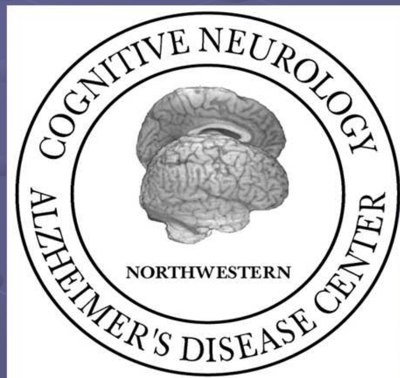
Assessing and Treating Mood and Behavioral Symptoms in FTD and PPA



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FRONTOTEMPORAL DEMENTIA AND PRIMARY PROGRESSIVE APHASIA

CAREGIVER EDUCATION and SUPPORT CONFERENCE

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Outline

- Overview of Behavioral Symptoms
- Communication
- Environmental Modifications in Addressing Behavioral Symptoms
- Pharmacologic Approaches
- Psychiatric Consultation
- Caregiver Stress and Resources

FTD/PPA leads to problems with decision-making, behavioral control, emotion processing, social cognition and language

Associated Behavioral Symptoms

- Apathy
- Impulsivity
- Lack of judgment
- Repetitive or compulsive behaviors
- Delusional thinking
- Euphoria

Early Behavioral Symptoms in FTD

- Early decline in social/interpersonal conduct suggesting a loss of self-control
- Loss of insight or denial of symptoms
- Decline in tactfulness or manners
- Violation of interpersonal space
- Loss of interest in personal hygiene
- Reduction in verbal output
- Emotional blunting
- Pathological gambling
- Craving for sweets, weight gain

More Behavioral Symptoms in FTD

- Delusions (fixed false beliefs)
  - Jealousy, religious, unusual thoughts
- Compulsive-like behaviors/simple repetitive acts
  - Verbal or motor stereotypic behavior such as lip smacking, hand rubbing or clapping, counting aloud, and humming
- Driven to touch or use items in their view
  - Pick up a pen and use it, take food when not hungry
- Complex repetitive motor routines
  - Wandering a fixed route, collecting and hoarding objects, counting money, checking and rituals involving unusual toileting and hygiene behavior

Communication in PPA/FTD

- Engage with eye contact and a gentle touch
- Communicate in a quiet, calm environment with an upbeat voice to facilitate engagement
- Speak slowly, use gestures and visual cues, particularly when language is impaired
- Speech therapy can be helpful in early stage

Facilitating Cooperation

- Offer positive choices eg “Let’s go out now” or “Do you want to wear your blue or red coat?”
- Participate in social situations but discuss and plan ahead of time and prompt the patient during the event. Have other caregivers nearby if you need extra help.
- Do not correct the patient’s grammar or pronunciation if their essential message is clear

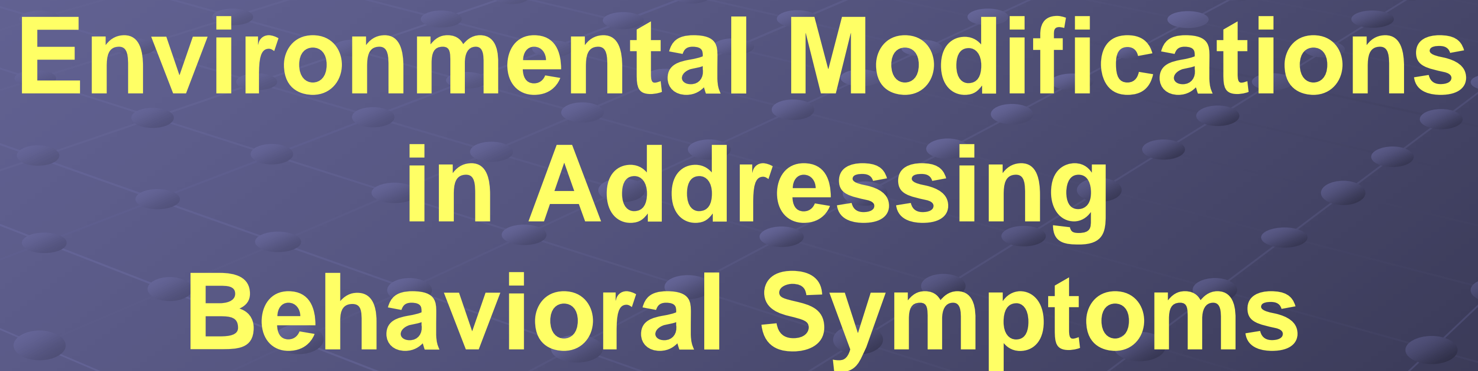
Augmentative Communication

- **Communication notebook**
  Has essential words and
  pictures organized
  by topic for easy access

- Drawing **pictures** for communication

- Use of **gestures** or **physical cues**

- **Computerized communication devices**
  may be helpful for some early on


Environmental Modifications
in Addressing
Behavioral Symptoms

Maintaining Perspective

- Remember that these are not ‘deliberate’ behaviors.
- An angry or frustrated caregiver will only intensify problem behaviors.
- Distract and divert whenever possible.
- Try to maintain a sense of humor even in the most difficult situations.

A Safe Predictable Environment

- Keep the routine the same. Changes in routine can be upsetting and can cause behavior problems.
- Promote a sense of security and comfort when problem behaviors occur. Behaviors often happen because a person is frightened or confused and unable to make sense out of the environment.
- Use positive reinforcement such as food, smiles, a gentle touch, personal attention and lots of praise.

