BPSD IN COVID-19

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DISCLOSURE

The relationship are summarized below:

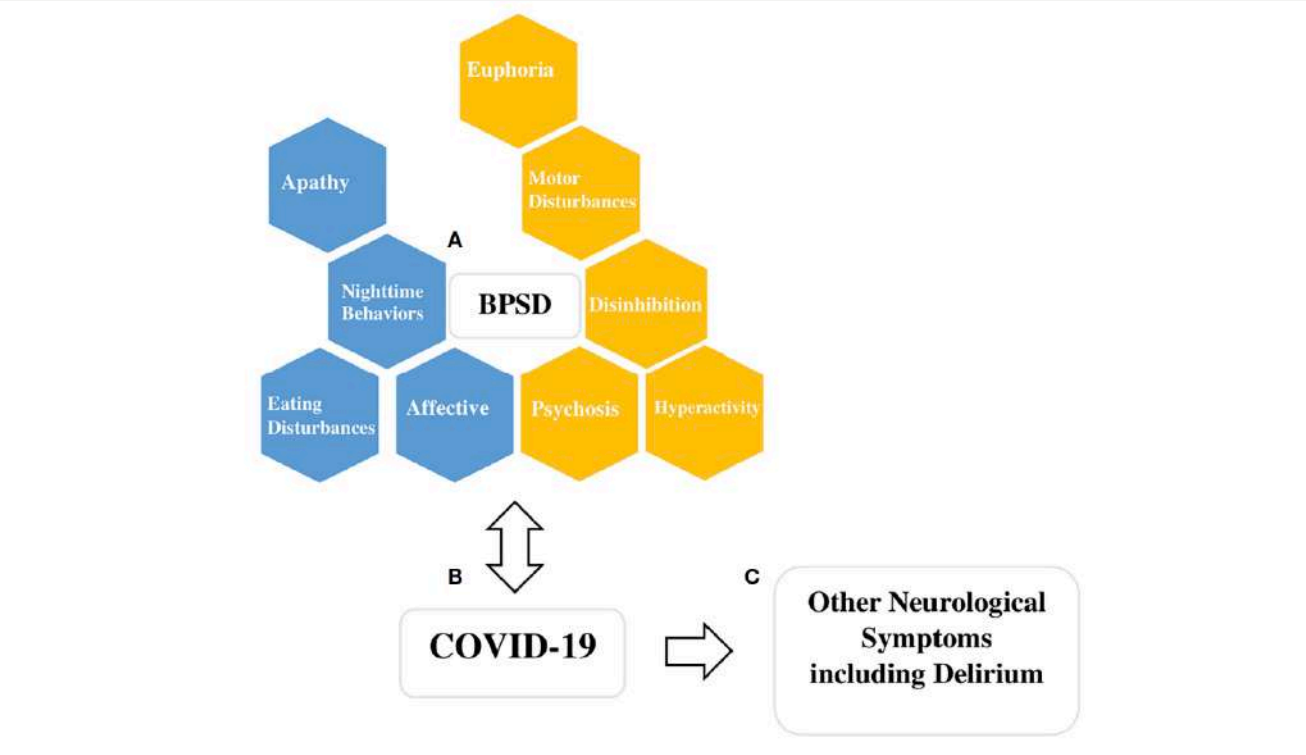
Interest	Name of organization
Consultancy fee	None
Speaker fee	None
Research fee	None

- I do not hold any share in, not have any ongoing financial relationship, any pharmaceutical or biomedical company

