

Complex PD³
Dementia

- common - over half patients by 10 years
 - characterised by*:
 - ✓ fluctuating cognitive symptoms
 - ✓ hallucinations - visual > tactile > auditory
 - ✓ daytime somnolence
 - ✓ disrupted sleep-wake cycle
- (*see PDD diagnostic criteria for more details)

First steps

- refer to Movement disorder team or old age psychiatrist - **URGENTLY**
- rule out infectious precipitant for symptoms
- consider stopping/reducing culprit medications - in this order:
 - ✓ trihexyphenidyl
 - ✓ amantadine
 - ✓ selegiline/rasagiline
 - ✓ dopamine agonist - must be reduced slowly

Non-drug management

- CPN appointed via mental health team
- carer support instituted
- baseline bloods, lying/standing BP
 - ✓ in case new treatment is required
- baseline ECG
 - ✓ if cognitive enhancers or anti-psychotics are to be used
- Montreal cognitive assessment (MoCA)
 - ✓ to document extent of cognitive impairment

Drug management

- if dementia syndrome:
 - ✓ consider rivastigmine 1.5 mg bd
 - ✓ get the dose up to max tolerated
- avoid “typical” anti-psychotic drugs
 - ✓ haloperidol, chlorpromazine
- consider “atypical” anti-psychotic agent
 - ✓ quetiapine 25mg nocte
 - ✓ aripiprazole 5 mg daily
- for treatment failure
 - ✓ clozapine 12.5 mg daily
 - ✓ needs careful monitoring

Key contacts

Psychiatric liaison - [follow link](#)
Old age psychiatry - [follow link](#)