

11th International Conference on
Vascular Dementia

February 15-16, 2019 Amsterdam | Netherlands



Amarnath Mallik
Kothari Medical Centre, India

Management of behavioral and psychological symptoms of dementia

Cognitive impairment is the hallmark of dementia. Behavioral disturbances are universally experienced by persons with dementia throughout the course of the illness. Behavioral and Psychological symptoms of dementia (BPSD) cause a significant negative impact on quality of life, health care outcomes, caregiver stress and burden. BPSD (Behavioral and psychological symptoms of dementia) is the collective term used to describe the group of non cognitive symptoms experienced in dementia. These can include psychosis, agitation and mood disorder and affects 50% - 80% of patients to varying degrees (Ashlen.P. et al) (Lyketsos CG). Behavioral disturbances can often trigger hospitalization resulting in increased hospital length of stay (WancataJ.2003). The various types of dementia are classified according to the different disease process affecting the brain. The most common cause of dementia is Alzheimer's Disease, accounting for around 60% of all cases. Vascular dementia and dementia with Lewy bodies are responsible for most other cases. Alzheimer's Disease and vascular dementia may co-exist and are difficult to separate clinically. Dementia is also encountered in about 30% - 70% of patients with Parkinson's Disease. Vascular dementia is a consequence of ischemic or hemorrhagic damage of area of the brain involved in memory and cognition. Alzheimer's disease and related dementias are among the most costly and distressing medical conditions for patients and their caregivers. (Hebert LE et al 2013). Although dementia is often thought as a disease of memory, 97% of individuals with dementia experience one or more behavioral disturbance (Steinberg M. et al 2014). BPSD, the known neuropsychiatric symptoms occurs in clusters or syndromes identified as psychosis, depression, agitation, aggression, sleep disturbances and apathy. Socially and sexually inappropriate behaviors are seen. Agitation can be manifested as restlessness, arguing, disruptive vocalization and rejection of care. Aggression can include verbal insults such as shouting, physical aggression such as biting and hitting others and throwing objects (Rose KC et al 2017). BPSD is seen throughout the course of dementia; symptoms may occur intermittently or fluctuate greatly in severity. These behaviors are seen in all types of dementia but psychosis and visual hallucinations are more common in Lewy body dementia.

Biography

Amarnath Mallik MBBS DGO DPM FCCP graduated from RGKar Medical College Calcutta is a practicing Psychiatrist. Trained in Stepping Hill Hospital Stokeport UK is consultant to Kothari Super Speciality Hospital, Woodlands Hospital and Belle Vue Clinic Calcutta. Conduct and Participate TV, Radio programme on Mental health for community awareness. Author of books in regional language and participated in many National and International conferences.

dramarnathmallik@gmail.com

Notes: