

Anxiety, aggression or psychotic symptoms present in resident with dementia

Rule out

▶ medical causes ▶ environmental causes ▶ psychosocial stresses. (see Box A: side 2)

Treat medical causes

Use behavioural and environmental interventions and supportive approaches. (see Box B: side 2)

no

Does the behaviour warrant psychotropic drug use?

yes

Inappropriate indications

- Wandering
- Insomnia
- Unsociability
- Poor self care
- Impaired memory
- Depression without psychosis
- Fidgeting/nervousness
- Restlessness/pacing
- Indifference to surroundings

Use behavioural and environmental interventions and supportive approaches. (see Box B: side 2)

Appropriate indications

The behaviour is persistent, documented, and characterized by one of the following:

1. psychotic symptoms
2. danger to self or others
3. continuous crying, screaming, or yelling or pacing to the point of interference with the ability to receive care

Is behaviour primarily characterized by anxiety, aggression or psychotic symptoms?

Aggression or Psychotic symptoms

Document indications in progress notes, then treat with a **neuroleptic**

- Aim to give lowest dose for shortest duration
- Combine pharmacological and behavioural, environmental interventions
- Routine administration preferable to PRN
- Use PRN treatment only if:
 1. titrating dosage up
 2. managing anticipated episodes of harmful behaviours that can not be managed in other ways
- Attempt gradual dosage reduction (e.g. 10 - 25%) when there is an improvement in or resolution of target behaviour
- Continue with dosage reduction if target behaviours do not return on the reduced dosage.
- Attempt and document dose reductions and/or drug holidays at least every six months.
- Carefully monitor for side effects:
 - Sedation, and Orthostatic hypotension
 - Anticholinergic effects (constipation, blurred vision, urinary retention, dry mouth)
 - EPS extrapyramidal effects (muscle spasms or dystonia: rigidity or parkinsonism: restlessness or akathisia)
 - TD tardive dyskinesia (involuntary movement of lips, tongue, limbs: difficulty swallowing)

Anxiety

Anxiety: (including panic disorder or generalized anxiety disorder)

Document indications in progress notes, then treat with a short-acting **anxiolytic**:

- Aim to give lowest dose for shortest duration
- Combine pharmacological and behavioural, environmental interventions
- Attempt gradual dosage reduction (e.g. 10 - 25%) when there is an improvement in or resolution of target behaviour
- Continue with dosage reduction if target behaviours do not return on the reduced dosage.
- Limit daily use to less than 4 months unless gradual dosage reduction is unsuccessful
- Carefully monitor for sedation

▶ **Rule out** medical causes ▶ environmental causes ▶ psychosocial stresses.

Box A

Examples of medical or environmental causes and psychosocial stressors:

- Delirium
- Pain
- Infections
- Constipation
- Depression
- Sleep disorders
- Drug Reactions: drug-drug interactions
- Loss of control of chronic illness
- Disorientation
- Changes in routine
- Boredom; lack of stimuli
- Impairment of vision or hearing
- Loss of personal space
- Inadequate or excessive heat, cold, noise, lighting

Use behavioural and environmental interventions and supportive approaches.

Box B

Examples of behavioural / environmental interventions and supportive approaches:

- Family and friends involvement
- Team consistency
- Music therapy
- Pet therapy
- Reminiscence
- Validation
- Reality orienting
- Privacy
- Familiar objects
- Meaningful activities
- Adapting environmental stimuli (e.g. reducing noise)

Highlights of research on neuroleptics for treatment of behavioural and psychological symptoms of dementia

- Efficacy of neuroleptics for most of these behaviours is quite low. In several studies, the drugs have been no more effective than placebo
- Newer agents (atypicals) appear to have advantages over traditional neuroleptics (e.g. less risk of EPS)
- Limited evidence supports use of SSRI's or trazodone
- EPS, particularly akathisia, which causes pacing, restlessness and inability to sit still, may be mistaken for agitation: akathisia often appears with initiation of neuroleptic medications

Definitions

Anxiety

Observable, excessive, physical and/or verbal activity associated with a feeling of inner tension, frustration or stresses that overwhelm a person

Aggression

Physical and/or verbal behaviours that pose a threat of harm to self or others.

Psychotic symptoms

Delusions: false beliefs
Hallucinations: false perceptions
Occur in 30 - 50% of persons with dementia

Selected References:

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