

Alzheimer e saúde mental: apoio ao paciente e ao cuidador

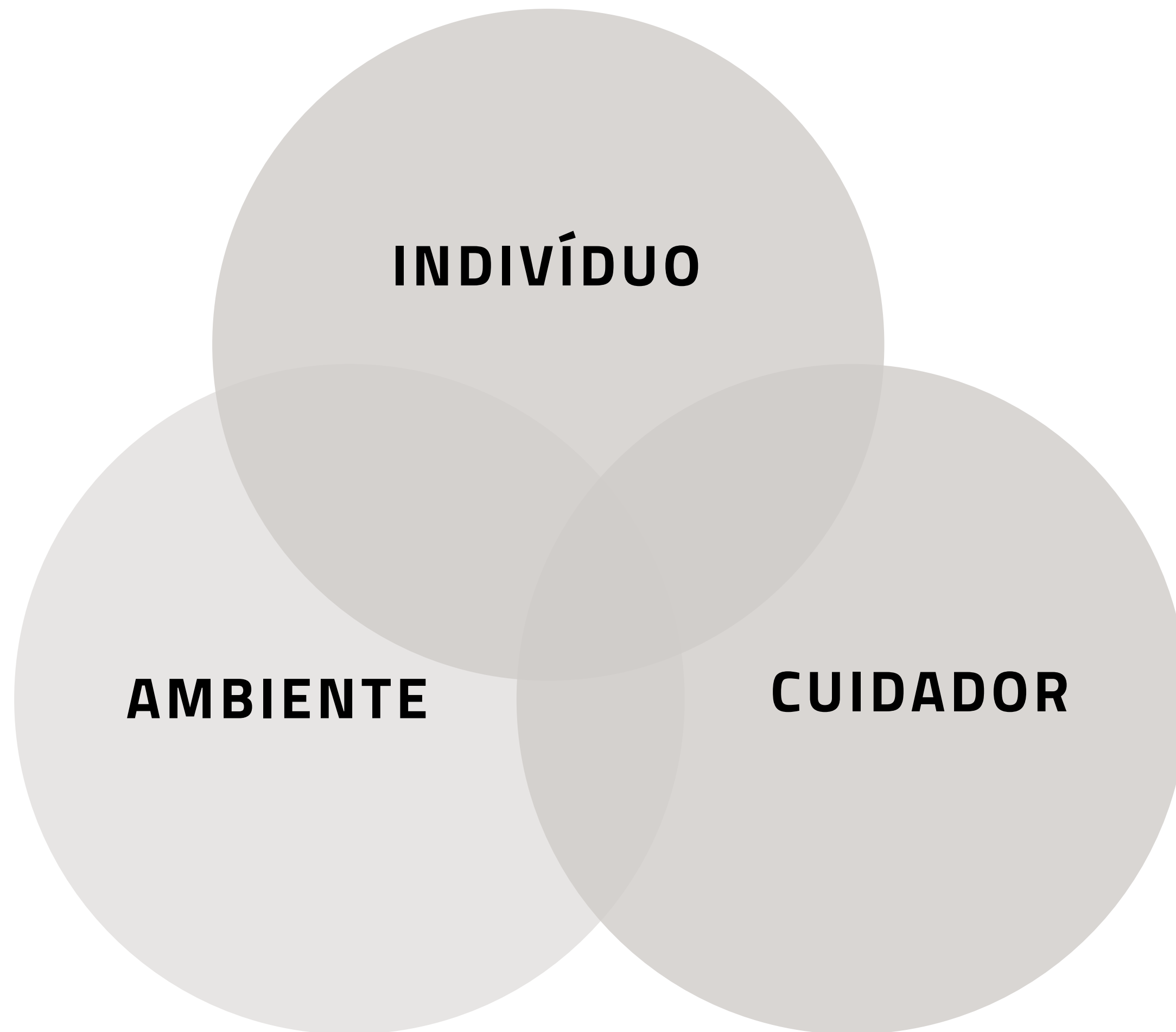
Rodrigo D'Agostini Derech

Sintomas Neuropsiquiátricos

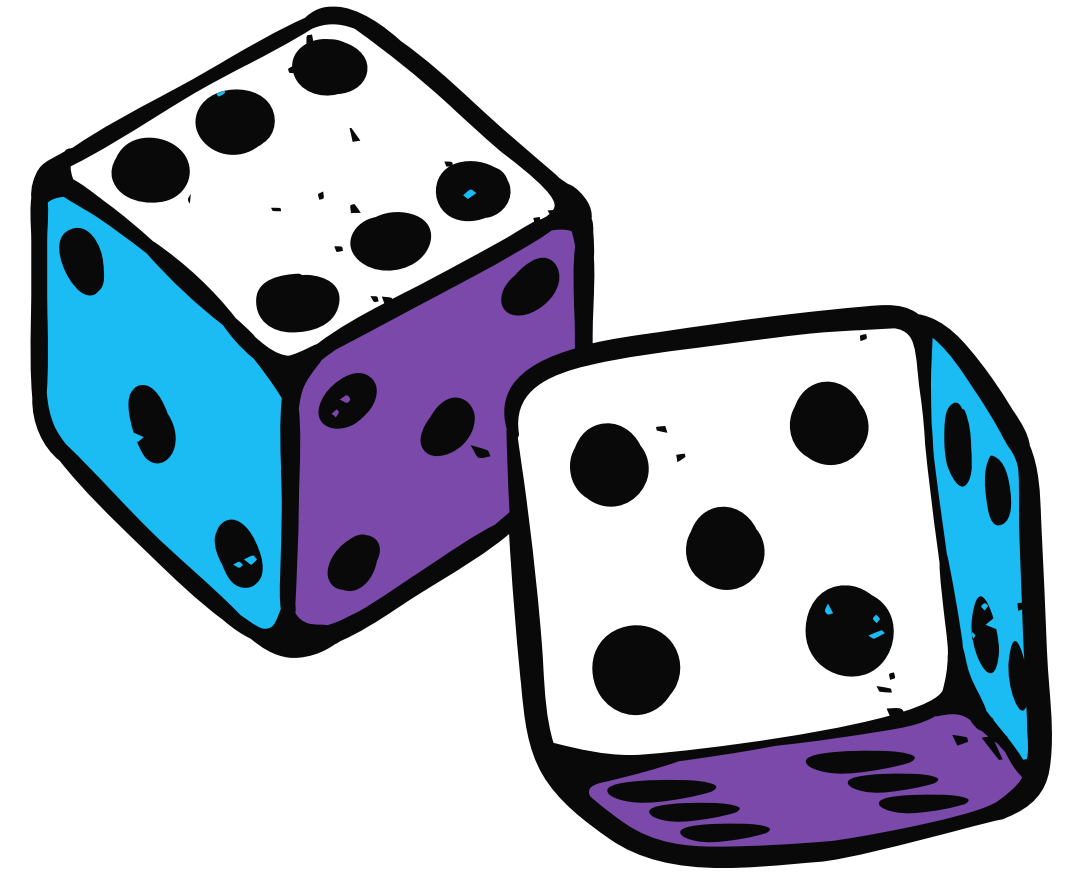
- Vaguear
- Agitação
- Apatia
- Agressão
- Distúrbios do sono
- Depressão
- Desinibição
- Shadowing
- Delusões
- Sundowing
- Alucinações
- Paranoia



