

[10:00 – 10:30]

Problems in dementia treatment

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Dementia presents unique challenges for physicians, patients, and families, but it also offers a singular opportunity to practice the essence of the art of medicine. Dementia should be distinguished from conditions such as delirium and depression, and the type of dementia should be identified, since this will determine treatment.

In 2005, prevalence data from Ansan population were pooled to obtain stable estimates of prevalence of dementia in the elderly (> 60 years). Age standardized prevalence was 3.5% for dementia. Prevalence of dementia was higher in women than in men and 1.8% in the group age 60–64 years and 6.3% at age 75–79 years. Alzheimer's disease (AD) is the most common cause of dementia (50%), followed by vascular dementia (VaD) (30%) (although 20% of people have both AD and VaD) and dementia with Lewy bodies (DLB) (15%).

Dementia describes a chronic and progressive clinical syndrome characterised by cognitive impairment (particularly memory loss), inability to perform activities of daily living, and neuropsychiatric features (psychiatric symptoms and behavioural disturbances, also known as behavioural and psychological symptoms of dementia or BPSD). BPSD are common in all types of dementia, and 80% of patients will experience them during the course of their illness. They are more common in patients with severe dementia. BPSD cause distress for both the patient and carer and are associated with increased carer burden and institutionalisation.

Cholinesterase inhibitors (ChEIs) are the mainstay of treatment of Alzheimer's disease. Randomised controlled trials (RCTs) have reported statistically significant, and clinically modest, effects of ChEIs. Cholinergic deficits are also found in patients with VaD and DLB. There is growing support for the use and effectiveness of ChEIs in these dementias and so far no indication that their use should be managed differently from ChEI treatment for AD.

An emerging consensus suggest that the three keys to the successful treatment of Alzheimer's disease are early detection, use of currently approved medications to provide symptomatic treatment, and development of medications to slow and eventually halt disease progression. Even when treatments prove ineffective, providing information and support is of great value to patients and their families and caregivers.

Problems in Dementia Treatment

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Park, Kun Woo



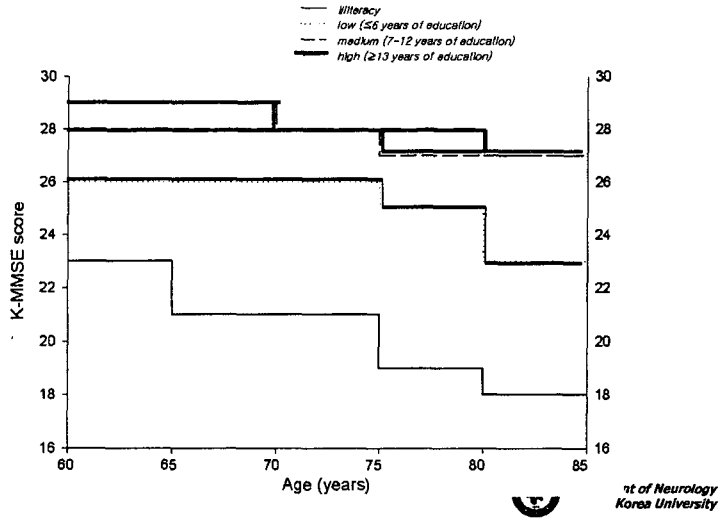
치매치료에서 부딪치는 문제들

- 치매가 맞나?
- 어떻게 설명할 것인가?
- 어떻게 될 것인가?

- 환자나 가족은 어떤 치료를 바라고 있나?
- 우리가 가진 무기는 무엇인가?
- 앞으로 필요한 무기는 어떤 것인가?



MMSE(간편정신상태검사)로 진단?



영상검사

Brain MRI

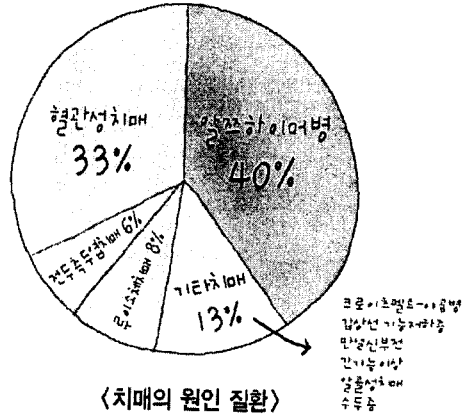


- Cortical or thalamic stroke
- Metastases
- Hydrocephalus
- Tumor
- Small-vessel disease
- Focal atrophy
- Hippocampal atrophy

Brain SPECT or PET



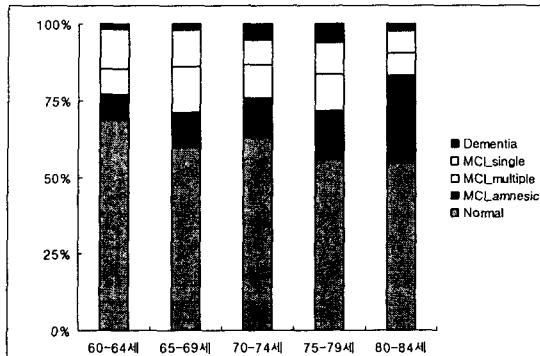
치매의 원인 질환



어떻게 설명 할까?

