P7.5. ARE THE BPSD THE MAIN MOTIVATION FACTOR FOR EXAMINATION IN DEVELOPING COUNTRIES?

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Objective 1/2

- In many developing countries studies for dementia are missing.
- The specialists are meeting patients in moderate and severe stages of dementia.
- The aim of this study is to analyse the situation in our country.
Objective 2/2

- Epidemiological studies don’t exist and the registered cases are in lower numbers than the real situation.

- We have analyzed the motivation for examination of the patients with dementia, the Behavioral and Psychological Symptoms of dementia-BPSD and the attitudes towards dementia.
Methods:

- The study included 60 patients diagnosed with Alzheimer's or vascular dementia (by ICD 10; MMSE; HIS; CT).

- The following instruments were used: Standardized clinical interview, the Behavioral Pathology in Alzheimer's disease Rating Scale (BEHAVE-AD), the Cohen-Mansfield Agitation Inventory (CMAI), and None standardized sociological-demographic questionnaire.
Results:

Table 1. The mean age of patients with vascular and Alzheimer’s dementia

<table>
<thead>
<tr>
<th>Dementia</th>
<th>x</th>
<th>± SD</th>
<th>Minimum</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vascular and Alzheimer's</td>
<td>74</td>
<td>5.57</td>
<td>61</td>
<td>88</td>
</tr>
</tbody>
</table>
Figure 1. The average MMSE scores in patients with vascular and Alzheimer’s dementia

80% of the patients were in moderate and severe stage of dementia.

<table>
<thead>
<tr>
<th>Stage</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild &gt;= 21</td>
<td>12</td>
<td>20.0</td>
</tr>
<tr>
<td>Moderate 10-20</td>
<td>31</td>
<td>51.7</td>
</tr>
<tr>
<td>Severe &lt;= 9</td>
<td>17</td>
<td>28.3</td>
</tr>
</tbody>
</table>
The average time from the beginning of the disease was 3.5 (±1.8) years.

The average time from the beginning of the vascular and Alzheimer's dementia was no statistically significant difference (3.35 v.s. 3.9 y) p = 0.4334.
Table 3. The average time from the beginning of BPSD

<table>
<thead>
<tr>
<th>Dementia</th>
<th>x</th>
<th>+/- SD</th>
<th>minimum</th>
<th>maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>months</td>
<td>17.6</td>
<td>15</td>
<td>1</td>
<td>72</td>
</tr>
</tbody>
</table>

The BPSD were present in all patients with average time of 17 (+15) months. Their symptoms were not treated previously in all patients.

The motivation for examination or hospitalisation was exactly BPSD, not the cognitive symptomatology of dementia.

The frequency of the BPSD from epidemiological studies is lower than in clinical samples because care is sought when neuropsychiatric symptoms emerge. *In our examination, more than it, when they exceed the tolerance of the family.*
Figure 2. Distribution of patients by who took care for the patients

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>28</td>
<td>46,7</td>
</tr>
<tr>
<td>Daughter</td>
<td>8</td>
<td>13,3</td>
</tr>
<tr>
<td>Son</td>
<td>16</td>
<td>26,7</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
<td>13,3</td>
</tr>
</tbody>
</table>
The patient’s family took care in 86.7% and the presence of the BPSD was complicated highly the state of patient and his family.
The family was not informed enough about the nature of the disease, its manifestation and possibility for the treatment.

Also the physicians of the primary care who are the first in contact with patients were not informed enough and did not send the same on examination to the psychiatrists because the BPSD.
Dementia

Activity of daily living

BPSD

Cognitive impairment

Behavioural and Psychological Symptoms of Dementia
Symptom complex of BPSD

Psychosis
Depression
Disturbance of circadian rhythm
Anxiety
Agitation

Alzheimer dementia

Vascular dementia

Agitation and activity disturbances were present in high % in the patients, and the families have accented it like the first and the most important problem of BPSD for seeking help.
Delusional Ideation and hallucinations (Psychosis in AD, Jeste DV, Finkel 2000) were recognized as an important factor for seeking help from the families.
In the both groups were presented few types of delusional ideation in the same time (*Swearer JM, 1994*)

Paranoid and Delusional Ideation were more common in patients with AD, than in the group with VaD.

The delusions in patients with VaD were more productive, than in the group with AD, which were more simple.
Figure 7. Affective Disturbance Subscale (Tearfulness, Depressed mood (other))

The patients with vascular dementia have higher rate of depression than patients with AD.
We found high % of day/night disturbances in both groups. This is a huge problem for caregivers.
CONCLUSION 1/2

- The patients who were on examination were in high percentage in the advanced stages.
- The BPSD were present in all patients and were not treated previously in all patients.
- The motivation for examination was BPSD and the examination happens when the tolerance of the family is exceeded.
- According to the results and family data the family had on the main burden of dementia.
- The tradition that children care about elderly, accepted problems with memory associated with age had influence on later taking patients on examination.
The family and the physicians of the primary care are not informed enough about the nature of the disease and possibilities for treatment.

Epidemiological studies for dementia are needed.

Education of healthcare providers for dementia and BPSD is needed as well as change of the attitude towards treatment of dementia in general.