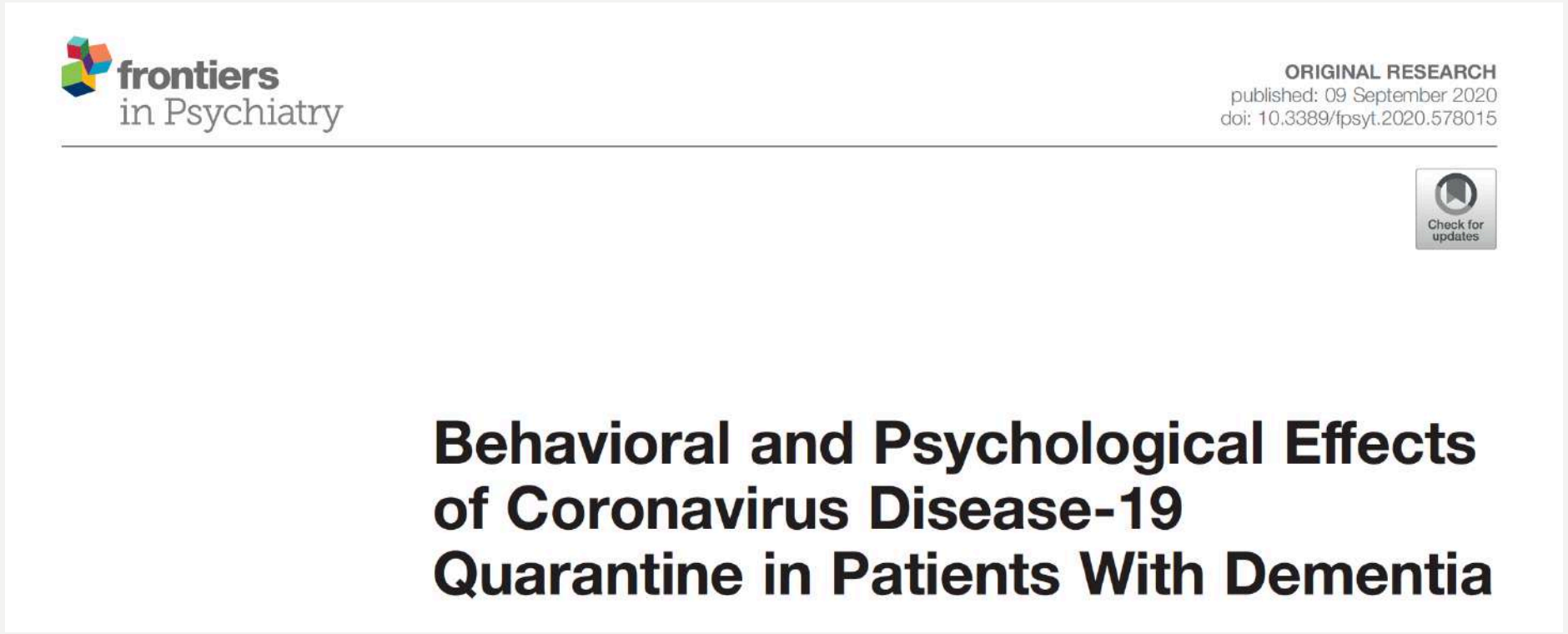
OUTLINES

- BPSD changes in COVID-19
- Non-pharmacological approaches
- Pharmacological intervention

COVID-19 DEMENTIA



Courtesy by Keng A, October 2020



- A total of 4,913 caregivers participated in the survey
- Increased BPSD was reported in 59.6% of patients.
- worsening of preexisting symptoms (51.9%)
- New onset (26%)
- requested drug modifications in 27.6% of these cases.

OVERVIEW OF SYMPTOM CHANGE

- Anxiety and depression wereassociated with a diagnosis of AD (OR 1.35, CI: 1.12– 1.62), mild to moderate disease severity and female gender.
- DLB was signifi cantly associated with a higher risk of worsening hallucinations (OR 5.29, CI 3.66– 7.64) and sleep disorder (OR 1.69, CI 1.25– 2.29).
- FTD with wandering (OR 1.62, CI 1.12– 2.35), and change of appetite (OR 1.52, CI 1.03– 2.25).

