

## from Week 6: Collaboration Café

1. How does dementia-related psychosis differ from other types of psychosis?

Many types of dementia can cause psychosis. Unlike schizophrenia, which is characterized by more auditory than visual hallucinations, it is characterized by more visual hallucinations. There can be delusions. In cases with severe dementia, psychosis is evident. The types of dementia determine the intensity of psychosis.

2. Differentiate the clinical presentations of psychosis in clients with the four different types of dementia.

Dementia caused by Parkinson's disease, Alzheimer's disease, Lewy body dementia, frontotemporal dementia, and vascular dementia can all exhibit psychosis. Each type of dementia presents unique clinical features of psychosis. For instance, hallucinations affect 20-30% of people with Alzheimer's disease dementia, while delusions affect 30-40% of patients. Psychotic traits may coexist with physical aggressiveness. Dementia with psychosis affects almost 50% of Parkinson's disease patients. If a patient experiences dementia and Parkinsonian symptoms within a year of each other, it is likely Lewy body dementia; otherwise, it is Parkinson's disease dementia. One-half of those with Lewy body dementia will experience psychosis of some type. Both Lewy body dementia and Parkinson's disease dementia frequently cause visual hallucinations. 15% of individuals with vascular dementia exhibit psychotic symptoms, while 5-10% of patients with frontotemporal dementia exhibit both delusions and hallucinations. A common feature of vascular dementia is delusions.

3. Discuss a minimum of two possible approaches to treatment for dementia-related psychosis and select a minimum of one pharmacological and one nonpharmacological approach.

Prior to initiating treatment, a thorough history taking and diagnostic testing should be performed to rule out any additional medical or mental causes of psychosis.

Nonpharmacological approaches, such as maintaining good daily cleanliness, regular sleep, food regimen, and exercise, can significantly improve cognition in the elderly. The shadow observed in the evening could be mistaken for a visual hallucination, a typical symptom of psychosis associated with dementia. Better nighttime lighting may aid in resolving the issue of mistaking a shadow for a visual hallucination. Reducing stimulant environments and identifying triggers can help alleviate symptoms.

Antipsychotics of the first and second generations are used as pharmacological therapies. Antipsychotic use is severely restricted due to its potential to exacerbate the motor symptoms associated with Lewy body and Parkinson's disease dementia.