

## A forgetful and angry old lady

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### Abstract

Dementia is typically characterized by the deterioration of cognitive abilities and is a common disorder among the elderly in Malaysia. However, behavioral and psychological symptoms are also present in approximately 90% of dementia patients.<sup>1</sup> We report the manifestation of these symptoms in an elderly woman with dementia and the treatment thereof.

### Introduction

The behavioral and psychological symptoms of dementia refer to the independent group of non-cognitive symptoms and behaviors observed regardless of the subtypes of dementia<sup>1</sup>. Examples include aggression, disrupted mood, and changes in personality, thoughts, appetite, and sleeping patterns. The aim of this case report is to highlight these symptoms and show how they cause distress to the patient and family and affect quality of life.

### Case summary

A 90-year-old female has been showing changes in her behavior and personality as her dementia progresses. These changes began about 10 years ago. The symptoms are insidious and getting worse progressively.

In the past, she was a very active woman and busied herself with gardening, house chores, and cooking. She travelled a lot and enjoyed watching vernacular shows and world news. She has lost interest in all of these things. She stopped reading more than 6 years ago. She is suspicious of her surroundings and believes that someone has been locking her in her room and refuses to go out into the garden for fear of perpetrators. She is convinced that the maids are out to get her and stealing all of her belongings, although most of her valuables are in a safe deposit box. She hits the maids and throws things at them to make them quit working to look after her. She has also started hitting her head against the wall in frustration at times when challenged with her persecutory thoughts. These symptoms seem to be worse in the evening and her sleep pattern have changed, whereby she sleeps more during the day and stays awake at night.

She cannot bathe and dress by herself, but she can eat on her own. She lives with her eldest daughter (main caregiver), but and does not speak to her grandchildren as she does not recognize them. Her physical status revealed a fairly well-groomed elderly lady in a wheelchair. She had poor eye contact and looked suspiciously at her surroundings and the clinician. She was irritable and gave single word answers to most questions. She had poor immediate and five-minute recall and poor recent memory. Her remote memory was intact. She believed that there was nothing wrong with her and it was her daughter who needed treatment. Her Mini Mental State Examination score was 12 out of 29 (removing the question on season).

The patient had no pre-existing medical illness. A diagnosis of moderate to severe dementia, which was most probably Alzheimer's type, was made. As the patient lacked mobility, her family were not keen on her being reviewed and treated by other healthcare professionals (e.g., occupational therapist/psychologist), but she is regularly reviewed by a physician.

The patient was started on Memantine 5mg nocte, Escitalopram (an antidepressant) 5mg nocte, and Quetiapine (an antipsychotic) at 12.5mg nocte, slowly increasing the dosage to 25mg nocte. There were no side effects reported.

In subsequent follow-ups, she was more communicative, cheerful, and less paranoid. Her sleep pattern was improving, and her daughter and other children were happy to spend more time with her. The main caregiver has also reported feeling less stressed after her mother underwent treatment.

### Discussion

In the 1980's, the total Malaysian population was 13.7 million. Over the next 30 years, the total population more than doubled to 28.3 million by 2010.<sup>2</sup> The latest population statistics, as of July 2012, report a total Malaysian population of 29.2 million, of which 5.1% represents those aged 65 years and above.<sup>3</sup> Together with a larger number of elderly, life expectancy is also increasing. Based on the Mental Health and Quality of Life of Elderly Malaysians Survey, the overall prevalence of dementia is 14.3%. The prevalence rates showed a clearly increasing trend by age group, doubling every 10 years, from 9.5% in the 60–69 age group up to 26.3% in those aged 80 and above. Women showed a higher prevalence rate (19.7%) than men (8.8%).<sup>4</sup> In terms of disabilities faced in routine and instrumental daily life activities, the prevalence rate for older women (31%) is double that of older men (14%).<sup>4</sup> These daily activities would then be assisted by a caregiver, and it has been found that female caregivers tend to report greater stress.<sup>5</sup>

In the case we report, a family member of the patient reported that the patient's short-term memory is poor, a defining symptom of dementia. This symptom includes problems with recalling recent events, remembering names, and repeating questions.<sup>6</sup> However, the patient felt that there was nothing wrong with her. She presented with the behavioral and psychological symptoms of dementia, which includes disturbances in emotional experiences, delusional and abnormal thoughts, disinhibition, disrupted circadian rhythms, and aggression.<sup>1</sup> Patients with

dementia often have false beliefs that include: i) suspiciousness, ii) fear of abandonment/institutionalization, and iii) seeing malicious/discriminatory intents on the part of others towards oneself.<sup>1</sup> These beliefs can be confusing and frightening to patients, potentially leading to aggressive behaviors<sup>7</sup>.

Although psychiatric comorbidity or symptoms are common, most patients and their caregivers suffer in silence. This is largely due to the stigma of seeking psychiatric help and getting the elderly to agree to see a psychiatrist. Moreover, family members are unsure as to whether or not the symptoms exhibited are signs of normal aging. The stress that caregivers and families undergo can be significant, sometimes leading to depression and anxiety in them, as well.

In managing patients with this condition, it is always important to do a risk benefit analysis. Very often the benefit of being on a low-dose antipsychotic can outweigh the risks. Of course, there is a need to be mindful of the Lewy Body type of dementia, in which antipsychotics can worsen the patient's condition.

### Funding & Conflict of Interest

None

### Ethics

An ethical challenge was getting the patient to take medication for a condition that she does not believe she has. In fact, our patient felt her daughter should be on medication and not her.

### How does this paper make a difference to general practice?

- Conditions such as dementia are becoming more common in a Family Physician's setting as the population of the nation is aging rapidly.
- Therefore, an understanding of the behavioral problems associated with dementia and challenges of caregivers in managing these problems is vital in order to raise public awareness.

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