

WHEN THE GOING GETS TOUGH:

Working Through the Challenges of
Dementia Together



Presented by

 **Alzheimer's**
SAN DIEGO

SHARP

Mesa Vista
Hospital

Our agenda for today

- ✓ Understanding behavioral symptoms in people living with dementia
- ✓ Briefly review key strategies for responding to five common behaviors
- ✓ Identify medications commonly prescribed for cognitive and behavioral symptoms
- ✓ Questions and answers

What is “behavior?”

- An out-of-character response
- A symptom of disease
- A way to communicate an unmet need:

Physical needs:

- Hunger or thirst
- Pain or discomfort
- Need to eliminate
- Energy level: high or low
- Environmental

Emotional needs:

- Anger
- Sadness
- Loneliness
- Fear or anxiety
- Boredom

Responding to behavior

- Look for the **meaning** of the behavior
- Don't react; instead **respond**
- **Validate** their experience
- Consider ways you can **adapt** the environment
- Identify an **activity** you can substitute with
- Work with your physician to consider the use of **medications** that may help, when needed

Worry, fear, or anxiety

Look for the
meaning

Validate their
experience

Adapt the
environment

Identify a
substitute
activity

Sadness or depression

Look for the
meaning

Validate their
experience

Adapt the
environment

Identify a
substitute
activity

Agitation or anger

Look for the
meaning

Validate their
experience

Adapt the
environment

Identify a
substitute
activity

Restlessness

Look for the
meaning

Validate their
experience

Adapt the
environment

Identify a
substitute
activity

Problems with sleep

Look for the
meaning

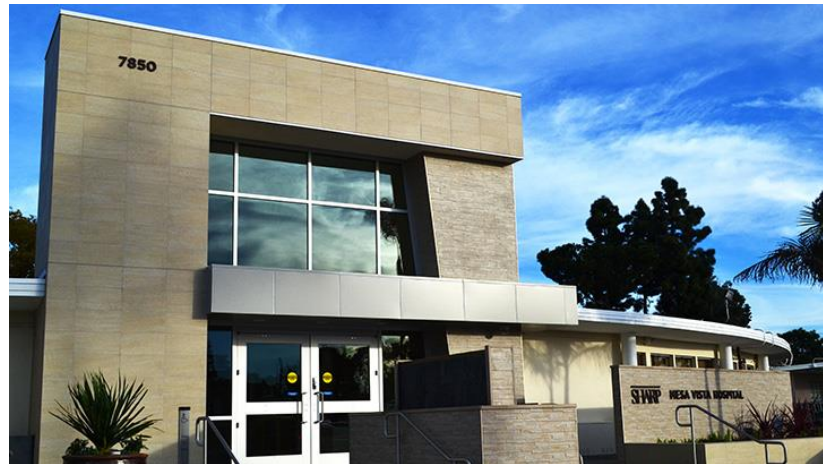
Validate their
experience

Adapt the
environment

Identify a
substitute
activity

MEDICATIONS AND DEMENTIA

Dr. Michael Plopper, MD
Chief Medical Officer
Sharp Behavioral Health Services

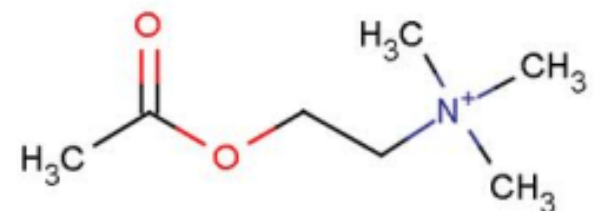


Why use medications for dementia/AD?

- Unfortunately, no curative treatment for dementia or Alzheimer's disease currently exists
- Some medications can temporarily alleviate symptoms and improve functioning
- Doctors generally prescribe medications to patients for the following reasons:
 - To maintain cognitive functioning and help with memory
 - To improve coexisting behavioral changes (psychosis, anxiety, depression)

Memory enhancers

- **Acetylcholinesterase inhibitors** (AChE inhibitors) are often prescribed to treat memory loss:
 - Aricept (donepezil)
 - Exelon (rivastigmine)
 - Reminyl (galantamine)
- Work by preventing the breakdown of the neurotransmitter **acetylcholine**, which is important for memory functioning
 - Research has shown that individuals with AD tend to have lower baseline levels of acetylcholine