Multidisciplinar



DICE

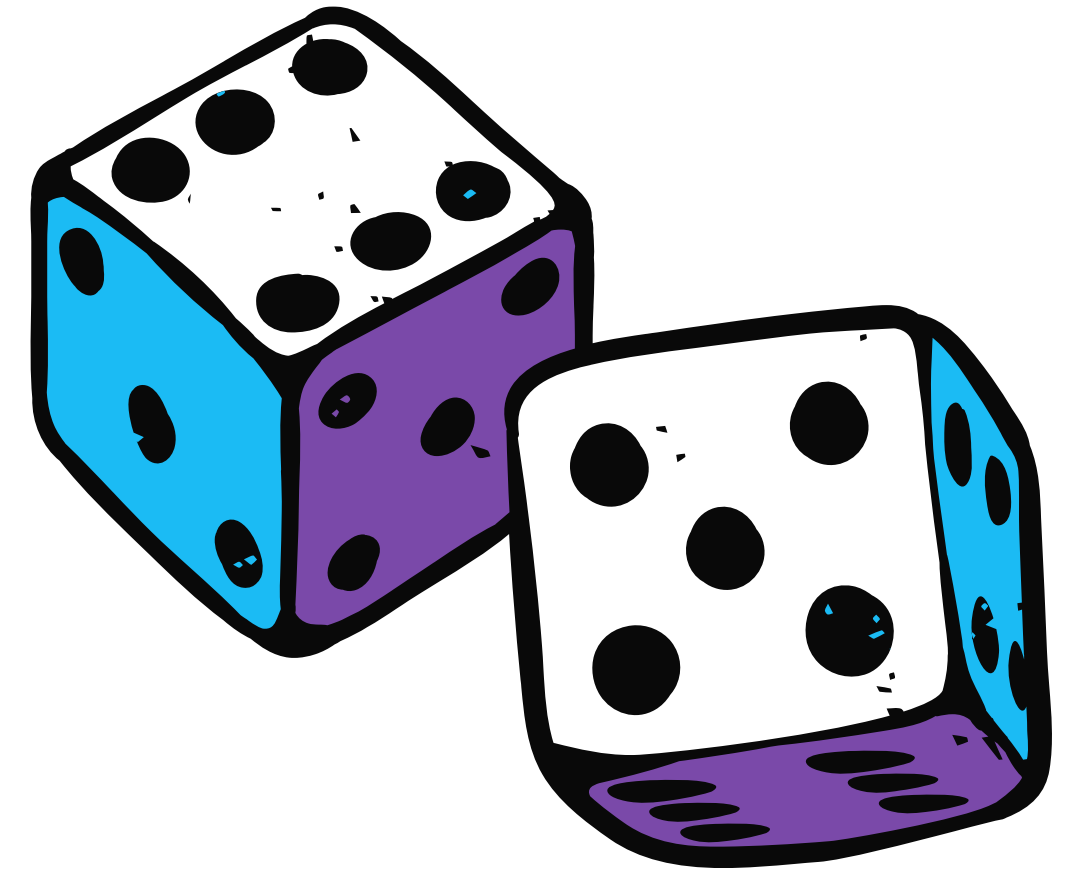
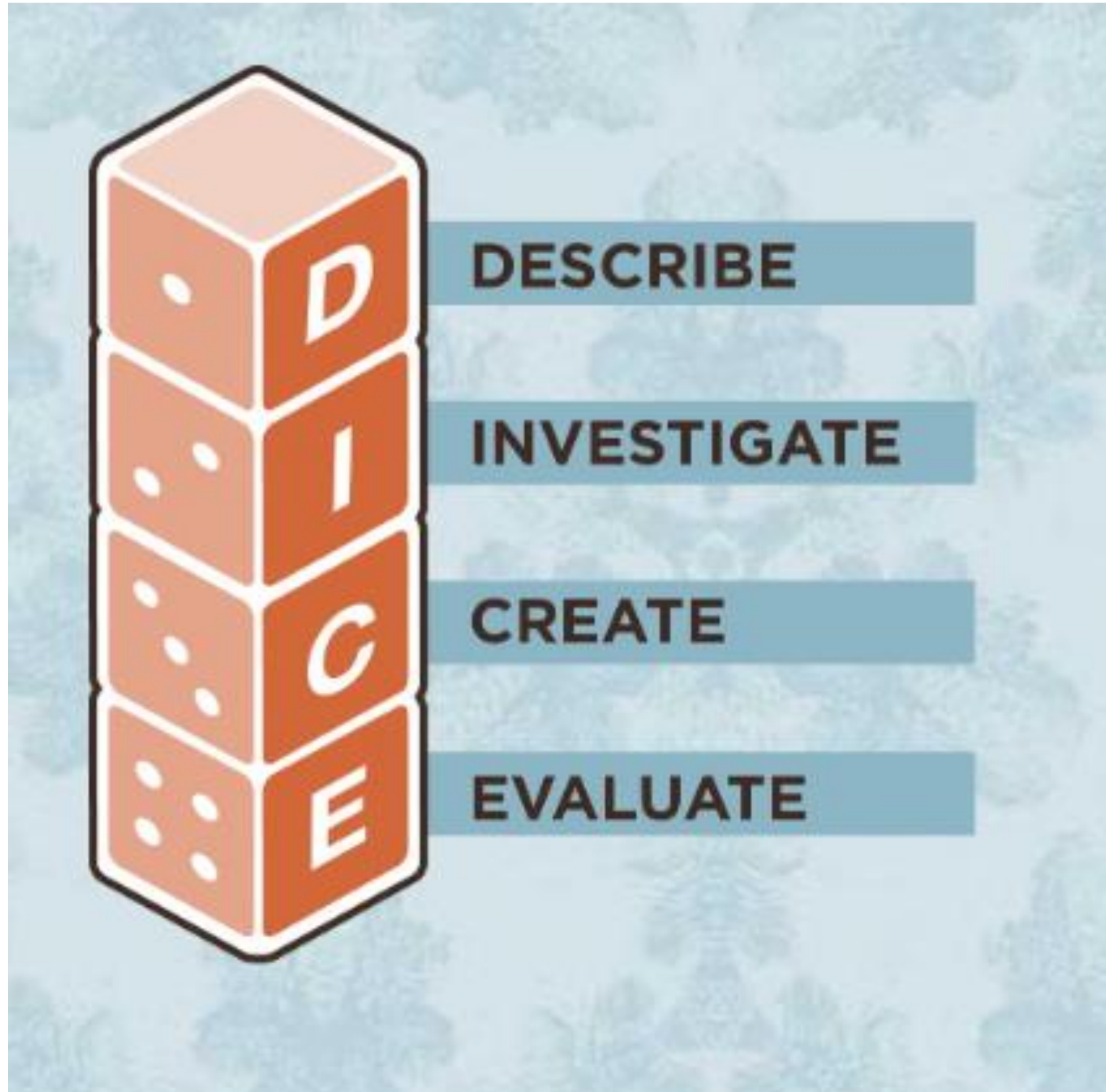


Management of Neuropsychiatric Symptoms of Dementia in Clinical Settings: Recommendations from a Multidisciplinary Expert Panel

Helen C. Kales, MD,^{a,b,c} Laura N. Gitlin, PhD,^{d,e,f,g} and Constantine G. Lyketsos, MD,^{g,h} for the Detroit Expert Panel on the Assessment and Management of the Neuropsychiatric Symptoms of Dementia

