

OnDemand Symposia

201 - Behavioral and Psychological Symptoms of Dementia: a symposium of the IPA BPSD Shared Interest Forum

Section A. Psychotropic drug use (20 minutes)

1) Sytse Zuidema: The RID (Reduction of inappropriate psychotropic drugs in dementia) study Nursing home residents with dementia and neuropsychiatric symptoms are prescribed psychotropic drugs too often and also sometimes inappropriate. Multidisciplinary interventions can help to facilitate better care by using psychosocial interventions and help to decrease inappropriate psychotropic drug use. We supported implementation of such interventions through participatory action research, to facilitate nursing homes to design, and implement their own local interventions. The results of the RCT (including a process evaluation) will be presented.

2) Tzung-Jeng Hwang: dextromethorphan for treating agitation

Agitation is highly prevalent in patients with dementia and associated with significant impairment of quality of life, early institutionalization, and higher mortality. Although no pharmacotherapy has been approved by the US FDA for dementia patients with agitation, off-label use of antipsychotic agents is common. But antipsychotic agents are clearly associated with increased adverse effects, including stroke and death. Dextromethorphan (DXM) is a low-affinity uncompetitive N-methyl-D-aspartate (NMDA) receptor antagonist, a high-affinity sigma-1 receptor agonist, a serotonin and norepinephrine reuptake inhibitor, and a nicotinic $\alpha 3\beta 4$ receptor antagonist. The combination of DXM and low dose quinidine (Q) has been approved for the treatment of pseudobulbar affect in 2010. A recent study found that DXM/Q may be effective for the management of agitation in patients with Alzheimer disease (AD). In this talk, a pilot study on using DXM alone to treat agitation in dementia will be reported. Overall, the use of DXM 60-240 mg/day resulted in a high proportion of improvement (CGI-agitation: 69% much improved, 25% minimally improved). No severe adverse events were found. The results support DXM may be efficacious and safe.

3) Marie Andree Bruneau: OPUS-AP

OPUS-AP aims at improving resident care through increased staff's knowledge and competency, resident-centered approaches, nonpharmacologic interventions, and antipsychotic deprescribing in inappropriate indications. OPUS-AP is implemented through integrated knowledge translation and mobilization activities. Antipsychotic, benzodiazepine, antidepressant prescriptions and BPSD were evaluated every 3 months for 9 months. Phase 2 of OPUS-AP was conducted in 129 LTC centres in Quebec, Canada, from April to December 2019. At baseline (April 2019), 10,601 residents were admitted on OPUS-AP participating wards from which 74% had a diagnosis of major neurocognitive disorder (MNCD) and 47% an antipsychotic prescription. The follow-up cohort included 4,087 residents with both MNCD and antipsychotic prescription. Among the 1381 residents in whom antipsychotic deprescribing was attempted between baseline and 9 months and still included at 9 months, successful deprescribing was achieved in 79,2% (cessation 44,8% or dose decrease 34,5%). No increase in benzodiazepine or antidepressant prescriptions nor worsening of BPSD were observed.

Section B. Updates on BPSD (20 minutes)

1) Kathrin Schmuuederich: Severe agitation and quality of life

A secondary data analysis was performed on the relationships between the severity of agitation (NPI-Q) and the single dimensions of quality of life (QUALIDEM) in people with dementia living in German nursing homes. In order to determine the differences between people with severe agitation and the group of people with mild or no agitation, a matching method and regression analyses were used. The

findings show that severe agitation is related to lower quality of life in five out of six dimensions of quality of life.

2) Wai-chi Chan: BPSD as a predictor of cognitive decline

Description will follow

3) Huali Wang: Challenging behavior in China

Description will follow

Section C. Measurement of BPSD (25 minutes)

1) Wendy Moyle: Measurement of agitation

This presentation demonstrates how the use of video observation/coding, standardised measures of agitation (CMAI-SF), and physiological measures (actigraphy) produced different outcome results related to agitated behaviours following the introduction of a social robot. When measuring agitation, we need to consider using different types of measures to ensure data reliability and validity and longitudinal research methods to identify efficacy of psychosocial interventions and effective measurement of agitation when using social robots.

2) Discussion on measurement of agitation, discussing and making plans for datasharing based on a template for datastructures

Section D. ECT (15 minutes)

1) Rob Kok: short intro on ECT in BPSD

The majority of patients with dementia develop agitation or aggression in the course of their disease. In some severe cases, pharmacological and other interventions are not effective in improving these symptoms. A recent systematic review suggested that electroconvulsive therapy (ECT) could be an effective treatment for severe and treatment-refractory agitation and aggression in dementia, with few adverse consequences. We need to have controlled studies, address the stigma of ECT and develop professional guidelines for the application of ECT for agitation and aggression in dementia, particularly because most patients are not able to provide informed consent.

2) Discussion and making plan for international survey on application of ECT in BPSD