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A reflection on the use of Antidepressants to manage agitation in dementia.

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Introduction: Agitated behaviors is a common neuropsychiatric symptom (NPS) in dementia, defined as inappropriate verbal, vocal, or motor activity that is not thought to be caused by an unmet need. It is frequently reported as a major problem, that impairs the quality of life for the elderly themselves and for caregivers. There has been increasing interest in the use of sedative antidepressants to treat NPS due to concerns over the safety and efficacy of antipsychotics in this setting.
Objectives: We aim to review clinical evidence of alternatives to antipsychoticst to manage agitation in dementia.
Methods: We conduct a non-systematic review of recent evidence on dementia and agitation, using PubMed/Medline database.
Results: Although non-pharmacological interventions are the first-line treatment for agitation, it is a legitimate target for therapeutic intervention and according to previous guidelines, antipsychotic are among the most used drugs, albeit restricted because of side-effects. A substitution strategy to avoid antipsychotic prescription was highly considered, however there is limited evidence to support the use of antidepressants as a safe and effective alternative for agitation in dementia. Studies compare Mirtazapine, Selective serotonin reuptake inhibitors (SSRIs) and Trazodone and a reduced benefit in mortality is observed. However, citalopram was more effective were more likely outpatients for moderately agitation and Mirtazapine reveals being potentially harmful, in different studies.
Conclusions: Moving forward, a greater understanding of NPS neurobiology, will help to clarify the efficacy of Antedepressants for the treatment of agitation in dementia. Benefits an also the patient and caregiver preference should be kept in mind.

Disclosure: No significant relationships.
Keywords: agitation; Antidepressants; Dementia

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Neurosyphilis as a cause for neuropsychiatric symptoms: a case report.

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Introduction: Syphilis is a sexually transmitted infection which in its late phase can cause all kinds of neuropsychiatric symptoms. A case report of a 79-year-old male with a manic episode probably due to lues is presented.
Objectives: A case of a patient with neurosyphilis is presented followed by a theoretical review on the topic.
Methods: A case is presented with a bibliographic review.
Results: A 79-year-old male was hospitalized with symptoms of disorientation, inattention, and difficulty for abstract thought. His speech was verbose, incoherent with megalomaniac ideas. He presented affective symptoms such as hyperthymia, emotional lability and intermittent crying. He also had nomination problems and recent memory mistakes. He also suffered from insomnia. He presented as his medical history HIV infection under control and syphilis treated in December 2020 with a negative RPR test in June 2021. During his hospitalization he was treated with increasing doses of olanzapine and valproic acid. Irritability improved with this treatment.
Conclusions: Neurosyphilis may be presented as any kind of neuropsychiatric disorder. Laboratory tests are required as there is no conclusive imaging test. Penicillin and symptomatic management are the proper treatment. Neuropsychiatric disorders in elderly population must consider infectious diseases and previous pathologies as differential diagnosis.

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Keywords: Syphilis; mania; neuroshyphilis; old people psychiatry

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Language disorders or mild cognitive disorder. About a case

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Introduction: Patients with mild cognitive impairment may present deficits in naming, speech production, oral comprehension and written comprehension. In the differential diagnosis, cerebrovascular disease that can lead to cognitive impairment must also be differentiated from endogenous depressive disorder or language impairment.
Objectives: The aim is to highlight the importance of differential diagnosis in cognitive disorders in relation to a case.
Methods: A 68-year-old female patient attended a psychiatric consultation derived from neurology when presenting a language disorder. The husband who accompanies her and the patient indicate that she has problems finding words and substitutes other expressions for them or sometimes does not answer or does so with something different from the topic that is being asked. She refers that she presents repetitive language with memory problems, alteration in the evocation of memories. The patient reports mood swings and irritability and crying with a low tolerance for frustration since she cannot express herself. Cranial MRI: cortical and central involutional changes. Periventricular leukoaraiosis and ischemic gliosis-like lesions in the white matter of both hemispheres. Psychopathological exploration: Conscious, oriented. She smiles at the questions but doesn't answer them. Repetitive language. Alteration in the articulation of language. Depressed mood reactive to current situation. Some irritability Alteration in recent memory and evocation.
Results: She was diagnosed with organic mental disorder compatible with mild cognitive impairment. Treatment with rehabilitation of the language disorder of vascular etiology is established.
Conclusions: Imaging and neuropsychological tests should always be performed in a patient with language, memory, and mood disorders to study its etiology.