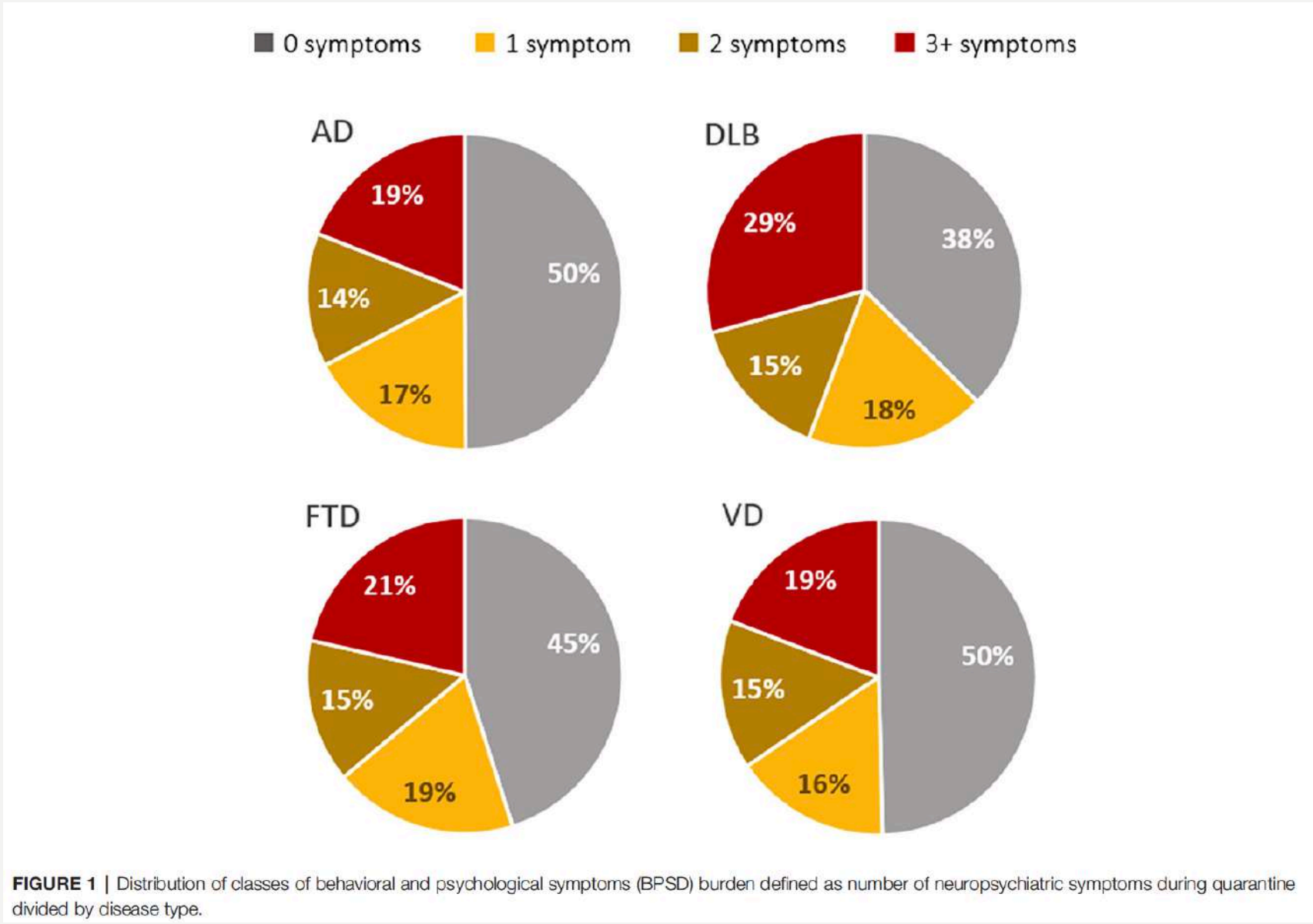


FIGURE 1 | Distribution of classes of behavioral and psychological symptoms (BPSD) burden defined as number of neuropsychiatric symptoms during quarantine divided by disease type.

FREQUENCY OF BEHAVIORAL AND PSYCHOLOGICAL SYMPTOMS

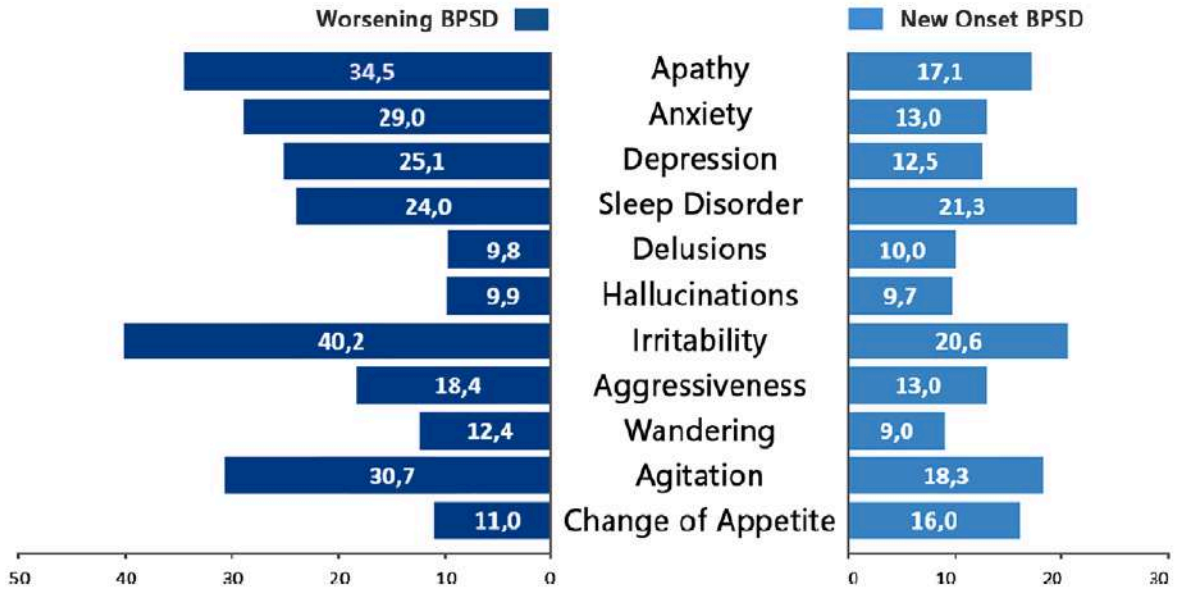


FIGURE 2 | Frequency of behavioral and psychological symptoms (BPSD) worsened (dark blue) and newly ongoing (light blue) in the sample of patients with BPSD changes (worsened and/or new onset, n = 2,929).

