MANAGEMENT OF DEMENTIA RELATED BEHAVIORS

A Pocket Guide for Healthcare Professionals

Ashley Woolbert, MD
Karen Duong, DO
Robert Garrett, MD

south central mirecc
Mental Illness Research, Education and Clinical Center

VA U.S. Department of Veterans Affairs

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DISCLAIMER

The contents of this manual do not represent the views of the Department of Veterans Affairs (VA) or the U.S. government.

EVALUATION

Identify Behavior Symptoms

Affective symptoms • Depression • Apathy • Anxiety • Irritability	**Disinhibition behaviors** • Aggression • Pacing/Wandering • Impulsivity • Intrusiveness • Care refusal • Inappropriate sexual behaviors • Yelling • Hoarding
Psychosis • Hallucinations • Delusions • Suspiciousness	**Basic drives** • Sleep disturbances • Feeding

Characterize Behavior Symptoms

Obtain a detailed history from the Veteran and/or caregiver including:

- Onset
- Duration
- Frequency
- Timing
- Severity
- Precipitants
- Effect on Veteran and caregiver

Consider using the Neuropsychiatric Inventory Questionnaire (NPI-Q), a 12-item clinical rating scale completed by caregivers. (See Resource 4)

Review Contributing factors

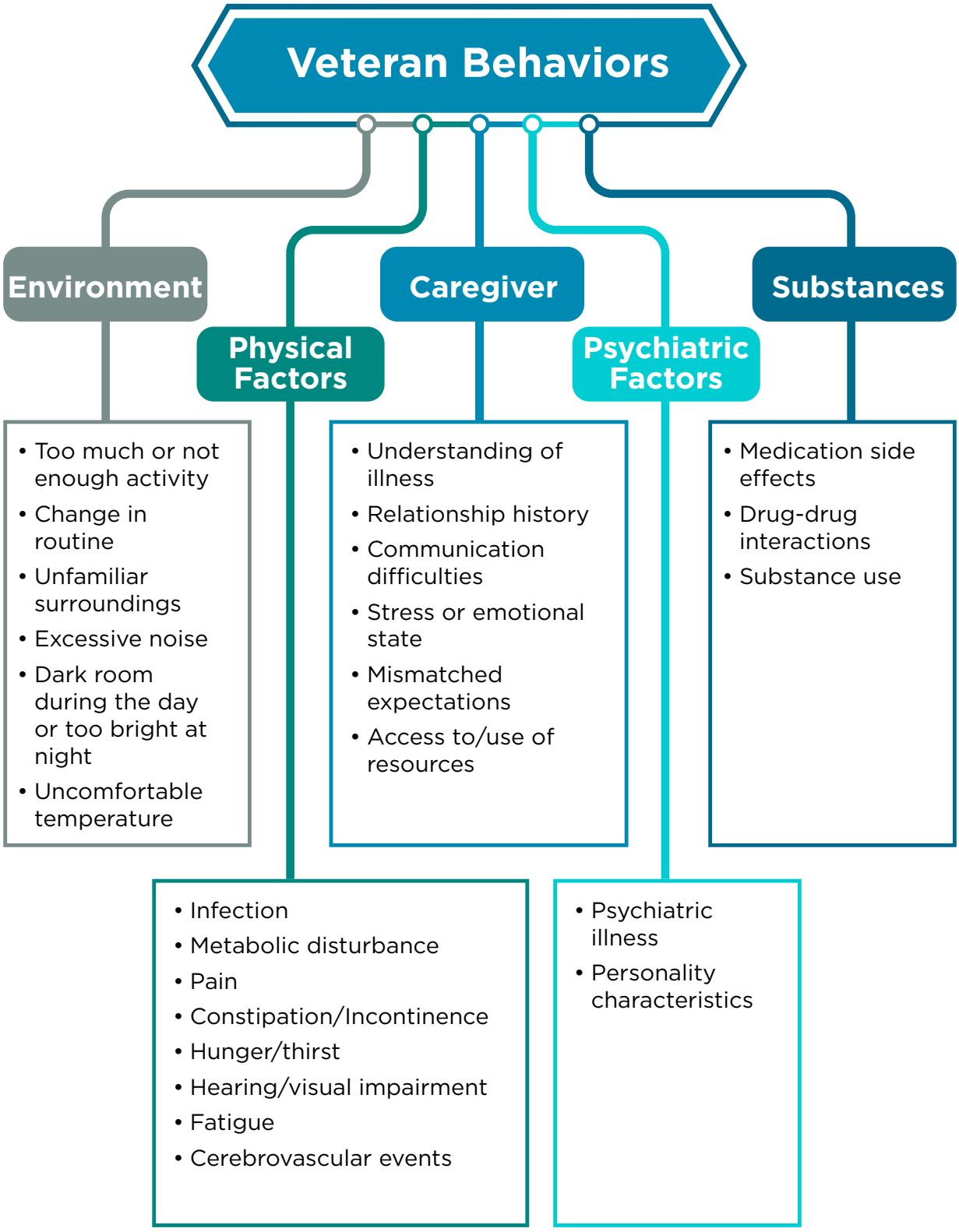
Assess medical and psychiatric review of systems