JAGS

APRIL 2014—VOL. 62, NO. 4



Descrever

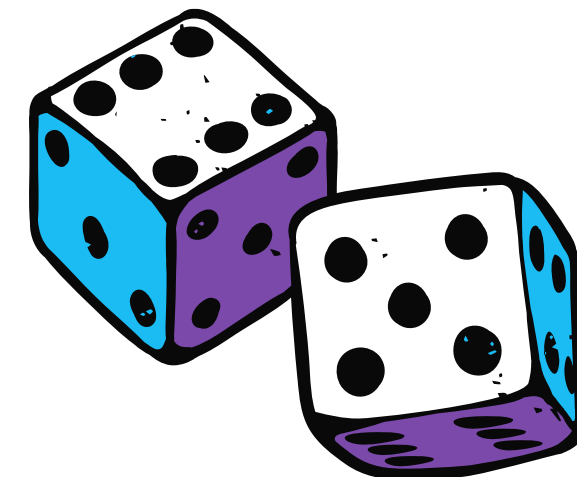
O que aconteceu

Quando

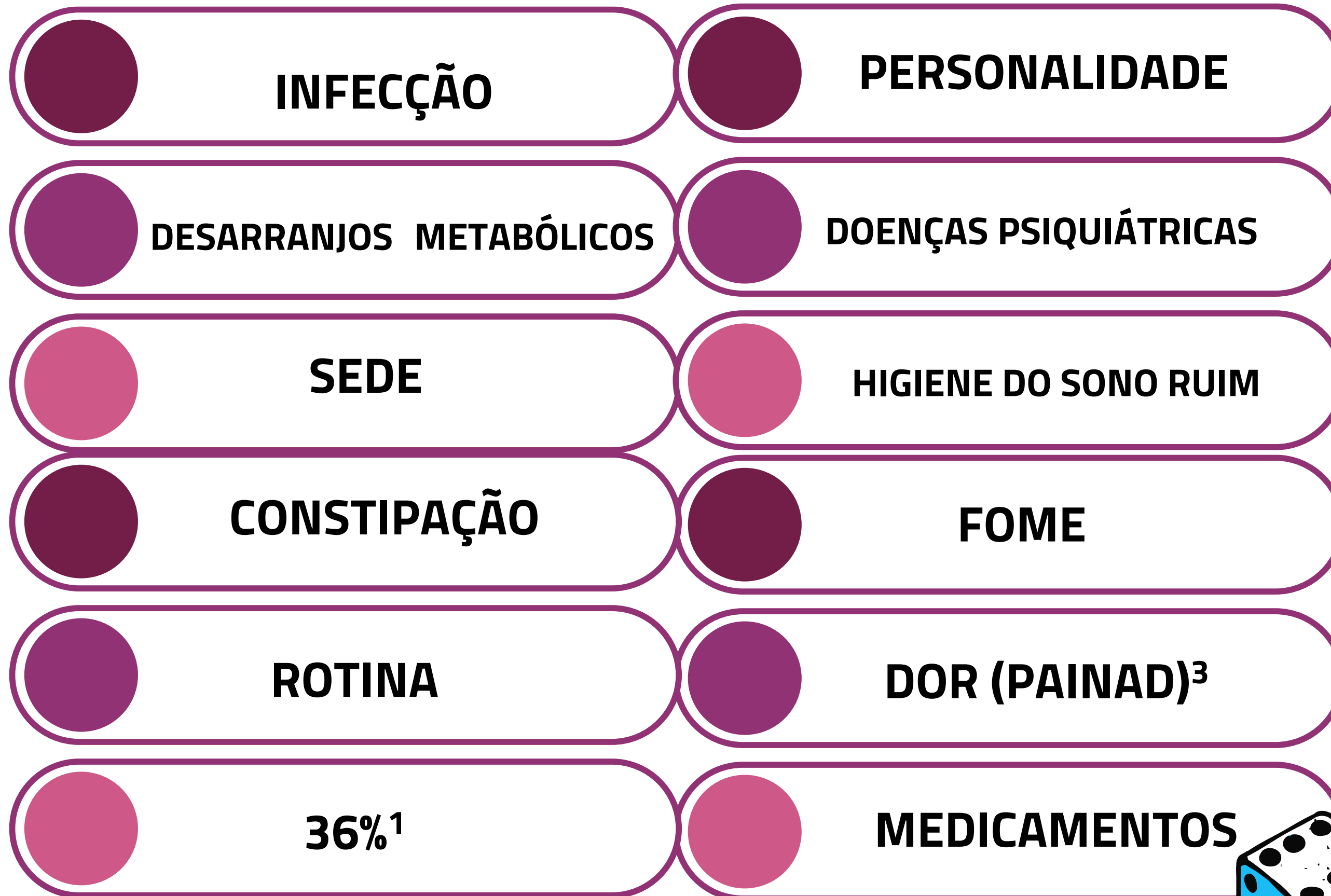
Onde - ambiente

Perspectiva do paciente

Perspectiva do cuidador



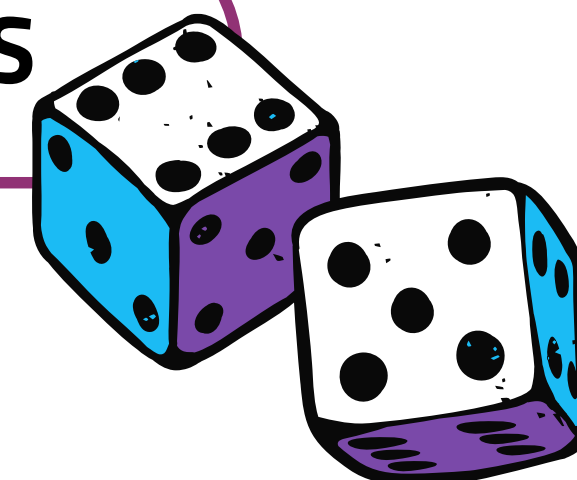
Investigar



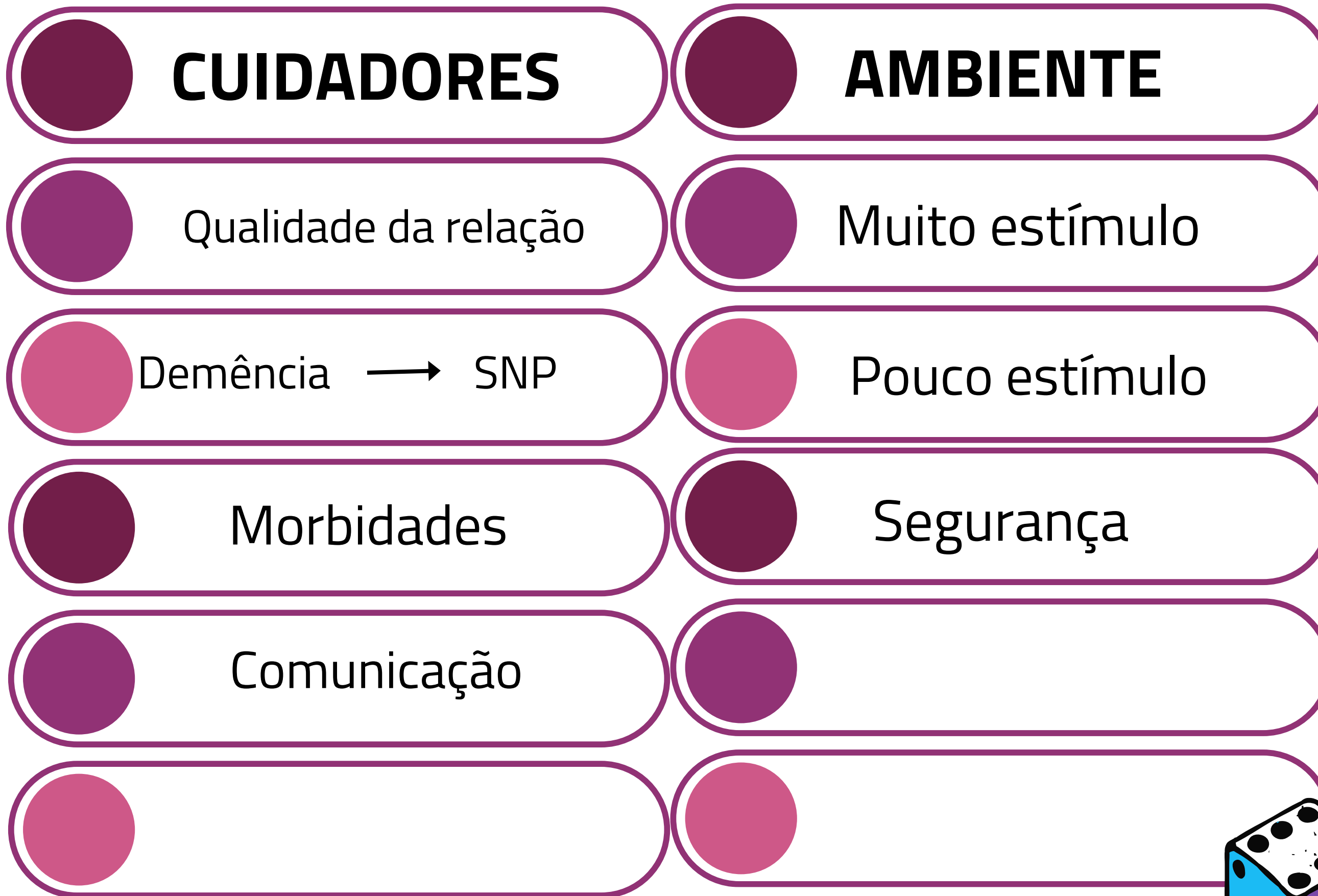