Courtesy by Cagnin A, September 2020

BPSD CHANGES

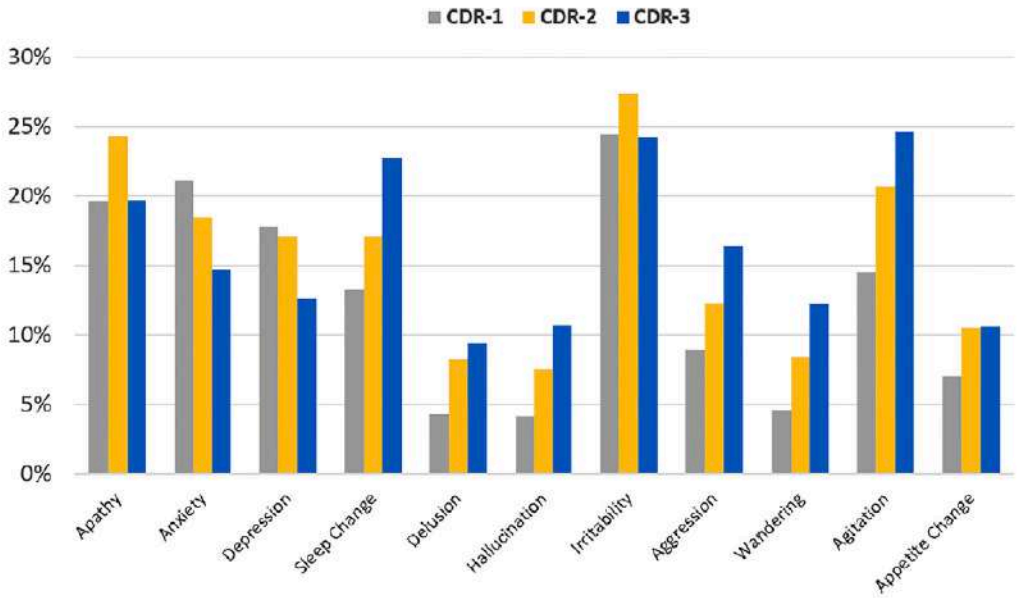


FIGURE 3 | Frequency of neuropsychiatric symptoms in patients with behavioral and psychological symptoms (BPSD) changes (worsened and/or new onset, n=2,929) divided by disease severity defined by Clinical Dementia Rating scale (CDR): mild: CDR-1 gray bar; moderate: CDR-2 orange bar and severe: CDR-3 blue bar.

