To ease dementia agitation, drugs may not be best option

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Druk To ease dementia agitation, drugs may not be best option af

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* [Comparative Efficacy of Interventions for Aggressive and Agitated Behaviors in Dementia: A Systematic Review and Network Meta-analysis](https://www.mediquality.net/delegate/link/redirect?url=http%3A%2F%2Fbit.ly%2F2IQ5wT8)

**(Reuters Health) 15/10 - Symptoms of aggression and agitation in dementia patients may respond better to non-drug therapies such as massage, touch therapy and outdoor activities, a new study suggests.**

In a reanalysis of more than 163 studies involving nearly 25,000 patients, Canadian researchers found that multidisciplinary care, massage and touch therapy, and music combined with massage and touch therapy were more effective than patients' usual care, according to a report online October 14 in Annals of Internal Medicine.

"Our results suggest that multidisciplinary care and non-medication therapy should be prioritized in treating our patient population and this should be incorporated into evidence-based guidelines," said lead study author Dr. Jennifer Watt, a geriatrician and scientist at the Li Ka Shing Knowledge Institute within Unity Health Toronto.

Antipsychotic drugs, which are often prescribed to treat these behavioral symptoms, come with some concerning side-effects, such as an increased risk of stroke and death, Watt said. That's why she suggests caregivers try nonpharmacological treatments first.

In multidisciplinary therapy, a team of specialists works with patients and caregivers, Watt explained. The team might include nurses trained in geriatrics, a physician who can look at possible medical causes for the behaviors and prescribe appropriate medications, and an occupational therapist who can try to modify the patient's environment or adapt the patient's routine to avoid frustration.

Sometimes patients become aggressive or agitated "when they can't remember or can't do the steps (involved in daily activities)," Watt said.

Sometimes the patient is triggered because they don't recognize the person caring for them. "If a person they can't recall having met comes into the room, escorts them to the bathroom and then starts pulling down their pants, you can imagine that can be alarming," Watt said.

For the new study, Watt's team initially identified nearly 20,000 earlier studies that evaluated the effectiveness of nonpharmacological therapies. They narrowed that down to 163, which included information on 23,143 patients whose average age was 70.

The researchers found that outdoor activities were more effective than antipsychotic medications for treating physically aggressive patients. When it came to verbal aggression, massage and touch therapy were more effective than the patients' usual care. Those techniques were also more effective than usual care in treating patient agitation.

Watt points to her personal experience teaching caregivers to do hand massage when a patient is getting dialysis. "Massaging the hand can be very calming for them," she said.

The new results were not surprising to Dr. Milap Nowrangi, an assistant professor in the department of psychiatry at the Johns Hopkins Medical School. But "they are important," he said, adding that aggression and agitation are the kinds of symptoms "that lead to caregiver burnout and institutionalization of patients."

While the study mostly dealt with patients in assisted living situations or nursing homes, the findings may also be helpful for family members taking care of a loved one at home, Nowrangi said.

Because no single therapy can help every patient, he suggests families experiment with a number of options. First and foremost, caregivers should check to see if there is any physical cause for the behaviors, such as hunger, pain or discomfort.

If that's not the problem, caregivers might try "going for a walk or drive; having them do something repetitive, like folding towels or washing dishes; using a scented candle; or brushing the patient's hair or massaging them," Nowrangi suggested.