Assess substance use history

Review medical and psychiatric history

Check Vital signs, complete blood count, comprehensive metabolic panel, thyroid stimulating hormone, vitamin B12, vitamin D, urinalysis, urine toxicology

CONTRIBUTING FACTORS



NON-PHARMACOLOGICAL MANAGEMENT

Physical

- Treat medical illness
- Schedule non-opioid pain medication
- Schedule bowel/bladder regimen
- Evaluate vision or hearing

Substances

- Use BEERS or STOPP/START criteria (see resources 8 and 10) to evaluate appropriateness of medications
- Substance treatment if cognition allows for engagement in treatment

Psychiatric

- Psychotherapy if cognition allows for engagement in treatment
  - Reminiscence therapy
  - Problem solving therapy

Environment

- Occupational therapy for home safety evaluation
- Adult day health care or encourage other structured activities
- Encourage maintenance of a routine
- Check the noise level, lighting, and room temperature

Caregiver

- Program of General Caregiver Support Services
  - Caregiver training
  - Caregiver support information
- Social work assistance
  - Respite care
  - Home health
  - Long term care referral

SAFETY CONSIDERATIONS

If there is an imminent risk of harm, contact emergency services immediately

Suicide

- Veterans with mild dementia and recently diagnosed dementia are at increased risk of suicide
- Ask about suicide using the Columbia-Suicide Severity Rating Scale (C-SSRS) (see Resource 2)
- Provide crisis line phone number 1-800-273-Talk (8255) press 1
- Counsel on firearm safety

Abuse/neglect

- Veterans with dementia are at a higher risk to be victims of abuse and neglect
- Use the Elder Abuse Suspicion Index (EASI) to screen for abuse (see Resource 13)
- Educate about financial exploitation from frauds and scams (see Resource 5)
- Veterans with dementia living alone are at risk of self-neglect
- Contact adult protective services to report concerns to the local health department

Falls

- Veterans with dementia are at a higher risk for falls
- Assess for medications, gait/balance problems, dizziness, vision impairment, cluttered home
- Physical therapy for gait, strength, and balance training
- Occupational therapy for a home safety evaluation

Driving

- Drivers with dementia are at higher risk of motor vehicle accidents
- Driving Rehabilitation Specialist for driver's evaluation if the situation requires assessment
- Veterans with moderate to severe dementia should not drive

Wandering

- Order a medical ID bracelet or pendant (from prosthetics) with caregiver contact information from prosthetics

RESOURCES FOR PROVIDERS

Online Resources

1. Alzheimer's Association: https://www.alz.org/professionals/health-systems-clinicians/management
2. Columbia-Suicide Severity Rating Scale (C-SSRS): https://cssrs.columbia.edu/
3. National Institute on Aging: https://www.nia.nih.gov/health/alzheimers-dementia-resources-for-professionals
4. Neuropsychiatric Inventory Questionnaire NPI-Q: https://www.alz.org/media/Documents/npiq-questionnaire.pdf
5. Older adult nest egg: https://www.olderadultnestegg.com/
6. PACERS online continuing education credit training: https://www.mirecc.va.gov/VISN16/PACERS.asp
7. VA geriatrics and extended care: https://www.va.gov/geriatrics/

Print Resources

8. American Geriatrics Society 2012 Beers Criteria Update Expert Panel (2012). American Geriatrics Society updated Beers Criteria for potentially inappropriate medication use in older adults. Journal of the American Geriatrics Society, 60(4), 616–631. https://doi.org/10.1111/j.1532-5415.2012.03923.x
9. Kales, H. C., Gitlin, L. N., & Lyketsos, C. G. (2015). Assessment and management of behavioral and psychological symptoms of dementia. BMJ (Clinical research ed.), 350, h369. https://doi.org/10.1136/bmj.h369
10. O'Mahony, D., O'Sullivan, D., Byrne, S., O'Connor, M. N., Ryan, C., & Gallagher, P. (2015). STOPP/START criteria for potentially inappropriate prescribing in older people: version 2. Age and ageing, 44(2), 213–218. https://doi.org/10.1093/ageing/afu145
11. Walaszek, A. (2019). Behavioral and Psychological Symptoms of Dementia. American Pschiatric Association.
12. Wolinsky, D., Drake, K., & Bostwick, J. (2018). Diagnosis and Management of Neuropsychiatric Symptoms in Alzheimer's Disease. Current psychiatry reports, 20(12), 117. https://doi.org/10.1007/s11920-018-0978-8
13. Yaffe MJ, Wolfson C, Lithwick M, Weiss D. Development and validation of a tool to improve physician identification of elder abuse: the Elder Abuse Suspicion Index (EASI). J Elder Abuse Negl. 2008;20(3):276-300. https://doi:10.1080/08946560801973168

