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Format: Abstract

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Treatment of behavioral and psychological symptoms of Alzheimer's disease.

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Abstract

Behavioral and psychological symptoms of dementia (**BPSD**) are frequent amongst people with Alzheimer's disease (AD) and other dementias, commonly confer risk to that person and others, and present a significant management challenge for clinicians. There is increasing evidence to support the value of simple psychological interventions and the treatment of pain as a first-line management strategy prior to pharmacotherapy. The most widely prescribed pharmacological treatments-atypical antipsychotics-have a modest but significant beneficial effect in the short-term treatment of aggression (over 6-12 weeks) but limited benefits in longer-term therapy. In addition, there have been increasing concerns regarding the potential for serious adverse outcomes, including stroke and death. The potential pharmacologic alternatives to atypical antipsychotics with the most encouraging preliminary evidence include **memantine**, carbamazepine, citalopram, and prazosin. Large, prospective, randomized placebo-controlled trials are needed to establish the role of these agents as clinical therapies for the treatment of **BPSD**.

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