

Complicating Dementia

Sadness, misbehaviour, abuse and the law

Dr Mark Fisher

Psychiatrist and Clinical Head

MHSOP

Middlemore Hospital

MHSOP

- 15 inpatient beds (Ward 22)
- Community team
- Liaison service AT&R
- (ECT)

Community Team

- 5 Psychiatrists (2!) and 2 Registrars
- 12 PDNs
- 2 Coordinators, 1 Nurse specialist
- 4 OTs
- 3 Social Workers
- 1 Needs Assessor
- 2 Psychologists
- 2 Administration
- 1 Service Manager
- (2 Cultural workers, Nursing FTE)

MHSOP Team



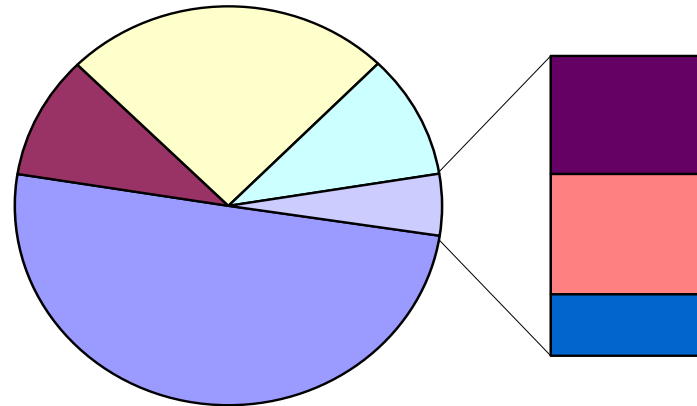
Service

- 40K elderly population
- Divided into two teams
- Referrals per year
- 400 Case load (1%)

Dementia

- Impairment STM and LTM
- At least one of:
 - Impaired abstract thinking
 - Impaired judgement
 - Cortical impairments: apraxia, agnosia, aphasia
 - Personality change
- Interferes with work, social activities or relationships