1. Hodgson, 2011

2. Kales, 2014

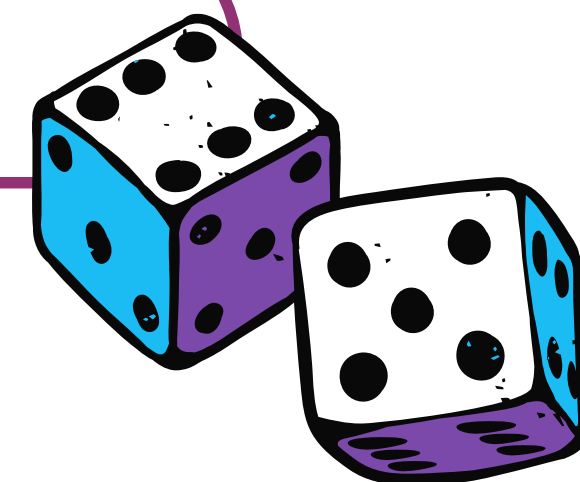
3. Valera, 2014



Investigar

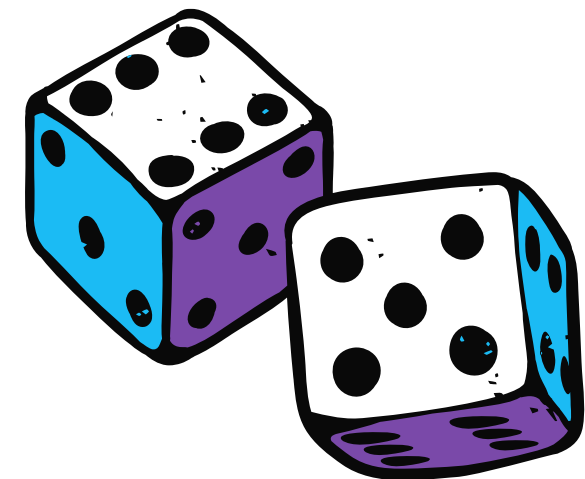
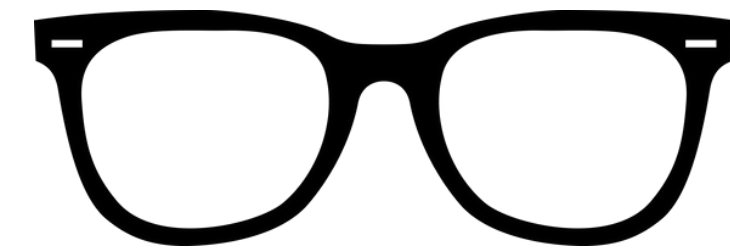


1. Kales, 2014

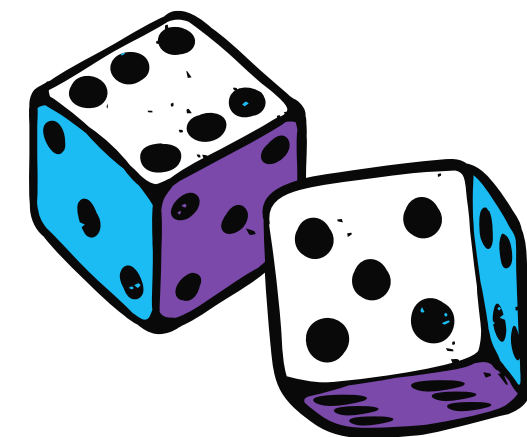
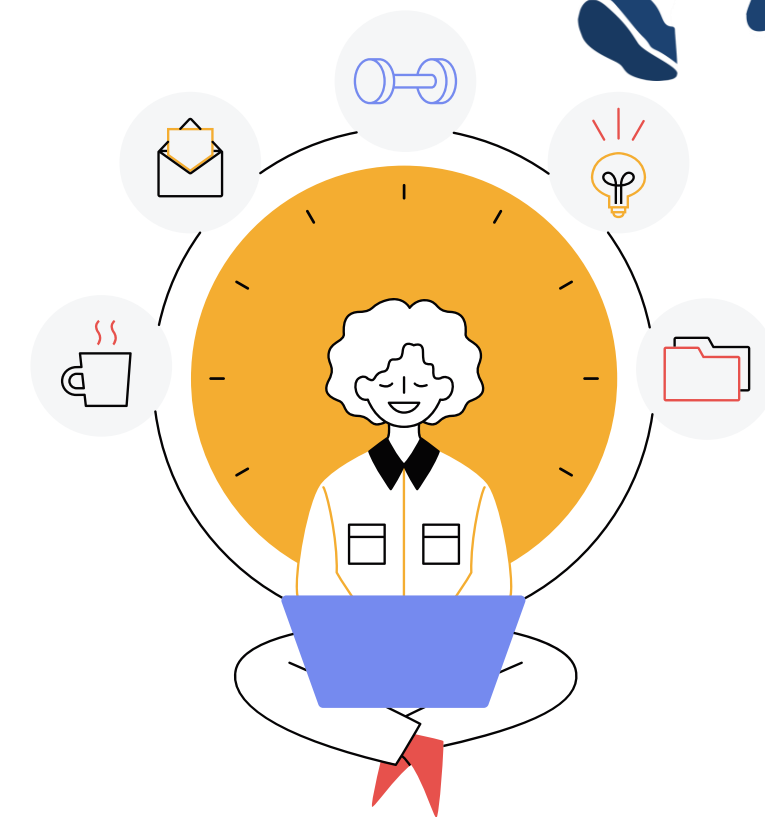
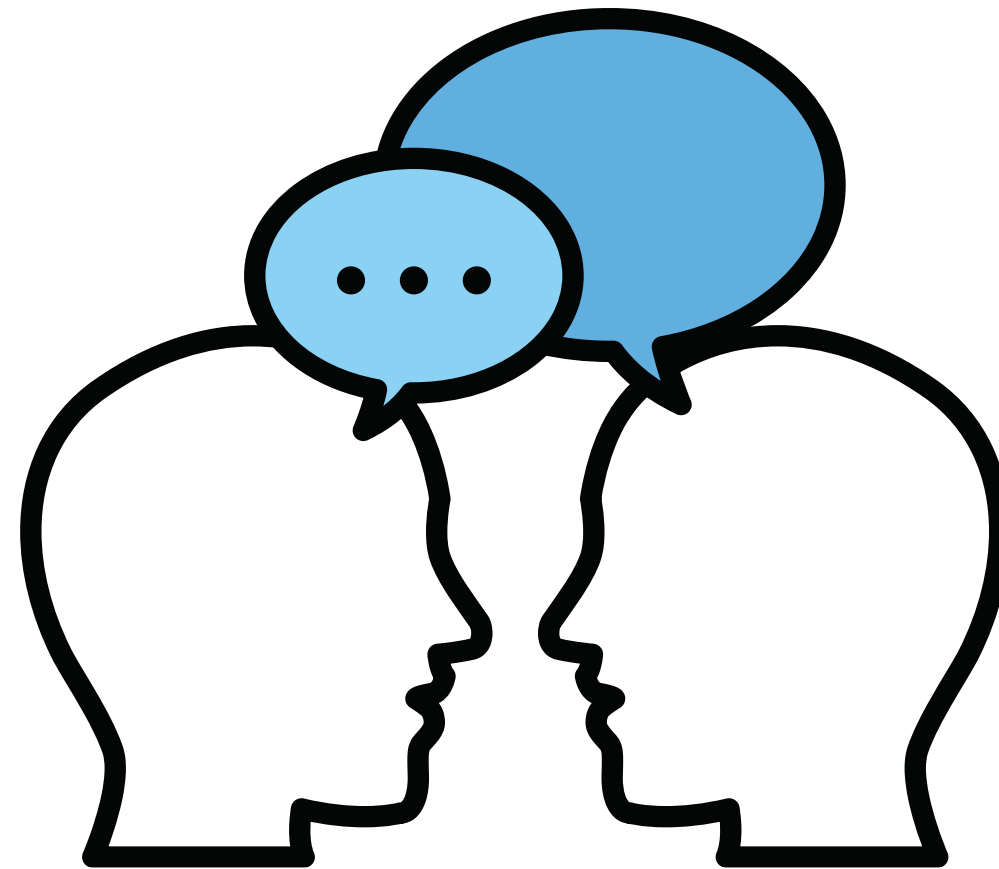


Criar

Equipe/paciente/cuidador

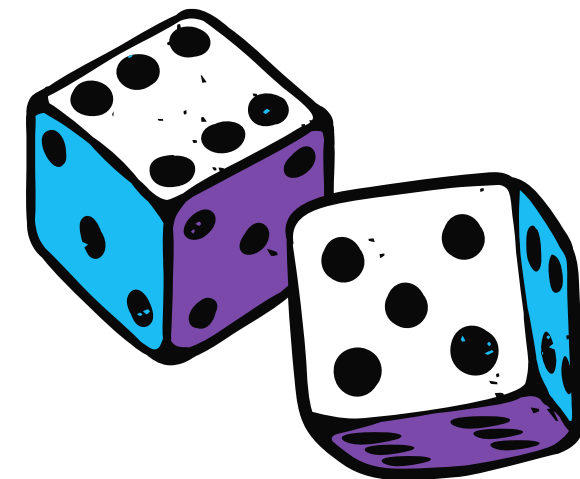
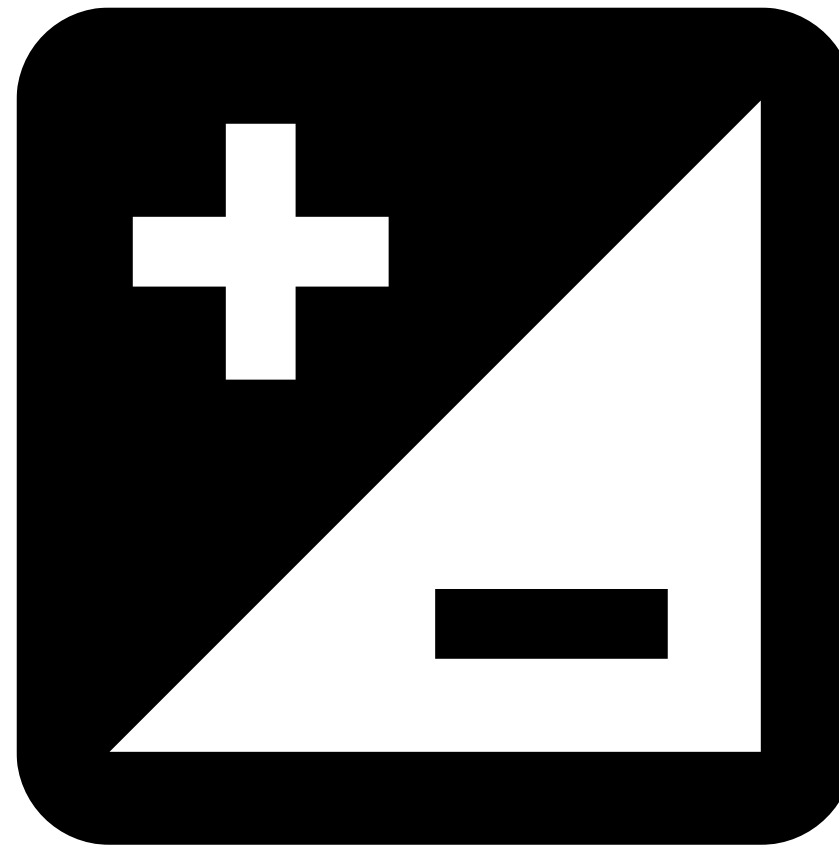


Criar



1. Kales, 2014

Avaliar





Medidas Gerais

Rotina
Evitar extremos de estímulos
Distrair e redirecionar
Exposição solar pela manhã
Intervir somente quando necessário
Vá para onde a pessoa estiver no
tempo
Evite discordar

Medidas Gerais



Mantenha o contato visual e fale com calma

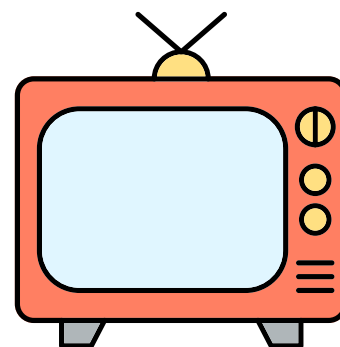
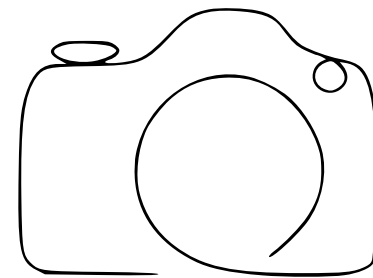
Validar



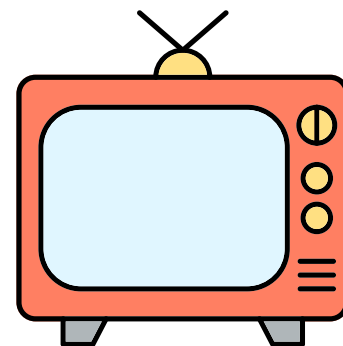
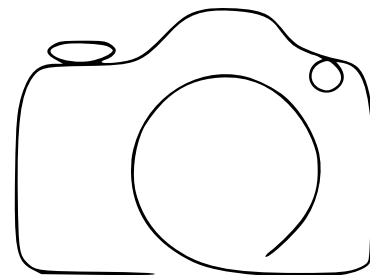
Medidas Específicas

Hora do banho
Vaguear diurno\noturno
Sundowing
Agressividade
Alucinações
Quero ir para casa

