# Behavioral and psychiatric symptoms of dementia

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**Overview**

Dementia is a group of progressive and chronic disorders that affect cognitive and functional abilities. It is a common cause of disability and dependence among older adults worldwide. In addition to cognitive decline, people with dementia may experience behavioral and psychiatric symptoms that affect their quality of life, caregiver burden, and healthcare costs. This paper will review the behavioral and psychiatric symptoms of dementia, their prevalence, and their impact on patients and caregivers.

**Prevalence:**

Behavioral and psychiatric symptoms of dementia (BPSD) are common in people with dementia. The prevalence varies depending on the type of dementia, stage of the disease, and setting. According to some studies, up to 90% of people with dementia experience at least one BPSD during the course of their illness. The most common BPSD include agitation, aggression, apathy, depression, hallucinations, delusions, anxiety, and sleep disturbances.

**Types of BPSD:**

* Agitation: Agitation refers to a state of restlessness, irritability, and emotional distress. It can manifest as wandering, pacing, yelling, or physically aggressive behavior.
* Aggression: Aggression is a type of BPSD that involves verbal or physical hostility towards others, including caregivers and family members. It can be triggered by environmental factors, such as noise or lack of privacy, or by internal factors, such as pain or discomfort.
* Apathy: Apathy refers to a lack of interest, motivation, or emotion. It can manifest as indifference, withdrawal, or reduced social interaction.
* Depression: Depression is a mood disorder characterized by persistent feelings of sadness, hopelessness, and worthlessness. It can be difficult to diagnose in people with dementia due to the overlap with other BPSD.
* Hallucinations: Hallucinations are perceptual disturbances that involve the perception of sensory stimuli that are not present in reality. They can be visual, auditory, or tactile.
* Delusions: Delusions are false beliefs that are not based on reality. They can be paranoid, grandiose, or related to bodily functions.
* Anxiety: Anxiety is a feeling of fear, worry, or apprehension that is disproportionate to the situation. It can manifest as restlessness, trembling, or excessive sweating.
* Sleep disturbances: Sleep disturbances are common in people with dementia and can include insomnia, nighttime wandering, and daytime sleepiness.

**Impact:**

BPSD can have a significant impact on the lives of people with dementia and their caregivers. Patients with BPSD have a higher risk of institutionalization, morbidity, and mortality. They are also more likely to receive psychotropic medications, which can have adverse effects, such as falls, sedation, and cognitive impairment. Moreover, BPSD can lead to caregiver burden, stress, and depression. It is estimated that up to 60% of caregivers of people with dementia experience depression or anxiety.

**Causes:**

The causes of BPSD in dementia are complex and multifactorial. They can result from changes in the brain, environmental factors, social factors, and medical comorbidities. Neurochemical imbalances, such as dopamine and serotonin dysregulation, can contribute to the development of BPSD. Moreover, the loss of brain cells in areas that regulate mood, behavior, and perception can lead to disinhibition, emotional lability, and perceptual disturbances. Environmental factors, such as noise, lack of privacy, and unfamiliar surroundings, can also trigger BPSD. Social factors, such as isolation, loneliness, and caregiver stress, can exacerbate BPSD. Medical comorbidities, such as pain, infections, and metabolic imbalances, can also contribute to BPSD.

**Treatment:**

The management of BPSD in dementia is challenging and requires a multidisciplinary approach. Non-pharmacological interventions, such as environmental modifications, behavioral therapies, and caregiver education, are recommended as the first-line treatment. Environmental modifications, such as reducing noise, providing familiar objects, and ensuring privacy, can improve the patient's well-being and reduce BPSD. Behavioral therapies, such as cognitive stimulation, reminiscence therapy, and validation therapy, can also improve the patient's mood, cognition, and behavior. Caregiver education, such as stress management and communication skills, can reduce caregiver burden and improve the patient's quality of life. Pharmacological interventions, such as antipsychotics, antidepressants, and anxiolytics, should be used with caution and only when non-pharmacological interventions have failed or when the BPSD are severe or dangerous.

**Conclusion:**

BPSD are common and challenging symptoms of dementia that can have a significant impact on the patient's quality of life, caregiver burden, and healthcare costs. The causes of BPSD are complex and multifactorial, and the management requires a multidisciplinary approach. Non-pharmacological interventions should be the first-line treatment, and pharmacological interventions should be used with caution and only when necessary. More research is needed to develop effective interventions for BPSD in dementia and to understand their underlying mechanisms.