Types of Dementia: studie



Alzheimers disease

Mixed dementia

Vascular dementia

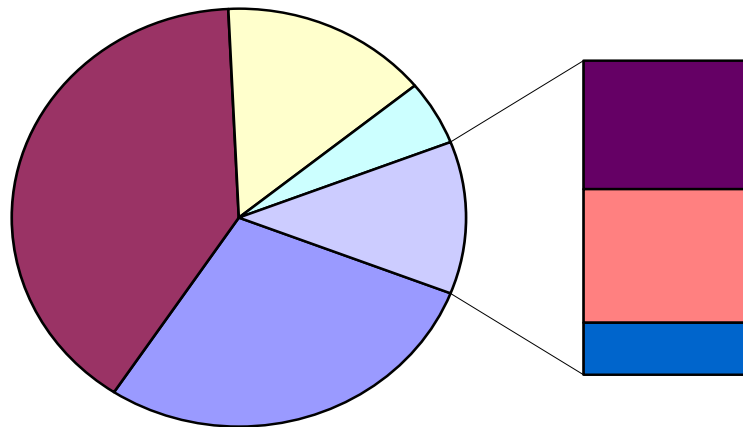
Lewy Body dementia

Parkinsons Disease dementia

Frontotemporal dementia

Others

Types of dementia: clinical



Alzheimers disease

Mixed dementia

Vascular dementia

Lewy Body dementia

Parkinsons Disease dementia

Frontotemporal dementia

Others

Dementia prevalence

Figure 26: Prevalence of dementia in NZ *

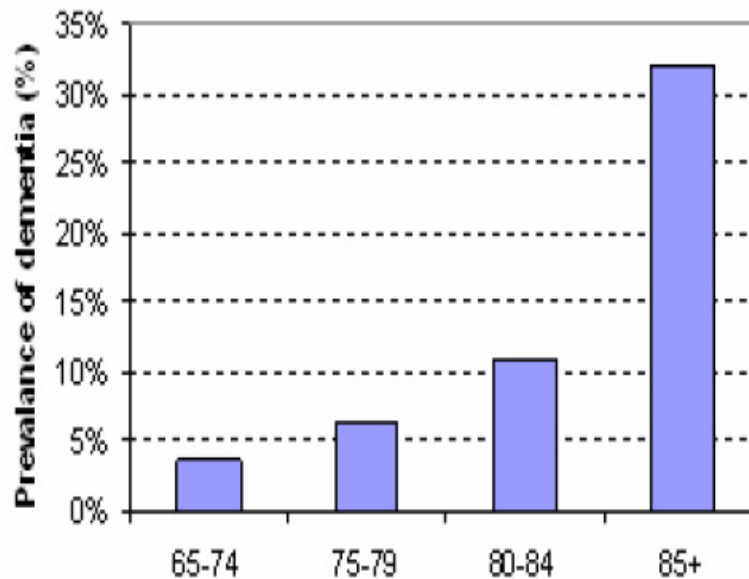
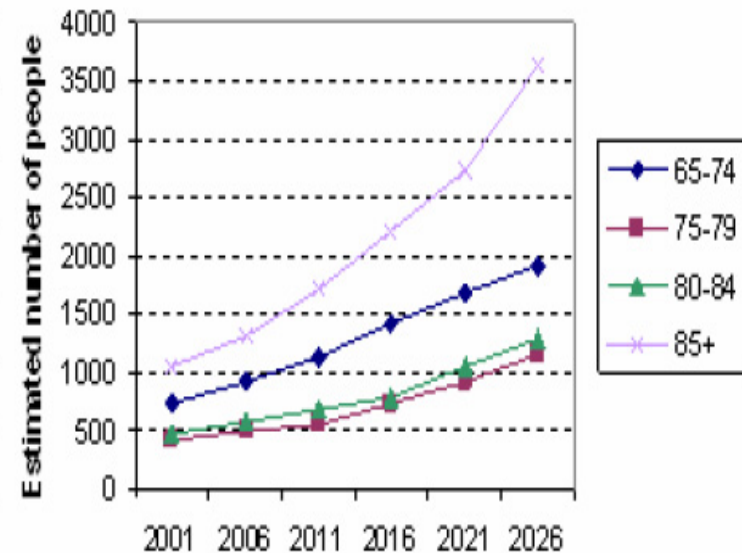


Figure 27 : Estimated number of older population in CMDHB with dementia (2001-2026)



Complicating Dementia: Sadness.....

- Depression “causing” Dementia
 - doubles risk of dementia
 - reduces hippocampal volumes
 - Increases neuritic plaques and tangles
 - Higher conversion MCI to dementia
 - Prodromal syndrome
 - Unveils dementia
 - Impairs brain function

Sadness.....

- Depression mimicking dementia
 - Depressive pseudodementia
 - Impaired attention, memory, speed, executive functioning
 - Recovery of MMSE scores

Sadness....

- Dementia mimicking depression.
 - Apathy
 - Common
 - Mixed blessing
 - Negative themes
 - Lack of responsivity
 - Suicidal thoughts
 - Diurnal pattern
 - Prompting helps recall
 - Shorter course of illness

Sadness....

- Dementia with depression
 - 25% cases complicated by depression
 - Higher in vascular dementia, PDD
 - Often difficult to diagnose
 - Earlier in course of illness

Sadness.....



Sadness.....

- Treatments
 - TCAs
 - SSRIs
 - Fluoxetine *
 - Paroxetine
 - Citalopram **
 - Venlafaxine **
 - (Mirtazapine)
 - ECT
 - Psychotherapies **
 - Chocolate, exercise....

...misbehaviour...

- Behavioural and psychologic symptoms of dementia (BPSD)
 - Commonest cause for referral to MHSOP
 - Caregiver stress and illness
 - Diminished quality of life for all parties
 - Premature institutionalisation
 - Hospital admissions
 - Major economic burden to society

■ Auguste D



Figure 3: **Auguste D**
Photograph dated November, 1902.



Auguste D

- Admitted aged 51
 - Disorganised
 - Accusations of infidelity
 - Auditory hallucinations
 - Hiding things in her flat
 - Language and memory impairment
 - “unable to perform any physical or mental work”
 - Becoming a nuisance towards the neighbours
 - Agitation “mania, sleeplessness and restlessness”.

