Chapter 11
Mood Issues in Dementia

Psychiatric and behavioral changes go hand in hand with dementia. Psychiatric issues include problems with mood, anxiety, and psychosis. We defer the discussion on psychosis to the next chapter where we discuss the more common problematic behaviors we see in dementia.

Depression

Mood disturbance is common in Alzheimer's dementia. Depression occurs in approximately 40 % of Alzheimer's patients [1, 2]. The interaction between depression and dementia is complicated. We know that depression is a risk factor for Alzheimer's disease. We also know that a diagnosis of depression may precede the Alzheimer's diagnosis by several years. This is not surprising since the earliest signs of dementia may be social withdrawal and apathy—not memory.

Common sense rule: Social withdrawal or mood disturbance may be the first symptom of Alzheimer's Disease.

One question that comes up regularly in the office is whether the depression is causing the memory problems. Depression affects the attentional component of memory. The idea is as follows: if you are depressed, you cannot pay attention to the information well enough to learn it. If you do not learn the information efficiently, you cannot recall it. Therefore, memory looks impaired. In contrast, with Alzheimer's disease the memory mechanism itself is impaired. Attention is usually intact.

However, standard neuropsychological tests are sensitive enough to ascertain whether depression is contributing to memory disturbance. The concern is that when depression captures the focus of clinicians and family, an underlying dementia may go untreated.

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Common sense rule: Significant forgetfulness is typically caused by a primary memory disorder.

Apathy/Emotional Blunting

Apathy is often confused with depression. When a loved one withdraws from socialization and former enjoyable activities, the assumption is that the person must be depressed. Typically the patient denies feeling sad and is not bothered by the level of withdrawal or inactivity. Apathy is a hard concept to wrap your head around. We often operationally define this as a someone who is content to sit in a chair all day. Emotional blunting refers to a lack of a person's affective response. (Remember mood is how one feels himself or herself. Affect is how he or she is perceived by others.) Someone with emotional blunting may not smile or laugh at appropriate junctures or reciprocate an expression or gesture of love, such as a hug, kiss, or "I love you". Emotional blunting may be associated with apathy, depression, dementia, or a combination. It is one of the hallmarks of FTD. Apathy is quite common in Alzheimer's disease with estimates around 60–70 % [3, 4]. As noted above, it may be the first major symptom of Alzheimer's disease.

Anxiety

Although studies do not attempt to define types of anxiety, we commonly see anxiety either be situational or generalized. The exact numbers are hard to quantify as its prevalence has been studied in whole and during different stages of dementia. Situational anxiety may be seen in patients early in disease who have heightened awareness of their deficits. They may become anxious when they struggle with a task that once came relatively easy to them. Maybe they are slower or less accurate. You may see more anxiety as the complexity of the task increases, such as completing a tax return. In later stages we may see patients become anxious whenever they leave their home, such as to go to a doctor's visit.

We also see more generalized symptoms. Patients typically describe this is as a general feeling of unease. They may not be able to identify anything in particular that makes them feel anxious. Or they may ruminate on anxiety-laden topics such as their various physical problems or their fear of running out of money. It is not uncommon to have a more advanced patient repeatedly ask others what they should be doing.

Irritability/Disinhibition

Irritability is regularly seen in Alzheimer's disease with estimates traditionally between 41 and 42 % [3, 4], as well as many other types of dementia. Families often describe the patient as being snappy, on edge, or having a short fuse. The irritability

can be triggered by a frustrating event or may be fairly generalized. Hateful words may be uttered. Some may even start cursing or making derogatory comments about another's race, gender, or religion. The latter can be quite disturbing to families, particularly when viewed as out of character for their loved one.

Treatment

Depression may be treated with medications generally classified as antidepressants. Anxiety and/or irritability may also respond to nonstimulating antidepressants. When possible we avoid prescribing sedatives for anxiety in geriatric patients due to the increased risk for somnolence, confusion, and falls with these drugs.

The treatment of apathy is more challenging as response to medication is not robust. If medication is indicated, physicians tend to use categories of medication that increase availability of norepinephrine and dopamine in the brain. Simply put, these neurotransmitters are your "get up and go" chemicals. These medications include a subcategory of the antidepressant family as well as stimulants. Stimulants have a higher side effect profile, so they are used judiciously. In addition to known cardiac and appetite suppression effects, we must consider risk of psychosis and agitation in patients with underlying dementia.

We strongly recommend increased activity for the psychiatric symptoms of dementia. No one's apathy or depression improves with spending time alone and idle. The combination of meaningful activity and being around others lifts spirits.

Anxiety likewise thrives with inactivity. We caution our inactive anxious patients, "you have way too much time to spend in your own head." The brain uses all that free time to think, worry, and obsess.

Not having any luck getting your loved one involved in activity? Consider bringing in a companion to keep your loved one active. Often companions have a much easier time getting patients with dementia out and about than friends and family. Patients may display oppositional behavior towards relatives, but put on company manners for a professional caregiver. The structured activities and camaraderie afforded by adult day programs may work wonders for a patient, particularly one who is used to a daily job routine.

Common sense rule: Find ways to keep patients with dementia active.

Summary

Mood symptoms are common in dementia, but differ among individuals. These may include apathy, agitation, depression, and irritability. Treatment may include medications and nonpharmacologic approaches, such as social and other activity.

Common Sense Rules

- Social withdrawal or mood disturbance may be the first symptom of Alzheimer's disease.
- Significant forgetfulness is typically caused by a primary memory disorder.
- Find ways to keep patients with dementia active.

References

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