

# Toolbox: Management of behavioral and psychological symptoms of dementia

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While antipsychotics have been used to treat psychosis or aggressive behaviors in dementia populations, they appear to have a high side effect profile that leads to high discontinuation rates.<sup>1</sup> Additionally, antipsychotics, as a class, carry a black box warning for use in the dementia population. Both CMS and APA have announced

initiatives over the past two years to reduce the inappropriate prescribing of antipsychotics in order to manage BPSD. Mood stabilizers may be considered as an alternative to neuroleptics. This table presents data on the efficacy of mood stabilizing drugs for the management of BPSD.

**Table 1. Management of behavioral and psychological symptoms of dementia**

DRUGS (compared)	PRIMARY OUTCOME	Positive or Negative Impact on Symptom Management	POPULATION	LIMITATIONS
Carbamazepine <sup>2,3</sup>	Brief Psychiatric Rating Scale (BPRS) scores	+	Probable or possible Alzheimer's dementia or vascular dementia, age $\geq 60$ , agitation $\geq 2$ weeks with BPRS score $\geq 3$ on tension, hostility, uncooperativeness, or excitement items	Small trials (n= 51 and n= 21)
VPA vs. placebo <sup>4,5</sup>	NPI agitation score	-	Moderate-severe AD, meet DMS-IV criteria for AD, MMSE < 15, and NPI > 8	Small trial (n =14)
	Development of a score of $\geq 3$ NPI items assessing delusions, hallucinations and agitation for 2 weeks	-	Possible or probable AD by the NINCDS-ADRDA criteria, age >54, MMSE 12-20 and NPI < 1 on items assessing delusions, hallucinations or agitation	More VPA patients d/c tx due to adverse events
Topiramate vs. risperidone <sup>6</sup>	Improvement in NPI parts 1 and 2 and the CMAI	=	Mild-moderate AD; MMSE 10-26, compliant of behavioral disturbances and NPI $\geq 1$ in items assessing delusions, hallucinations, agitation and aggression, and irritability and lability	Small study (n=48); no placebo comparator; mixed study population with psychosis and behavioral disturbances; only used MMSE to assess cognitive changes; patients not on concomitant drugs
Oxcarbazepine vs. placebo <sup>7</sup>	Change in agitation and aggression subscore of NPI-NH	=	Moderate-severe AD; MMSE 0-20, hx of agitation or aggression for $\geq 1$ week, $\geq 6$ on NPI-NH subscale for agitation and aggression, had been in NH for $\geq 4$ weeks	Poor statistical power may have lead to the inability to prove OXC was efficacious
Gabapentin <sup>8</sup>	Treating aggressive behavior	+	Vascular or mixed dementia	Case series report of 7 patients
Lamotrigine <sup>9,10</sup>	Verbal and physical aggression	+	Frontal lobe dementia	Case report of 1 patient
	Improvements on Young Mania Rating Scale (YMRS)	+	Dementia, manic-like symptoms and agitation	Case series report of 5 patients
Levetiracetam <sup>11,12</sup>	NPI and YMRS	+	Community-dwelling AD Moderate AD with manic features presents for around 11 months	Two small, open-labeled trials with < 20 patients

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