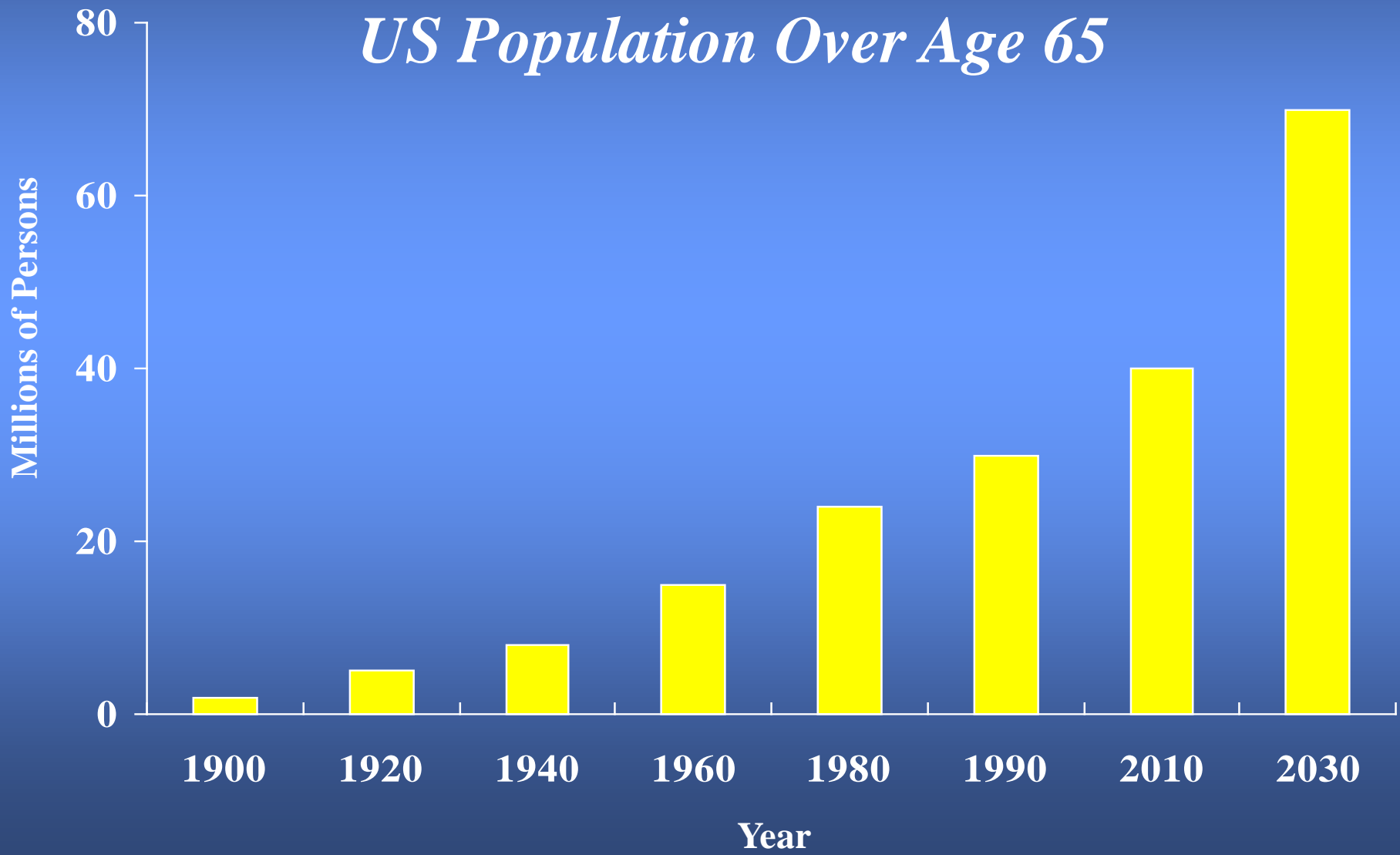
When you can't do your day job because mom calls every 15 minutes & asks the same question?

When you are up every night following dad around the neighborhood trying to find his old job site?

**ALL OF THE ABOVE—YOU'VE WAITED TOO
LONG!!!!**

“Graying” of the Population

US Population Over Age 65



What is Dementia?