Auguste D

- Fear and agitation
- Persecutory delusions re staff
- Screaming loudly
- Touching and groping other patients “as if blind”
- Language and memory impairments on testing
- Perseveration and loss of goal when talking
- Spending much of day in bath, sedatives

-Died 1906, bedsores, pneumonia and septicaemia

...misbehaviour....

- BPSD is common (61%)
 - Cache County Study: 2000
 - Delusions 23%
 - Hallucinations 13%
 - Depression 24%
 - Apathy 27%
 - Agitation/aggression 24%
 - Irritability 20%
 - Anxiety 17%
 - Wandering/restlessness 27%
 - Disinhibition 9%
 - Mania 1%

....misbehaviour....

- Assessment
 - Physical illness – pain, **delirium**
 - Psychiatric illness
 - Psychological issues
 - Environmental factors
 - Carers/staff issues

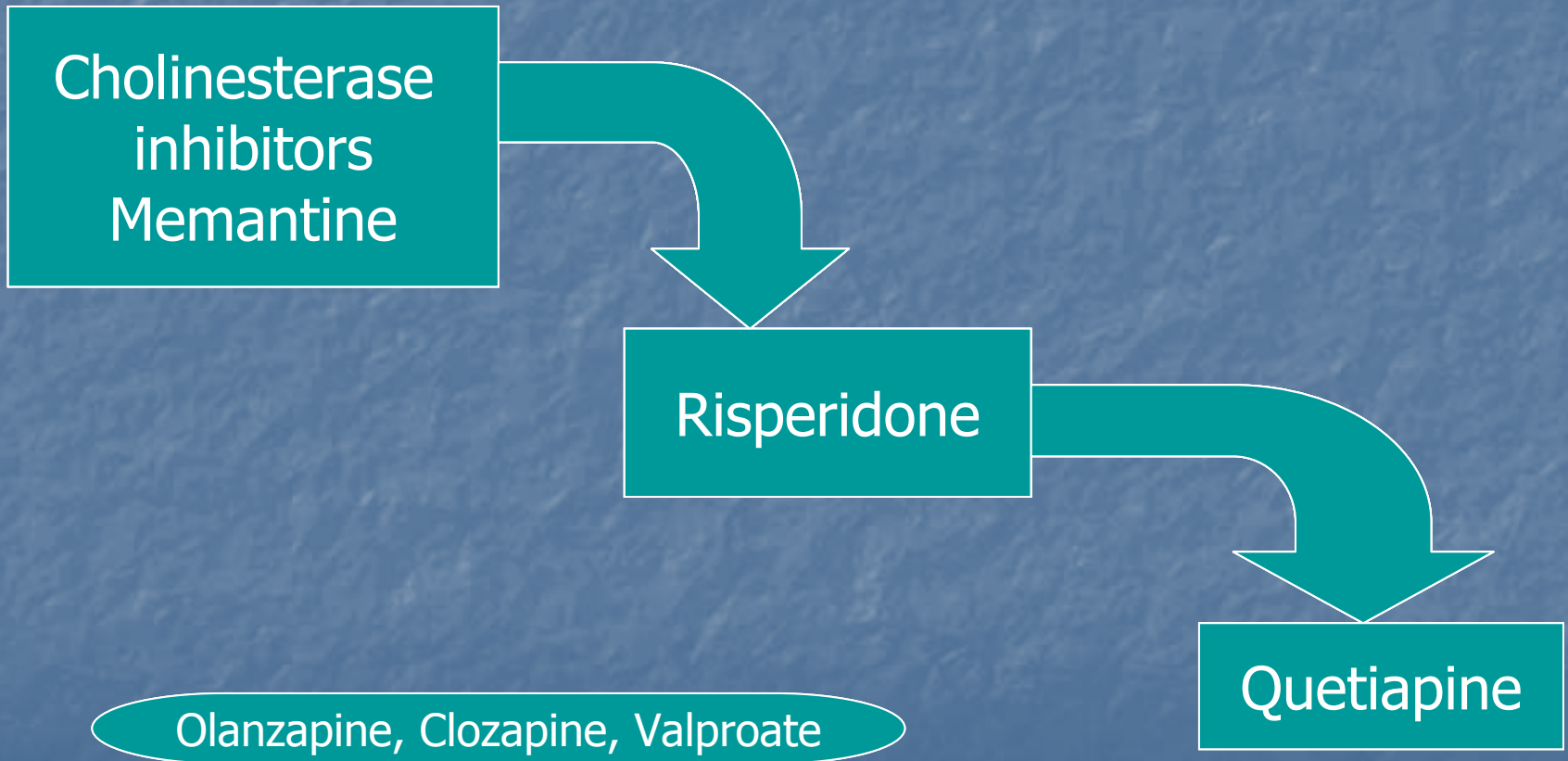
..misbehaviour...

