Criteria for Psychiatric Symptoms in Alzheimer's Disease Clinical Trials

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- Pathophysiology unknown
- Similarity to pathophysiology of other disorders (e.g., schizophrenia) unknown
- Cerebral environments differ (e.g, cholinergic deficit in AD); these could affect response to therapy

- Separate trials are required for treatment of symptoms in each disorder
- Reasonable to try established agents as first approach to therapy (e.g., antipsychotics for psychosis, etc)

- Specific criteria for each target symptom required
- Behavioral and psychological symptoms of dementia (BPSD) recognize common occurrence of these symptoms in AD
- Not sufficiently precise to guide trials or therapy

- Jeste and Finkel criteria for psychosis an advance
- Two recommendations:
 - Psychosis should be operationalized
 - Distress of others not a sufficient criteria for treatment

Psychosis in AD

- Psychosis manifested by delusions (false beliefs not directly attributable to memory or cognitive abnormalities; e.g., disorientation) such as
 - Delusions of theft
 - Delusions of infidelity
 - Phantom borders
 - Other active misinterpretations

Psychosis in AD

- Psychosis manifested by delusions <u>or</u> hallucinations manifested by
 - Talking with individuals unseen by the observer
 - Responding to voices and sounds not heard by the observer
 - etc

Psychosis in AD

- Meets criteria for AD
- Onset of psychosis after onset of dementia
- No other Axis I diagnosis
- Disabling or distressing to the patient
- Not present exclusively during a delirium
- With
 - Agitation
 - Irritability

Agitation in AD

- Agitation manifested by
 - Excessive and threatening vocal behaviors such as shouting, cursing, yelling
 - Excessive and threatening physical behaviors such as pushing, gesturing, actively resisting care

Depression in AD

- Depression manifested by
 - Tearfulness attributable to sadness
 - Statements reflecting sadness
 - Statements reflecting hopelessness,
 worthlessness, helplessness
 - Statements of burden
 - Statements concerning death

