

Statement Regarding Treatment of Behavioral and Psychiatric Symptoms of Alzheimer's Disease

Alzheimer's disease does more than rob people of their memories; people with Alzheimer's experience other kinds of symptoms. Cognitive symptoms disrupt memory, language, and thinking. Another category is behavioral and psychiatric symptoms. These symptoms occur in many — but not all — individuals with Alzheimer's. In early stages of the disease, people may experience irritability, anxiety or depression. In later stages, a range of other symptoms may occur, including:

- Sleep disturbances
- Physical or verbal outbursts
- Emotional distress
- Restlessness, pacing, shredding paper or tissues, and yelling
- Delusions (firmly held belief in things that are not real)
- Hallucinations (seeing, hearing, or feeling things that are not there)

These types of symptoms often are extremely distressing to persons with dementia, as well as their caregivers and family members, and some symptoms can have serious consequences. Many find behavioral symptoms to be the most challenging effects of the disease, and they are often a determining factor in a family's decision to place a loved one in residential settings such as assisted living and nursing homes. These symptoms can have an enormous impact on the care and quality of life for people living in these settings. That is why recognizing behavioral and psychiatric symptoms, understanding their causes, and knowing treatment options are so important.

1. Potential Causes of Behavioral and Psychiatric Symptoms

Resident behaviors are a form of communication and expression of preference, particularly for those people who cannot communicate easily in other ways. For example, a resident refusing a certain type of food may not like it. A resident resisting entering the shower room may need another method of keeping clean. Someone who repeatedly screams may be hungry or in pain. A person who wanders or paces may be bored and need more interaction with staff or activities that are meaningful to him or her.

Medical conditions, environmental influences and some medications can cause behavioral symptoms or make them worse. These symptoms can sometimes be traced to an underlying medical condition, such as bowel impaction, infections, or untreated pain. Environmental conditions can also trigger behavioral symptoms. These conditions can include changing residences or caregivers or fear and fatigue from trying to make sense of an increasingly confusing world. Side-effects of prescription medications are another common contributing factor to behavioral symptoms. Side effects are especially likely to occur when individuals are taking multiple medications for several health conditions, as that creates the potential for drug interactions.

2. Proper Identification, Assessment and Treatment of Symptoms

With appropriate assessment and treatment, behavioral and psychiatric symptoms can be significantly reduced or stabilized. Success depends on:

1. Identifying the symptoms, symptom triggers, and the symptoms' timing and frequency. All members of the care team, including family, can provide valuable insights.

2. Using assessment to understand the symptoms' medical causes, including medication side effects, as well as caregiving or environmental causes.
3. Addressing any medical causes, including medication side effects, and adapting caregiving and the environment to remedy the situation.
4. Reassessing symptoms periodically and modifying treatments as needed.

Medical Evaluation and Treatment

A person exhibiting behavioral and psychiatric symptoms should receive a thorough medical evaluation, especially when symptoms come on suddenly. Treatment depends on identification and description of the types of behavior the person is experiencing, careful diagnosis, and determination of possible medical causes of the behavior. With proper treatment and intervention, significant reduction or stabilization of the symptoms can often be achieved. Symptoms often reflect an underlying infection or medical illness. If the symptoms are treated with a psychotropic drug without careful examination, the medication will mask the symptom, which may lead to a much more dangerous situation. For example, the pain or discomfort caused by pneumonia or a urinary tract infection or untreated pain from another chronic condition (e.g., arthritis) can result in agitation. Resolving such conditions can result in reduction or elimination of symptoms.

Caregiving and the Environment

If medical causes of symptoms have been ruled out, it is important to identify other possible causes of behavioral and psychiatric symptoms. Often, the trigger is a change in the person's care, such as change in caregiver or in living arrangements; travel; admission to a hospital; presence of houseguests; or being asked to bathe or change clothing. Assessment should also address personal comfort, pain, hunger, thirst, constipation, full bladder and fatigue. Loss, boredom and isolation should also be assessed as causes of a behavioral symptom.

An environmental assessment directed at possible irritants may also be helpful. A calm, simple environment is critical; this involves such things as maintaining a comfortable room temperature and avoiding noise, glare, and too much background distraction, including distractions such as television.

3. Use of Medications

If non-drug approaches fail after they have been applied consistently, introducing medications may be appropriate when individuals have severe symptoms or have the potential to harm themselves or others. Medications can be effective in some situations, but they must be used carefully and are most effective when combined with non-drug approaches.

