



Behavioral manifestation of Alzheimer's disease

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Behavioral manifestation of AD

- ▶ AD is a complex disease and it's presentation can vary from patient to patient
- ▶ One of the most important treatment goals is to understand the patient and his or her family dynamic, living situation and social/occupational background.
- ▶ AD like any other condition may have medical and psychiatric co-morbidities.
- ▶ Medical co-morbidities such as diabetes, heart disease and hypertension often exist, but are not the topic of this presentation.

Behavioral manifestation of AD

- ▶ Although the behavioral issues do not occur in all patients with AD, a majority exhibit some forms at some point in their disease.
- ▶ It is important to distinguish between the behavioral disturbance that occur as part of the disease and the pre-morbid psychiatric issues that were present before the diagnosis.
- ▶ After determining which came first, then we will be able to manage these behaviors in a most efficient manner.

Behavioral manifestation

- ▶ The psychiatric co-morbidities need to be evaluated in order to better understand the nature of some of the symptom presentation.
- ▶ It is not uncommon that a patient may have a pre-existing depression or anxiety disorder.
- ▶ Some patients may have bipolar depression or other psychiatric conditions such as personality disorder, alcoholism or history of drug abuse.

Behavioral manifestation

- ▶ It is not uncommon that some psychiatric conditions may have gone unnoticed for many years and swept under the rug due to the taboo associated with psychiatric diagnosis.
- ▶ In the past, there were no formulated psychiatric diagnosis nor were there any effective treatments for those who sought help.
- ▶ Therefore getting a detailed psychiatric history is extremely important.

AD behavioral manifestation

- ▶ If there are significant pre-existing psychiatric conditions such as schizophrenia or bipolar depression with psychosis, it is necessary to obtain psychiatric consultation for proper management as most non-psychiatrists do not have the proper training to manage these conditions.
- ▶ If however, the behavioral disturbance is part of the AD, then you need a systematic approach for the best results.
- ▶ This population is very sensitive to psychotropics and can have serious side effects.

Depression

- ▶ Depression affects 20%-32% of patients with dementia, though more prevalent in vascular dementia than AD.
- ▶ Diagnosis and treatment of patients with depression is quite challenging since it could be one of the first symptoms of AD or may be the cause of initial memory complaints e.g. pseudodementia.
- ▶ Some patients in early stage AD become depressed because they are aware of their memory loss and predict the worse to come in the future.

Depression

- ▶ Depression can fluctuate and the presentation may vary from anxiety to apathy or agitation and acting out.
- ▶ Sometimes depression is caused by the fear of losing control of their independence.
- ▶ Sometimes it may be a feeling of inadequacy or guilt. It may present as insomnia or hypersomnia.

Depression treatment

- ▶ Once it is decided to start treatment, it is important to choose the safest medicine for this population.
- ▶ SSRIs are generally safe if they are started on low dose and carefully monitoring for any side effects.
- ▶ Some antidepressants can cause gait instability and falls.

Depression treatment

- ▶ In addition to pharmacotherapy, it is important to support the family to provide a safe and supportive environment.
- ▶ Sometimes in early stages, counseling might be helpful.
- ▶ Psychosocial stimulation are important by increasing the social interaction and empowering the patient and family that the help is available. This can also be achieved by listening to music, old memories, photos and talking about positive experiences and accomplishments.

Anxiety

- ▶ Anxiety can be a part of depression called anxious depression or just generalized anxiety disorder.
- ▶ This can, at times, be disabling because patients refuse to go out; they feel insecure and sometimes have panic attacks.
- ▶ It can present as insomnia, restlessness, avoidance and again, fear of losing control.
- ▶ The treatment of anxiety is a very sensitive task since the tranquilizers can worsen the memory.

Psychosis in AD

- ▶ At some point patients with AD can develop psychosis that can present as delusions such as paranoia or hallucinations.
- ▶ This initially presents when the patients think that someone has stolen objects that they can not find.
- ▶ This also could be the ideas of reference, such as people are talking about them or family is planning to abandon them or place them in a nursing home.

Psychosis

- ▶ Visual and auditory hallucinations are uncommon in AD, but can occur.
- ▶ If visual hallucinations are the main presentation, then Lewy Body Dementia needs to be ruled out.
- ▶ Approach to psychosis is critical since most antipsychotics have serious side effects.
- ▶ This sometimes can lead to agitation and aggressive behavior.

Agitation

- ▶ Agitation is the symptom that tries the family's patience and when it begins, it will be the most difficult part of the management.
- ▶ Agitation sometimes can lead to aggressive behavior that can cause physical harm to the caregiver and the patient.
- ▶ This will make the task of getting professional help or placement much more difficult.
- ▶ Many facilities will not accept patients with behavioral disturbances for safety concerns to other residents.

Management of the behavioral disturbance in AD

- ▶ The first and most important treatment modality is the non-medical approaches such as providing a safe and calming environment and reducing the tasks that will cause agitation.
- ▶ Recognizing the sundowning symptoms and the timing to reduce the excitation and tasks that the patients generally dislike such as changing and bathing.
- ▶ Most of the time patients can be calmed by a conservative approach and talking or simply walking away to deescalate the situation because more than likely they will forget why they are angry.

Management

It is extremely important to rule out intercurrent illnesses such as UTI, pneumonia, pain and discomfort.

As the last resort, we may start medicines such as antidepressants, tranquilizers or mood stabilizers.

Sometimes it is necessary to start antipsychotics for patient safety and the safety of others.

Conclusion

- ▶ The management of patients with AD requires a multimodality approach that goes beyond treatments for memory.
- ▶ Behavioral management is one of the most important tasks for the family and the treating physicians.
- ▶ Accurate diagnosis and proper management will allow patients to remain at home and provide the much needed help to the families who are in desperate situation.