- Pharmacological Management
 - Haloperidol (0.5 – 2mg)
 - Risperidone (0.25 -1.5mg)
 - Olanzapine (2.5 – 5.0mg)
 - Quetiapine (12.5 – 100mg)
 - Citalopram (10 – 40mg)
 - Dementia medications
 - (Carbamazepine)
- Start low!!

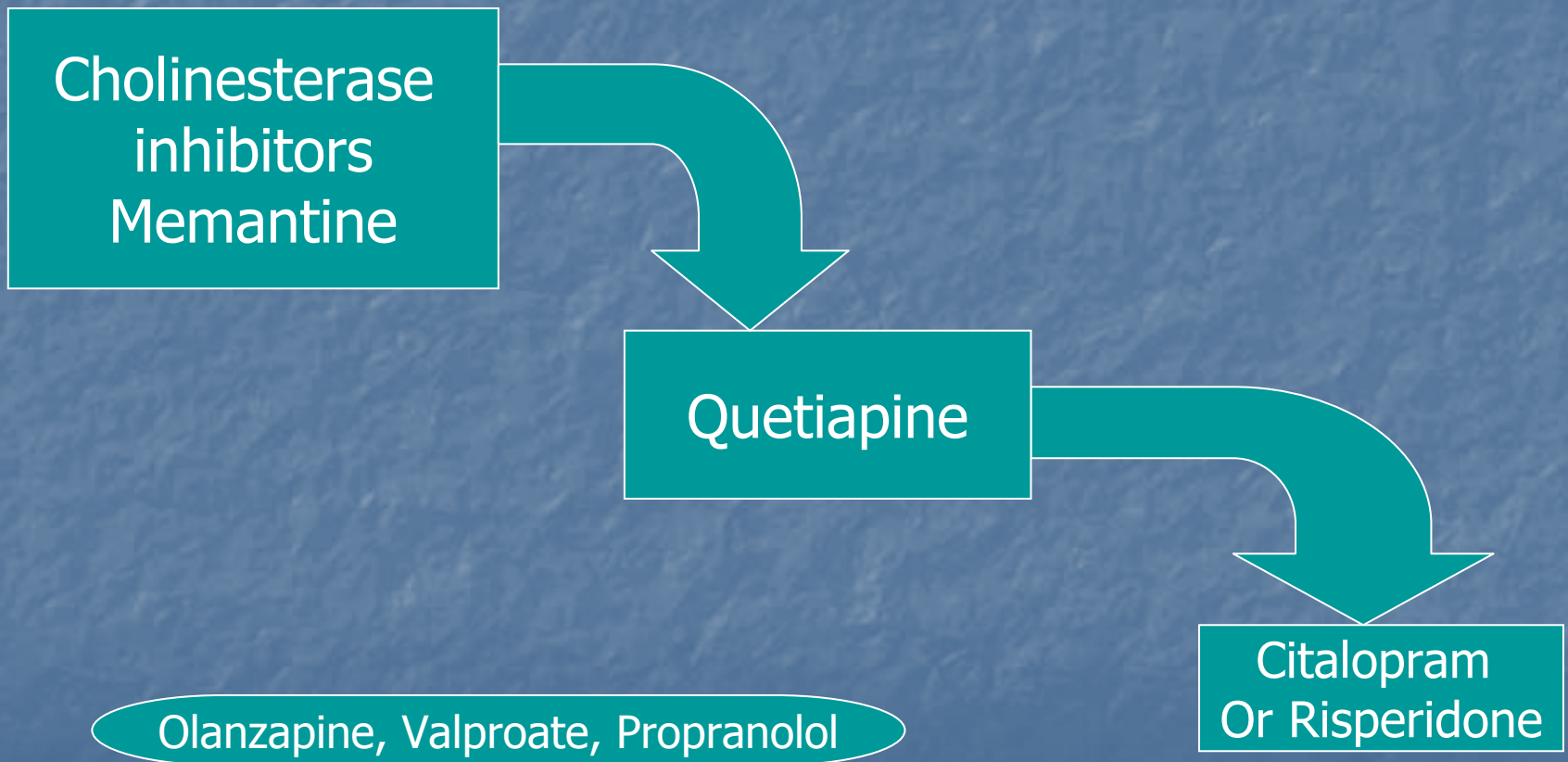
...misbehaviour...