Medications should target specific symptoms so their effects can be monitored. In general, it is best to start with a low dose of a single drug. Effective treatment of one core symptom may sometimes help relieve other symptoms. For example, some antidepressants may also help people sleep better. Individuals taking medications for behavioral symptoms must be closely monitored. People with dementia are susceptible to serious side effects, including stroke and an increased risk of death from antipsychotic medications. Sometimes medications can cause an increase in the symptom being treated. Without careful evaluation, some medical providers will increase rather than decrease the dose, putting the person at greater risk. Risk and potential benefits of a drug should be carefully analyzed for any individual.

When considering use of medications, it is important to understand that no drugs are specifically approved by the U.S. Food and Drug Administration (FDA) to treat behavioral and psychiatric dementia symptoms. Some of the

examples discussed here represent “off label” use, a medical practice in which a physician may prescribe a drug for a different purpose than the ones for which it is approved.

Antipsychotic Medications

Antipsychotic medications for such symptoms as hallucinations and delusions include newer “atypical” agents such as aripiprazole (Abilify), olanzapine (Zyprexa), quetiapine (Seroquel), risperidone (Risperdal) and ziprasidone (Geodon) and older first-generation drugs such as haloperidol (Haldol). The decision to use an antipsychotic drug needs to be considered with extreme caution.

A recent meta-analysis shows that atypical antipsychotics are associated with an increased risk of stroke and death in older adults with dementia.ⁱ The FDA has asked manufacturers to include a “black box” warning about the risks and a reminder that they are not approved to treat dementia symptoms. The warning states: “Elderly patients with dementia-related psychosis treated with atypical antipsychotic drugs are at an increased risk of death compared to placebo.”

The meta-analysis states that while risperidone and olanzapine are useful in reducing aggression and that risperidone reduces psychosis, both drugs are associated with severe side effects.ⁱⁱ The authors said that despite some efficacy, these drugs should not be used routinely with dementia patients, unless the person is in severe distress or there is a marked risk of harm.

Guidance to Nursing Home Surveyors on Antipsychotics

The Centers for Medicare & Medicaid Services, using some of this information on antipsychotics, revised surveyor guidance in 2006 governing use of medications.ⁱⁱⁱ The guidance says that nursing facilities must ensure that antipsychotic medications are being used properly. Facilities are in compliance with federal regulations, if they do the following:

- Assess the resident to determine causes of the behavioral condition or symptoms.
- Use the assessment to determine what non-pharmacologic intervention and/or medication is needed and identify the therapeutic goals for the treatments.
- Use appropriate doses of the medications for the time necessary to treat the resident’s assessed condition(s).
- Implement a gradual dose reduction and behavioral interventions for each resident receiving antipsychotic medications unless clinically contraindicated.
- Monitor the resident for progress toward the therapeutic goal(s) and for the emergence or presence of adverse consequences.
- Adjust or discontinue the dose of a medication in response to adverse consequences, unless clinically contraindicated.

The use of antipsychotics must meet additional requirements. These drugs can only be used if the resident’s symptoms are due to mania or psychosis; the symptoms present a danger to residents or others; or the resident is experiencing inconsolable or persistent distress, a significant decline in function or substantial difficulty receiving needed care. Finally, antipsychotics should not be used if the only reason for them is wandering, poor self-care ... uncooperativeness, or behaviors that do not present a danger to the resident or others.

4. Conclusion

Non-pharmacologic interventions should be used first to address behavioral and psychiatric symptoms in those with dementia. The research evidence as well as governmental warnings and guidance governing use of antipsychotics show that individuals with dementia should only use these medications when their behavioral symptoms are: due to mania or psychosis; or the symptoms present a danger to the resident or others; or the resident is experiencing inconsolable or persistent distress, a significant decline in function, or substantial difficulty receiving needed care. These medications should not be used to sedate or restrain persons with dementia. The minimum dosage should be used for the minimum amount of time possible. Adverse side effects require careful monitoring. If nursing facilities, medical directors, and their staff follow current governmental guidance on use of antipsychotics, problems associated with use of these medications can be minimized.

ⁱ Ballard C, Waite J, “The Effectiveness of Atypical Antipsychotics for the Treatment of Aggression and Psychosis in Alzheimer’s Disease,” *Cochrane Database Systematic Review* January 2006 (1) :CD003476.

ⁱⁱ Ballard C, Waite J, “The Effectiveness of Atypical Antipsychotics for the Treatment of Aggression and Psychosis in Alzheimer’s Disease,” *Cochrane Database Systematic Review* January 2006 (1) :CD003476.

ⁱⁱⁱ Centers for Medicare & Medicaid Services. *State Operations Manual Appendix PP - Guidance to Surveyors for Long Term Care Facilities*. Section 483.25(1).