



WEBINAR

Wednesday, 26 August 2020
7.00 – 8.00 pm AEST

WORKING TOGETHER TO ENHANCE TRANSITIONS OF CARE FOR PEOPLE WITH DEMENTIA



FOCUS OF THE WEBINAR

- ▶ Developing management plans, using a person-centred approach that involves the multidisciplinary team, to find non-pharmacological strategies to help manage behaviours.
- ▶ Identifying that antipsychotics or benzodiazepines have only specific (short-term) use in the management of changed behaviours.
- ▶ Reviewing and monitoring patients taking psychotropic medicines to assess the risk of harm from continued use, and the potential benefits of deprescribing.



WHY ARE WE HERE TODAY?

- ▶ 75% of people with dementia live in the community,¹ with an estimated 6% prescribed an antipsychotic.²
- ▶ Even when appropriate, only 20% derive some benefit from antipsychotics.^{3,4}
- ▶ Side effects of antipsychotics include cognitive decline, stroke and death.⁵
- ▶ HALT study shows only 20% had worsening of changed behaviours when de-prescribed.⁶

¹ Australian Institute of Health and Welfare. Dementia in Australia. Canberra: AIHW, 2012. ² Harrison SL, Sluggett JK, Lang C, et al. Med J Aust. 2020;212(7):309-313. ³ Brodaty H, Ames D, Snowden J, et al. A J Clin Psychiatry. 2003;64(2):134-143. doi:10.4088/jcp.v64n0205. ⁴ Schneider LS, Dagerman K, Insel PS. Am J Geriatr Psychiatry. 2006;14(3):191-210. doi:10.1097/01.JGP.0000200589.01396.6d. ⁵ Yunusa I, Alsumali A, Garba AE, et al. JAMA Netw Open 2019;2:e190828. ⁶ Brodaty H, Aerts L, Harrison F, et al. J Am Med Dir Assoc 2018;19 (7):592-600 e7

WHAT IS CHANGED BEHAVIOUR IN A PERSON WITH DEMENTIA?

It is an umbrella term for a number of non-cognitive symptoms of dementia.

- ▶ Agitation
- ▶ Depression or apathy
- ▶ Aggression, swearing and other culturally inappropriate behaviours
- ▶ Screaming
- ▶ Shadowing and wandering

A CASE STUDY: MEET BERT

- ▶ Bert is a 78-year-old man.
- ▶ He has a diagnosis of Alzheimer disease.
- ▶ He has transitioned into your care at an RACF due to aggressive behaviours.
- ▶ He has longstanding shoulder and back pain.



A CASE STUDY: BERT CONTINUED

- ▶ He is currently taking risperidone 0.5 mg in the morning and 1.5 mg at night.
- ▶ Risperidone was commenced in the community setting, as his family wanted to keep Bert at home, rather than transfer him into an RACF.
- ▶ However, the family were struggling to care for him, especially when he was showing aggressive behaviours.

OTHER CONSIDERATIONS



Pain



Depression



Constipation



Delirium

APPROACHES TO ASSESSING BEHAVIOUR

3 Models of Thought

Lowered stress threshold

Unmet need

Biological

EVEN WHEN IT IS DEMENTIA...

Behaviours that may respond	Behaviours that respond poorly
Hallucinations	Apathy
Delusions	Low mood
Persistent angry, anxious or aggressive states	Inappropriate toileting
	Inappropriate sexualised behaviour
	Wandering
	Calling out

A CASE STUDY: MEET MR CJ

- ▶ Mr CJ is a 77-year-old man.
- ▶ He has Lewy body disease diagnosed by a geriatrician.
- ▶ He had marked hallucinations and delusions
 - ◆ was trying to find parents of children he thought were unsupervised
 - ◆ has been found sitting on the fence of the local school.
- ▶ He was admitted to hospital to try and stabilise his changed behaviours.