- Pharmacological management:
 - Most medications have very limited success
 - Side effects very common – falls, hypoNa+
 - Risperidone/Olanzapine increase CVA rate: odds ratio 3.2
 - Need reviewing (and stopping?)

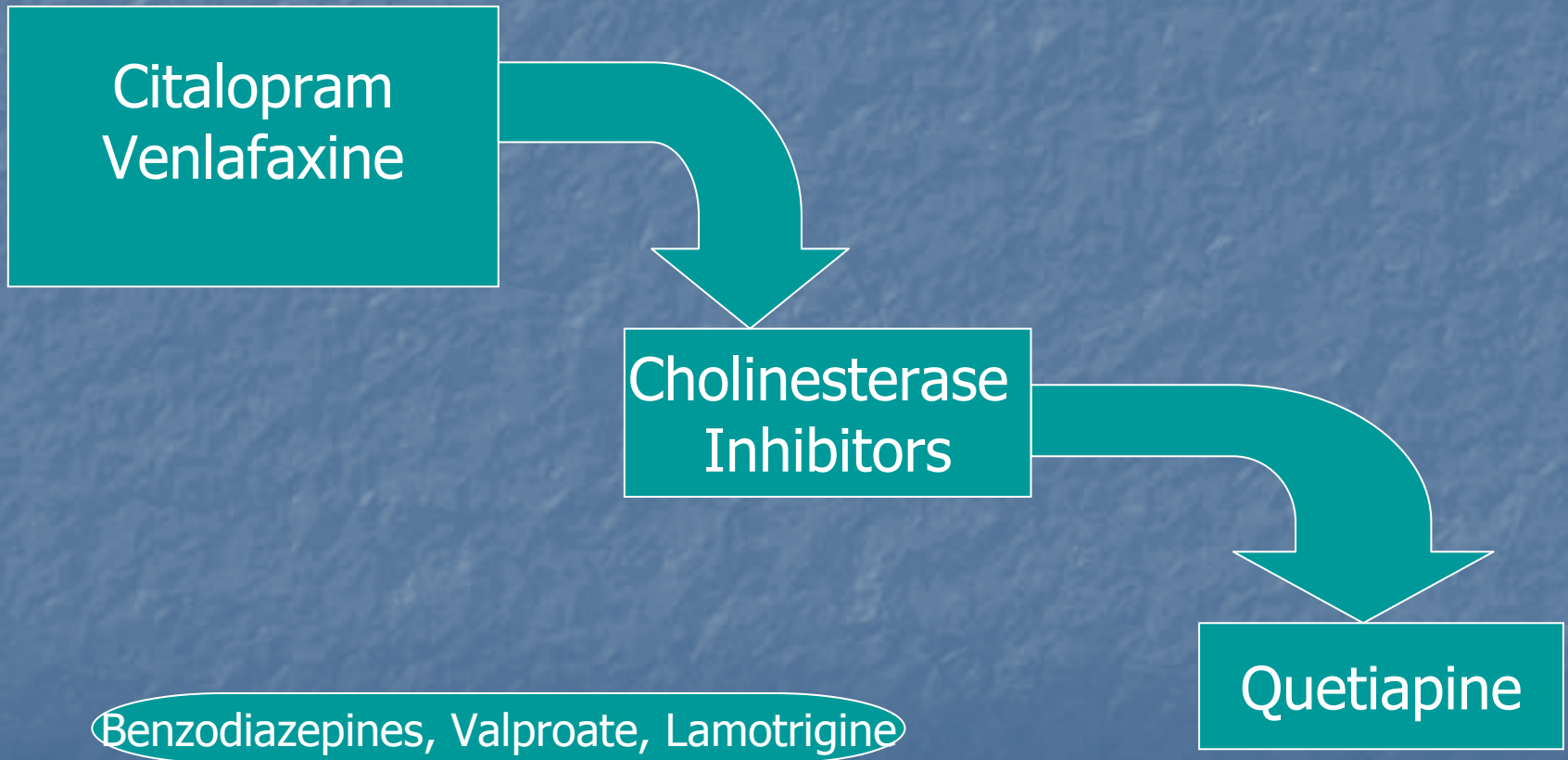
BPSD: psychosis



BPSD: agitation



BPSD: depression and anxiety



BPSD

- Sexual disinhibition
 - SSRIs
 - Depo Provera
 - Cyproterone acetate
- Calling out
 - ??
- Wandering
 - Medications may be useful if driven by agitation

TABLE 40-3. ORAL DRUGS FOR DEMENTIA

Drug Name	Starting Dose	Maximum Dose	Comments
Donepezil	5 mg once/day	10 mg once/day	<p>Donepezil is generally well tolerated but may cause weight loss, nausea, vomiting, or diarrhea.</p> <p>After at least 4-6 wk at 5 mg, the dose may be increased to 10 mg.</p>
Galantamine	<p>Immediate-release: 4 mg bid</p> <p>Extended-release: 8 mg once/day</p>	<p>Immediate-release: 12 mg bid</p> <p>Extended-release: 24 mg once/day</p>	<p>Galantamine modulates nicotinic receptors, appears to stimulate release of acetylcholine, and enhances its effect.</p> <p>Galantamine may cause weight loss, nausea, vomiting, or diarrhea.</p> <p>Total daily dose may be increased by 8 mg (for immediate-release formulation, 4 mg bid) at 4-wk (minimum) intervals until the maximum dose is reached.</p>
Memantine	5 mg once/day	10 mg bid	<p>Memantine is well tolerated.</p> <p>After 1 wk, the dose is increased to 5 mg bid for the 2nd wk, to 5 mg in the AM and 10 mg in PM for the 3rd wk, then to 10 mg bid.</p>
