Cathy Phillips PMHCNS-BC APRN-NP
Psychiatric Nurse Practitioner
Grandma Did WHAT?? Managing Behavioral and Psychological Symptoms of Dementia in Long-Term Care

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Objectives

- Describe the scope of dementia in long term care
- Use non-pharmacological interventions to manage dementia
- Choose pharmacological interventions to manage dementia, considering the practice implications for each option
- Differentiate between FDA and non-FDA approved treatment options for dementia
- Balance pharmacological and non-pharmacological interventions in treating and managing dementia

- Cathy Phillips has no financial disclosures
- Off-label uses of some medications will be discussed.
Dementia Statistics

- Alzheimer’s type is most common form
- 6th leading cause of death
- Others: Vascular/Lewy-Body/Parkinson’s/TBI/Huntington’s/Pick’s/NPH, etc…
- 5 million today
- 16 million by 2050
- One every 67 seconds
- One every 33 seconds by 2050
- $214 billion in 2014/$150 billion to Medi/Medi
- $1.2 trillion by 2050
- Caregiver burden: depression/stress/lost time - additional health care costs of $9.3 billion
Terminology

• Behavioral and psychological symptoms-BPSD
• Neuropsychiatric symptoms-NPS
• BPSD/NPS interchangeable
• Long-Term Care-LTC
• Skilled Nursing Facility-SNF
• Assisted Living-AL
What does BPSD/NPS Look Like?

- Depression-withdrawl, appetite changes, anergia, avolition
- Anxiety-pacing, wandering, repetitive verbalizations
- Hallucinations/delusions
- Aggression-resisting cares, physical, verbal
- Insomnia/sleep disturbances
- Sexual disinhibition
Challenging Behaviors Video

- https://www.youtube.com/watch?v=VXko5uWdPi0
Poll Question:

• What is your personal or professional experience in observing different types of dementia related to behavioral disturbances such as those shown in the video?
  
  • No experience
  • Very little experience
  • Some experience
  • A great deal of experience
Causes

- Physical environment- temperature, noise, lighting, room size
- Situational- social stimulation, peer mix, time of day, hunger, seasonal, anniversary dates, fears, confusion
- Psychiatric co-morbidities- primary psychiatric illness such as depression, schizophrenia, bipolar disorder, personality disorders, OCD, eating disorders, etc.
- Medical- Rule outs… toileting need/constipation, UTI, URI, pain, dehydration/thirst, hunger, meds, vision, hearing
- Other medication side effects
"Yes! That was very loud Mr. Trainer, but I said I wanted to hear your HEART!"
NO...NO...
I SAID I'VE GOT ACUTE ANGINA
Christmas Cape—The Funny Side of Dementia Video

• https://www.youtube.com/watch?v=5KaN3q1er-s
POLL QUESTION:

• How familiar are you with identifying various non-pharmacological interventions to manage and treat dementia?

  • Unfamiliar
  • Somewhat familiar
  • Very familiar
  • Expert level of familiarity - I do this daily
Non-Pharmacological Interventions

• Milieu management/staff training

• Interaction and communication, verbal, non-verbal

• Behavior tracking

• Identify and personalize care based on interests and history/occupation/hobbies/tasks
Non-Pharmacological Interventions, continued

- Cognitive stimulation/reminiscing
- Sensory stimulation:
  - Massage
  - Aromatherapy
  - Music therapy
  - Busy blankets
  - Weighted quilts
  - Gustatory needs-taste/texture
- Pet therapy/manipulatives/
- Validation vs reorientation
Non-Pharmacological Interventions
Care Models

- Eden Approach
- Green House Model
- Simple Pleasures interventions
Non-Pharmacological Interventions

- University of Nebraska Medical Center/NEBGEC
  - Dementia in LTC series

- http://www.unmc.edu/intmed/divisions/geriatrics/education/resources/dementia.html

Tip sheets on specific behavioral management strategies including:
  - Impulsiveness
  - Aggression
  - Wandering
  - Disruptive Vocalizations
  - Bathing
  - Disrobing and others.
Pharmacological Interventions

- **THERE IS NO MEDICATION FDA APPROVED TO TREAT BPSD/NPS of DEMENTIA**

- Beer’s Criteria, CMS list of “unnecessary meds”

- Treat the presenting symptoms with medication class that is most appropriate

- Regulatory “match” of diagnosis and medication
  - Dementia
  - Depression
  - Anxiety
  - Psychosis
Basic Principles of Psychopharmacology

• Obtain accurate medical history
  • allergies
  • underlying medical co-morbidities- rule out and treat.
    • CBC/CMP/TSH/UA/lipids/B12/folate/Vit D 25 OH levels
    • EKG/CT/MRI-when appropriate

• Non-pharmacological interventions as first line-if appropriate

• Assess risk/benefit profiles

• Obtain informed consent

• START LOW AND GO SLOW!
Poll question:

• How knowledgeable are you in differentiating between FDA versus non-FDA approved medications to treat dementia and dementia related behavioral disturbances?