Tratamento



Medidas não farmacológicas



JAGS, 2014

NICE, 2018

Choosing Wisely, May 2024

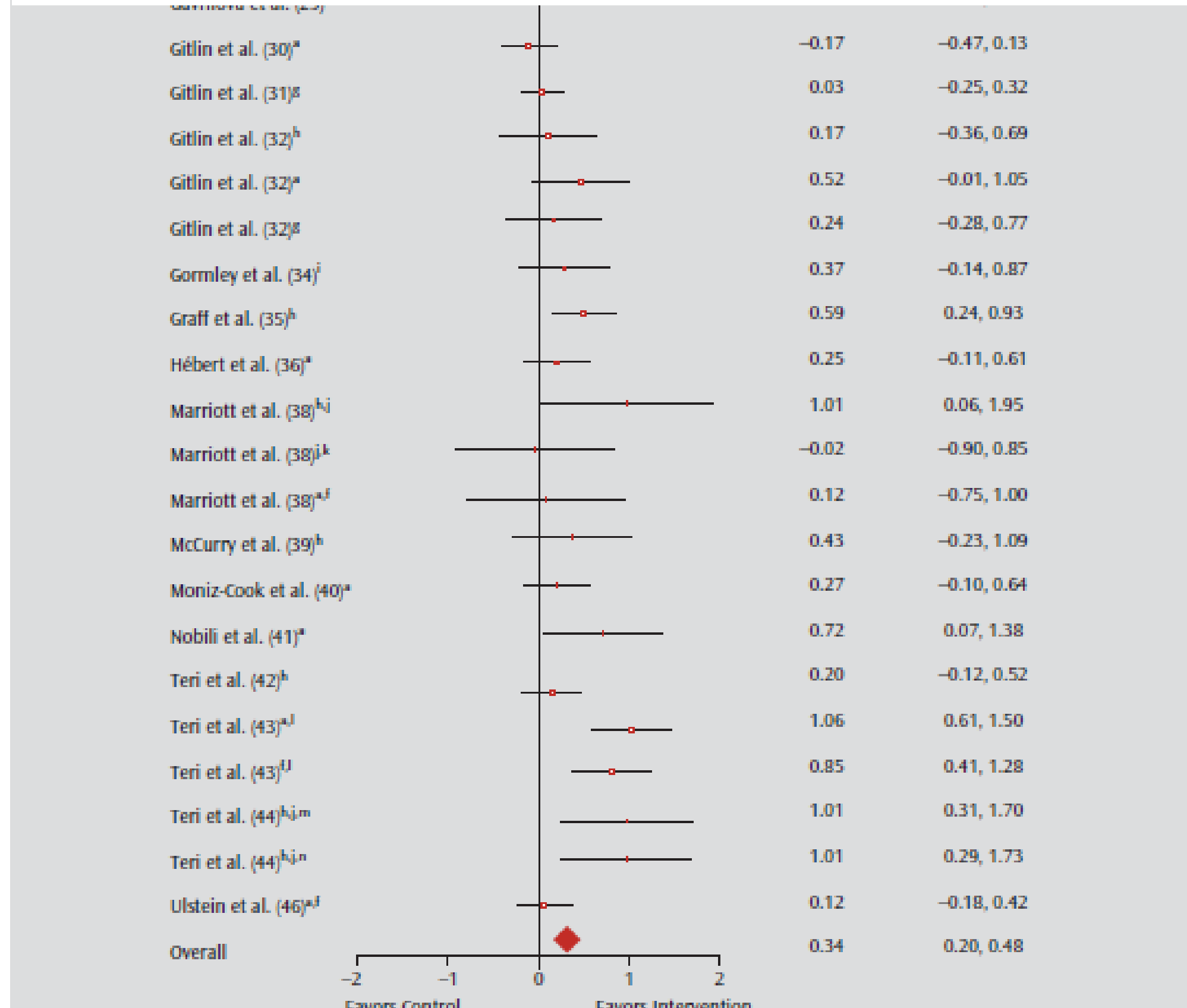
Medidas não farmacológicas



Pouco treinamento
Tempo
Percepção de pouca eficácia

Article

Meta-Analysis of Nonpharmacological Interventions for Neuropsychiatric Symptoms of Dementia



Medidas farmacológicas

Comprometimento da segurança



JAGS, 2014

NICE, 2018

Choosing Wisely, May 2024



Medidas farmacológicas

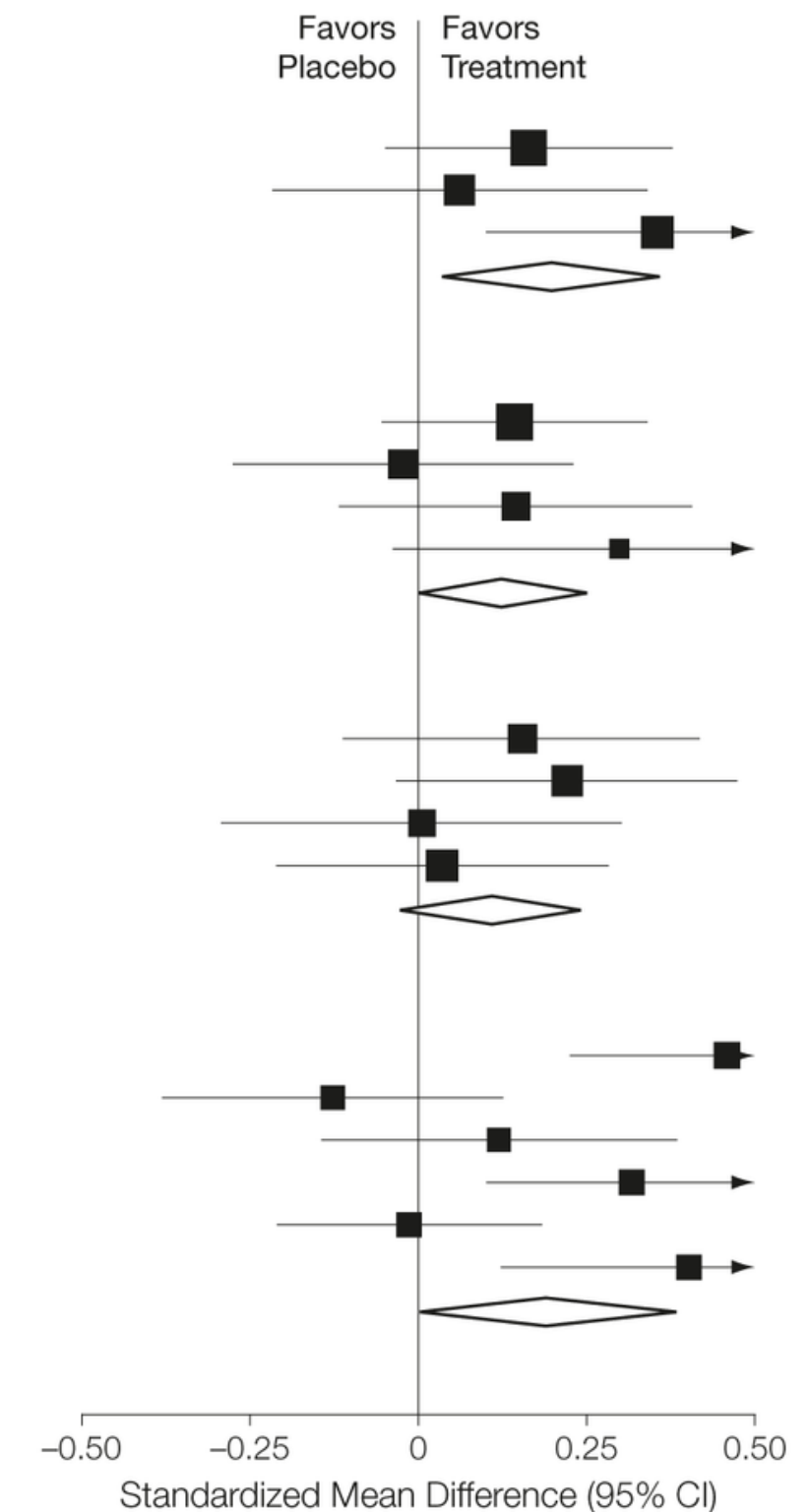
Pacientes que não respondem às intervenções não farmacológicas