Appropriate Stimulation and Structure

- Attend to the patient's daily quality of life
  - Mood, social connectedness, ability to communicate, physical activity and nutritional status.
- Provide the right environment
  - Predictable routine in safe milieu
  - Right amount of stimulation, exercise, rest
- Supervised activities
  - Pleasant, structured, simple
  - Consider adult day programs, companions

Adapt to Difficult Behaviors

- Redirect, be flexible, soothe, compensate, reassure, distract, reapproach, plan and DO NOT ARGUE

- Restructure the environment
  - Hyperorality may require a lock on the refrigerator or hiding food
  - Roaming may require locked doors and a full time caregiver
  - Compulsions may require redirection and distraction

Apathy and its Consequences

- Physical deconditioning and weakness
- Failure of rehabilitation
- Inability to participate in basic activities of daily living such as self care and eating
- Uncooperativeness with care and combativeness when caregiver attempts to motivate patient
- Social isolation

Why seek psychiatric consultation?

- Mood symptoms such as depression, anxiety, irritability, poor frustration tolerance or anger
- Changes in behavior which are highly disruptive or dangerous, eg aggression
- Problems with sleep or anxiety

Depression in PPA (Medina 2007)

- 34% of PPA patients were clinically depressed
- Even the clinically non-depressed subjects reported more symptoms of depression than control subjects
- The # of depressive symptoms associated with decline in the ability to name items
- Social withdrawal and lack of mental and physical energy were common symptoms in depressed patients

- Depression in PPA may be a psychological reaction fueled by an awareness of one's breakdown in language and cognitive abilities

General Approaches to using Medications in FTD/PPA

- Several small clinical trials, no large scale clinical trials
- No medication specifically approved by FDA for the treatment of FTD or PPA
- Currently, medication treats the symptoms, not the disease

- Identify behavioral syndromes for symptomatic treatment
  - Apathetic vs Disinhibited
- Make sure there are no contributing medical problems such as a urinary tract infection or pain
- Choose one medication at a time, start slowly and assess effects at increasing doses over time

Serotonin Promoting Medications in FTD/PPA

- 'Dysfunctional serotonergic system' in FTD patients with reduction in receptors in frontal lobe

- SSRI's (sertraline, citalopram, trazodone) show some improvement in:
  - Disinhibition, depressive symptoms, carbohydrate craving, compulsions, stereotypical movements
  - Overall Neuropsychiatric Inventory scores

  - Cognition did not improve

Cognitive Enhancers in FTD/PPA

- Rivastigmine treatment was associated with less behavioral impairment and less caregiver burden, though it did not improve cognition. (Moretti, 2004)
- In a small study, donepezil and rivastigmine were helpful in treating cognitive impairment in FTD, particularly in afflicted men (Lampl, 2004)
- Memantine led to some improvement in apathy, agitation and anxiety

Antipsychotic Medication

- One case study showed aripiprazole improved cognition and negative symptoms in FTD patients (Fellgiebel 2007)
- Another case study showed improvement in delusions and hallucinations with risperidone (Curtis 2000)
- Quetiapine reduced agitation in 3 patients (Liu 2004)
- In a 24-month follow-up study in 17 pts, olanzapine significantly improved scores on all of the behavioral and mood scales although cognition appeared to worsen (Moretti 2003)

- **However, antipsychotic medications have a slightly increased risk of death in this population (3.5% vs 2.3%)**

FTD/PPA Symptoms	***Medications Used (eg.)***
Irritability, depression, anxiety, craving for sweets, compulsions	Serotonergic antidepressants Sertraline, escitalopram, citalopram, trazodone, mirtazapine
Risk taking behavior	Stimulants Methylphenidate

FTD/PPA Symptoms	***Medications Used (eg.)***
Disinhibition **Aggression** **Agitation** **Psychotic symptoms** **Euphoria**	Anticonvulsants Valproic acid, oxcarbazepine, lamotrigine Antipsychotic medications Quetiapine, olanzapine, aripiprazole, risperidone
Insomnia **Sundowning**	Sedating antidepressants Trazodone, mirtazapine Antipsychotics

Psychiatric Hospitalization

- For safety reasons
  - To prevent injury to the patient or others
- For a medical evaluation
  - Rule out infection, metabolic abnormities, delirium
- To re-evaluate psychotropic medication
  - In a controlled environment, medications can be stopped and then gradually reintroduced one by one in order to determine therapeutic effect
- Respite for the caregiver
- Transition to nursing home placement if necessary

Caregiver stress in FTD

- Patient's loss of empathy dramatically affects those who care for patients
- Feel they have 'lost' their family member and are in mourning at the same time that they are having to deal with behaviors
- Loss of reassuring facial signals and conveyance of understanding that we expect in interactions
- Others may misunderstand patient's behavior
- Frustration for patient who is not understood by others and does not understand what is wrong

The Burden of Caregiving

- Caregiver perception of burden is strongly associated with caregiver distress
- Caregiver distress is associated with earlier nursing home placement
- Social support decreases caregiver stress
- Early caregiver support and education may delay nursing home placement and improve quality of life for the patient and the caregiver

Early Stage PPA Support Group for Diagnosed Individuals

- 1:30-3:00 pm on the 2nd and 3rd Thursday monthly
- Contact: Christina Wieneke at 312-908-9681

FTD/PPA Caregiver Support Group

- 6–7:30 pm on the 3rd Monday of the month
- Contact: Darby Morhardt 312-908-9432