  • No knowledge at all
  • Somewhat knowledgeable
  • Very knowledgeable
  • Expert level of knowledge
FDA Approved Pharmacological Interventions

- Cholinesterase Inhibitors
  - Aricept (donepezil) mild/mod/severe Alzheimer’s
    ODT available
  - Exelon (rivastigmine) mild/mod Alzheimer’s
    *mild/mod Parkinsons dementia*
    caps or liquid conc, 24 hr patch
  - Razadyne (galantamine) mild/mod Alzheimer’s
    ER and liquid conc
  - 6 wks to note improvement
  - GI side effects most common
  - Sleep disturbances-hinder or help?
  - Can be fatal in overdose
  - Go up or down in dose?
  - Implications for discontinuation
FDA Approved Pharmacological Interventions

- NMDA receptor antagonist
  Memantine (Namenda) mod/severe Alzheimer’s
  BID or XR
  XR cap-can open and put in applesauce
- Well tolerated
- Dizziness/headache/constipation most common
- Several months for noted efficacy
- Treatment guidelines in combo w one of the cholinesterase inhibitors
- No fatalities in overdose
- Taper up or down?
- Implications for discontinuation
FDA Approved Pharmacological Interventions

• Namzeric

  • New memantine/donepezil combo pill for moderate to severe Alzheimer’s dementia

  • Must be stable on the combination approach first
    memantine 10mg BID or 28mg XR daily PLUS
    donepezil 10mg daily

  • Once daily dosing
    • 28/10mg
    • 14/10mg
    • Can open caps and sprinkle in food
FDA Approved, continued

- Anti-depressants/ Anti-anxiety
  
  - SSRI, SNRI, others
  
  - Treat underlying depression, general anxiety disorder, OCD, PTSD or presenting s/s
  
  - Implications: side effect profiles, drug/drug interactions, regulatory dose reductions, black box warnings, time to onset of action
FDA Approved, continued

• Anxiolytics
  • Benzodiazepines
    • alprazolam (Xanax)
    • lorazepam (Ativan)
    • clonazepam (Klonopin)
  
buspirone (Buspar)
trazodone (Desyrel)

• Implications: side effect profiles, drug/drug interactions, regulatory
dose reductions, time to onset of action, prn vs routine use, prn
timing
Off Label Use of Psychotropics, Non-FDA Approved

• Antipsychotics
  
  • first generation—haloperidol most common
  • atypical—
    • aripiprazole
    • olanzapine
    • quetiapine
    • risperidone
    • and others
  
  • Risperidone is approved in Canada to treat dementia related behavioral disturbances. Does NOT slow disease progression.
  • Metabolic implications
  • Use in underlying primary psychiatric disorders would be FDA approved.
Off Label Use of Psychotropics, Non-FDA Approved

- Anticonvulsants
  - valproic acid
  - carbamazepine
  - lamotrigine
  - topiramate
  - gabapentin
Off Label Use of Psychotropics, Non-FDA Approved

- American Association of Geriatric Psychiatry
- American Psychiatric Association
- American Society of Consultant Pharmacists
Off Label Use of Psychotropics, Non-FDA Approved

Black box warning

Not inherently inappropriate

CMS issues guidelines--not absolute rules
Off Label Use of Psychotropics, Non-FDA Approved- Considerations:

- quality of life
- metabolic issues
- safety risks
- treatment goals
- impediments to providing needed care
- informed consent
- frequency/intensity of behaviors
Clinical Pearls/Practice Implications for Prescribing

- Primary psychiatric disorders
- Navigating gradual dose reductions
- Documenting risks vs benefits
- Family involvement/discussion
- On-going monitoring
- Metabolic issues
Clinical Pearls/Practice Implications for Prescribing

- Facility culture
- Interdisciplinary collaboration
- Use of behavior data
- Timing of med administration
- Routine vs prn dosing
- Use of prn efficacy data
“All that matters in the end is that you are loved”

--Edna Whitman Chick, age 101
Questions???
Suggested Resources/References

• Alzheimer’s Association,  www.alz.org
• American Association of Geriatric Psychiatry Position Statement: Principles of Care for Patients With Dementia Resulting From Alzheimer’s Disease,  www.aagponline.org
• American Society of Consultant Pharmacists, Use of Antipsychotic Medications in Nursing Facility Residents,  www.ascp.com
• Biological Therapies in Psychiatry Newsletter
• Brown University Psychopharmacology/Geriatric
Suggested Resources/References, cont’d

- Old Age in a New Age—The Promise of Transformative
- Nursing Homes by Beth Baker, 2007
- Pioneer Network [www.pioneernetwork.net](http://www.pioneernetwork.net)
- Practical Psychiatry in the Long-Term Care Home by David Conn, 2007
- Psychopharmacology Update Newsletter
- Psychotropic Drug Information Handbook
- The Eden Alternative, [www.edenalt.org](http://www.edenalt.org)
- The Green House Model [www.thegreenhouseproject.org](http://www.thegreenhouseproject.org)
- University of Iowa Geriatric Education E-Learning [http://www.medicine.uiowa.edu/igec/e_learning](http://www.medicine.uiowa.edu/igec/e_learning)
- University of Nebraska Geriatric Education Center Dementia in Long Term Care Series, [http://www.unmc.edu/intmed/divisions/geriatrics/education/resources/dementia.html](http://www.unmc.edu/intmed/divisions/geriatrics/education/resources/dementia.html)