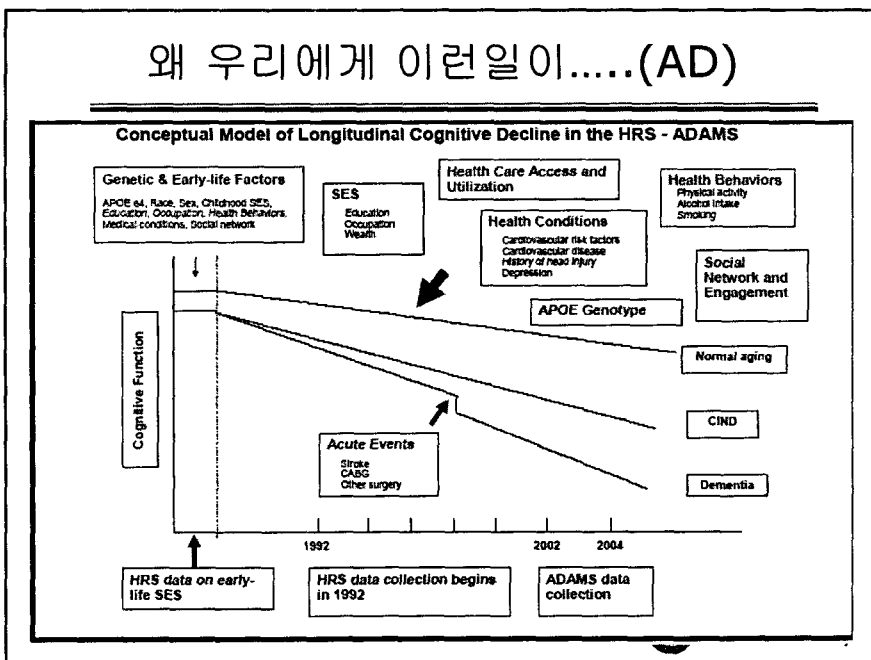
- 얼마나 많은 사람이 이병에 걸리나요?
- 왜 우리에게 이런 일이?
- 노망이나 나면 어찌나요?

얼마나 많은 사람이 ...



	Normal	MCI_amsenic	MCI_multiple	MCI_single	Dementia(%)	Total
60-64세	346	42	42	65	9 (1.8)	504
65-69세	241	45	60	48	9 (2.2)	403
70-74세	155	32	26	20	13 (5.3)	246
75-79세	71	20	15	13	8 (6.3)	127
80-84세	23	12	3	3	1 (2.4)	42

왜 우리에게 이런일이.....(AD)



문제 행동들

- 치매는 기억력의 문제만은 아니다.

BPSD (Behavioral Psychological Symptoms of Dementia)