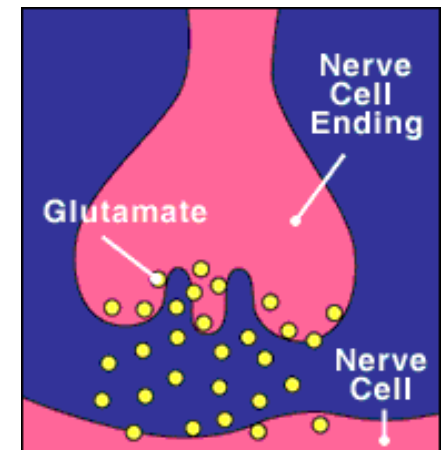
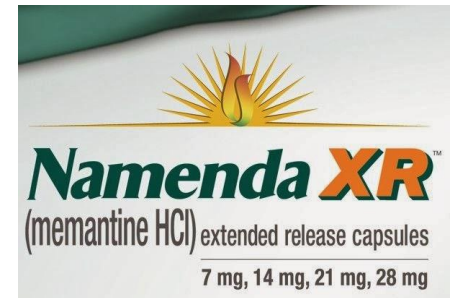
Acetylcholine

Memory enhancers (continued)

- Most common side effects include upset stomach, diarrhea, headache, and unpleasant taste in one's mouth
 - These generally occur early on and go away with time
- These drugs may improve memory, awareness, and ability to perform daily functioning
- However, they most often only offer mild benefit and *cannot* slow or prevent the disease progression

Memory enhancers (continued)

- Another pharmacological option to improve memory/cognition is **Namenda (memantine)**
- Works by targeting the receptors for the neurotransmitter **glutamate**
- Common side effects include diarrhea, dizziness, and headache
 - Like AChE inhibitors, these side effects generally appear early and go away with time
- Can be taken in conjunction with other memory enhancers



Memory enhancers: supplements and vitamins

- A growing number of herbal remedies, supplements, vitamins, and foods are promoted as cognitive enhancers
- However, **research has not demonstrated** any benefit of these compounds
- Examples include:
 - Ginkgo biloba
 - Vitamin B12
 - Omega-3 fatty acids
 - Coconut oil
 - Turmeric



Antidepressants

- Approximately 25% of people with AD will develop **depression**, especially early in the course of the disease
- Antidepressants can be helpful and are generally well tolerated
- 5 classes of antidepressants with about equal benefit
- **SSRIs** are commonly prescribed
 - Celexa (citalopram)
 - Lexapro (escitalopram)
 - Zoloft (sertraline)
- “Old school” tricyclic antidepressants (e.g. Elavil) are to be avoided



Anti-anxiety and sleep

- Individuals with AD often develop irritability, anxiety, and sleep disturbances
- Behavioral approaches are first line of defense before using medication: monitoring environmental factors, exercise, simplifying tasks and routines
- When necessary, often prescribed:
 - Benzodiazepines for anxiety (e.g. lorazepam/Ativan)
 - Sleep medications (e.g. zolpidem/Ambien) – only for short periods
 - These medications can contribute to sedation, and fall potential should be carefully monitored



