WHEN THE GOING GETS TOUGH:
Working Through the Challenges of Dementia Together
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

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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

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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
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
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:
  - Ginko 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
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

Neurofibrillary tangles

Amyloid plaques
THANK YOU!

QUESTIONS?
Alzheimer’s San Diego

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

SHARP Mesa Vista Hospital

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