치매 환자에서 나타나는 행동 및 심리의 이상증상

➤ 심리증상

망상
환각
편집증(의처증, 의부증)
우울
불안
착각

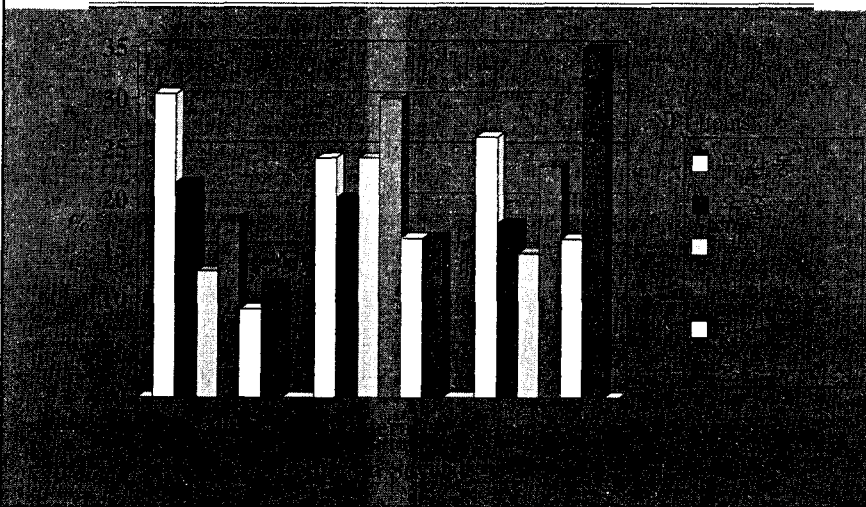
➤ 행동증상

공격성
배회
수면 이상
부적절한 음식먹기
부적절한 성적행동



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Korea University

치매 정도에 따른 BPSD 양상

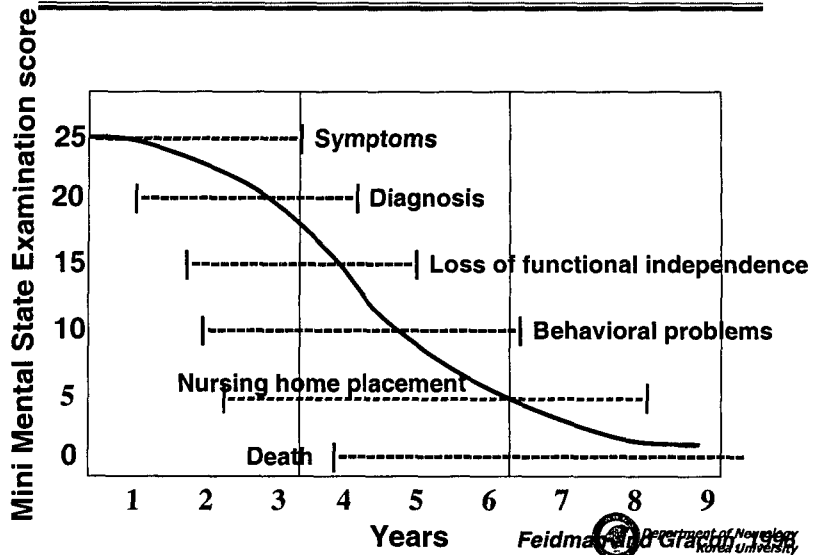


Lyketsos et al. (2001) *IJGP* 16:1043-1053



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치매의 진행과정



우리가 쓰는 약제들

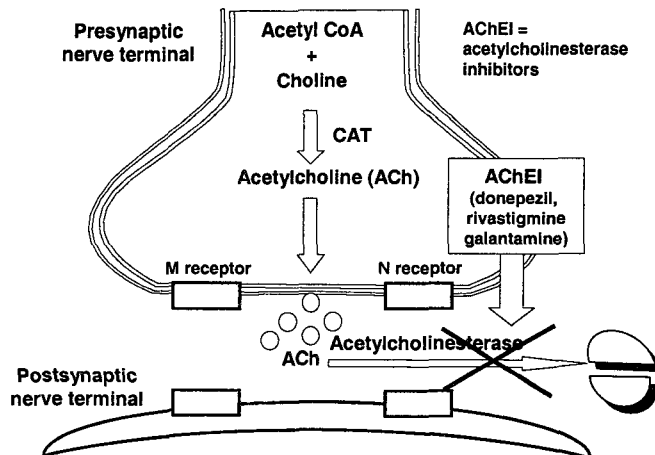
- 원인치료 약제
 - 성인병 치료제, 중풍 치료제
 - 항산화제
- 인지기능개선제
 - 아리셉트, 엑셀론, 레미닐
 - 에빅사
- 문제행동치료제
 - 항정신병약제
 - 항우울제
 - 항경련제



치매 치료에 대한 태도

- | | |
|--|---|
| <ul style="list-style-type: none"> • AchEI 개발 전 - 치매는 약이 없다. - 치료보다는 관리 - 운명으로 받아들여야 - 관심 없다. - 비관적 시각 | <ul style="list-style-type: none"> • AchEI 개발 후 - 약을 드셔야 - 적극적 치료권유 - 예방함시다 - 노인병이라서.... - 적극적 행동 |
|--|---|

아세틸콜린에스터라제 억제제



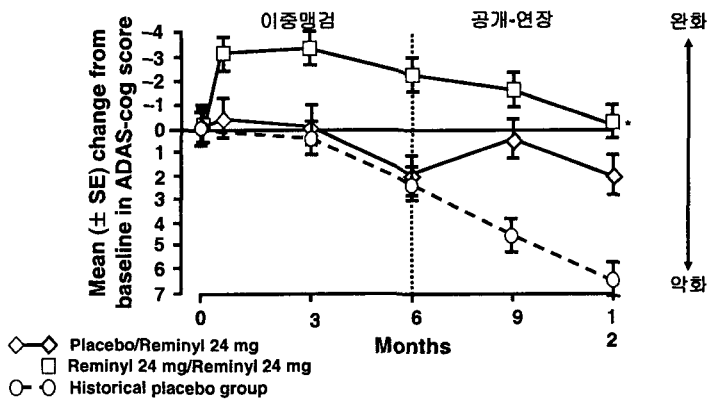
우리가 가진 무기들(1)

