Behavioural and Psychological Symptoms of Dementia (BPSD)

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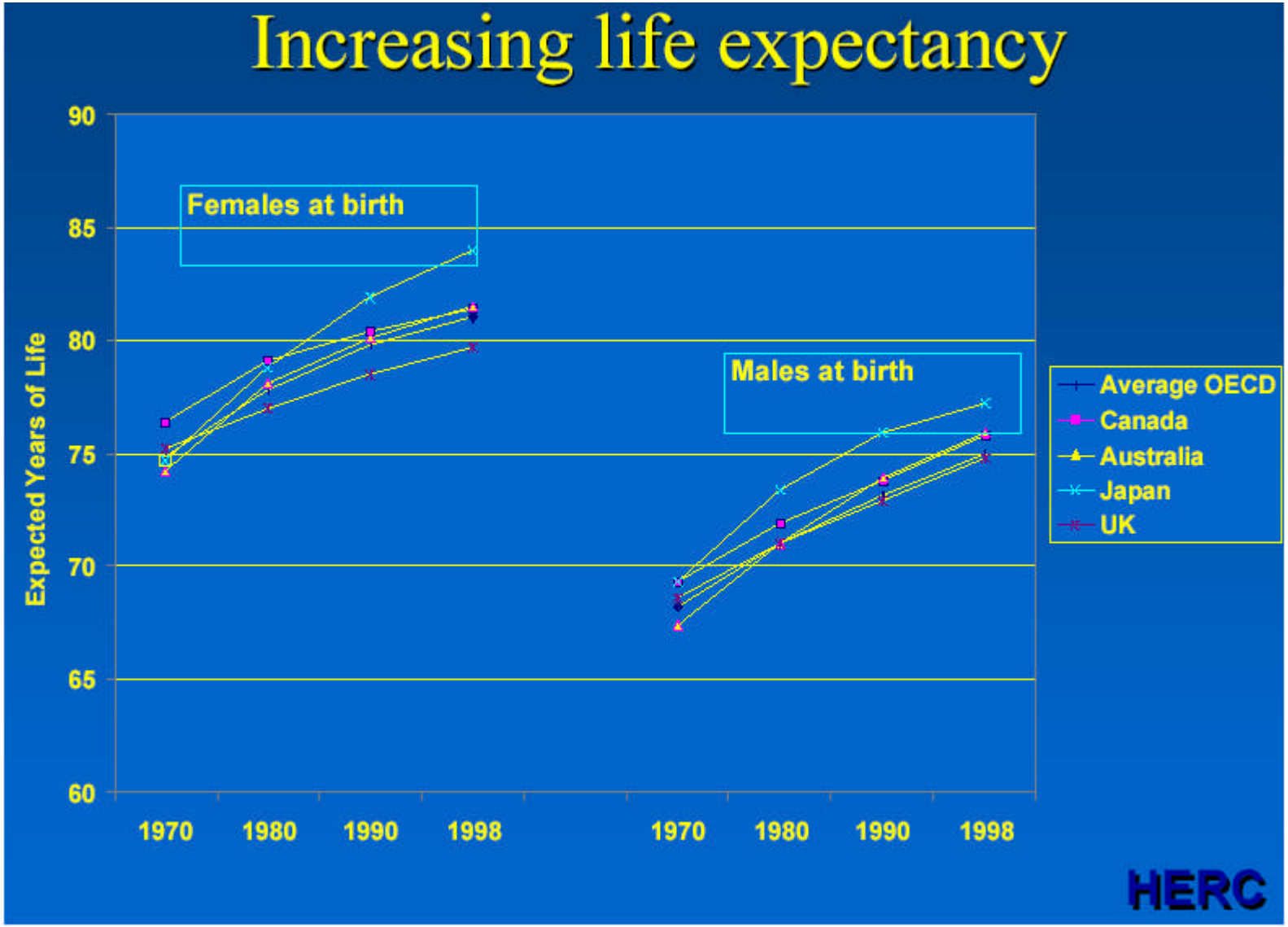
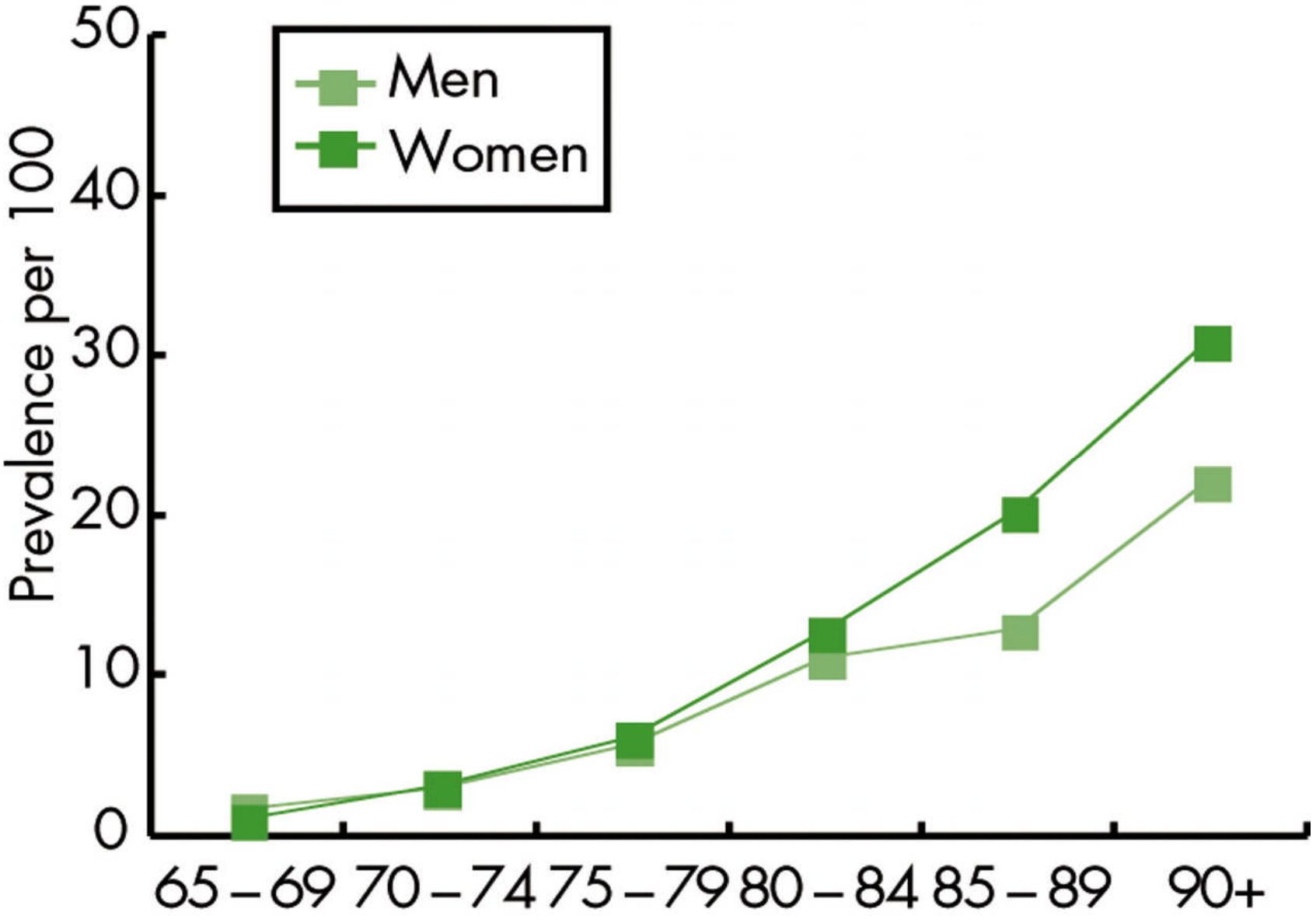
Objectives

