Diagnosing & Treating Neurocognitive Disorders in the Psychiatric Setting

Dr. Turck:

Due to their clinical overlap, distinguishing between neurocognitive and psychiatric disorders can be challenging, but an accurate diagnosis is crucial for timely assessment and treatment. So how can psychiatrists better identify and appreciate complex neurocognitive disorders such as Alzheimer's disease and other forms of dementia?

Welcome to *NeuroFrontiers* on ReachMD. I'm Dr. Charles Turck. And joining me to talk about the diagnosis and treatment of neurocognitive disorders in the psychiatric setting is Dr. Lokesh Shahani, who's the Chief Medical Officer and Associate Professor of Psychiatry and Behavioral Sciences at UT Health Houston McGovern Medical School. He also presented on this exact topic at the 2023 American Psychiatric Association Annual Meeting.

Dr. Shahani, welcome to the program.

Dr. Shahani:

Thank you, Doctor, for having me on your program.

Dr. Turck:

Well, let's start with some background. Dr. Shahani, would you explain how neurocognitive and psychiatric conditions present similarly in patients?

Dr. Shahani:

So a lot of behavioral symptoms that are associated with neurocognitive disorders are very similar to psychiatry symptoms. A lot of behavioral symptoms that happen with neurocognitive disorders could be depression, anxiety, agitation, lack of sleep, and psychosis, which all could be seen in primary psychiatry disorders. So differentiating whether the symptoms are happening due to a primary psychiatric disorder or secondary to a neurocognitive disorder is really crucial when it comes to treating our geriatric patients.

Dr. Turck:

And with that in mind, how important is it, like you were saying, for psychiatrists to be able to distinguish between these two categories of disorders?

Dr. Shahani:

I think it's really important because sometimes treatments differ. Also, different disorders require different resources. So in order to better diagnose the condition as well as treat a condition, that differentiation really matters. For example, if a behavioral disorder is happening secondary to a neurocognitive disorder, it's important to be addressing the neurocognitive disorder itself. Interventions, both pharmacotherapy but also behavioral therapy, aimed at the new neurocognitive disorder are going to be important when we are going to be successfully treating this patient.

Dr. Turck:
Now your APA presentation focused on early diagnosis of neurocognitive disorders. So what strategies did you discuss?

Dr. Shahani:
A few things that we've discussed definitely is keeping neurocognitive disorders in mind whenever patients with primary psychiatric symptoms present at your hospital or your clinic. For example, if we have an older patient, probably older than 60 years of age, who presents to your clinic or to your hospital with worsening psychiatry symptoms or with new onset psychotic symptoms, it's always essential to screen out neurocognitive disorders. The ways you could screen out neurocognitive disorders could be history. So always checking in with the patient as well as with family members or close ones on how this person's memory is doing is important. Also, doing a bedside memory screening, such as a mini-mental state exam or any other equivalent bedside cognitive testing, is essential to diagnose if this person has a memory problem associated with psychiatric symptoms.

Dr. Turck:
For those just tuning in, you're listening to *NeuroFrontiers* on ReachMD. I'm Dr. Charles Turck, and I'm speaking with Dr. Lokesh Shahani about the management of neurocognitive disorders in the psychiatric setting.

Now if we turn our attention to the latest therapies, Dr. Shahani, what options are currently available for treating the cognitive and behavioral symptoms of neurocognitive disorders?

Dr. Shahani:
So depending on the type of neurocognitive disorder, there are few medications that are available. Most of the medications address the Alzheimer's variety of neurocognitive disorder. We have medications, which belong to the class of acetylcholine esterase inhibitors; the common ones that we know are done as a pill like galantamine and rivastigmine, which help you by assisting with the acetylcholine esterase receptors. Also, there are other medications such as memantine, which are approved for moderate to severe dementia and are very essential for patients that are struggling with neurocognitive disorders.

Dr. Turck:
And before we close, Dr. Shahani, what key takeaways from your presentation do you want your colleagues to come away with?

Dr. Shahani:
I think the biggest takeaway that I want my colleagues to take away from my presentation is screening for neurocognitive disorders. If they asked me who are the patients at risk, I would say any person over the age of 60 who presents to you, either with worsening psychotic symptoms or new onset psychotic symptoms, definitely needs to be screened for neurocognitive disorders.

Dr. Turck:
This has been an insightful look at the management of neurocognitive disorders in the psychiatric setting. And I'd like to thank my guests Dr. Lokesh Shahani, for joining me to talk about his presentation at the 2023 APA Annual Meeting. Dr. Shahani, it was a pleasure speaking with you today.

Dr. Shahani:
It was a pleasure speaking with you as well. Thank you for having me here. Thanks, Dr. Turck.

Dr. Turck:
For ReachMD. I'm Dr. Charles Turck. To access this and other episodes in our series, visit ReachMD.com/NeuroFrontiers, where you can Be Part of the Knowledge. Thanks for listening.