Menor dose. Menor tempo

Pequenos benefícios

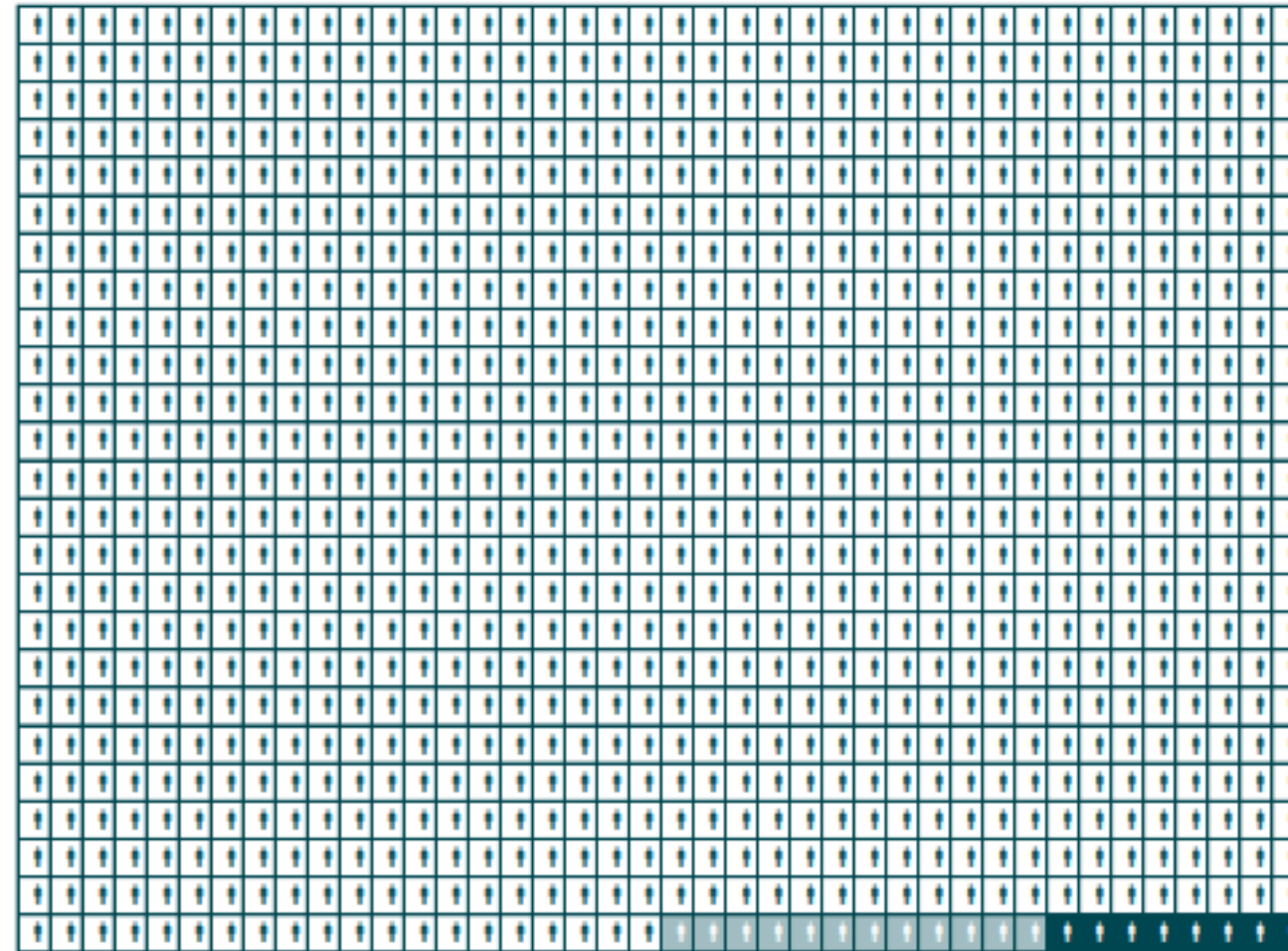


Source	Dose, mg/d	Standardized Mean Difference (95% CI)
Aripiprazole		
Mintzer et al, ¹⁴ 2007	2, 5, 10	0.16 (-0.05 to 0.37)
De Deyn et al, ¹⁶ 2003 ^a	10 (mean)	0.06 (-0.21 to 0.34)
Streim et al, ⁵³ 2004 and Streim et al, ¹⁵ 2008	8.6 (mean)	0.36 (0.11 to 0.61)
Subtotal		0.20 (0.04 to 0.35)
<i>I</i> ² = 22.1%; <i>P</i> = .28		
Olanzapine		
De Deyn et al, ¹⁸ 2004	1, 2.5, 5, 7.5	0.14 (-0.05 to 0.34)
Deberdt et al, ²³ 2005	5.2 (mean)	-0.02 (-0.27 to 0.23)
Schneider et al, ⁵² 2006 and Sultzer et al, ²⁶ 2008	5.5 (mean)	0.15 (-0.11 to 0.40)
Street et al, ¹⁷ 2000	5, 10, 15	0.30 (-0.03 to 0.63)
Subtotal		0.12 (0 to 0.25)
<i>I</i> ² = 0%; <i>P</i> = .49		
Quetiapine		
Schneider et al, ⁵² 2006 and Sultzer et al, ²⁶ 2008	56.5 (mean)	0.15 (-0.11 to 0.42)
Tariot et al, ²⁹ 2002 ^a	97 (median)	0.22 (-0.03 to 0.47)
Tariot et al, ⁴⁶ 2006	96.9 (median)	0 (-0.29 to 0.30)
Zhong et al, ⁵⁴ 2004 and Zhong et al, ³⁹ 2007	100, 120, 200	0.04 (-0.21 to 0.28)
Subtotal		0.11 (-0.02 to 0.24)
<i>I</i> ² = 0%; <i>P</i> = .63		
Risperidone		
Brody et al, ³¹ 2003 and Brody et al, ⁵⁵ 2005	0.95 (mean)	0.46 (0.23 to 0.69)
Deberdt et al, ²³ 2005	1 (mean)	-0.13 (-0.38 to 0.12)
De Deyn et al, ³⁰ 1999	1.1 (mean)	0.12 (-0.14 to 0.38)
Katz et al, ³² 1999	0.5, 1.2	0.32 (0.11 to 0.53)
Mintzer et al, ⁴⁸ 2006	1.03 (mean)	-0.01 (-0.21 to 0.18)
Schneider et al, ⁵² 2006 and Sultzer et al, ²⁶ 2008	1 (mean)	0.40 (0.13 to 0.68)
Subtotal		0.19 (0 to 0.38)
<i>I</i> ² = 74.6%; <i>P</i> = .001		






Riscos significativos

Effect of antipsychotics on the risk of stroke over 6 to 12 weeks



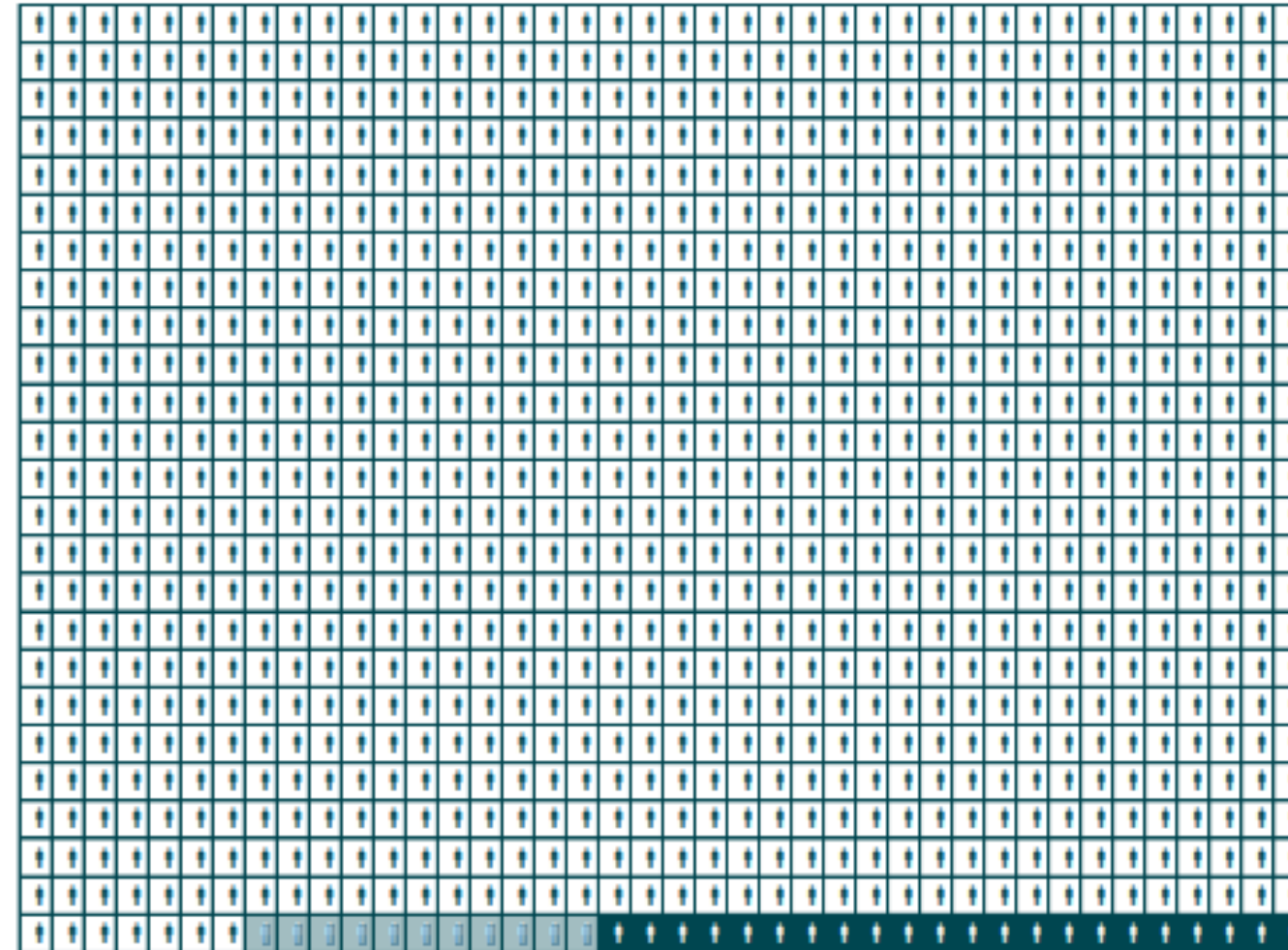
For every 1,000 people living with dementia who have hallucinations, delusions or agitation and who take an antipsychotic for 6 to 12 weeks, while they are taking it on average:

-  980 people do not have a stroke, whether they take an antipsychotic or not.
-  8 people have a stroke, whether they take an antipsychotic or not.
-  12 people have a stroke **because** they take an antipsychotic.




This is the **average**: some people will be at greater or lower risk of stroke. It is **not possible to know in advance what will happen to any individual person.**

Riscos significativos

Effect of antipsychotics on the risk of death
over 6 to 12 weeks



For every 1,000 people living with dementia who have hallucinations, delusions or agitation and who take an antipsychotic for 6 to 12 weeks, while they are taking it **on average**:

-  967 people do not die, whether they take an antipsychotic or not.
-  22 people die, whether they take an antipsychotic or not.
-  11 people die **because** they take an antipsychotic.

This is the **average**: some people will be at greater or lower risk of dying. It is **not possible to know in advance what will happen to any individual person.**

Alzheimer e saúde mental: apoio ao paciente e ao cuidador

Rodrigo D'Agostini Derech



Canabinoides

Cannabinoids for the treatment of dementia

Dina Bosnjak Kuharic, Domagoj Markovic, Tonci Brkovic, Milka Jeric Kegalj, Zana Rubic, Ana Vuica Vukasovic, Ana Jeroncic,

✉ Livia Puljak Authors' declarations of interest

Version published: 17 September 2021 Version history

<https://doi.org/10.1002/14651858.CD012820.pub2>

- 4 ECR - 126 participantes
- Neuropsychiatric Inventory - (MD -1.97, 95% CI -3.87 to -0.07; 110 participants)
- Sedation OR 2.83, 95% CI 1.07 to 7.48 - 38 participantes
 - Conclusão: não há certeza de benefício ou malefício.



Canabinoides

Cannabinoids for the treatment of dementia

Dina Bosnjak Kuharic, Domagoj Markovic, Tonci Brkovic, Milka Jeric Kegalj, Zana Rubic, Ana Vuica Vukasovic, Ana Jeronic,

✉ Livia Puljak Authors' declarations of interest

Version published: 17 September 2021 Version history

<https://doi.org/10.1002/14651858.CD012820.pub2>

7 estudos em andamento + 1 estudo não publicado


Received: 8 February 2023 | Revised: 28 April 2023 | Accepted: 18 May 2023

DOI: 10.1111/ajag.13224

RESEARCH ARTICLE

Australasian Journal on Ageing WILEY

Examining the use of cannabidiol and delta-9-tetrahydrocannabinol-based medicine among individuals diagnosed with dementia living within residential aged care facilities: Results of a double-blind randomised crossover trial

Amanda Timler¹  | Caroline Bulsara¹ | Max Bulsara¹ | Alistair Vickery^{1,2} |
Angela Jacques¹ | Jim Codde¹



Canabinoides

- ILPI
- 18 semanas
- 21 participantes

1. Neuropsychiatric Inventory Questionnaire–Nursing Homes (NPI-NH)
2. Cohen Mansfield Agitation Inventory (CMAI)
3. The Quality-of- life Alzheimer's Disease (QOL-AD)
4. The Abbey Pain Assessment Scale (APAS)

DOI: 10.1111/ajag.13224

RESEARCH ARTICLE

Australasian Journal on Ageing WILEY

Examining the use of cannabidiol and delta-9-tetrahydrocannabinol-based medicine among individuals diagnosed with dementia living within residential aged care facilities: Results of a double-blind randomised crossover trial

Amanda Timler¹ | Caroline Bulsara¹ | Max Bulsara¹ | Alistair Vickery^{1,2} |



Canabinoides

Cannabinoids for the treatment of dementia

Dina Bosnjak Kuharic, Domagoj Markovic, Tonci Brkovic, Milka Jeric Kegalj, Zana Rubic, Ana Vuica Vukasovic, Ana Jeronic,

✉ Livia Puljak Authors' declarations of interest

Version published: 17 September 2021 Version history

<https://doi.org/10.1002/14651858.CD012820.pub2>

1 estudo não publicado

Effects of rich cannabidiol oil on behavioral disturbances in patients with dementia: A placebo controlled randomized clinical trial

Vered Hermush^{1,2*}, Liora Ore³, Noa Stern^{1,2}, Nisim Mizrahi¹, Malki Fried¹, Marina Krivoshey¹, Ella Staghon¹, Violeta E. Lederman⁴ and Lihi Bar-Lev Schleider^{4,5}



Canabinoides

Effects of rich cannabidiol oil on behavioral disturbances in patients with dementia: A placebo controlled randomized clinical trial

Vered Hermush^{1,2*}, Liora Ore³, Noa Stern^{1,2}, Nisim Mizrahi¹, Malki Fried¹, Marina Krivoshey¹, Ella Staghon¹, Violeta E. Lederman⁴ and Lihi Bar-Lev Schleider^{4,5}

- Hospital terciário em Israel
- 16 semanas
- 52 participantes

1. Cohen Mansfield Agitation Inventory (CMAI) diferença de 4 pontos (29-203)




Canabinoides

Trends
in Psychiatry and Psychotherapy


Review Article

Medical cannabinoids for treatment of neuropsychiatric symptoms in dementia: a systematic review


Florindo **Stella**,^{1,2,3}  Leandro C. Lane **Valiengo**,^{1,2} Vanessa J. R. de **Paula**,^{1,2}
Carlos Augusto de Mendonça **Lima**,⁴ Orestes V. **Forlenza**^{1,2}


Review

Effectiveness of Cannabinoids for Treatment of Dementia: A Systematic Review of Randomized Controlled Trials

Thammanard Charernboon  MD, PhD , Tiraya Lerthattasilp, MD & Thitipon Supasitthumrong, MD

Pages 16-24 | Published online: 18 Mar 2020

 Cite this article

 <https://doi.org/10.1080/07317115.2020.1742832>

 Check for updates



Canabinoides

Resumindo....

A certeza da evidência é baixa/muito baixa que os canabinóides têm eficácia ou são prejudiciais para tratamento de sintomas neuropsiquiátricos nos pacientes com demência



Canabinoides

BHASKAR A, BELL A, BOIVIN M, ET AL. CONSENSUS RECOMMENDATIONS ON DOSING AND ADMINISTRATION OF MEDICAL CANNABIS TO TREAT CHRONIC PAIN: RESULTS OF A MODIFIED DELPHI PROCESS. J CANNABIS RES. 2021;3(1):22. PUBLISHED 2021 JUL 2. DOI:10.1186/S42238-021-00073-1