Management of Agitation in Dementia

Kimberly Triplett Ferguson, MS4
Objectives

1. Review recommended evaluation of agitated patients with dementia.
2. Discuss evidence concerning nonpharmacologic management.
3. Understand risks and benefits of pharmacologic management of the agitated patient with dementia.
4. Review medications to avoid in the treatment of agitated patients with dementia.
Evaluation

- Assess safety
- Consider physical causes
  - Infection
  - Medications
  - Pain/discomfort
  - Sensory deficits
  - Sleep disorders
- Consider psychological causes
  - Delusions
  - Confusion
  - Depression
Nonpharmacologic Management

- Person-centered communication
- Avoidance of physical restraints unless ABSOLUTELY necessary
- Music therapy
- Pet therapy
- Massage/ sensory therapy
- Aromatherapy
- Exercise training
2014 Review of Nonpharmacologic Methods

- Published in British Journal of Psychiatry
- 33 total RCTs
- Methods found to be efficacious
  - Music therapy (3 RCTs)
  - Specialized activities (5 RCTs)
  - Sensory interventions (5 RCTs)
  - Person-centered care, dementia care mapping (5 RCTs)
- Not efficacious: aromatherapy, light therapy
- Insufficient evidence: exercise, training caregivers without supervision,
Pain Management

- Relies heavily on caregiver observation
- Efficacy of stepwise approach:
  - Acetaminophen, low-dose morphine, buprenorphine patch, pregabalin
- RCT published in 2014
  - 352 patients
  - Reduction in agitation scores by 17% in treatment group over control after 8 weeks
  - Suggestion that acetaminophen use improved ADLs
Pharmacologic Management

- Anti-dementia drugs
- Antidepressants
- Antipsychotics
Anti-dementia Medications

- Cholinesterase inhibitors
  - Small benefit for mild neuropsychiatric symptoms\(^5\)
  - Potentially greater benefit in Dementia with Lewy Bodies rather than AD
    - rivastigmine\(^6\)
  - Questionable efficacy of memantine to diminish aggression/agitation\(^7\)
Antidepressants

- SSRIs, especially citalopram\(^8\)
- Some evidence of reduction in neuropsychiatric symptoms, reduction in caregiver stress
- Risk of QT prolongation\(^9\) (max dose 20 mg)
- Weigh risks and benefits
Antipsychotics

- Reserved only for patients with symptoms of psychosis
  - Severe or unsafe delusions, hallucinations
- Increased mortality- stroke, MI
- FDA Black Box warning includes all antipsychotics as of 2008
- Retrospective case control study of > 90,000 pts showing increased mortality risk at 180 days treatment
  - Haloperidol-3.8% (NNH 26)
  - Risperidone-3.7% (NNH 27)
  - Olanzapine-2.5% (NNH 40)
  - Quetiapine-2% (NNH 50)
Drugs to avoid

- Benzodiazepines
  - Especially long-acting
- Anti-histamines
  - Think sleep disturbances on the hospital floor
Agitation is common in elderly patients with dementia and can be difficult to recognize.

All possible non-pharmacologic methods should be attempted prior to implementing targeted medications.

Understand risks associated with antidepressants, antipsychotics.

Best practices and physician treatment preferences should be instilled in all hospital care team members as well as at-home caregivers.
References