1. to understand the epidemiology and presentation of the behavioural and psychological symptoms of dementia
2. to understand the treatment approaches to the behavioural and psychological symptoms of dementia

Increasing life expectancy





van der Flier and Scheltens 2005 JNNP

Dementia
epidemiology

- 6% of individuals over 65[1]
- 20% of individuals over 80
- 700,000 cases in UK currently[2]
- Current cost of dementia £14.3bn – more than stroke, heart disease and cancer combined
- Number of people with dementia will increase by 40% in next 15 years

1. Lobo *et al* 2001
2. Alzheimer's society, 2007

Dementia-epidemiology

- Alzheimer’s disease 50%
- Vascular dementia 20%
- Mixed AD/Vascular 20%
- Dementia with Lewy bodies 5%

Alzheimer’s disease…..

A disorder of memory?

Extract from: Alzheimer A. **Über eine eigenartige Erkrankung der Hirnrinde** *Allgemeine Zeitschrift fur Psychiatrie und Psychisch-gerichtliche Medizin*. 1907

“One of the first disease symptoms of a 51-year-old woman was a strong feeling of jealousy towards her husband. Very soon she showed rapidly increasing memory impairments; she could not find her way about her home, she dragged objects to and fro, hid herself, or sometimes thought that people were out to kill her, then she would start to scream loudly.”

“From time to time she was completely delirious, dragging her blankets and sheets to and fro, calling for her husband and daughter, and seeming to have auditory hallucinations. Often she would scream for hours and hours in a horrible voice.”

