Scenario 1

- 79 year old lady living alone at home with carers 3x day
- Known to have Alzheimer's disease on Donepezil
- Increasingly resistive and aggressive to carers, not changing clothes
- Refuses to go into residential care
- Physically well
Antipsychotics for behaviour

• Risperidone (NICE)
• Persistent aggression in Alzheimer’s disease
• Increased risk of stroke (x3?)
• NICE approved 6 weeks use
• Start 0.25mg bd, often need 0.5mg bd occasionally 1mg bd
• Parkinsonian side effects
• Haloperidol (severe aggression)
Memantine

- Blocks glutamate receptors
- Moderate to severe Alzheimer's
- Well tolerated, headache, dizziness
- Can help mild behavioural symptoms
- 5-20mg
- Now off patent!
Anticholinesterases

- Donepezil, Galantamine, Rivastigmine
- Slow down dementing process for 6-12 months
- Effective in in 40-70% patients
- Can slow pulse
- Quite well tolerated, diarrhoea, nausea, nightmares
- ? In Advanced dementia
Anticholinesterases Choice

• Donepezil 1\textsuperscript{st} line
  – Cost £1.61 month (was £100)

• Galantamine (Gatalin)
  – ? Fewer GI side effects

• Rivastigmine
  – ?Lewy Body Dementia, Parkinsons Dementia
  – Patches available
Scenario 2

- 82 year old man known to have dementia, in residential care 6 months
- Disturbed sleep since arrival
- Wife still at home
- Become increasingly sexually disinhibited with female residents and staff
- Found in female resident’s room in his underwear
Hypersexuality in Dementia

• SSRI drugs first line, can be very effective
• Sertraline 50mg bd
• Antipsychotics
• Anti-androgens (Cyproterone)
• Capacity issues, best to involve family
Hypnotics in Dementia

• Underprescribed?

• Zopiclone?
  – Falls

• Circadin (2mg)
  – Form of Melatonin
  – Well tolerated
Scenario 3

- 75 year old lady
- Bereaved one year
- Very anxious, constantly calling out ambulance in early morning
- Poor appetite
- Socially isolating
Sertraline

- Probably best SSRI for elderly
- Fewer withdrawal and cardiac effects
- Not sedative
- 50mg often enough
- Like all SSRIs can cause increase in anxiety initially
- Like all SSRIs can be slow to take effect
Mirtazapine

- Presynaptic receptor antagonist
- Given at night
- Has an immediate sedative effect, can be advantageous
- 15mg may be enough (up to 45mg)
- Weight gain less problem in elderly
- Can be combined with SSRI
Pregabalin

• Indicated for generalized anxiety but may have wider use where anxiety secondary to depression or early dementia

• 50mg bd initially

• Gradual increase required

• Dizziness can be problem