Psychiatric Management Of Dementia

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Plan of talk

- Why Psychiatry?
- What do mental health services do for people with dementia?
- Behavioural and Psychological Symptoms in Dementia (BPSD)
- Management – Do’s and Don'ts
- Holistic Care – multidisciplinary working
- Conclusion and questions

Alzheimer’s Disease

Alzheimer on Auguste D

- "as one of her first disease symptoms a strong feeling of jealously towards her husband. Very soon she showed rapidly increasing memory impairments; she was disorientated carrying objects to and fro in her flat and hid them. Sometimes she felt that someone wanted to kill her and began to scream loudly"

Quoted by Maurer et al Lancet 1997; 349 1548

Why Psychiatry ?

- Historical
- Local development reasons
- Community based multidisciplinary services
- High incidence of behavioural and psychological symptoms

What do mental health services do for people with dementia.

- Assessment
- Information
- Treatment
- Support

A service whatever stage or type of dementia

Some typical presentations

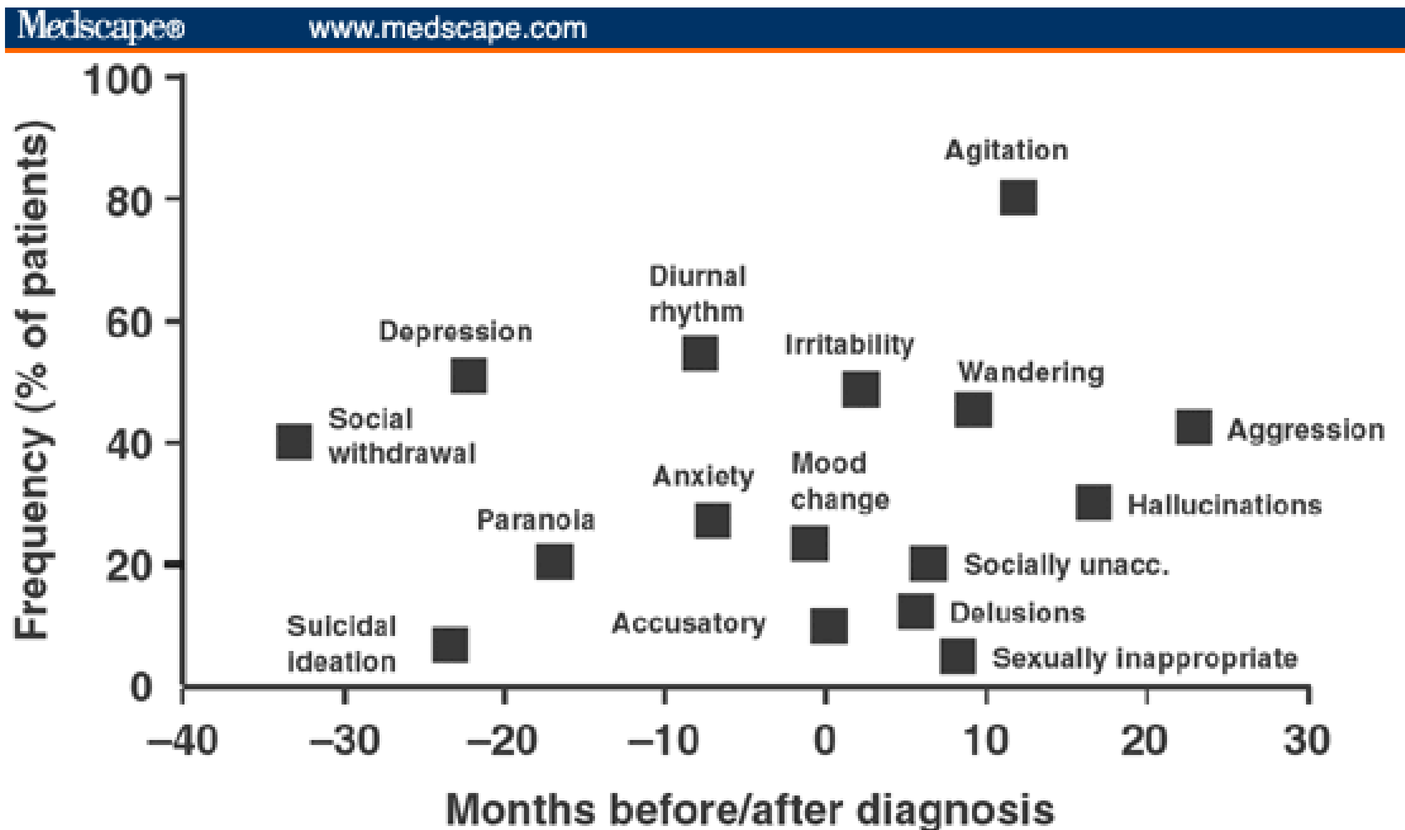
- Concerns over forgetfulness, poor short term memory
- “Can you see this person who seems a bit down and has become anxious”
- “ This lady has become argumentative and suspicious of husband who she accuses of having an affair”
- This retired widower is not coping at home, appears not to be taking medication and the house is in a mess
- Liaison / community hospital referral of confused person with no medical cause
- Residential home reports increasing agitation and now physical aggression
- “Found wandering”

