

BPSD Management and Lessons Learned Post-Covid

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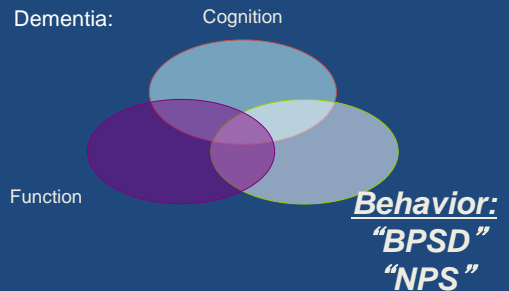
Disclosures

- Financial:
 - No conflicts to report
- Non-approved FDA uses
 - Medications that will be discussed to manage NPS of dementia/BPSD are off-label use w/ exception of pimavanserin (approved for Psychosis of PD)

Objectives:

- Review non-pharmacological and pharmacological approaches to managing BPSD
- Identify specific tools that can help with assessment and tracking of BPSD
- Discuss experiences incorporating telepsychiatry into managing BPSD, including the benefits and challenges of using telepsychiatry to help manage BPSD

Dementia/Major Neurocognitive Disorder



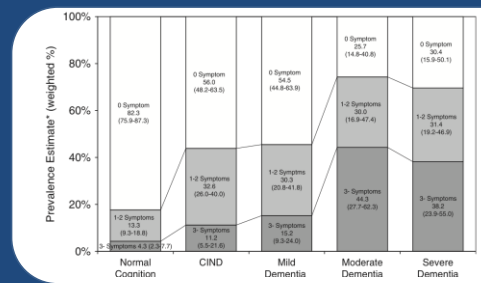
Epidemiology of NPS/BPSD

Prevalence:

- Up to 97% pts at some point during course of dementia (apathy > dep > aggression)
- 43-59% with MCI (dep > apathy > irritability)

Lyketsos et al. Am J Psychiatry 2000; Lyketsos et al. JAMA 2002;
Feldman et al. Neurology 2004; Aalten et al. Int J Geriatr Psychiatry 2005;
Zhao et al. J Affective Disorders 2016

BPSD Natural History



Public Health Significance

- Dep sx associated with increased risk of conversion from MCI to AD.
- BPSD associated with 25-35% of total care costs in community-residing patients with AD.
- BPSD confer increased risk for institutional placement & hospitalization.
- Higher risk for CG depression and distress
- CG distress → increased risks of ED, hosp, healthcare costs

Wilson et al. Neurology 2002; Modrego et al. Arch Neurol 2004; Beeri et al. Int J Geriatr Psychiatry 2002; Steele C et al. Am J Psychiatry 1990; Tun et al. Am J Geriatr Psychiatry 2007; Yaffe et al. JAMA 2002; Peters et al 2015; Maust et al. Am J Geriatr Psychiatry 2017

What about Acute Covid Infection?

Older adults without dementia

- Up to 30% with MS changes
- 59% with psychiatric diagnoses (new psychosis, neurocog d/o and affective d/o most common)

NPS of acute Covid infection in PWD

- Delirium most common (hypo>hyperactive) and altered consciousness and agitation
- Exacerbation of dementia and BPSD

Dellazizzo et al. J Pers Med 2021; Manca et al. Frontiers in Psychiatry 2020; Simonetti et al. Frontiers in Psychiatry 2020

What about Impact of Pandemic Isolation?

2⁰ Social/environmental/CG impacts of isolation for pts with NCD (both mild and major):

- >40-50% w/ ↑BPSD sx
- >30% reported social isolation
- ↑loneliness, anxiety, depression, apathy, sleep disturbances, aggression, irritability, psychosis, motor agitation, loss of appetite
- >50-80% worsening of cognitive sx
- Additional impact on CG emotional wellbeing

Dellazizzo et al. J Pers Med 2021; Manca et al. Frontiers in Psychiatry 2020; Simonetti et al. Frontiers in Psychiatry 2020

DICE

- Describe – CG describes problem behavior
- Investigate – Provider investigates potential causes of problem behavior
- Create – Provider, CG/team work together to create/implement Tx Plan
- Evaluate – Provider evaluates whether Tx safe and effective

Kales, et al. JAGS 2014

Evaluation of NPS/BPSD

- Anticipatory guidance and routine surveillance
- Behavior = communication of unmet needs
- Assess triad:
 - Pt – CG- Environmental factors
 - Mismatch of abilities of patient and environment