Courtesy by Cagnin A, September 2020

BPSD IN DIFFERENT DISEASE TYPE

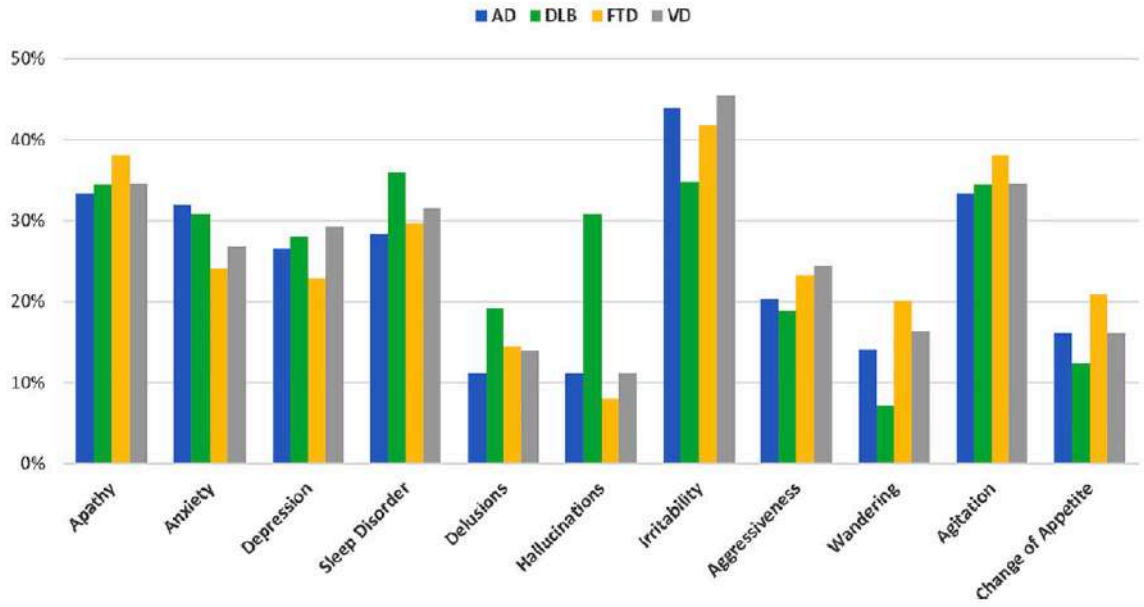


FIGURE 5 | Frequency of neuropsychiatric symptoms in patients with behavioral and psychological symptoms (BPSD) changes (worsened and/or new onset, n=2,929) divided by disease type (blue bar AD, green DLB, yellow FTD, gray VD).

Courtesy by Cagnin A, September 2020

GENDER DIFFERENCE

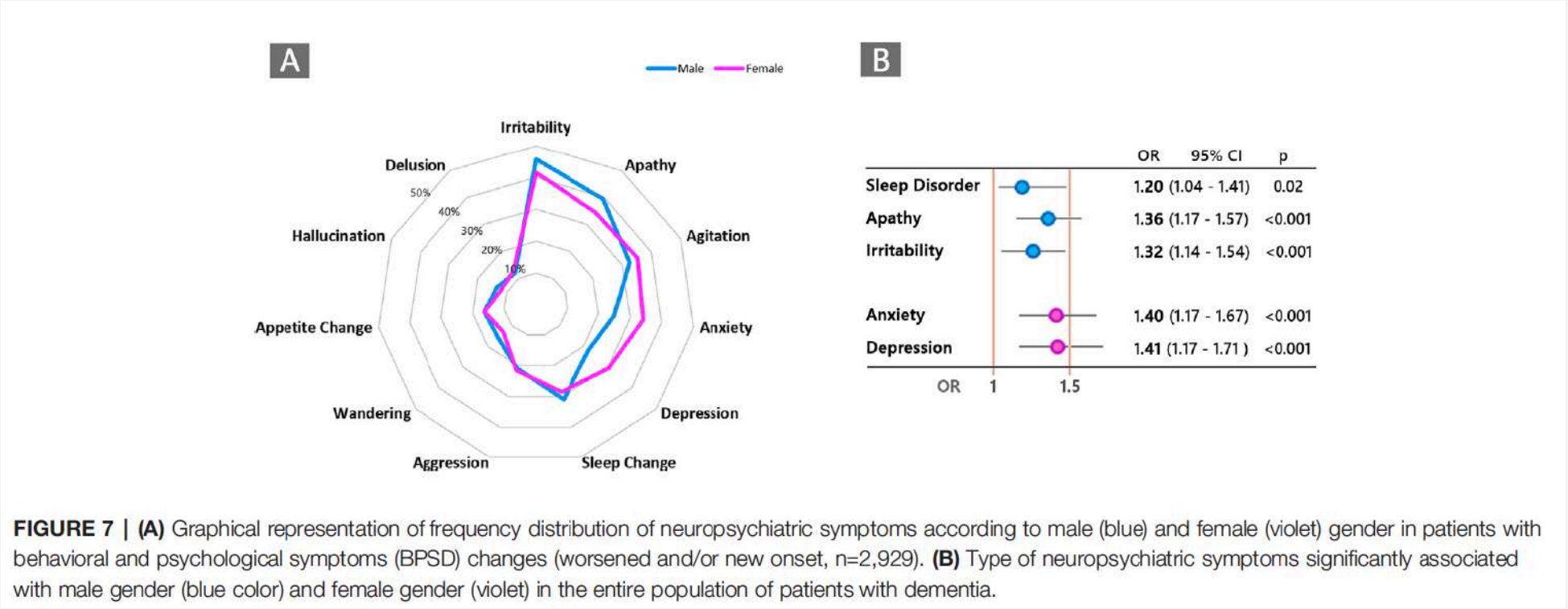


FIGURE 7 | (A) Graphical representation of frequency distribution of neuropsychiatric symptoms according to male (blue) and female (violet) gender in patients with behavioral and psychological symptoms (BPSD) changes (worsened and/or new onset, n=2,929). **(B)** Type of neuropsychiatric symptoms significantly associated with male gender (blue color) and female gender (violet) in the entire population of patients with dementia.

