



Perilaku dan Gejala Psikologis Demensia Didahului Depresi

Behavior and Psychological Symptoms of Dementia Preceded with Depression

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KATA KUNCI
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ABSTRAK

BPSD (Gejala Perilaku dan Psikologis Demensia) merupakan gangguan yang sering ditemukan. Gejala neuropsikiatri pada orang dengan demensia sangat bervariasi dan tidak dapat diprediksi, dengan pengaruh pada emosi, persepsi, fungsi motorik, dan isi pikiran. Gejala yang didapat pada emosi bisa berupa depresi, gejala depresi ini biasanya menutupi penderita demensia. Kami melaporkan seorang wanita berusia 76 tahun didiagnosis dengan BPSD (Gejala Perilaku dan Psikologis Demensia) sejak 3 tahun yang lalu. Gejala yang muncul adalah agresivitas tinggi dan kecurigaan terhadap orang-orang di sekitarnya. Pasien merasa barang miliknya dicuri sehingga sering menyembunyikan barang bahkan makanan di tempat yang tidak semestinya. Pasien demensia sering datang dengan keluhan berupa depresi terutama pada pasien wanita. Gangguan emosi atau perubahan emosi juga terdapat pada penderita BPSD, pada kasus diatas penderita kehilangan semangat hidup, kesedihan yang terus menerus, keinginan bunuh diri. Pasien menerima pengobatan antipsikotik (Haloperidol 0,75 b.i.d) dua kali sehari.

ABSTRACT

BPSD (Behavioral and Psychological Symptoms of Dementia) is a disorder that is often found. Neuropsychiatric symptoms in people with dementia are highly variable and unpredictable, with an influence on emotion, perception, motor function, and thought content. Symptoms obtained in emotions can be depression, these depressive symptoms usually mask patients with dementia. We report a 76-year-old woman was diagnosed with BPSD (Behavioral and Psychological Symptoms of Dementia) since 3years ago. Symptoms that appear were high aggressiveness and suspicion of those around her. The patient feels that her belongings are stolen so that she often hides stuff even food in an improper area. Dementia patients often present with complaints such as

depression, especially in female patients. Emotional disturbances or emotional changes are also found in patients with BPSD, in the above cases the patient loses his enthusiasm for life, continuous sadness, suicidal ideation. The patient received antipsychotic treatment (Haloperidol 0.75 b.i.d) twice a day.

INTRODUCTION

BPSD (Behavioral and Psychological Symptoms of Dementia) is a disorder that is often found. Neuropsychiatric symptoms in people with dementia are highly variable and unpredictable, with an influence on emotion, perception, motor function, and thought content. Symptoms obtained in emotions can be depression, these depressive symptoms usually mask patients with dementia (Cerejeira et al., 2012). Patients usually complain of feelings of unhappiness, the typical pathological feelings of sadness, hopelessness, suicidal ideation, and low self-esteem (Prado-Jean et al., 2010). Apathy is a motivational disorder characterized by loss or diminished goal directed behavior, emotion and cognitive activities. Apathy is also one of the symptoms in dementia which in depression is a symptom of loss of interest, slowing and loss of energy (Mulin et al., 2011). Lack of motivation is present in patients with dementia, in patients with dementia there is no dysphoria.

There are several studies that have found a link between depression and dementia. Individuals with depression are found to have a greater risk of dementia. Symptoms of depression can also be prodromal features of dementia, the study was conducted on 10,189 male and female participants for approximately 28 years (Rubin, 2018). Research conducted by

(Byers & Yaffe, 2011) found that there is a relationship between depression and the risk of developing dementia by 2-5 fold. The relationship between depression and dementia can occur due to biological mechanisms such as vascular disease, increased deposition of amyloid beta plaque, inflammations, and neurotrophic problems. The onset of depression and dementia can also be due to damage to the hippocampus that occurs in individuals with depression and this can initiate alterations of glucocorticoid steroid levels (Rubin, 2018). Circadian rhythms in patients with dementia also change, these changes can be in the form of hypersomnia, sleep-wake cycle reversal, insomnia, rapid eye movement sleep disorder, and fragmented sleep. Patients with dementia usually show a sleep pattern of daytime napping and night time awakening followed by poor quality of sleep (Rongve et al., 2010). Changes in appetite were also seen in patients with fronto-temporal dementia patients. Most dementia patients experience weight loss related to hormonal disturbance (Cerejeira et al., 2012).

