

1.

- Understanding of aging and longevity
- Epidemiology, diagnosis and treatment
- Performance of mental status examination
- Medical assessment, and physical functional assessment
- Community and environmental assessment
- Family and care giver assessment
- Management of the emotional or behavioral disorders
- Pharmacological treatment and Nonpharmacological approaches
- The ethical and legal issues

Major depression - with psychosis/melancholia, non melancholia, Other depression - dysthymic disorder, due to general medical condition, Manic disorders, Paranoid psychoses, Anxiety disorders, Somatization disorders, Sleep disorders, Substance abuse disorders, and Personality disorders

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(3, 4).

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20~30%

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Dementia; type - Alzheimer's disease, vascular dementia, frontal dementia, other dementia complication - depression, psychosis, behavioral problems, Delirium, Other organic mental disorders,

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가 (CT, MRI, SPECT, PET),

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bedside mental state examination neuropsychological inventory

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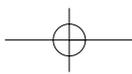
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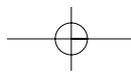
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가 Neuropsychiatric

Mental Status Examination(NPMSE)

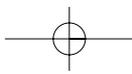
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2.	3. 가 가
<p>Psychiatric History</p> <ul style="list-style-type: none"> • Identifying demographic information(spend about 1min) • Chief complaint(5~10min) • History of the present illness, onset and course(5~10min) • Past history(5min); psychiatric, medical, premorbid personality • Family genetic history(2min) • Drug and alcohol history(5min) <p>Nuropsychiatric Mental Status Examination(NPMSE)</p> <ul style="list-style-type: none"> • General behavior and appearance(observed) • Speech(observed) • Emotional state(2min) • Disorder in form of thought(observed) • Disorder in content of thought(2min) • Cognitive function assessment (5min, mostly covered under above or observed):Orientation (time, place, person, situation), Remote and recent personal memory, Immediate short - term memory, Abstraction (proverbs), Concentration(serial 7s) • Judgement • Insight <p>Functional Assessment(5min)</p> <ul style="list-style-type: none"> • Activities of daily living(eg. eating, toilet, transferring, bathing, dressing) • Instrumental activities of daily living(eg. driving, shopping, managing money, taking medication, communication by mail or telephone etc.) 	<p>screening (,) (:) . , , 가 (,)</p> <hr/> <p>- 가 , 가 , , 가 - 가 . 가 , , 가 .</p>
<p>attention/intention, memory/learning, language, visuospatial, praxis/gnosia 가 . 가가 . 가가 . (9). 가 2, 3 .</p>	<p>settings Acute inpatients, Ambulatory clinic, Long - term residential care, Consultation/liaison, Respite/rehabilitation / Medium term care Domicillary visit settings (4). benzodiazepines, antidepressants: TCAs, SSRIs, SNRIs, MAOIs, antipsychotics antedementic drugs (10).</p>





4.

- Identify treatable cause(s) and all predisposing and precipitating factors
- Provide predictable, orienting, safe, comforting, secure environment
- Minimize pharmacological and physical constraints
- Achieve physiological stability including sleep - wakeful cycle
- Manage family and care providers
- Review of comorbid medical condition and current medication list
- Integrate medical and psychiatric treatment - consultative
- Use low dose high potency neuroleptics or atypical antipsychotics
- Minimize anticholinergic drugs

5.

	Reminyl	Aricept	Exelon
Receptor binding	competitive, reversible	non - competitive, reversible	pseudo - irreversible
Plasma half - life	6~8 hours	70 hours	1.5 hours
Effective dose	8 or 12mg BID	5 or 10mg QD	3~6mg BID
Tolerability	well tolerated	well tolerated, but may cause sleep disturbance	bolded warning for GI events, weight loss
Metabolism	multiple pathways; low potential for drug interactions	CYP450 2D6/3A4 & glucuronidation	independent of CYP450 system

haloperidol 가

가 benzodiazepines 가 (11).

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donepezil, rivastigmine, galantamine (5).

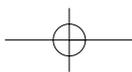
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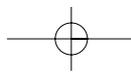
5 (14, 15).

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Class	Drug	Oral dosage(mg)
TCAs	Amitriptyline	25~75
	Doxepine	50~150
	Nortriptyline	30~75
SSRIs	Fluoxetine	10(od)
	Sertraline	25~50(od)
	Paroxetine	10~20(od)
	Fluvoxamine	50(od)
SNRIs	Venlafaxine	37.5~75(bid)
NDRIs	Bupropion	75~100(bid)
SARIs	Nefazodone	100~200(bid) 50~200(hs or prn)
NaSSAs	Mirtazapine	15~30(hs)

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Drugs	Geriatric Daily Dose(mg)	Half - life (hr)
Aprazolam (Xanoax)	0.375~20	12
Chlordiazepoxide (Librium)	15~60	18
Clonazepam (Klonopin)	1~5	34
Clorazepate (Tranxene)	15~30	100
Diazepam (Valium)	2~20	60
Lorazepam (Ativan)	1~4	15
Oxazepam (Serax)	15~60	8

8.

Drugs	Geriatric Daily Dose(mg)	Half - life (hr)
Nonbenzodiazepines		
Zaleplon	5	~1
Zolpidem	5	1.4~4.5
Zopiclone	7.5	3.8~6.5
Benzodiazepine		
Short - acting		
Triazolam	0.25	1.5~5.5
Intermediate - acting		
Temazepam	7.5, 15	3.8~18.4
Long - acting		
Flurazepam HCL	15	47~100

(acute phase), (continuation phase) (maintenancephase)

4. benzodiazepine oxazepam(serax) 15~60mg/day lorazepam(ativan)1~4mg/day

zopiclone, zopidem, temazepam 가 가 (10). 가 trazodone 7, 8

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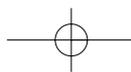
5. late - onset psychoses

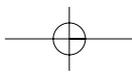
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paraphrenia

late

formal





Special Issue ·

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Diagnostic Categories	Preferred		Also Consider	
Schizophrenia	Risperidone	1.25~3.5mg/day	Quetiapine	100~300mg/day
			Olanzapine	7.5~15mg/day
			Aripiprazole	15~30mg/day
Delusional disorder	Risperidone	0.75~2.5mg/day	Olanzapine	5~10mg/day
			Quetiapine	50~200mg/day
Delirium	None		Risperidone	0.75~1.75mg/day
Dementia with agitation	Risperidone	0.5~2.0mg/day	Quetiapine	50~150mg/day
			Olanzapine	5~7.5mg/day
Psychotic major depressive disorder	Risperidone	0.75~2.25mg/day	Olanzapine	5~10mg/day
			Quetiapine	50~200mg/day
Mania with psychosis	Risperidone	1.25~3.0mg/day	Quetiapine	50~250mg/day
	Olanzapine	5~10mg/day		
Psychosis and agitation in Parkinson's disease	Quetiapine	12.5~400mg/day	Olanzapine	5~15mg/day
			Clozapine	12.5~400mg/day

thought disorder

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10~50%

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