NPI-Q

NPI-Q SUMMARY

| | No | Severity | Caregiver Distress |
|-----------------------|----|----------|--------------------|
| Delusions | 0 | 1 2 3 | 0 1 2 3 4 5 |
| Hallucinations | 0 | 1 2 3 | 0 1 2 3 4 5 |
| Agitation/Aggression | 0 | 1 2 3 | 0 1 2 3 4 5 |
| Dysphoria/Depression | 0 | 1 2 3 | 0 1 2 3 4 5 |
| Anxiety | 0 | 1 2 3 | 0 1 2 3 4 5 |
| Euphoria/Elation | 0 | 1 2 3 | 0 1 2 3 4 5 |
| Apathy/Indifference | 0 | 1 2 3 | 0 1 2 3 4 5 |
| Disinhibition | 0 | 1 2 3 | 0 1 2 3 4 5 |
| Irritability/Lability | 0 | 1 2 3 | 0 1 2 3 4 5 |
| Aberrant Motor | 0 | 1 2 3 | 0 1 2 3 4 5 |
| Nighttime Behavior | 0 | 1 2 3 | 0 1 2 3 4 5 |
| Appetite/Eating | 0 | 1 2 3 | 0 1 2 3 4 5 |
| TOTAL | | | |

J Cummings. <http://npitest.net> (last accessed 11/4/21)

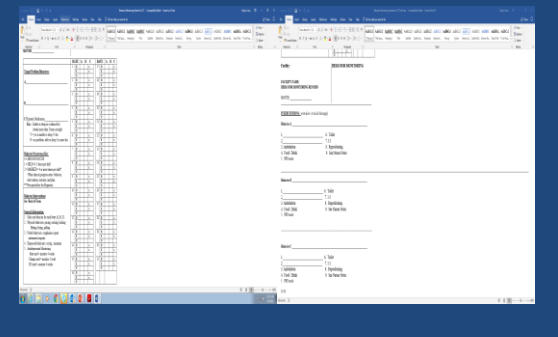
Describe/Investigate: NPS/BPSD

- ABC's (Antecedents – Behavior – Consequences)
 - A: Context? Triggers?
 - B: What are the specific, observed behaviors?
 - C: How does the CG/environment respond?
- Use Behavioral Tracking Sheets to collect objective data

Behavioral Tracking

| Date | Day of Week | Time | Describe Behavior | What Was Occurring Before the Behavior | What Helped the Behavior (including pt's) |
|------|-------------|------|-------------------|--|---|
| | | | | | |

Behavioral Tracking in LTC



Describe/Investigate: NPS/BPSD -2-

- Establish/Revisit Medical Diagnoses
 - Consider delirium, untreated pain (Pain-AD), sensory impairments, etc.
- Establish/Revisit Psychiatric Diagnoses
- Evaluate for offending or change in medications or substance use
 - Anticholinergics
 - Sedative/hypnotics
 - Drug withdrawal?
 - Drug interactions?

General Approaches to BPSD

- Patient & caregiver education
- Anticipatory guidance & future-care planning
- Safety/Risk management
- Optimize environment (keep routines, calm)
- Routine mental and physical activity, socialization
- Optimize physical and mental health
- Support and linkages
 - Alzheimer and Dementia Alliance/Alzheimer's Association/ADRCs are great places to start.

Create/Evaluate: Consider Pt, CG, and Environment

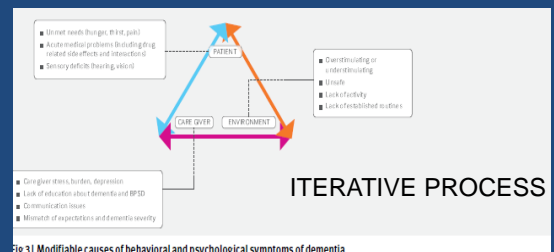


Fig 3| Modifiable causes of behavioral and psychological symptoms of dementia

Kales, et al. JAGS 2014

Create/Evaluate: Non-Pharm Treatment Approaches

Behavioral/CG/Environmental Modifications

- Remove offending triggers
- Acknowledge emotion then calm reassurance and/or distraction
 - T-A-Da (Tolerate – Anticipate - Don't Argue)
- Positive reinforcements to support welcome behaviors and reduce unwelcome behaviors
- CG education, respite and supports

Create/Evaluate: Non-Pharm Treatment Approaches – 2-

Enlist help of loved ones who know that person best

- Personal hx, likes and preferences

Address unmet Pt needs, what could make one feel better?

