

European Academy for Medicine of Ageing

Advanced Postgraduate Course of the EAMA

Training Session VII / 4

Guidelines for abstracts on students' state of the art lectures

Session : VII/Session 4

Reference of the lecture : **Pharmacologic treatment of behavioral disturbances in dementia**

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Pharmacologic treatment of behavioral disturbances in dementia

Short bibliography : maximum 5 references

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Abstract

It has been well documented that there is an aging of the world's population, with the fastest growing segment of the population being those individuals over the age of 80. In this population, up to 50% of the population have a diagnosis of dementia. One of the common complications in dementia is behavioral and psychological disturbances (BPSD), including depression, anxiety, wandering, insomnia, agitation, aggression and psychosis. Studies have shown that these BPSD symptoms are associated with increased mortality, caregiver stress, institutionalization and increase in overall cost of care. Treatment of these behavioral disturbances includes non-pharmacologic treatments such as environmental, behavioral, sensory and staff training. Although the goal in the treatment of the elderly is to limit the use of pharmacologic therapy to minimize the risk of polypharmacy and side effects, it sometimes becomes necessary to use medications to minimize patient distress and possible harm. The treatment regimen chosen for treatment for the patient must be directed to the symptoms exhibited by the patient. One of the most common medications used in the treatment of BPSD are the antipsychotics.

There are two categories of antipsychotics used in the treatment of BPSD, the typical antipsychotics and the atypical antipsychotics. Use of the typical antipsychotics has decreased over time due to the poor side effect profile which includes tardive dyskinesia, extrapyramidal side effects, akathisia and QT prolongation. The use of the antipsychotics has become more widespread, but recent studies have demonstrated an increase in CVA events and mortality, therefore they should be used judiciously, and the therapy should be withdrawn as soon as the BPSD behavior has been controlled.