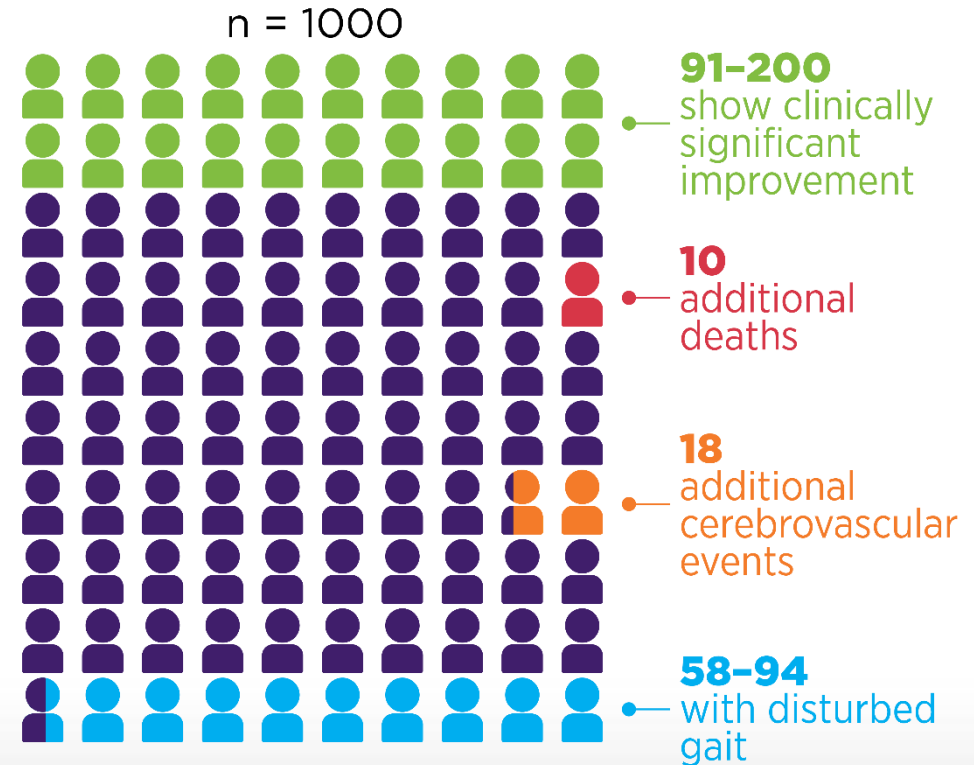
A CASE STUDY: MR CJ CONTINUED

- ▶ He has been discharged to an RACF and is newly under your care.
- ▶ Currently taking quetiapine 25 mg twice a day.
- ▶ The family tell you the hospital commenced quetiapine when he was an inpatient 3 weeks earlier.
- ▶ You find him settled but he seems sedated and is showing Parkinsonian symptoms.
- ▶ There is no clear management plan.

RISKS OF HARMS FROM ANTIPSYCHOTICS

...when used to treat changed behaviours in people with dementia

*Note 800-909 will not have a clinically significant response



RESOURCES

Patients

- ▶ Dementia Australia:
<https://www.dementia.org.au>
 - ◆ National Helpline 1800 100 500
- ▶ Dementia Support Australia:
<https://dementia.com.au/>
 - ◆ Dementia behaviour advisory service
 - ◆ Severe behaviour response team

Health professionals

- ▶ <https://dementiakt.com.au/doms>
 - ◆ Diagnostic Tools
- ▶ Dementia Training Australia:
<https://dta.com.au>
 - ◆ Education & training
- ▶ <https://www.nps.org.au/professionals/antipsychotic-medicines>
 - ◆ Resources and tools

REFERENCES

1. Australian Institute of Health and Welfare. Dementia in Australia. Canberra: AIHW, 2012
2. Harrison SL, Sluggett JK, Lang C, et al. The dispensing of psychotropic medicines to older people before and after they enter residential aged care. Med J Aust. 2020;212(7):309-313.
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3. Brodaty H, Ames D, Snowden J, et al. A randomized placebo-controlled trial of risperidone for the treatment of aggression, agitation, and psychosis of dementia. J Clin Psychiatry. 2003;64(2):134-143.
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4. Schneider LS, Dagerman K, Insel PS. Efficacy and adverse effects of atypical antipsychotics for dementia: meta-analysis of randomized, placebo-controlled trials. Am J Geriatr Psychiatry. 2006;14(3):191-210.
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5. Yunusa I, Alsumali A, Garba AE, et al. Assessment of reported comparative effectiveness and safety of atypical antipsychotics in the treatment of behavioral and psychological symptoms of dementia: A network meta-analysis. JAMA Netw Open 2019;2:e190828. <https://www.ncbi.nlm.nih.gov/pubmed/30901041>
6. Brodaty H, Aerts L, Harrison F, et al. Antipsychotic Deprescription for Older Adults in Long-term Care: The HALT Study. J Am Med Dir Assoc 2018;19 (7):592-600 e7. <https://www.ncbi.nlm.nih.gov/pubmed/29941156>