- Stimulation if under-stimulated
- Reduce stimulation if over-stimulated
- Exercise
- Social activities
- Music and Memory

Create/Evaluate: Pharmacological Approaches

- **No FDA-indicated pharmacological treatment of NPS**
 - Exception: *pimavanserin with Parkinson's Psychosis*
- Strategies for choice of off-label med:
 - Diagnosable syndrome?
 - Target sx? Are symptoms responsive? (e.g., wandering is not medication-responsive)
 - Acuity/Severity/Distressing sx?
 - Safety concerns - aggression?
 - Risks?
 - Are benefits >> risks given pt's comorbidities?
- Informed consent
- Start low, go slow, keep going....

Support of Evidence

- Limited empirical evidence/RCT support
- Mixed results, outcome measures
- Trials of short duration (usually up to 16 wks)
- *Approach pt as if N of 1*
 - variable etiology of behavioral disturbance
 - medical and psychiatric comorbidity
 - age
 - phenomenology
 - history of prior illness and treatment
 - vulnerability to adverse effects, and so forth

Pharmacological Options

- Antidepressants – Citalopram* (Sertraline)
- Antianxiety agents (Caution with BZD)
- Mood stabilizers – (CBZ, VPA, Lithium, LMT)
- Others (Melatonin, Trazodone, Prazosin)
- Atypical or typical antipsychotics - Risperidone, Olanzapine, Aripiprazole (Quetiapine, Clozapine)*
- Pimavanserin (FDA approved for PDP)*

*FDA BLACK BOX

Kales et al. BMJ 2015; AHRQ Comparative Effective Review 43, 2011; Ballard et al. Cochrane Database of Systematic Reviews 2006; Porsteinsson, et al. JAMA 2014; Seitz et al. Cochrane Database of Systematic Reviews, 2011; Rosenberg, et al. Am J Geriatr Psychiatry 2010; Weintraub, et al. Am J Geriatr Psychiatry 2010

Antipsychotics

- Start low, go slow
- Response in 1st 2 wk predictive of response by 8 wk
- Special caution with DLB
- Atypical antipsychotics
 - EPS (Risp>Arip>Olz>Quiet>Cloz), sedation, falls, QT prolongation, cog decline, metabolic syndrome (ADA et. al., Diabetes Care, 2004)
- Typical antipsychotics (e.g., haloperidol)
 - Also increased risk of adverse outcomes (hosp, death), higher mortality than atypicals
 - EPS, falls, TD>>atyp, QT prolongation
 - Anticholinergic effects, falls for lower potency agents

Rochon et al. Arch Intern Med 2008; Gill et al. Annals Intern Med 2007; Schneider et al. JAMA 2005; Wang et al. NEJM 2005; AHRQ Comparative Effective Review 43, 2011; Vigen et al. Am J Psychiatry 2011; Yoshida et al. AJGP 2017

Antipsychotics for Agitation/Psychosis

- FDA BLACK BOX WARNING for both atypicals and typicals (includes pimavanserin), RR ~1.7x of death (< 4%)
- Increase % mortality; NNH:
 - Haloperidol 3.8%; 26
 - Risperidone 3.7%; 27
 - Olanzapine 2.5%; 40
 - Quetiapine 2.0%; 50
 - Higher than c/w antidepressants
 - Higher dose, higher risks

Scheider et al. JAMA 2005; Maust et al. JAMA Psychiatry 2015

APA: 15 Guidelines for Antipsychotic for Agitation/Psychosis of Dementia

- Assessment guidelines
- "APA recommends that nonemergency antipsychotic medication should only be used for the treatment of agitation or psychosis in patients with dementia when symptoms are severe, are dangerous, and/or cause significant distress to the patient. (1B)"
- Risks/benefits assessment
- Start low then titrate to min effective dose as tolerated; taper if no response after 4 wk; consider taper after 4 mo
- Subsequent Cochrane review suggests that pts with more severe sx's - more likely to relapse with rx taper

Reus et al. AJP 2016; Van Leeuwen et al. Cochrane Database Syst Rev 2018

Post-Covid Reflections on Management/Lessons Learned

Increased reliance on medications for BPSD
CG & dementia support services are essential
Masking – challenges of communication for hearing impaired
Ethics & increased awareness of disparities
Telepsychiatry /Telemedicine growth

Telepsychiatry/Telemedicine

- Increased access
- Decreased infection exposures
- Family in other locations can participate despite lockdown in facilities
- Empower CG participation & education
- Facilitate multidisciplinary team meetings and consultations
- Favorable satisfaction and outcomes (psychiatric, older adults, neuropsych)

Telepsychiatry/Telemedicine

Limits:

Access to tech and connectivity challenges
Familiarity
Reliance on CG to assist/ technical support
Hearing/visual impairments
Physical / neuro exams
Rapport building

Questions?

Further Discussion:
What have your experiences been like since the pandemic?

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