Early life depression and late life depression have different risk factors for dementia. Patients with late-life depression are at greater risk. In addition, the symptoms of depression that exist in patients, how often these depressive symptoms appear, and also patient compliance in treatment also have an influence on the risk of

depression (Li, 2011). Meanwhile, research conducted by (Brommelhoff et al., 2009) found that patients with a history of depression for more than 10 years did not increase the risk of developing dementia, while patients with a history of depression for less than 10 years had an increased risk of developing dementia. Based on his research, the onset of depression that can be a risk for dementia is at least 10 years with a 4 times increased risk with dementia (Brommelhoff et al., 2009)

Abnormal thought content is also experienced by patients with dementia. Patients with dementia experience delusional ideas. Delusional ideas experienced by dementia patients are usually less complex and organized than non-dementia patients. In patients with dementia, the abnormal thoughts experienced include suspiciousness, misidentification, and abandonment. While abnormal thoughts in depression are delusional thoughts that involve feelings of guilt, worthlessness, persecution, and references (Cerejeira et al., 2012)

Impaired motor function is also experienced by patients with BPSD. Impaired motor function can be easily observed, in patients with decreased motor function (motor retardation) there is slowing of body movement, slowing of speech, slowing of spontaneous movements, and slowing of body tone. In contrast to motor hyperactivity, there is an increased energy level characterized by rapid speech and frequent body movements. In addition there is also agitation which is inappropriate vocal, inappropriate verbal, or motor activity (Cohen-Mansfield et al., 2010)

BPSD PRECEDED BY DEPRESSION (CASE REPORT)

A 76-year-old woman was diagnosed with BPSD (Behavioral and Psychological Symptoms of Dementia) since 3 years ago. Symptoms that appear were high aggressiveness and suspicion of those around her. The patient feels that her belongings are stolen so that she often hides stuff even food in an impropered places. For example, keeping fruit in a wardrobe, a pocket, even under a pillow. The patient also keeps money in a vase of flowers, at the base of the television, also in the bathroom. The patient had hit and bit the household assistant and called her as a thief. The patient also suspects that the household assistant is teasing his son-in-law. Patient also often speak for herself.

About 8 years ago the patient's husband passed away. The patient had felt a considerable shock at that time. The patient experiences a drastic decrease in appetite followed by weight loss. For about 3 months the patient lost 3-4 kg. The patient also complains of not being able to sleep at night. The patient sleeps more during the day and sleeps approximately 4-5 hours. Patients also have thoughts of disappearing and wishing to die. The patient no longer has a passion for life or feels pleasure. The home life of the patient with the deceased husband is harmonious enough that the husband's departure is a big blow for her. The patient's son had taken the patient to a psychiatrist and was declared severely depressed. The patient gets treatment about six months. The family noticed the patient's condition had improved and decided not to continue their mother's treatment. The medicines obtained at the time were

Sertraline 50mg and Lorazepam 2mg. The patient's depressive condition improved but did not disappear completely. Patients are still often daydreaming and are not excited when spoken to. Appetite has also not fully recovered as before. About 1 year after stopping treatment, patients begin to experience the condition often forget and do not focus especially for things that have just happened. The family thinks it is natural because age factors can cause a person to become senile. Families don't think that a depressive condition that hasn't been fully resolved properly can trigger a person to develop senile. This condition was severed by a change in behavior about 2 years later and finally the family again took the patient to a psychiatrist and was declared to have BPSD. Since getting therapy, the patient's condition is gradually improving. Aggressiveness and suspicion diminished. The therapy obtained is Haloperidol 0.75mg twice a day.