Rivastigmine	1.5 mg bid	6 mg bid	<p>Rivastigmine is available in liquid solution.</p> <p>Rivastigmine may cause weight loss, nausea, vomiting, or diarrhea.</p> <p>Total daily dose may be increased by 1.5 mg bid at 2-wk (minimum) intervals until the maximum dose is reached.</p>

...misbehaviour...

- Non-pharmacological management
 - Host of studies
 - Caregiver psychoeducation
 - RH staff training and education
 - Behavioural interventions
 - Music, sensory stimulation
 - (Activities, cognitive stimulation)
- Appropriate placement

...abuse....

- Elder abuse
 - 3 – 5% elderly
 - Tense living situation
 - Dementia (of carer?)
 - Dependency of caregiver
 - Alcohol/mental illness
 - Social isolation
 - (Counting the inheritance!)

...abuse...

- Types of abuse
 - Physical
 - Emotional
 - Sexual
 - Neglect
 - Financial

CASE: 76 year old widow, living alone

- Under our team for 18 months
- Moderate dementia
- Daughter EPOA in respect of Property and Welfare
- Daughter lived lower North Island
- Daily carer, meals on wheels

- Deteriorating memory and self-cares
- Initially coping in home
- Concerns raised about safety and care
- Rotten and uneaten food
- Couldn't use alarm
- Turning on stove
- Possibly being taken advantage of, house unlocked
- Neighbours concerned
- Daughter contacted: rejected our concerns

- → **Admission to the ward**
- Under the MHA: daughter not notified till afterwards
- Assessments confirmed lack of ability to look after herself
- Lacking capacity with respect of finances and welfare
- Meetings with daughter 1
 - Apology from us re MHA
 - Discussion re care
 - Points of view reiterated
 - Stalemate
- We threatened to go to court: S105, PPPR Act

- **...Daughter placed mother in care of son in Australia!!!**

...abuse?...

