8)Behavioral Complications in Alzheimer's Disease

The construct "behavioral and psychological symptoms of dementia (BPSD)" was formerly proposed as a target for medication research in individuals with dementia who also had neuropsychiatric symptoms (NPS). However, the U.S. Food and Drug Administration (FDA) rejected this as a classification because it was too broad (1,4). It has been thought that concentrating on particular NPS symptoms in AD is a superior strategy. Some agreement on "Alzheimer's Disease Psychosis" as a unique entity resulted from the FDA's Psychopharmacological Drugs Advisory Committee's meeting in March 2000. (1). In the meantime, dementia was defined as a major diagnosis in the Diagnostic and Statistical Manual of Mental Disorders (DSM) III, with subclassifications based on the occurrence of delirium or delusions (1,2). Also mentioned was the possibility of personality changes, such as becoming withdrawn, apathetic, paranoid, and/or irritable. The DSM-IV also divided AD and other dementias into subgroups based on behavioral characteristics, such as delirium, delusions, and behavioral issues. AD is typically regarded as a cognitive disorder; almost all people diagnosed with AD develop NPS at some point during their disease, and it is much higher in people with AD and mild cognitive impairment (MCI) than in the general population (1). Depression and apathy are the most commonly observed symptoms in people with MCI and early AD, though verbal and physical agitation is common at all stages of MCI and AD. Delusions, hallucinations, and aggressive behavior become more common as the disease progresses, whereas apathy becomes the most persistent and frequent NPS within all stages of AD (2). Furthermore, circadian sleep-wake rhythms become exaggerated when compared to normal aging phase shifts. The prognostic significance of NPS in the AD process should not be underestimated (2,5). Kales et al. (2015) developed a recent framework for BPSD that builds on prior frameworks and advances in neuroscience, genetics, and caregiving over the last 20 years, and importantly, provides a more comprehensive range of potential patient, caregiver, and environmental determinants of BPSD than was possible in the past (5).

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