• 인지기능개선제

약제	Donepezil (Aricept)	Galantamin (Reminyl)	Rivastigmine (Exelon)	Memantine (Ebixa)
작용기전	AChE억제	AChE억제	AChE 과 Butyryl ChE 억제	NMDA-수용체 길항제
부작용	오심 구토 설사	어지럼증 오심 설사 식욕부진	식욕부진 힘이 없음	착각 어지럼증 두통 피로



장기치료 이점 Reminyl™ 치료



* p < 0.05 vs placebo/Reminyl (not statistically different from baseline).

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Adapted with permission from Raskind MA et al. *Neurology*, 2000;54:2261-2268. Torfs K et al. World Alzheimer Congress, 2000.

우리가 가진 무기들 (2)

문제행동 표적

Neuroleptics

conventional Psychosis, hostility, aggression, agitation, violent behavior

atypical Psychosis, hostility, aggression, agitation, violent behavior

Antidepressant

Trazodone Insomnia, agitation, aggression, anxiety, depressed Sx

SSRI Depressed Sx, depression-associated agitation, irritability

TCA Depressed Sx, depression-associated agitation, insomnia

Meclobemide Depressed Sx, depression-associated agitation

Benzodiazepine Anxiety, agitation, tension, insomnia

Anticonvulsant Aggression, hostility, disinhibited behavior, manic behavior



약물로 치료 할 것과 아닌 것

Drug responsive

Drug non-responsive

불안, 초조

배회

우울 기분

방해, 훼방

무감동,

반복 질문

퇴행성 행동

메너리즘, 같은 행동 반복

불면, 과다행동

자해

언어 공격성

옷 벗기

망상, 편집증

소리지르기

환각,



필요한 무기들

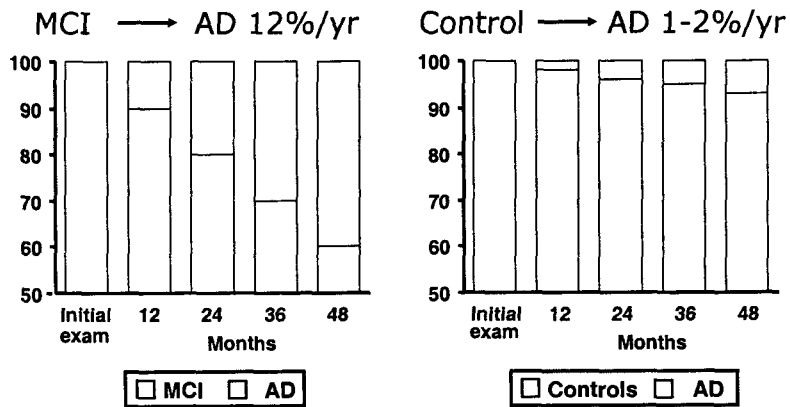
- 예방할 약제는 없나요?
- 완치는 안되나요?