PHARMACOLOGICAL MANAGEMENT

General Principles

Non-pharmacological management → Cognitive medications → Antidepressants → Antipsycotics

Start low and titrate slowly

All of the following medications can increase fall risk

All medications are off label use for dementia related behaviors

Behavioral Symptom Category

Mood symptoms • Antidepressant medications • Anticonvulsants/Mood stabilizers	**Disinhibition behaviors** • All medication categories
Psychosis • Antidepressant medications • Antipsychotic medications • Cognitive medications (Lewy body dementia)	**Basic drives** • Mirtazapine (appetite and sleep) • Melatonin (sleep) • Trazodone (sleep)

Cognitive medications

For disinhibition behaviors, also used for psychosis in Lewy body dementia (LBD)

Medication Name	Initial Dose	Max Dose Recommended
Donepezil	2.5-5mg qAM	23mg qAM*
Galantamine	4mg BID	24mg divided doses
Rivastigmine	1.5mg BID	6mg BID
Memantine	5 mg daily	10mg BID

*Some providers may not exceed 10mg due to increased risk of side effects with limited additional efficacy.

ANTIDEPRESSANT MEDICATIONS

Medication Name	Initial Dose	Max Dose Recommended	Special Considerations
Bupropion	75-150mg daily	up to 450mg daily	Do not use for those at increased risk for seizures
Citalopram	10mg daily	up to 20mg daily	QT prolongation
Duloxetine	20-30mg daily	up to 60mg BID	May also help treat pain
Escitalopram	5mg daily	10mg daily	Preferred agent
Fluoxetine	10mg daily	40mg daily	Higher drug interactions
Mirtazapine	7.5mg at bedtime	45mg at bedtime	Can cause sedation and increase appetite
Paroxetine	Avoid use due to anticholinergic properties		
Sertraline	25-50mg daily	200mg daily	Preferred agent
Trazodone	25-50mg at bedtime	up to 100mg TID prn or scheduled	Can also be used for sleep disturbances. Not used for antidepressant effect.
Tricyclics	Avoid use due to anticholinergic properties		
Venlafaxine	37.5mg daily	up to 300mg daily	Monitor blood pressure

ANTIPSYCHOTIC MEDICATIONS

For severe psychosis and disinhibited behaviors.

Attempt to taper when symptoms improve.

Black Box warning for increased mortality in older adults with dementia-related psychosis.

Medication Name	Initial Dose	Max Dose Recommended	Special Considerations
Aripiprazole	2.5mg daily	15mg daily or divided doses	Preferred agent, can cause akathisia
Clozapine	6.25mg at bedtime	25-50mg at bedtime or divided doses	Must certify with REMS FDA due to high risk side effects, use for LBD
Haloperidol	0.5mg daily	5mg daily or divided doses	Highest mortality risk
Olanzapine	2.5mg at bedtime	10mg at bedtime or divided dose	weight gain, orthostasis
Pimavanserin	34mg daily	34mg daily	Parkinson disease psychosis
Quetiapine	25mg at bedtime	300mg at bedtime or divided dose	Use for LBD, weight gain and orthostasis
Risperidone	0.25mg at bedtime	2mg at bedtime or divided doses	Preferred agent, except for LBD
Ziprasidone	20mg daily	80mg BID	QT prolongation, take with food

REMS FDA: Risk Evaluation and Mitigation Strategy with FDA,
LBD-Lewy body dementia

ADDITIONAL MEDICATIONS

Medication Name	Target Symptom Cluster	Initial Dose	Max Dose Recommended	Special Considerations
Buspirone	**Affect, Disinhibition**	5mg daily	40-60mg/day	None
Carbamazepine	**Affect, Disinhibition**	100mg at bedtime	400mg/day divided doses	Potential drug interactions, monitor Na and LFTs
Divalproex	**Affect, Disinhibition**	125mg BID	1500mg/day in divided dose or extended release	Monitor for hepatitis and pancreatitis after initiation
Clonazepam	**RSBD**	0.5mg at bedtime	1mg at bedtime	Use if melatonin fails, higher risk for falls
Dextrometho-rphan-quinidine	**Affect, Disinhibition**	20/10mg daily	20/10mg BID	Also used for pseudobulbar affect
Lorazepam	**Disinhibition**	0.25mg daily	3mg divided doses	Short term use only, higher risk for falls
Prazosin	**Disinhibition**	1mg daily	6mg divided doses	Can lower blood pressure
Gabapentin	**Affect, Disinhibition**	100mg daily	1800mg/day divided doses	Sedation and gait instability
Melatonin	**Sleep disturbance**	1-3mg every evening	10mg every evening	First line for RSBD
Methylphenidate	**Apathy**	5mg qam	10mg qAM and qNoon	Avoid with cardiac disease

RSBD: REM sleep behavior disorder