DISCUSSION

Dementia patients often present with complaints such as depression, especially in female patients. Based on research conducted by (Karttunen et al., 2011; Zuidema et al., 2009) found that in women dementia is associated with depression, anxiety, and verbally agitated help-seeking behavior. In contrast to dementia in men, more aberrant motor behavior was found. The findings of this study support the data obtained in the case report, that the patient came with a diagnosis of depression which then did not receive appropriate therapy because the patient did not take treatment regularly, after 1 year of stopping treatment the patient then came with symptoms of dementia.

Depression itself almost affects up to 43% of dementia patients and it can also predict increased neuropsychiatric symptoms such as anxiety, agitation, and irritability (Prado-Jean et al., 2010). the patient is irritable, the patient also feels anxiety about the goods he has so that the patient tries to hide his belongings, and the patient has the idea of ending his life. This supports the research conducted by (Prado-Jean et al., 2010)

In the above case, it was found that the patient experienced depression in the elderly, the patient was diagnosed with depression at the age of 68 years. This makes the patient fall into the category of late-life depression. It was found that patients with late-life depression had a greater risk of dementia than patients with early-life depression. Based on this research, there is also an influence on how many depressive symptoms the patient faces, how often the depression recurs in the patient, and also remote treatment of depression. In patients whose treatment is not controlled and not routinely treated, it can lead to more frequent depressive symptoms and an increase in risk factors for recurrent depression (Li, 2011). In the above case, the patient did not receive adequate depression therapy and the patient did not take medication regularly, and the control to the mental polyclinic was also not routinely carried out by the patient. This causes an increased risk of dementia in patients.

Emotional disturbances or emotional changes are also found in patients with BPSD, in the above cases the patient loses his enthusiasm for life, continuous sadness, ideas to end life. Based on research conducted by (Mulin et al., 2011) patients with BPSD

experience a lack of motivation which is associated with apathy, sadness and suicidal ideation in these patients. Research conducted by (Givens et al., 2015) found that with depression in dementia patients, this will affect the quality of life of the patient and will also have an impact on the patient's family due to being a burden to the family.

Changes in appetite or eating behavior are also experienced by patients with dementia. In this case, it was found that the patient experienced a drastic decrease in appetite, this was also followed by a weight loss of 3-4 kg. There are two forms of appetite changes that can be measured quantitatively, namely anorexia and hyperphagia. Most patients with dementia experience weight loss due to hypermetabolism and inflammatory processes due to hormonal disturbances (Cerejeira et al., 2012)

There are also several hypotheses explaining the pathophysiology of depression with dementia. Individuals with chronic depression have neurodegenerative disorders that can make individuals more susceptible to dementia due to changes in the hippocampus due to neurotoxic effects of elevated cortisol levels (Curran & Loi, 2013). In addition, there is also a hypothesis that late-life depression is associated with an increase in the number of white matter hyperdensities in subcortical areas which is usually referred to as the "vascular hypothesis" of depression. This is what causes the relationship between depression and dementia (Taylor, 2014). The two hypotheses explain the above case that the patient experienced depression before and then by not getting therapy

until completion, the patient then came back with a diagnosis of BPSD.

In the above case the patient received antipsychotic treatment (Haloperidol 0.75 b.i.d) twice a day. The administration of antipsychotics in BPSD patients was found to be very effective, the types of antipsychotics used in BPSD patients were usually risperidone, olanzapine, and haloperidol. There are side effects of antipsychotics, namely sedation, extrapyramidal symptoms, tardive dyskinesia, fall, anticholinergic side effects, cerebrovascular events, GI disturbances, and increased mortality (Azermai et al., 2012).

CONCLUSION

Depression can be a risk factor for dementia. Based on the patient's sociodemographic gender is also one of the risk factors that support the relationship between depression and dementia. In patients who were diagnosed with late-life depression 8 years earlier and did not receive adequate therapy because patients were not regularly monitored, this was a risk factor for dementia. The patient was diagnosed with BPSD in the last 3 years and received haloperidol therapy. The patient's symptoms began to decrease and improve, especially in the symptoms of aggressiveness and suspiciousness. This study has a limitation, the need for further observation to determine the progress of the patient after receiving adequate therapy.

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