AMBIEN
(ZOLPIDEM TARTRATE) [®] _{CV}



Antipsychotics

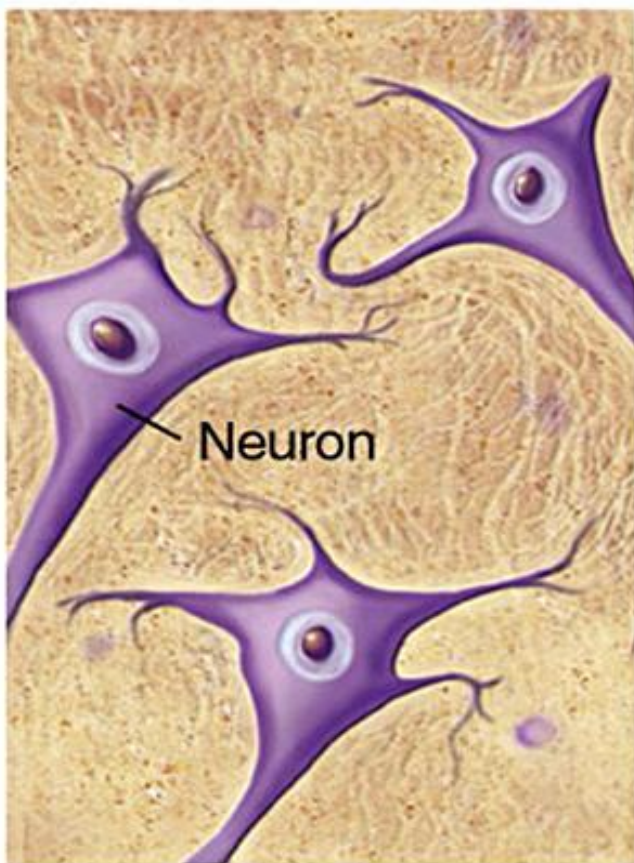
- More severe behavioral changes sometimes occur in the form of **aggression, agitation**, and even **delusions or hallucinations**
- Antipsychotics are sometimes prescribed off-label to alleviate these symptoms:
 - Seroquel (quetiapine)
 - Abilify (aripiprazole)
 - Risperdal (risperidone)
- If no positive effect is seen, medication should be discontinued
- **Prescribe with caution**, as these medications may increase risk of stroke

Current research

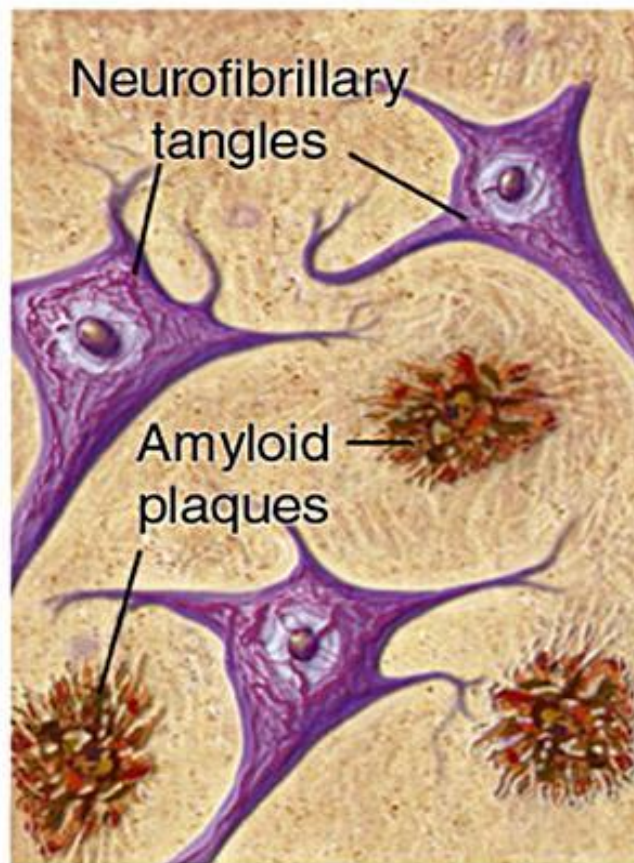
- Pharmaceutical research in AD is focused on finding a drug that will target the core pathophysiology of the disease
- Two main avenues:
 - Anti-amyloid beta
 - Anti-tau
- **Amyloid beta** is the main component of amyloid plaques that build up in the brain *around* nerve cells, thus disrupting neuronal communication
- **Tau** is a protein *within* the cell that causes microtubules (which transport substances) to twist into neurofibrillary tangles

Normal vs. Alzheimer's Diseased Brain

Normal



Alzheimer's



THANK YOU!



QUESTIONS?





www.alzsd.org
(858) 492-4400

- Social work support and consultation
- Education classes and workshops
- Support and discussion groups
- Alz Companions volunteer respite program
- Support for families with a recent diagnosis
- Social activities and outings for individuals with dementia and their care partners
- Memory screenings
- Research and clinical trials information



www.sharp.com
(858) 836-8434

- Older adult mental health services
- Psychiatric outpatient treatment
- Cognitive treatment
- Adult mental health services
- Chemical dependency and substance abuse treatment
- Child and adolescent mental health services
- Clinical trials
- Dual Recovery Program
- Eating disorders treatment
- Electroconvulsive therapy
- Mental health support for military veterans
- Transitional Age Youth Program