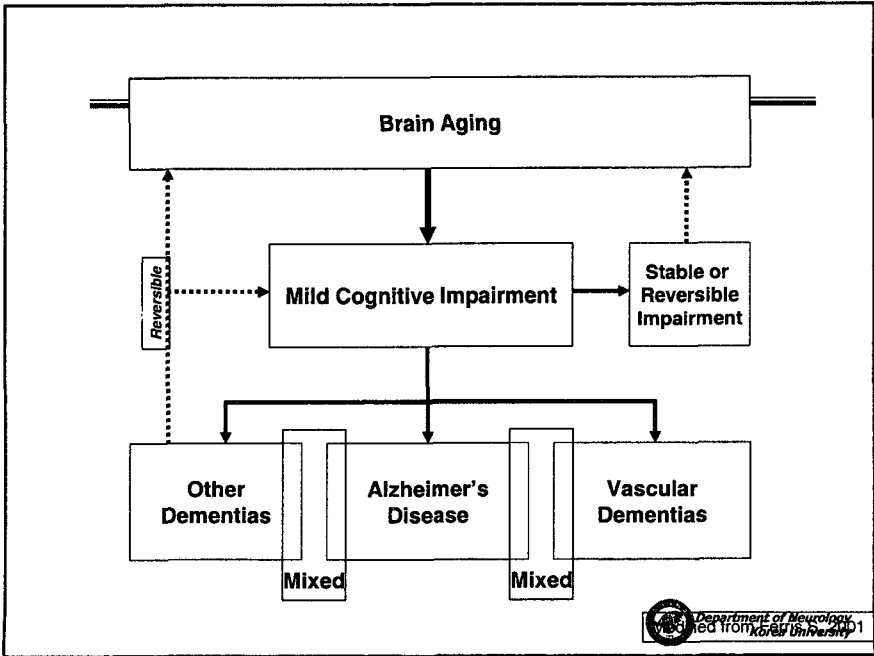
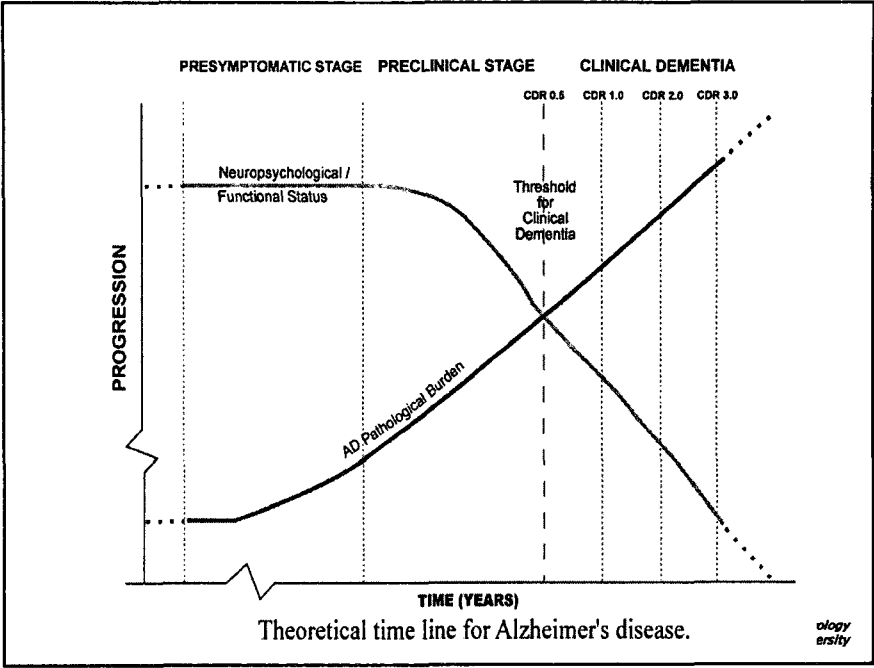
- 부작용 때문에 약을 먹을 수 없어요.

- 알츠하이머 치매가 아닌데.....
- 기억력 보다는 다른 기능이상이 더 심한데..



Mild Cognitive Impairment

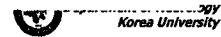
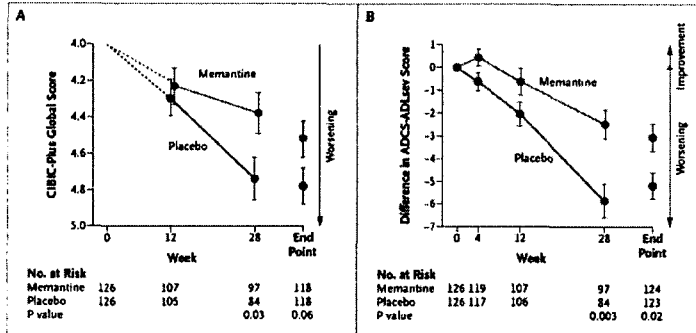




Memantine (에빅사)의 교훈

적응증 : 파킨슨병 -> 중등도에서 중증의 알츠하이머병

보험약가 : 00원 -> 1,578원/1정



Take home message

- 치매는 질환명이 아니라 증후군이다.
- 치매를 일으키는 병은 다양하나, 가장 많은 것이 알츠하이머치매다.
- 치매 증상은 인지기능의 장애 뿐만 아니라 행동의 문제를 보인다.
- 보다 빠른 시기에 발견하고, 치료하는 것이 필요하다.
- 치매 치료에 꼭 기억력과 알츠하이머치매에 집착할 필요는 없다.
- 아세틸콜린 이외의 신경전달물질에 대한 관심이 필요하다.
- 기존의 약도 성능개선과 부작용 개선이 필요하다.
- 다른 분야의 기존 약제들을 둘러 볼 필요가 있다.

