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THE DOKOTELA DOCTORS' NEWSLETTER

December Edition 2019

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MESSAGE FROM DOKOTELA MEDICAL DIRECTOR, DR ZELKO MUSTAC

Agitation In Dementia

One of the challenges of General Practice is the management of patients suffering from Alzheimer's dementia who are demonstrating disruptive behaviours including agitation, mood disturbance and aggression. Understandably the relatives and carers of these patients expect help.

A summary of the key medications you may consider are below:

Anti-Cholinesterase Inhibitors: Although anti-cholinesterase inhibitors and Memantine have shown statistical significance in clinical trials with large numbers of patients, it is impossible to predict their efficacy in an individual patient.

Atypical Anti-psychotics: Atypical anti-psychotics were initially hoped to be a solution to agitation in dementia, however they have proven to be no better than placebo. Concerningly, they have demonstrated severe harm and their use has consequently been restricted. Instead, the presence of psychotic symptoms may be a better focus for these medications.

Antidepressants: The antidepressant Citalopram has been found effective for a subgroup of patients suffering from agitation associated with dementia. Probably Escitalopram would be a better choice because of the lower risk of QT prolongation. It emerged that those patients who are least affected by dementia and had moderate degrees of agitation responded best to the medication. Those with more advanced dementia did not respond. Responding patients were not in a residential setting and had only mild cognitive impairment but had moderate to moderately severe agitation. Placebo was more effective in the more severely demented patients who had MMSE less than 20.

Take-Away Message: The effect size for medications treating agitation in patients suffering from dementia has repeatedly been very disappointing. Agitation in dementia has proven difficult to treat and perhaps until there is an effective treatment for the underlying pathology it will remain resistant to interventions by medications.

Our extrapolations of concepts such as hallucinations, delusions, anxiety, mood disorder from non-demented patients may not have applicability to those patients suffering from dementia.

Expert advice from Psychogeriatricians and Geriatricians is available through Medicare. Dokotela has Specialists in the field available via Teleconference to work with you. **Every patient being seen from an aged care facility is bulk billed.**

Reference:

Leonpacher AK, Peters ME, Drye LT et al
Effects of Citalopram on Neuropsychiatric symptoms in Alzheimer's Dementia: Evidence from the CitAD Study.
Am J Psychiatry 2016;173:473-480

AN OVERVIEW OF EARLY ONSET DEMENTIA

Dr Sneha Bharadwaj, Consultant Geriatrician.

Early Onset Dementai (EOD) is uncommon, under reported and difficult to diagnose. It can be stratified into two streams, before 45 years of age or between 45 to 65 years of age. Genetic mutations are common, expressing as a variety of clinical syndromes, often with a positive family history. These present gradually or as rapidly progressive dementias (RPD), requiring extensive investigations and multi-specialty input.

Alzheimer disease is most common, followed by frontotemporal dementia (FTD) and vascular dementia (VAD). FTD has behaviour and personality changes, psychiatric symptoms and language variants. Cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy (CADASIL) is the commonest inherited VAD with multiple TIAs, stroke, early executive dysfunction, migraine and neuropsychiatric disturbances. RPDs result from infections (e.g. CJD, HIV, herpes encephalitis, neurosyphilis), metabolic, inflammatory, autoimmune and paraneoplastic causes. Chronic traumatic encephalopathy is a recently recognised occupational hazard of contact sport settings, combat and motor vehicle accidents resulting in cognitive impairment, neuropsychological symptoms and Parkinsonism. Alcohol abuse, depression and psychiatric disorders can mimic dementia and need to be excluded in all cases.

Evaluation of EOD is by careful history taking, using DSM 5 criteria for diagnosis, physical and neurological examination, laboratory investigation with basic cognitive screening bloods and neuroimaging, to exclude reversible causes and alternative pathology. RPDs often require lumbar puncture, EEG, extensive blood tests and paraneoplastic panel with brain biopsy being limited to diagnostic dilemmas. Given the heterogeneity of causes, treatment is tailored to the aetiology of dementia and stage of the disease, with palliative care and support services being the hallmark of late stages of all dementias.

CHRISTMAS WISHES!

Wishing you all a very happy holiday and a joyful New Year.
Best wishes from the Dokotela Team

SPECIALISTS IN FOCUS

Associate Professor Janine Stevenson

Psychogeriatrician

Associate Professor Stevenson has been in Psychiatric practice for over 38 years, working in adult and old age Psychiatry. Currently, Professor Stevenson is the Medical Director of an Older Adult inpatient Psychiatry unit as well as seeing outpatients for long-term Psychotherapy. In addition to clinical work, Professor Stevenson has been involved in research into personality disorders, diagnosis, prevalence and outcome of Psychotherapy, for over 30 years. She lectures and supervises Postgraduates in the Sydney University's Master of Medicine program, which teaches Psychotherapy for victims of complex trauma. Her main interests are with victims of trauma, personality disorders, older adults and dementia.

Dr Thurairetnam Sivaruban (Ruban)

Psychogeriatrician

Dr Sivaruban (Ruban) is an Australian trained Psychiatrist and is a Fellow of the Royal Australian and New Zealand College of Psychiatrists. Dr Ruban is an aged care and general adult Psychiatrist. He will also conduct mental health assessment for people 18 years and over. Dr Ruban has a special interest in people over 65 years and people with intellectual disabilities. Dr Ruban is an experienced Psychiatrist who works both in a public hospital and in private clinics. Dr Ruban has expertise in managing a variety of mental health disorders such as mood disorders, psychosis and anxiety disorders. He conducts mental health assessment for people with dementia, intellectual disability and related behavioural and psychological issues.

Dr Sneha Bharadwaj

Consultant Geriatrician

Dr Sneha Bharadwaj is a Consultant Geriatrician with 5 years of experience in the field. Dr Bharadwaj holds current positions in both the public sector and private hospitals. She is also attached to the Australian Alzheimer's Research Foundation clinical trials division. Dr Bharadwaj's areas of interest include cognitive decline, dementia syndromes, Parkinson's disease, bone health, general geriatrics, rational prescribing and palliative care in the elderly.

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To book an appointment with one of our highly experienced Specialists, please contact our friendly Administration team on (02) 8003 7668. Alternatively, please fax your referral letter to (02) 8569 1844 and we will be in touch with your patient and your clinic to arrange the appointment.