**ECHO Idaho: Alzheimer's Disease and Related Dementias**
**CASE RECOMMENDATION FORM**

**ECHO Session Date:** 3/25/25 **Presenter Credential**: OTD/OTR/L

Thank you for presenting your patient at ECHO Idaho –Alzheimer's Disease and Related Dementias session.

**Summary**:
A 75-year-old woman with a diagnosis of unspecified dementia is experiencing significant anxiety, requiring frequent caregiver cueing to access coping strategies. Despite occupational therapy efforts to educate her husband and caregivers on dementia-related behaviors and coping techniques, success has been limited. Her husband, while mostly patient, often seeks solitude due to frustration. Current medications include lorazepam and quetiapine, recently adjusted following a psychiatric evaluation. Prior medication trials have been largely ineffective. Cognitive assessments indicate moderate dementia with anxiety possibly stemming from her cognitive decline rather than a primary psychiatric condition. The care team seeks input on whether the current medication regimen adequately addresses her anxiety.

After review of the case presentation and discussion of this patient's case among the ECHO Community of Practice, the following suggestions have been made:

**Recommendations**:

**Non-Pharmacological Strategies**

**1. Activate and Support the Caregiver Role**

- Clarify the diagnosis with the caregiver, recognizing this may be a new and evolving role.
- Be prepared to revisit and reinforce explanations, as understanding may take time to fully sink in.
- Encourage the caregiver to embrace an active role, especially in providing emotional support and participating in daily routines.
- Promote participation in caregiver education programs to build confidence and skills:
  - *Powerful Tools for Caregivers*
  - *The Savvy Caregiver*
- Explore options for redefining the caregiver's role—consider transitioning from primary caregiver to supportive spouse through assisted living or memory care.

**2. Physical Grounding Techniques**

- Encourage hand massages using soothing lotion or essential oils to create a calming, non-verbal form of connection and stress relief for both patient and caregiver.

**3. Engagement in Calming Routines**

- Support consistent involvement in soothing daily activities, such as playing music, breathing exercises, and other routines the patient finds relaxing.
- Emphasize the importance of proactive initiation of activities to prevent anxiety rather than waiting for symptoms to subside.

**4. Structured and Meaningful Activities**

- Maintain a routine of familiar, comforting activities, including playing piano, Bible study, coloring or other creative table tasks

**5. Enhance Social Interaction and Emotional Support**

- Recognize the patient's need for frequent validation and reassurance throughout the day.
- Consider increasing paid caregiver hours for consistent engagement.
- Encourage more frequent involvement from family to provide emotional connection and support.

## Pharmacological Strategies

**1. Diagnostic Clarification**

- Confirm whether anxiety symptoms are primarily due to a neurocognitive disorder, such as Alzheimer's.
- If so, consider:
    - Acetylcholinesterase inhibitor (like donepezil)
        - Maintain a low threshold to discontinue if any side effects are identified
        - Titrate donepezil starting at 5mg and eventually up to 10mg if tolerated
    - Memantine may be beneficial for this patient.
        - Memantine is a glutamate receptor antagonist, which is a stimulating receptor.
        - Some (but not all, or even most) experience a calming effect with memantine.

**2. First-Line Medication: SRIs**

- SRIs are recommended as first-line pharmacologic treatment for distress and agitation.
    - Preferred agents: sertraline or escitalopram.
    - Always start at a low dose to minimize side effects.
    - Titrate to a therapeutic dose before determining treatment failure.

**3. Alternative Pharmacologic Options**

- Buspirone:
    - Can provide benefit, but can be difficult to manage, as it should be administered multiple times per day for the best effect.
    - However, buspirone offers a minimal risk of side effects compared to other anxiety medications.
- Mirtazapine:
    - This is an old antidepressant that can help with anxiety, especially at lower doses.
    - At this point, we do not recommend adding mirtazapine to this patient's regimen.
    - We usually try to use mirtazapine to avoid the need for an antipsychotic.

**4. Antipsychotics**

- Here are three helpful articles regarding use of antipsychotics in the management of behavioral dyscontrol in individuals with neurocognitive disorder:
    - The Psychopharmacology Algorithm Project at the Harvard South Shore Program: An update on management of behavioral and psychological symptoms in dementia: showed possible superiority of olanzapine and risperidone. This study was published in 2006 (prior to aripiprazole and brexpiprazole being used for this indication) but it retains its relevance because of the quality of study design and number of participants.
    - Comparative Efficacy of Interventions for Aggressive and Agitated Behaviors in Dementia (*Annals of Internal Medicine* Algorithm published by the Harvard South Shore group
    - Effectiveness of Atypical Antipsychotic Drugs in Patients with Alzheimer's Disease (*The New England Journal of Medicine*)
- Avoid if possible, due to risks: sedation, confusion, falls, and a black box warning for increased mortality in older adults.
- Try to optimize other therapies (like SRIs, memantine) in an effort to avoid antipsychotics

- Can be considered only if the patient poses a danger to themselves or others.
    - If used:
        - Start with the lowest effective dose.
        - Reevaluate every few months to assess necessity and reduce risk.
        - May be preferred over benzodiazepines in cases of extreme agitation.
        - Though not robust, the data is stronger for risperidone and olanzapine rather than quetiapine.

**5. Benzodiazepines (e.g., Lorazepam)**

- Generally not recommended, especially in dementia patients:
    - Although benzodiazepines can provide some relief of anxiety, results can be varied -- especially in those with dementia
    - Can produce non-uniform cognitive slowing, leading to increased behavioral issues.
    - Risks include confusion, paranoia, hallucinations, and worsened confusion.
- For long-term benzodiazepine users:
    - Do not abruptly discontinue; this may worsen agitation and anxiety.
    - Consider very gradual dose reduction, tailored to patient tolerance.

**Literature Resources**

- The Psychopharmacology Algorithm Project at the Harvard South Shore Program: An update on management of behavioral and psychological symptoms in dementia (*Psychiatry Research*)
- Comparative Efficacy of Interventions for Aggressive and Agitated Behaviors in Dementia (*Annals of Internal Medicine*)
- Effectiveness of Atypical Antipsychotic Drugs in Patients with Alzheimer's Disease (*The New England Journal of Medicine*)
- Pharmacological Management of Anxiety Disorders in the Elderly: Helpful article on anxiety management in older adults, although with the caveat this is written about individuals who do not have neurocognitive disorder. There's a considerable data gap and no relevant practice guidelines re: anxiety and dementia.

**Local ADRD resources:**

Alzheimer's Association – Greater Idaho Chapter
Memory Cafe (Ada Community Library)
April 2025 Support Groups for Family Caregivers
Caregiver Education Program Menu Flyer (Spanish)