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Format: Abstract

Seishin Shinkeigaku Zasshi. 2016;118(6):436-442.

## [The Adaptation of Anti-dementia Drugs for BPSD].

[Article in Japanese]

Hashimoto M.

### Abstract

In this article, I discuss the adaptation of antidementia drugs for Behavioral and Psychological Symptoms of Dementia (**BPSD**). During the last few years, a large body of evidence has been accumulated to support the use of antidementia medication for **BPSD** in both Alzheimer's disease (AD) and dementia with Lewy bodies (DLB) patients. On the selection of antidementia drugs for **BPSD**, the following 3 factors should be considered : 1) the type of dementia the patients have (AD or DLB), 2) the type of drugs to be selected (cholinesterase inhibitors or **memantine**), and 3) the type of **BPSD** to be treated (such as delusions, hallucinations, agitation, and apathy). Cholinesterase inhibitors should be used for the treatment of people with DLB, especially **BPSD**. On the other hand, in AD patients with severe **BPSD** such as agitation and hallucinations, **memantine** should be initially considered. Pharmacological treatment of wandering and disinhibition in patients with dementia remains a challenge. As **BPSD** can cause marked distress for both the patient and caregiver, clinicians are required to treat the symptoms effectively. The consensus statement focuses on the fact that pharmacotherapy and psychological interventions can be effective both for cognitive dysfunction and **BPSD**. Total care for **BPSD** involves the combination of pharmacotherapy with a non-pharmacological approach.

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