Assessment

Needs to be holistic

- Home visits – condition of person, home etc
- Collateral history
- Memory clinic/neuropsychology
- Appropriate medical investigations (normal bloods and scans usual but not always so ensure full screen)
- Time

Behavioural and Psychological Symptoms in Dementia (BPSD)



Aggression
Aggressive resistance
Physical aggression
Verbal aggression

Apathy
Withdrawn
Lack of interest
Amotivation

BPSD Clusters

Agitation
Walking aimlessly
Pacing, trailing
Restlessness
Repetitive actions
Dressing / Undressing
Sleep Disturbance

Depression
Sad
Tearful
Hopeless
Low self-esteem
Anxiety
Guilt

Psychosis
Hallucinations
Delusions
Misidentifications

BPSD in Dementia

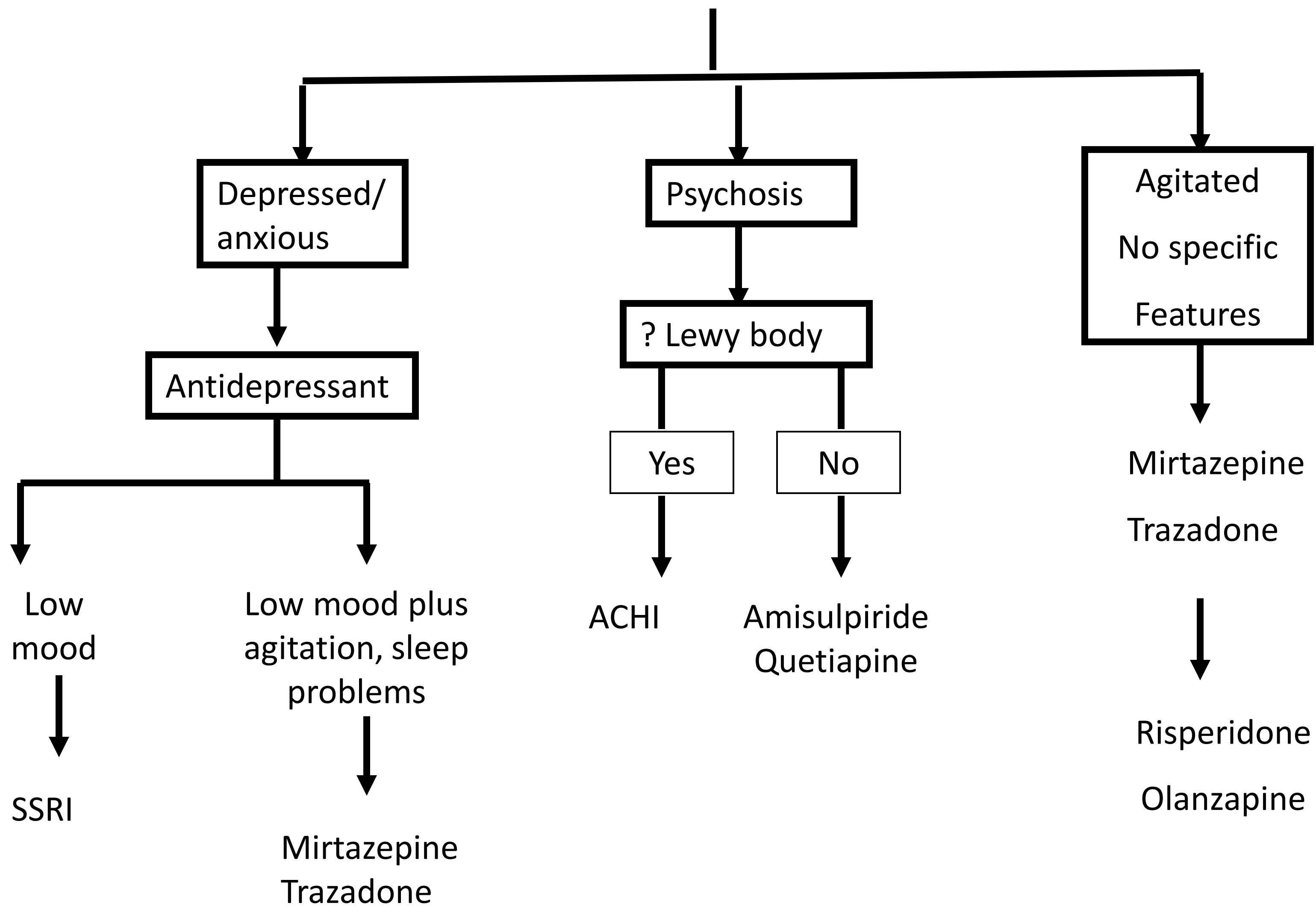
- Are they ill
- Are they in pain
- Bowel and urinary problems
- Recent changes in social/physical environment

If not

Behaviour not a problem → Advice and support to carers → ? suitable for ACHI

Behaviour a challenge but manageable → Try non-pharmacological interventions

Very Challenging Behaviour → Haloperidol, Lorazepam



Short term use of hypnotics eg Zopiclone or low dose benzodiazepines may be indicated for minor agitation and sleep disturbance

Non- pharmacological

- Must be considered first because
  - Problems often in environment rather than person
  - They can be effective
  - Often empowering to carers

BUT PARTICULARLY BECAUSE

  - Drugs are not always successful
  - Drugs can be dangerous

Management
Do's and Don'ts

Management

Do's and Don'ts

Do's

- Consider the whole person **and** environment
- Try and understand the viewpoint of someone with dementia
- Remember possible
  - Sensory impairment
  - Dysphasia
  - Visuospatial difficulties
  - Pain /discomfort

which hinders communication

Don'ts

- Only talk to carers / family
- Ignore carers / family
- Think the person with dementia cannot 'tell' you what is up
- Think that everyone with dementia is the same
- That small steps you can take do not matter

Management

Do's and Don'ts

Do's

- Take a full history and perform a full examination
- Use cognitive examination wisely
- Use a biopsychosocial approach
- Use medication wisely – and ‘low and slow’

Don'ts

- Trust only to cognitive assessments
- Forget dementia is common and there are many co-morbidities
- Forget many carers are elderly
- Expect problems to resolve quickly

Anti dementia drugs

- Acetylcholine inhibitors
  - Donepezil (Aricept)
  - Rivastigmine (Exelon)
  - Galantamine (Reminyl)
- NICE now says for mild to moderate Alzheimer's disease
- Also help some people with Lewy body and mixed dementias

- [NMDA receptor antagonist – Memantine]

How helpful are the drugs?

- A few people gain positive benefit often in terms of improved interest and activity rather than better memory
- Many gain ‘stability’
- Many get no benefit
- Some experience side effects
- No effect on the illness process

Multidisciplinary Working

- Ensures full holistic approach
- Mental health team has community support workers, nurses, OTs, psychologists, psychiatrists
- Involve primary care, social care, mental health and secondary care
- Can assess and intervene where the person is
- Access the range of services available

Conclusions

Many but not all people with dementia will present to mental health services at some point in their illness.

Care should be holistic and person-centred

Behavioural and psychological symptoms are common but manageable.

Much can be done without drugs but medication may be necessary.