Behavioural and Psychological Symptoms of Dementia (BPSD)

"*Alzheimer's disease is the most widely encountered cause of psychiatric pathology associated with specific neuropathological substrate*"

Merriam 1988

BPSD

- Vague and under-researched although described clearly by Alois Alzheimer
- Term ratified by 1996 IPA consensus conference
- Not fully recognised in current diagnostic systems
- Bypassed by dementia strategy 2008
- Not addressed adequately by some guidelines

BPSD

- Seen in:
  - ≈40% of mild cognitive impairment
  - ≈ 60% of patients in early stage of dementia
- affects 90-100% of patients with dementia at some point in the course of their illness
- Gets more frequent and troublesome with advancing dementia

BPSD- classification

- Various systems possible
  - Symptom based
    - e.g. “depressive” “delusional”
  - Psychological vs behavioural
  - Syndrome based
    - Alzheimer’s, Lewy body etc

BPSD- behavioural symptoms

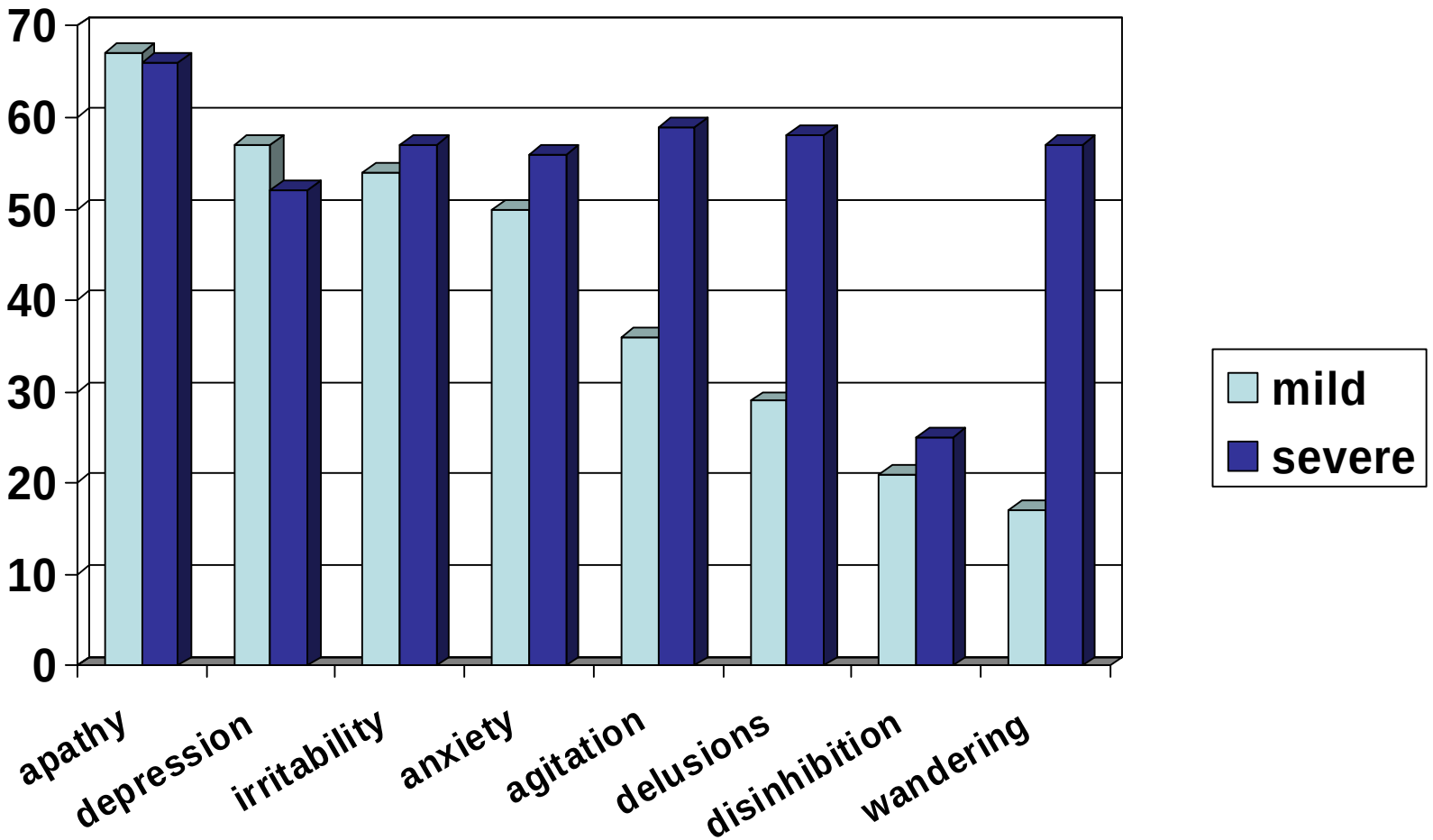
most common	common	less common
•Apathy •Aggression •Wandering (aka walking) •Restlessness •Eating problems	•Agitation •Disinhibition •Pacing •Screaming •Sundowning	•Crying •Mannerisms

