

Managing behavioral and psychological symptoms of dementia (BPSD)

Agitation, aggression, psychosis, and other behavioral and psychological symptoms of dementia (BPSD) are the leading causes for assisted living or nursing facility placement.¹ Left untreated, these symptoms can accelerate functional decline and reduce quality of life.

Medical evaluation for contributing factors

Behavior changes, especially if symptoms appear suddenly, are a signal for a thorough medical evaluation. An examination may reveal other treatable causes, such as medication side effects, environmental changes, infection, exacerbation of a chronic condition, or loss of hearing or vision.

Nonpharmacologic approaches to managing behavior symptoms

In the absence of a treatable condition, nonpharmacologic strategies are the first line of treatment to manage behavior symptoms. An effective intervention addresses needs that the person with Alzheimer's may have difficulty expressing. Behavioral approaches should:

- Address the cause of the symptom and its relation to the experience of the person with Alzheimer's
- Resolve or minimize challenges and obstacles to the patient's comfort, security, and ease of mind
- Give a sufficient trial before initiating pharmacotherapy

Medications for behavioral symptoms

If nonpharmacologic approaches are insufficient or fail, and the patient has severe symptoms or is at risk to harm him- or herself or others, consider medication. The US Food and Drug Administration (FDA) has not approved any medications to treat behavioral and psychiatric dementia symptoms, but antipsychotics, antidepressants, anticonvulsants, and mood stabilizers have been used off label to treat BPSD symptoms, such as psychosis, depression, apathy, mood syndromes, and aggression/agitation.

References

1. Yaffe K, Fox P, Newcomer R, et al. Patient and caregiver characteristics and nursing home placement in patients with dementia. *Jama J Am Med Assoc.* 2002;287(16):2090–2097.