Courtesy by Cagnin A, September 2020

KEY POINTS

1. Detection of depression in neurodegenerative disease is facilitated by using both valid rating scales and clinical acumen.
2. Management of depression requires clinicians to consider several factors including patient preferences, illness severity (like suicidality), and comorbidities (both medical and psychiatric).
3. First-line therapy should include nonpharmacologic treatment (e.g., CBT) if possible.
4. While additional PD and dementia-specific evidence on pharmacologic therapy of depression is needed,

AGGRESSION AND AGITATION

What 's your choice?

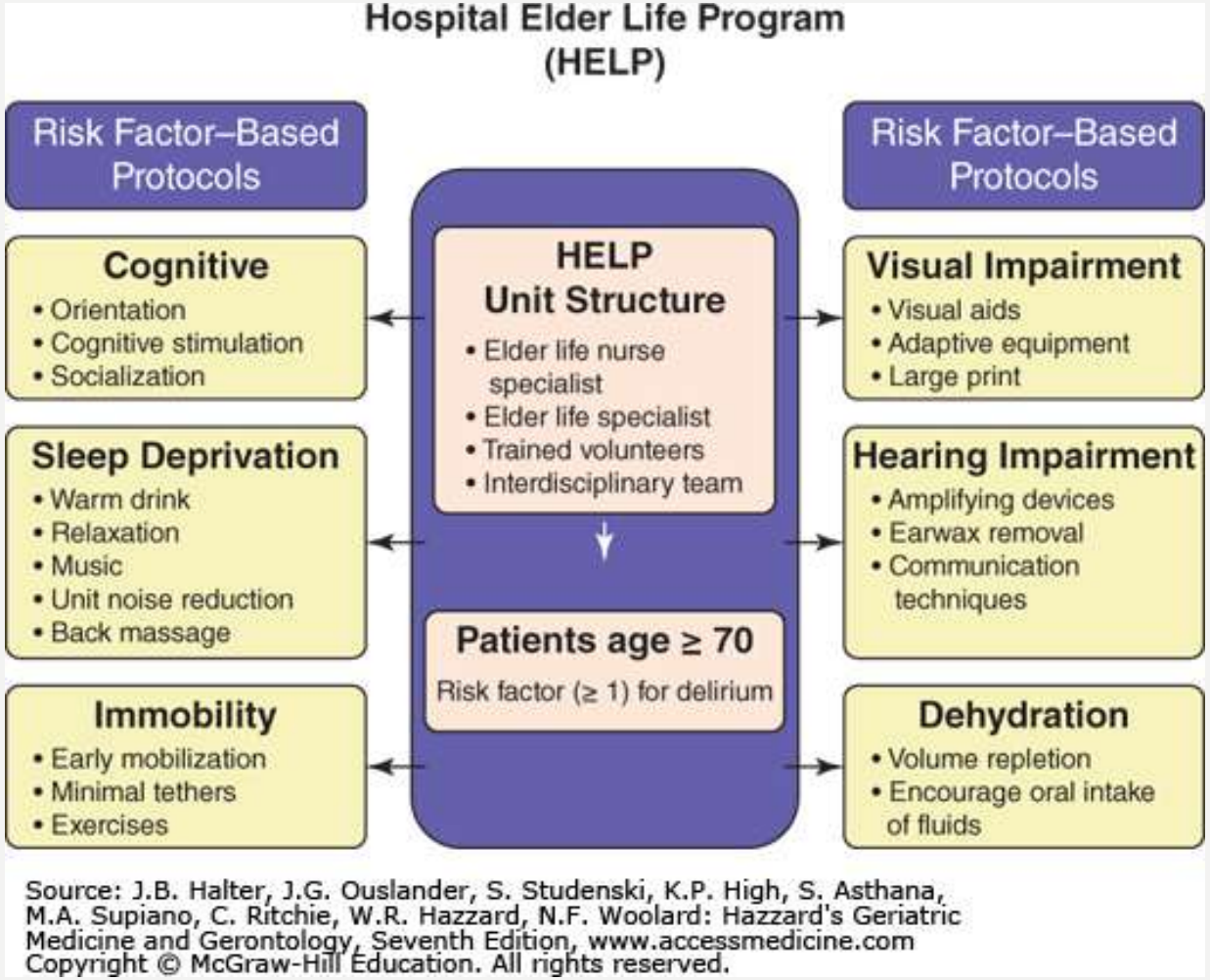
- In most cases, tailored nonpharmacologic treatment strategies should be considered first- line.(A)

Goodarzi Z, Mele B, Guo S, et al. Guidelines for dementia or Parkinson's disease with depression or anxiety: a systematic review. BMC Neurol 2016;16:244.