- Man taking severely demented wife out from Rest home for weekends – sexual relations
- Man attempting to care for wife and rejecting assistance – clumsy efforts
- Caregiver daughter using mother's EFTPOS card

...the law: Driving

- 20% 80y olds applying for licence renewal have dementia
- 30% demented drivers crash in 3 years
- CDR 0.5 crash rates = 15-19yo or DIC drivers
- CDR1.0 crash rates higher
- CDR 0.5 and 1.0: 2-3x higher than controls



Figure 3-19

Fatality Rate per 100 Million VMT by Age: 1996

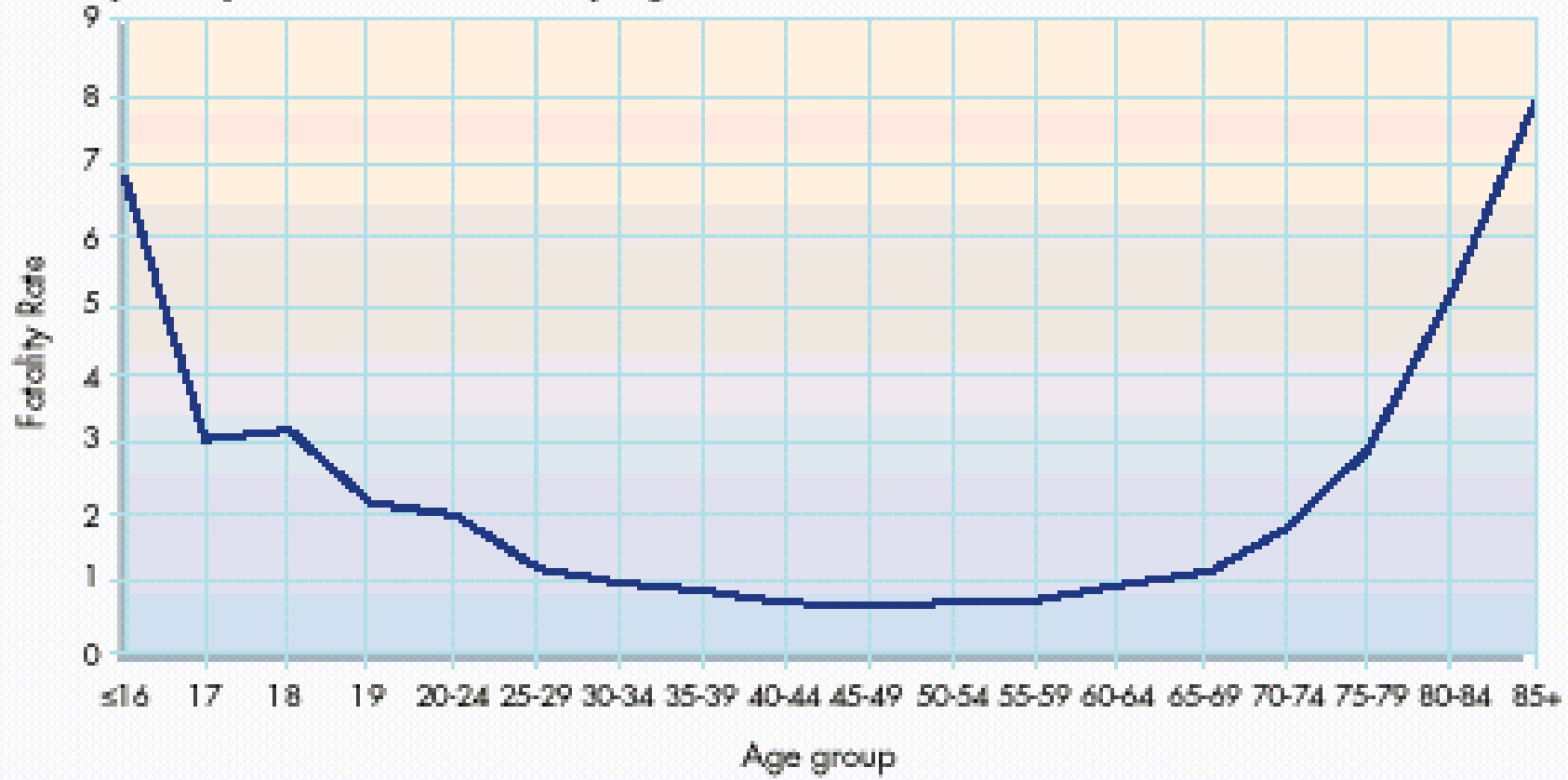
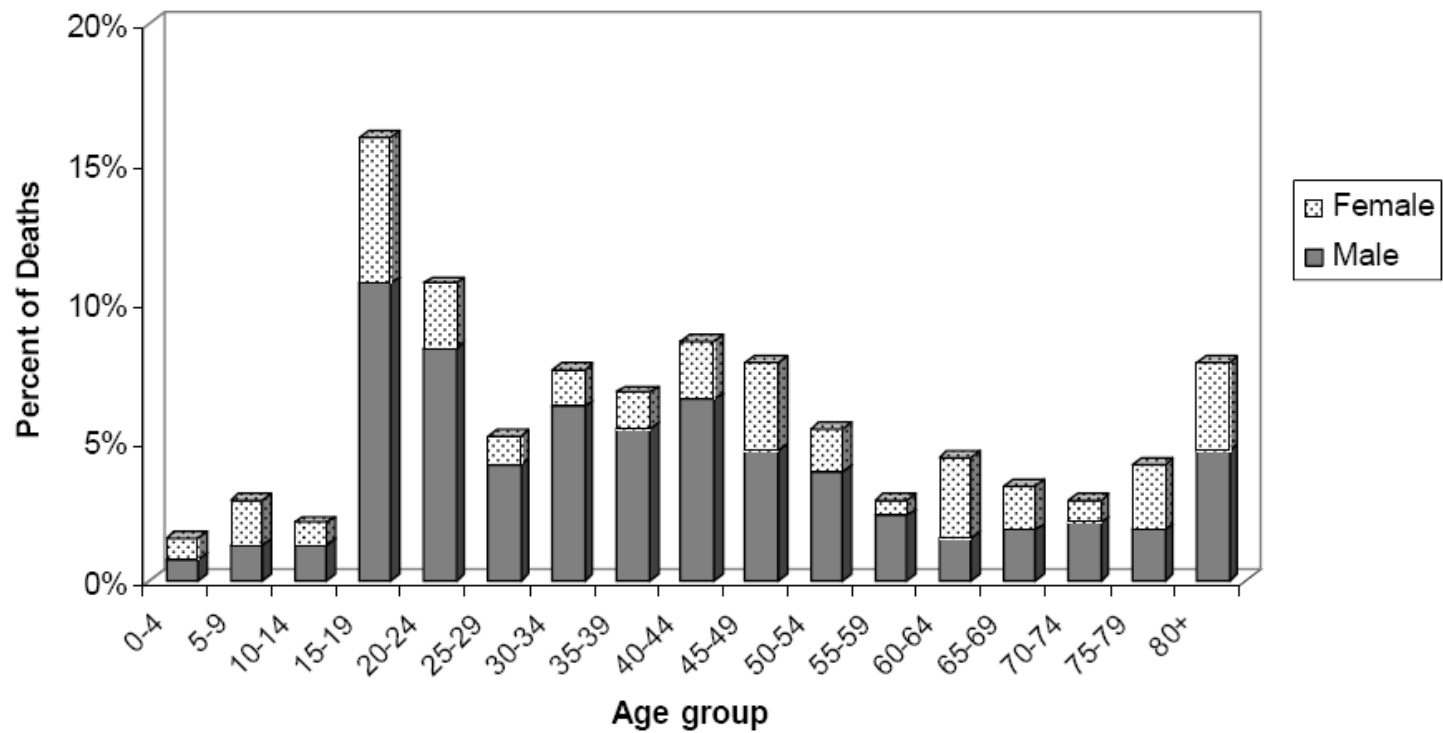


Figure 7
Percentage of Road Deaths by Age and Sex



...the law: Driving

- Difficult to assess in the office
- Collateral history critical
- c. \$400 full driving assessment
- \$40 LTSA practical driving test
- And if they don't stop driving....?

... the law: EPOA.

- Enduring Power of Attorney (PPPR Act)
 - Authority to act on a person's behalf
 - Property
 - May be shared
 - Person may still be competent
 - May be partial
 - Personal care and welfare
 - Cannot be shared
 - Activated when incompetent
 - Can be partial
- Please make sure everyone has one!!!
 - The courts are very slow.....