

PT566**A survey of medication using antipsychotics in patients with dementia.**

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Abstract

Introduction: Recently, the pharmacological treatment has aimed to improve cognitive deficits and behavioral and psychological symptoms of dementia. Antipsychotics are often used for excitement or hyperactivity of dementia and evaluating the efficiency of the medication has been important. We researched the tendency of choice of antidementia drugs and antipsychotics for patients with dementia.

Materials: This study included 96 patients with dementia admitted to Showa University Northern Yokohama Hospital from January 2014 to August 2015 (average age 80.1 ± 8.5 years, average duration of hospitalization 130.8 ± 79.2 days; 37 males and 59 females). 77 were diagnosed as Alzheimer disease, 14 as dementia with Lewy bodies and 5 as other types of dementia.

Methods: We investigated the severity of psychological symptoms on admission and medication for the symptoms. We compared psychological symptoms and The global Assessment Functioning on admission and the use of antipsychotics of patients treated with antidementia drugs with those of patients without antidementia drugs retrospectively by clinical records. This study was approved by the Ethics Committee of Showa University Northern Yokohama Hospital and we considered personal information protection fully.

Result: 66 patients treated with antidementia drugs had more severe excitement or agitation compared to 47 patients without antidementia drugs. 72.7% (48/66) patients received more than two drugs, quetiapine was most used (24.2%, 16/66) and perospirone was secondary used (16.7%, 11/66). Quetiapine tended to aim to improve excitement or agitation for patients with less duration of illness and higher score of GAF. Aripiprazole was most used for patients treated without antidementia drugs.

Conclusion: In this study, antidementia drugs were used toward excitement or agitation, and antipsychotics were added for mood stabilizing or sedation. The study suggested that it is effective to select medication according to characteristics of behavioral and psychological symptoms.

PT567**Improvement to antipsychotic treatment at week 2 predicts subsequent treatment response in behavioral and psychological symptoms with dementia: Analysis of the CATIE-AD data**

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Abstract

Objective: Antipsychotic drugs are frequently used to manage behavioral and psychological symptoms with dementia (BPSD).

However, it still remains unclear as to which factors could serve as predictors of response to antipsychotic treatment. The aim of this study was to examine presence/absence of improvement with antipsychotics at week 2 would be associated with treatment response/non-response at week 8 in patients with BPSD.

Methods: The dataset from 245 subjects (olanzapine, n=90; quetiapine, n=81; risperidone, n=74) who presented with a score of ≥ 1 in the Brief Psychiatric Rating Scale (BPRS) at baseline in Phase 1 of the Clinical Antipsychotic Trials in Intervention Effectiveness with Alzheimer's Disease (CATIE-AD) were used. First, demographic and clinical characteristics associated with response at week 8 were examined, using binary logistic regression analyses. Treatment response was defined as a score reduction of \geq one minimal clinically important difference (MCID) defined as a half of SD in the BPRS. Next, the prediction performance of binary classification in early improvement at week 2 (i.e. presence or absence) for response at week 8 was examined with sensitivity, specificity, positive predictive value (PPV), and negative predictive value (NPV). Multiple imputation was employed for missing data.

Results: The BPRS total score reduction at week 2 was significantly associated with subsequent response at week 8 (odds ratio, 1.17; 95% confidence interval, 1.11–1.24; $p < 0.05$). Furthermore, the 10% cut-off at week 2 presented with the highest precision (0.67) with sensitivity, specificity, NPV, and PPV of 0.69, 0.67, 0.73, and 0.62, respectively.

Conclusions: Presence or absence of early improvement at week 2 with antipsychotic treatment can be a strong predictor of subsequent response at week 8 in the treatment of BPSD. Evaluating patients early in the course of treatment with antipsychotic drugs can help identify non-responders who may benefit from alternative therapeutic approaches.

PT568**Depressive Symptoms and Progressive Hippocampal Volume Atrophy Accelerates the Conversion Process to Dementia from Mild Cognitive Impairment**

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Abstract

Background: Current literature show that decreased hippocampal volume, an early structural change occurring in dementia, is very common in patients with mild cognitive impairment (MCI). However, it is elusive whether neurodegenerative and resultant clinical trajectories are accelerated in MCI patients with concomitant depressive symptoms. In addition, it is also unclear whether concomitant depression in MCI leads to a faster conversion to dementia from MCI in comparison to those who are not depressed. No longitudinal study has examined whether depressed amnesic MCI (DEP+aMCI) patients show an earlier onset of progression to dementia than non-depressed amnesic MCI (DEP-aMCI) patients and how progressive hippocampal volume reductions are related in the conversion process.

Method: Using data from Alzheimer's Disease Neuroimaging Initiative, we investigated 2 year follow-up data from 38 DEP+aMCI patients and 38 matched DEP-aMCI patients and compared their ages of conversion from aMCI to AD and trajectories of progressive hippocampal volume changes. DEP+