NON-PHARMACOLOGICAL

- Home
- Education
- Support

Stress-related symptoms were experienced by two-thirds of caregivers and were associated with increased patients' neuropsychiatric burden ($p<0.0001$).


Hospital Elder Life Program
(HELP)
Risk Factor–Based Protocols
Risk Factor–Based Protocols
Cognitive
• Orientation
• Cognitive stimulation
• Socialization
HELP Unit Structure
• Elder life nurse specialist
• Elder life specialist
• Trained volunteers
• Interdisciplinary team
Visual Impairment
• Visual aids
• Adaptive equipment
• Large print
Sleep Deprivation
• Warm drink
• Relaxation
• Music
• Unit noise reduction
• Back massage
Hearing Impairment
• Amplifying devices
• Earwax removal
• Communication techniques
Patients age ≥ 70
Risk factor (≥ 1) for delirium
Immobility
• Early mobilization
• Minimal tethers
• Exercises
Dehydration
• Volume repletion
• Encourage oral intake of fluids
Source: J.B. Halter, J.G. Ouslander, S. Studenski, K.P. High, S. Asthana, M.A. Supiano, C. Ritchie, W.R. Hazzard, N.F. Woolard: Hazzard's Geriatric Medicine and Gerontology, Seventh Edition, www.accessmedicine.com
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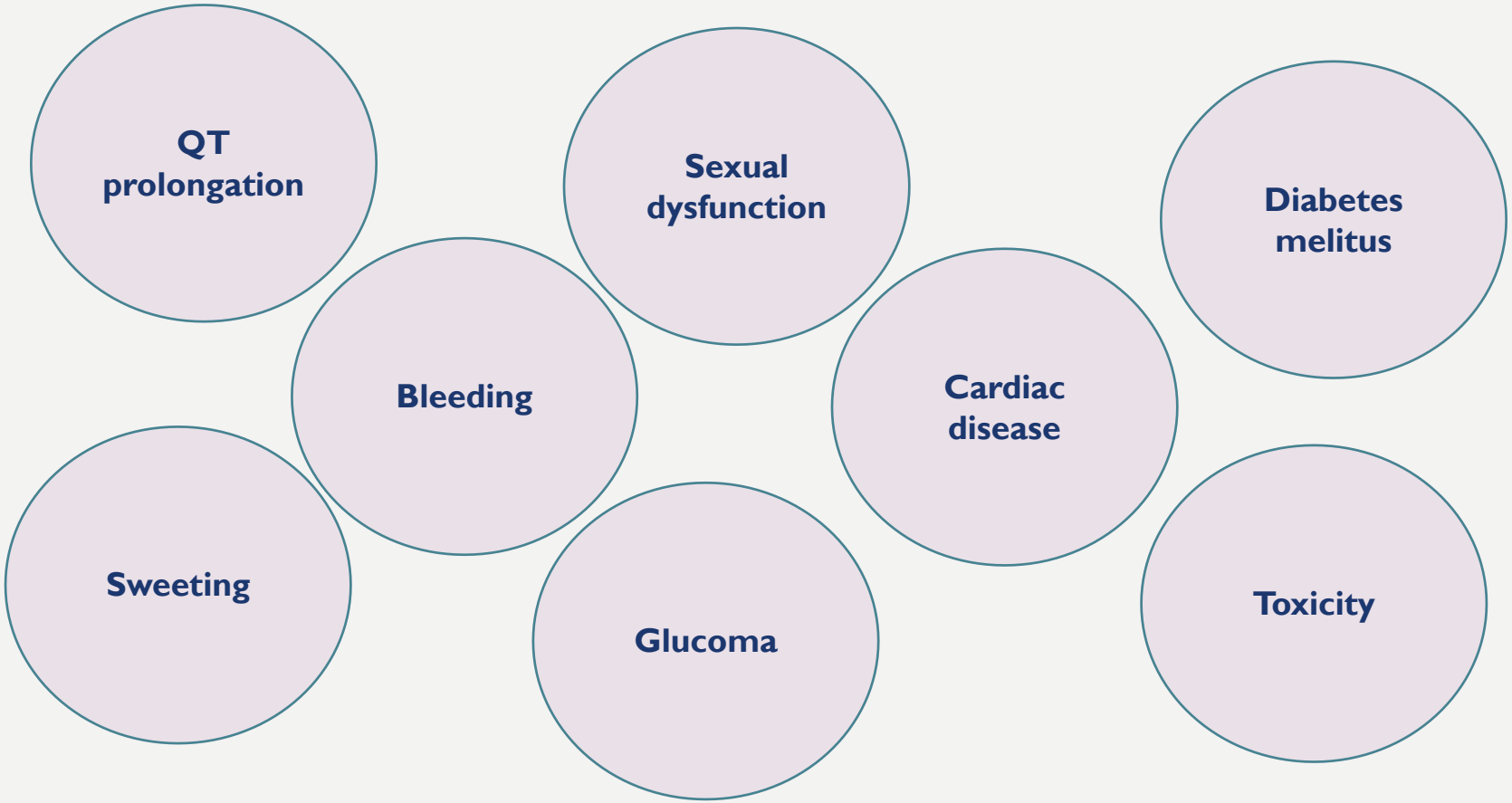
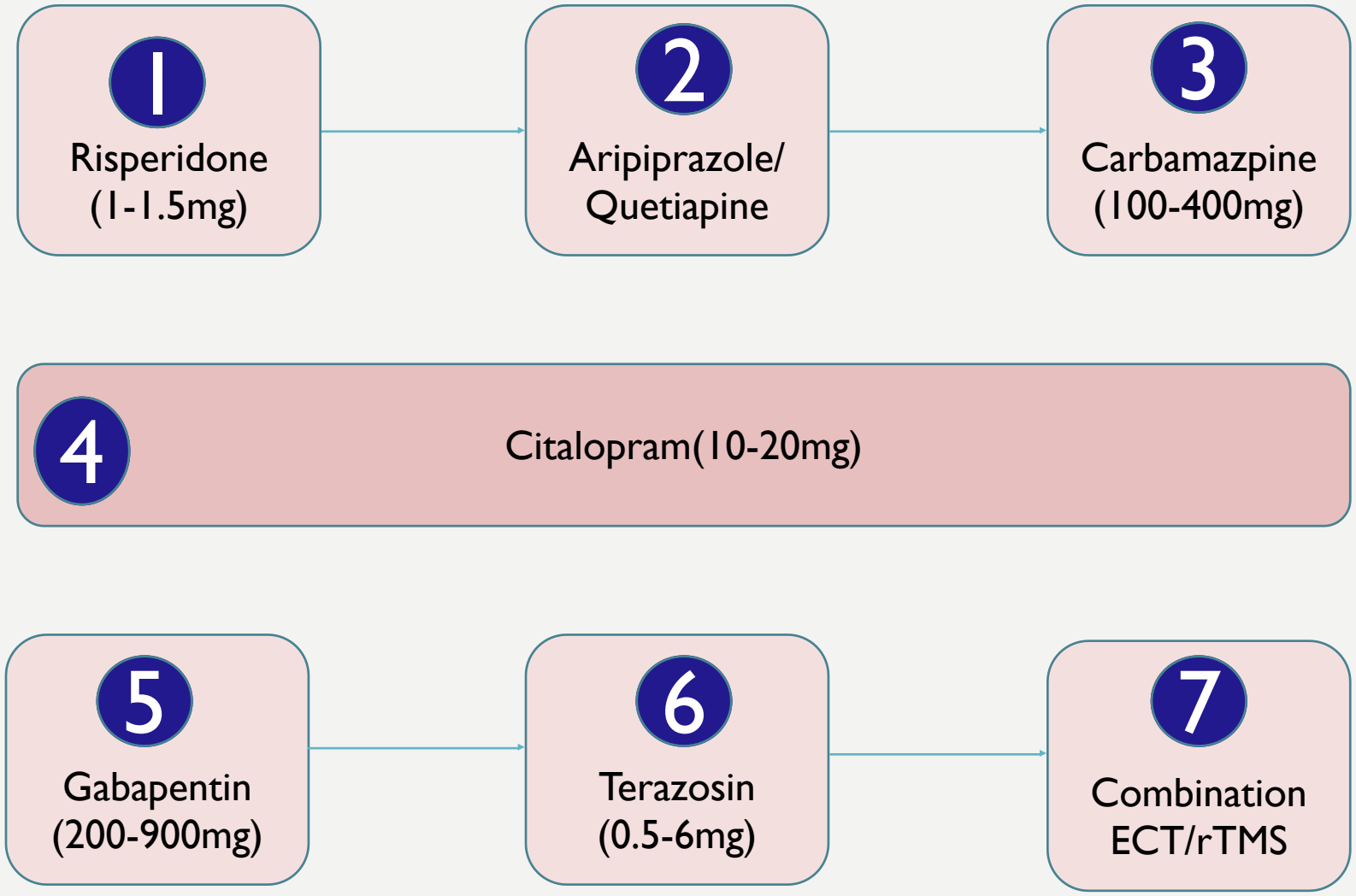
(A)

COMORBIDITY SELECTION



AGGRESSION AND AGITATION



Davis et al,Journal of Psychopharmacology2018,Vol. 32(5) 509– 523)