- Progressive decline in mental function
- More severe than age related decline
- Interferes with daily activities and social relationships

Forgetfulness: Aging or Dementia

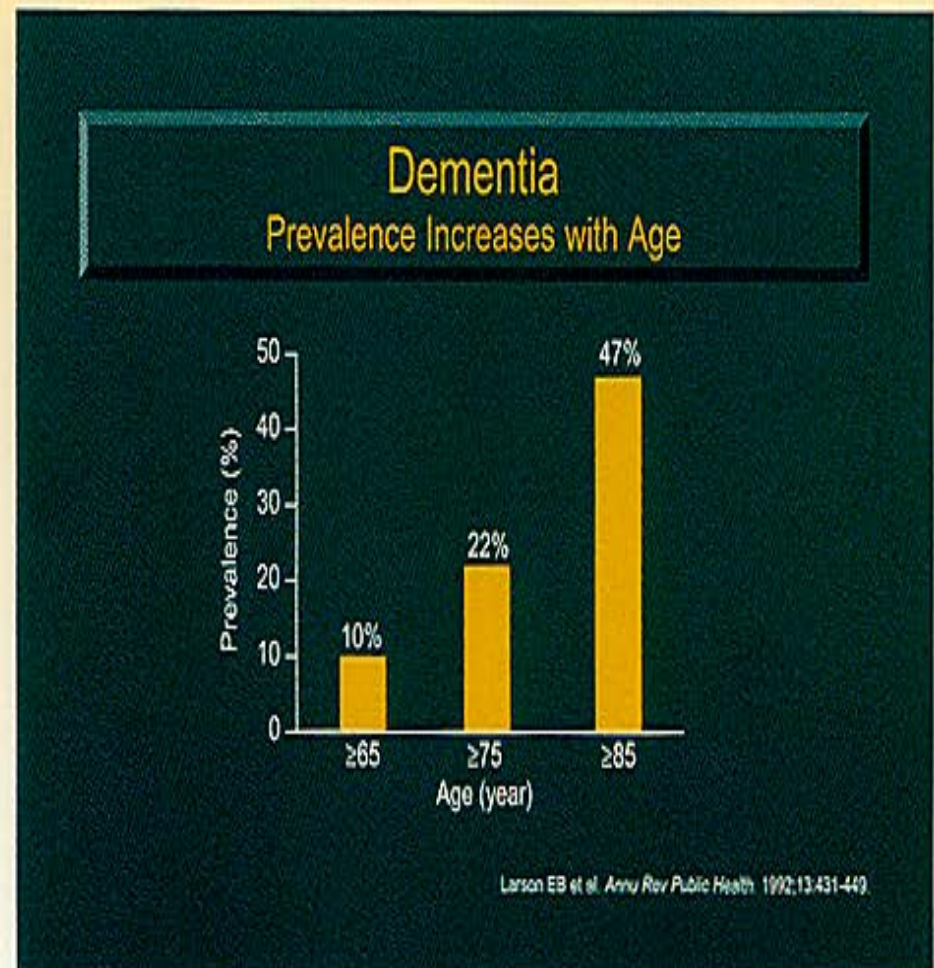
Activity	Age Associated Memory Probs	Dementia
Forgets	Part of an experience	Whole experience
Recalls later	often	rarely
Follows written or verbal instructions	Most of the time	Gradually unable
Can use notes	Most of the time	Gradually unable
Can do self care	Most of the time	Gradually unable

Dementia – Prevalence Increases with Age

The prevalence of dementia increases with age so that 10% of those older than 65 years suffer from dementia. This increases dramatically to 47% in those older than 85 years. It has been suggested that dementia will be the epidemic of the 21st century.

References

Larson EB, Kukull WA, Katzman RL. Cognitive impairment: dementia and Alzheimer's disease. *Annu Rev Public Health*. 1992;13:431-449.



What is Alzheimer's Disease (DAT)

- Attacks and destroys nerve cells in the brain
- Leads to problems with memory, personality, behavior, thinking and everyday living
- Symptoms present 5-6 years before dx
- **PROGRESSIVE AND INCURABLE DISEASE**

HELP IS ON THE HORIZON!!

