



Treatment of BPSD: Latest Evidence

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Objectives

- To provide an overview of commonly encountered BPSD in dementia
- To provide an overview of current non-pharmacological treatment recommendations
- To provide an overview of current pharmacological treatment recommendations

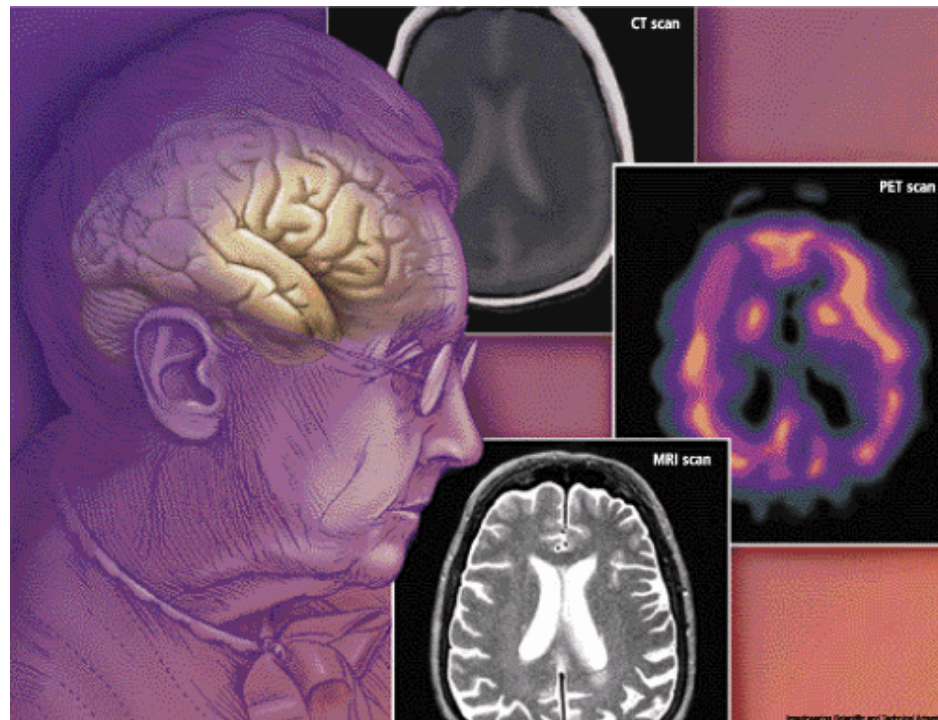


Case History

- 75 year old male in a Long Term Care Home
- Presents with a two week history of agitated behaviour in the context of documented AD
- Currently on Aricept
- MMSE 16/30
- What would you do?



BPSD





BPSD

- Prevalence of dementia in LTC is 47-78% (DeVane and Mintzer 2003)
- Strong association between dementia and behavioural disturbances (Kozman et al 2006)
- In 1996, the IPA adopted the terms BPSD to replace the term “behavioural disturbance”



BPSD cont'd

“The term behavioural disturbances should be replaced by the term BPSD, defined as symptoms of disturbed perception, thought content, mood or behaviour that frequently occur in patients with dementia” (Kozman et al 2006)



BPSD cont'd

- Disinhibited behaviour
- Delusions and hallucinations
- Verbal and physical aggression
- Agitation
- Anxiety
- Depression



BPSD cont'd

- Approach to clinical assessment of patients should be broad
- Must rule out physical health problems as they may often trigger BPSD
- Comprehensive review of medications
- Correction of sensory deficits



BPSD cont'd

- Multiple method of evaluating/measuring BPSD including:
 - Cohen Mansfield Agitation Inventory (CMAI)
 - Neuropsychiatric Inventory NH version (NPI-NH)
 - Behavioural Pathology in AD (BEHAVE-AD)



