Current Management of BPSD		
Strategies	**Description**	**Examples/Notes**
Non-pharmacologic		
Habilitation therapy	Patient-centered care, accommodating patient's preferences and lifestyle, and accommodating current deficits.	Verbal and nonverbal de-escalation, individualized activities.
Music therapy	Even in the presence of advanced dementia, many patients retain the ability to enjoy music, resulting in decreased problematic behaviors.	Song and instrumental groups, individual sessions, Music and Memory playlists.
Activities	Recreational activities have been shown to decrease disruptive behaviors.	Movement groups, art groups.
Pharmacologic		
SSRIs	In 2014 citalopram study, continued improvement of BPSD over 9 weeks of study, with most participants receiving 30 mg/day.	Monitor for hyponatremia, upper GI bleed. Consider alternatives because of citalopram's risk of QT prolongation.
	Short-acting agents such as lorazepam preferred.	Rarely used because of potential side effects and fall risk.
Antipsychotics	Particularly helpful when BPSD includes psychotic symptoms or severe aggression. Risperidone approved in Canada and U.K. Pimavanserin approved in U.S. for Parkinson's psychosis only.	FDA black box warning for 1.6- to 1.7-fold increased mortality in patients with dementia.
Anticonvulsants	Carbamazepine, divalproex, gabapentin.	Meta-analyses of studies have not demonstrated benefit over placebo.
Other agents	Trazodone, dextromethorphan/quinidine, prazosin, marijuana.	Additional controlled trials necessary.

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