Symptoms of DAT

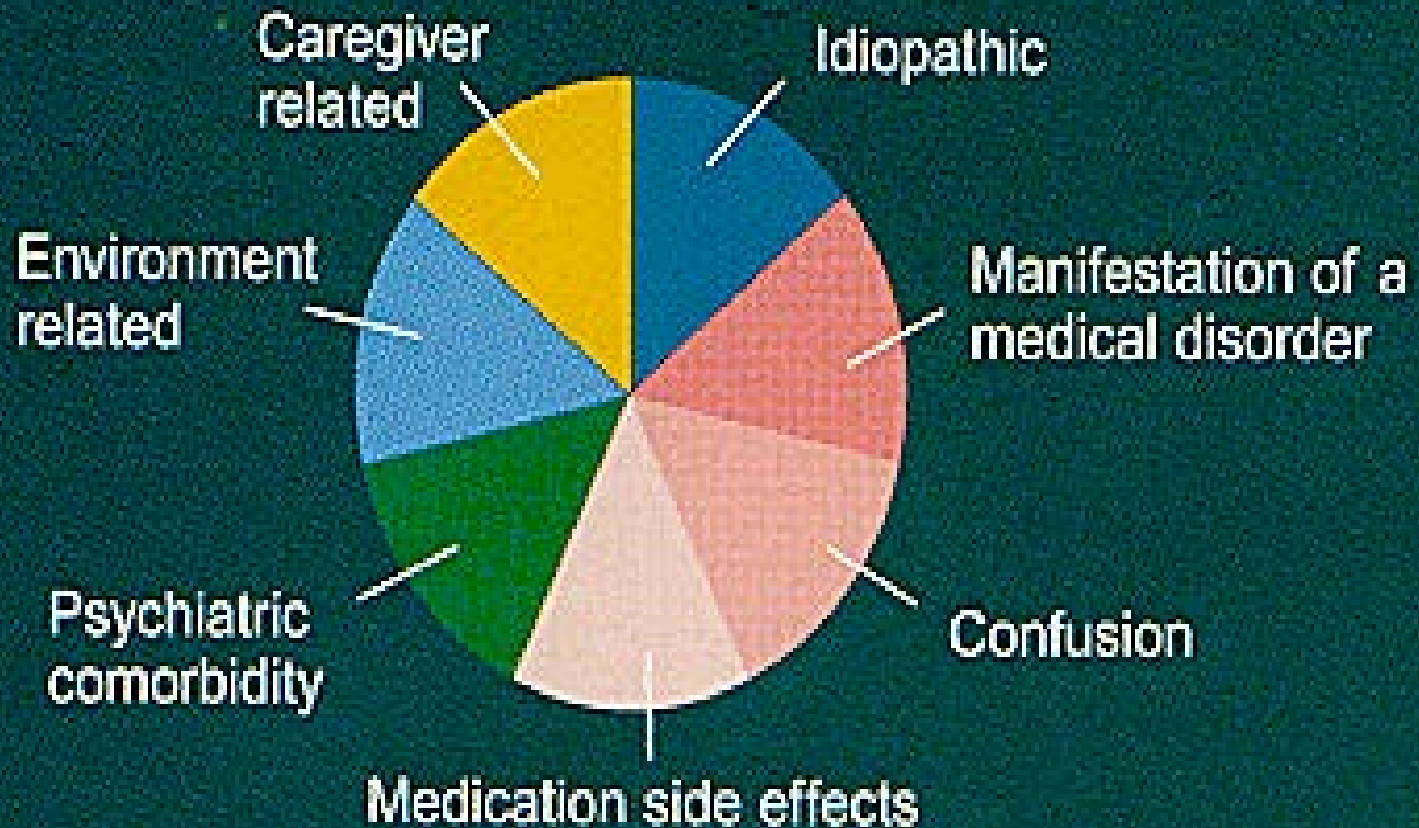
- Memory loss that affects everyday living
- Difficulty performing familiar tasks such as using an appliance
- Problems naming common objects, ie watch
- Getting lost easily in familiar places
- Poor or decreased judgment
- Problems with abstract thinking—problem solving
- Misplacing or losing personal things
- Changes in mood, behavior and personality
- Loss of interest or initiative in usual activities

What Is "Agitation"?

- Any inappropriate verbal, vocal or motor activity that is not an obvious expression of need
- It is not a diagnostic term but rather a syndromal term (group of symptoms) that describes the clustering of behaviors
- Agitation can result from a variety of underlying general medical, or neuro-psychiatric or psychosocial conditions

Possible Etiologies

Agitation "Pie" Chart



Cohen-Mansfield J et al. *Int Psychogeriatr.* 1992;4(2):221-240.
Mintzer JE, Brawman-Mintzer O. *J Clin Psychiatry.* 1996;57(7):55-63.