BPSD- psychological symptoms

most common	common	less common
•Depression •Anxiety •Insomnia	•Delusions •Hallucinations	•Misidentification

BPSD

Alzheimer's	**Vascular**	**Lewy body**	**Fronto-temporal**
Apathy	Apathy	Hallucinations	Apathy
Agitation	Depression	Delusions	Disinhibition
Depression	Delusions	Depression	Elation
Anxiety		Sleep disturbance	Obsessions
Irritability			


70
60
50
40
30
20
10
0
apathy
depression
irritability
anxiety
agitation
delusions
disinhibition
wandering
mild
severe

BPSD
causes

- Physical
- Neuro-chemical
- Environmental
- Emotional

BPSD consequences

- Associated with greater functional impairment
- Very distressing for individual
- Very distressing for carers
- Institutional care
- Overmedication
- Elder abuse
- Associated with increased mortality

BPSD- assessment

- physical health
  - undetected pain or discomfort
  - side effects of medication
- individual life history, including spiritual and cultural identity
- psychosocial factors
- physical environmental factors
- behavioural and functional analysis conducted by professionals with specific skills, in conjunction with carers and care workers.

NICE 2006

BPSD Management

Treatment options

- Identify cause
- Wait and see?
- Education and counselling
- Prophylaxis
- Environmental modification
- Direct behavioural approaches
- Medication

Identify cause

- BPSD may be due to physical cause
- medical review to exclude:
  - Constipation
  - Pain
  - Medication (pain killers, sedatives)
  - Infection
  - Heart failure/hypoxia

Case example #1

- Erica 80, Alzheimer’s disease
- In continuing care
- Very severe dementia
- Usually no verbal response
- Staff noticed increase in distress
  - grimacing and not eating

Wait and see?

- May be brief and self-limiting

Prophylaxis

- Sleep-wake cycle
  - Sleep hygiene
- Exposure to daylight
  - Melatonin
- Exercise
- Stimulation

Education and support

- Important
- May help carers understand and tolerate symptoms
- Facilitates development of creative distractions

Case example # 2

- Greta, 68 Vascular/Alcohol dementia
- Living with husband
- Husband in considerable distress
  - “she refuses to flush the toilet”
  - “she won’t make a cup of tea properly”
- Frustration led to conflict

BPSD- management

- Environmental modification
  - Sleep hygiene
  - Stimulation/noise levels
  - Exercise
  - Food/hydration
  - Lighting
  - Grid-pattern flooring
- Relate problem to individual’s life story

Case example # 3

- Jenny, 79, living in basement flat with partner
- Alzheimer's disease diagnosed 8 years ago
- Developed sundowning syndrome
- Partner: "*she's going mad doctor*"
  - Locked front door
  - Wrestled
  - Plied alcohol

Case example # 4

- Ted, 74, Alzheimer’s disease
- Living in residential home
- “aggressive and violent”, especially at mealtimes

BPSD management

- aromatherapy
- multisensory stimulation
- therapeutic use of music and/or dancing
- animal-assisted therapy
- massage

NICE 2006

BPSD management

- Behavioural approaches
  - Individually tailored
  - Driven by analysis
  - Delivered by trained staff
  - Sustained effort

Case example # 5

- Ben, 78, In residential home after wife’s death
- Vascular dementia 3 years
- Constantly calling staff, day and night
- Not in distress
- “ABC analysis”

BPSD management

- Drug treatment
  - Last resort
  - Should target *specific* symptoms
  - Specialist initiation
  - Regular review

BPSD management

- Depression / Anxiety
  - Antidepressants?
- Agitation/aggression
  - Antipsychotics- NO!
  - Anticholinesterases?
  - Benzodiazepines?
  - Mood stabilisers?
- Delusions/hallucinations
  - Antipsychotics?

Case example # 6

- Anne, 78 living alone
- Alzheimer’s disease 4 years
- Paranoid
  - Delusions neighbours and son stealing
  - Hearing “noises” from ceiling
- Carbamazepine 100mg bd

conclusions

- Behavioural and Psychological symptoms are *core features* of dementia
- BPSD increases distress, carer burden and mortality
- Drug treatment should be a last resort
- *Far* more research is needed on BPSD epidemiology, cause and management

- …… one more slide

EVIDEM-E

- 6-week randomised controlled trial
- Community dwelling individuals with dementia (any stage, any type)
- At least one BPSD symptom
- Tailored exercise package
- Individualised outcomes

Questions?