Non-pharmacological tx





Non-pharmacological tx

- In general should be tried before pharmacological tx
- Treatments tend to be individualized
- Therefore very few RCT's available contrary to pharmacological tx



Non-pharmacologic tx cont'd

- According to Livingston et al (2005) there are over 160 studies examining the effect of specific psychological interventions
- Most of the sample sizes were small and evidence was modest
- Was support for validation therapy and reminiscence



Non-pharmacological tx cont'd

- RCT's suggest a range of effective psychological interventions in LTC settings, including social interaction and music (Cohen-Mansfield et al 1997, 2007)
- RCT evidence for the use of staff training/education in reducing agitation (Rovner et al 1996, Fossey et al 2006)



Non-pharmacological tx cont'd

- Three aromatherapy RCT's have been conducted in patients with AD, two using Lavendar oil and one using Melissa oil
- All trials showed significant effects but the Melissa oil trials was deemed to be methodologically superior



Non-pharmacological tx cont'd

- Two RCT's of individualized psychological interventions (including reminiscence and validation therapy) showed significant benefits
- Three RCT's of validation therapy suggest better effects than placebo but data is limited



Non-pharmacological tx cont'd

- In summary there is good evidence for the use of validation therapy, reminiscence, personalized music, structured social interaction and aromatherapy
- Less evidence for other interventions including bright light therapy, massage, etc



Pharmacologic tx





Pharmacological tx

- 11 randomized, placebo-controlled trials using typical antipsychotics, small sample sizes, ranging from 4 to 16 weeks
- Recent meta-analysis reports only one placebo-controlled trial showing significant benefit of thioridazine



Pharmacological tx cont'd

- 18 placebo-controlled trials ranging from 1 to 12 months involving atypical antipsychotics
- Significant benefit in the treatment of aggression over 12 weeks
- No indication that these medications are helpful beyond this time frame



Pharmacological tx cont'd

- 30 RCT's involving cholinesterase inhibitors ranging from 6 to 12 months but only three involving patients with significant agitation
- No benefit in two of the three trials looking specifically at patients with high levels of agitation



Pharmacological tx cont'd

- 6 RCT's involving memantine over a period of 0 to 6 months, none conducted in patients with clinically significant agitation
- Meta-analysis indicates benefit in irritability/lability, agitation/aggression, and psychosis over 3 to 6 months



Pharmacological tx cont'd

- 1 comparative trial and 1 parallel-group RCT of trazadone, 1 small placebo-controlled RCT and 1 active-comparator RCT of citalopram, 1 RCT of sertraline
- Insufficient evidence for trazadone, citalopram and sertraline superior to placebo
- Current study looking at citalopram



Pharmacological tx cont'd

- Two small, short, placebo-controlled RCT's of carbamazapine
- One RCT showed significant improvement in behavioural symptoms that was confirmed in a meta-analysis of the two trials
- Limited data on gabapentin, epival



Pharmacological tx cont'd

- A number of safety concerns have emerged in recent years regarding the use of antipsychotic medications
- EPS, sedation, tardive dyskinesia, falls, delirium, weight gain, unfavourable changes in lipid profiles



Pharmacological tx cont'd

- Most concerning, however, is the data regarding increased mortality
- In 2005 the FDA issued a black box warning reporting a 1.7x increased risk of death in patients with AD receiving atypical agents
- Evidence this rate may be higher with typical agents (Wang et al 2005)



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- MMSE 16/30
- Would you do anything different?



Summary

- Behavioural symptoms are complex
- They require a comprehensive patient assessment
- Non-pharmacological approaches can be effective and should be tried first
- Pharmacological approaches effective but concerns around safety persist



References

- Ballard C, Corbett A, Ramilgan C et al. Management of agitation and aggression associated with AD. *Current Opinion in Psychiatry* 2009;22:532-40.
- Hersch EC, Falzgraf S. Management of BPSD of dementia. *Clinical Interventions in Aging* 2007;29(4):611-621.



Questions