Medical Causes

- Recent onset of illness/surgery
- Recent change in medication/polypharmacy
- Sleep disturbances: primary, secondary
- Chronic/acute pain
- Cardiovascular disease
- Visual impairment
- Poor nutrition
- Respiratory infection

Late-Life Mood, Psychotic and Behavioral Disturbance Result in

- Social isolation
- Caregiver burnout
- Institutional placement
- Increased use of medication/polypharmacy
- Increased risk of accidental injury (such as falls)
- Increased risk of injury to self and others
- Use of restraints
- Excess disability related functional decline

Delusions in Patients with Late-Life Mood, Psychotic & Behavioral Disturbances

- False beliefs commonly seen in late-life disturbances
 - ◆ Marital infidelity
 - ◆ Patients, staff are trying to hurt me
 - ◆ Staff, family members are impersonators
 - ◆ Personal harm
 - ◆ People stealing things

Management of Acute Episodic Agitation in the Absence of Psychosis or Mood Disturbance

Nonpharmacologic Management

- Evaluate: Reassurance/Redirection alone
- Evaluate: Environmental Triggers Adjustment
- Set-up routines that are patient-specific
- Remove offending pharmacologic agents (such as adjunct anticholinergics, benzodiazepines, etc.)
- Ensure support and patient specific education for the caregiver and/or staff

General Principles of Management of Agitation (cont'd)

- For acute episodic non-persistent agitation that occurs in the absence of mood or psychotic disturbances
 - ◆ The *first line approach* requires assessment and a trial of non-pharmacologic management
- For the patient with agitation and concurrent psychosis and/or mood disturbance, the general principles support combining pharmacologic and non-pharmacologic interventions

What Are the Most Common Psychiatric Disorders in the Elderly?

Outpatient Care

Long-Term Care

Dementia **10% > age 65**
45% > age 85

Depression **4-5%**

Substance abuse **1-5%**

Psychosis **0.1-4%**

Dementia **50-70%**

Affective disorders **50-85%**

Schizophrenia **0-4%**

ID/DD **1-5%**

Prevalence of Symptoms of Psychosis and Agitation in Dementia

Cache County Study of Memory in Aging (CCSMA)

- First US population study of behavioral disturbances in dementia
- Evaluated the prevalence and severity of mental and behavioral disturbances in the elderly
- 5092 individuals were screened
- Participants with dementia (n=329) were compared to control group without dementia (n=673)

Prevalence of Symptoms of Psychosis and Agitation in Dementia

NPI Item	Dementia (n=329) %	No Dementia (n=673) %
Apathy	27.4	3.1
Depression	23.7	7.0
Agitation/aggression	23.7	2.8
Irritability	20.4	4.5
Delusions	18.5	2.4
Anxiety	17.0	5.6
Aberrant motor behavior	14.3	0.4
Hallucinations	13.7	0.6
Disinhibition	9.1	0.9
Elation	0.9	0.3

Source: Adapted with permission from Lyketsos CG et al. *Am J Psychiatry*. 2000;157:708-714. American Psychiatric Association.

Diagnostic Algorithm

Agitation in the Elderly

Rule out medical disorders, physical discomfort, medication effects, and preexisting psychiatric illness



Identify target behaviors



Initiate appropriate treatment (pharmacologic and/or environmental) aimed at target behavior

Examples of Metaphors

- “Depressive” Irritable, pessimistic, sad, weepy, socially withdrawn, vegetative
- “Psychotic” Angry when approached, overly suspicious, displaying fragmented speech/thinking, hallucinating
- “Agitation”
(nonsyndromal/
nonspecific) Restless, exhibiting troublesome behavior, verbally/physically aggressive

Advances in Alzheimers Disease

- Is prevention possible or can we just arrest the process?
- Early detection is the best defense---Amyloid Pet Scans in at risk populations

Future Directions

- Immunologic therapy
- MAOIs
- Curcumin purified compounds (not possible to ingest enough to be useful)
- Cocktails/Combinations

Future Directions (clinical research trials)

- 2 outpatient studies at Sharp Mesa Vista
- Mild to Moderate disease
- Mark Dobrina study coordinator at
858-836-8317

Summary

- Those 65 yrs & older are increasing rapidly thus seniors with cognitive impairment are growing as well
- Behavioral metaphors help determine the choices of medications we choose to treat cognitively impaired seniors with agitation or aggression
- Certain medication combinations may be necessary to enhance efficacy of single agents