



# Pathophysiology Of Agitation Associated With Dementia Due To Alzheimer's Disease

The Potential Role Of The Norepinephrine, Serotonin,  
And Dopamine (NSD) Neurotransmitter Systems

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# Objectives

Review the broad range of agitation symptoms associated with dementia due to Alzheimer's disease

Understand brain pathology and behavior dysregulation in agitation associated with dementia due to Alzheimer's disease

Learn about the monoaminergic dysfunction of agitation associated with dementia due to Alzheimer's disease

# Agitation Presents A Broad Spectrum Of Symptoms

- Agitation associated with dementia due to Alzheimer's disease is a **common and treatable condition** with a broad range of symptoms. It requires distinct treatment options from those used for cognitive impairment<sup>1-3</sup>
- Despite its prevalence, **agitation is often under-recognized** by caregivers and underdiagnosed by HCPs<sup>4-6</sup>

Symptoms of **agitation** manifest as both **non-aggressive** and **aggressive** behaviors, such as<sup>7,8</sup>

## EXCESSIVE MOTOR ACTIVITY:

Pacing, restlessness, repetitiveness, and gesturing



## VERBAL AGGRESSION:

Screaming, using profanity, and asking repetitive questions

## PHYSICAL AGGRESSION:

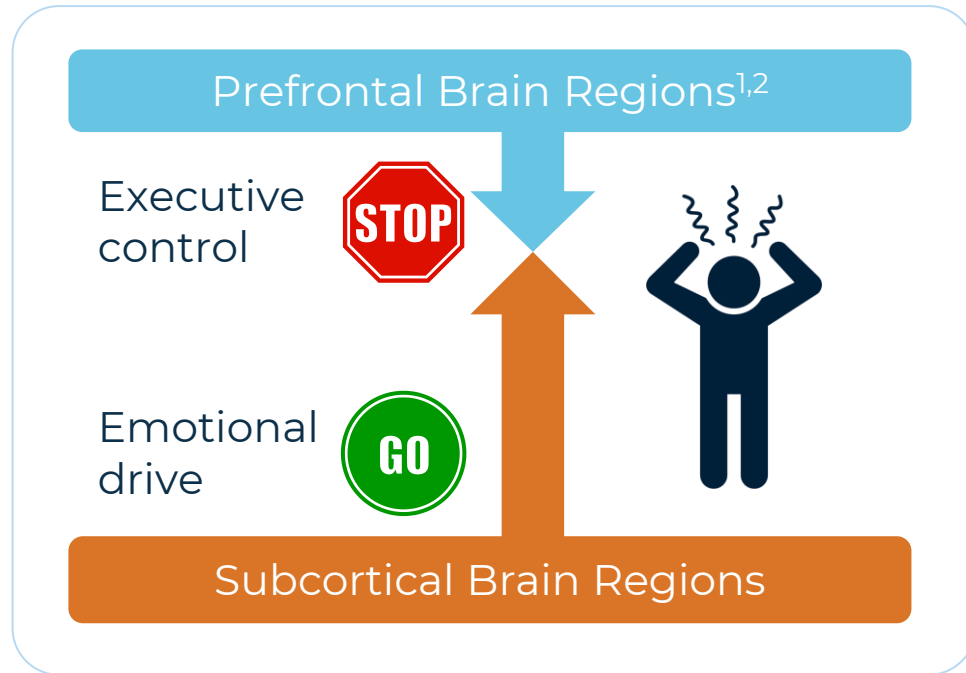
Hitting, kicking, punching, biting, and throwing things

HCP, health care provider.

### References:

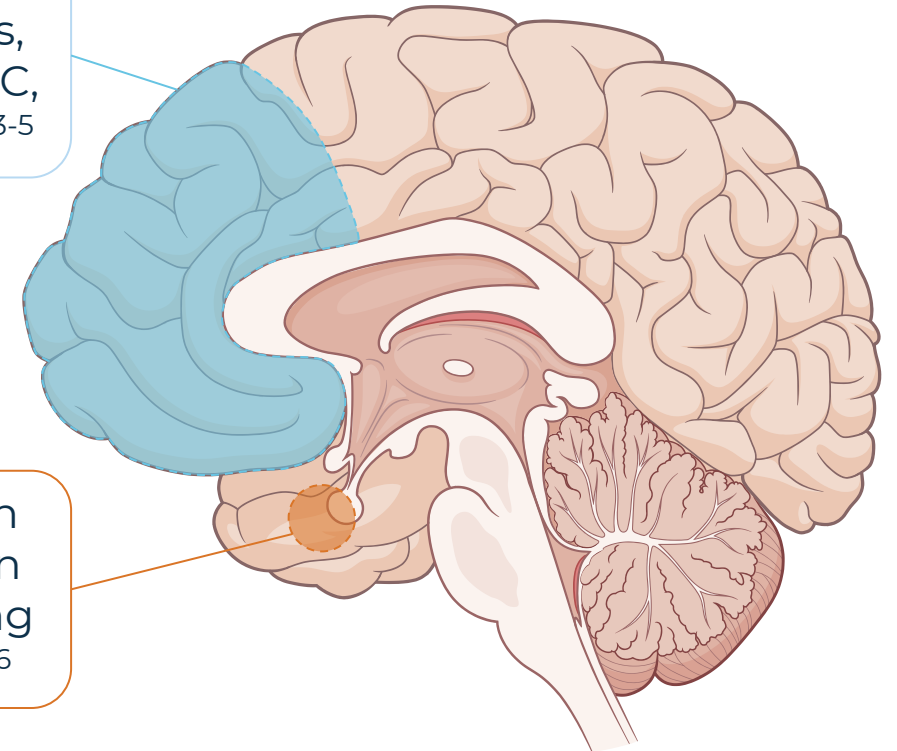
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# Agitation Is Associated With An Imbalance Between Executive Control And Emotional Drive



**Hypoactivity** in **prefrontal** regions, including the dlPFC, vmPFC, and OFC<sup>1,3-5</sup>

**Hyperactivity** in subcortical brain regions, including the **amygdala**<sup>1,6</sup>



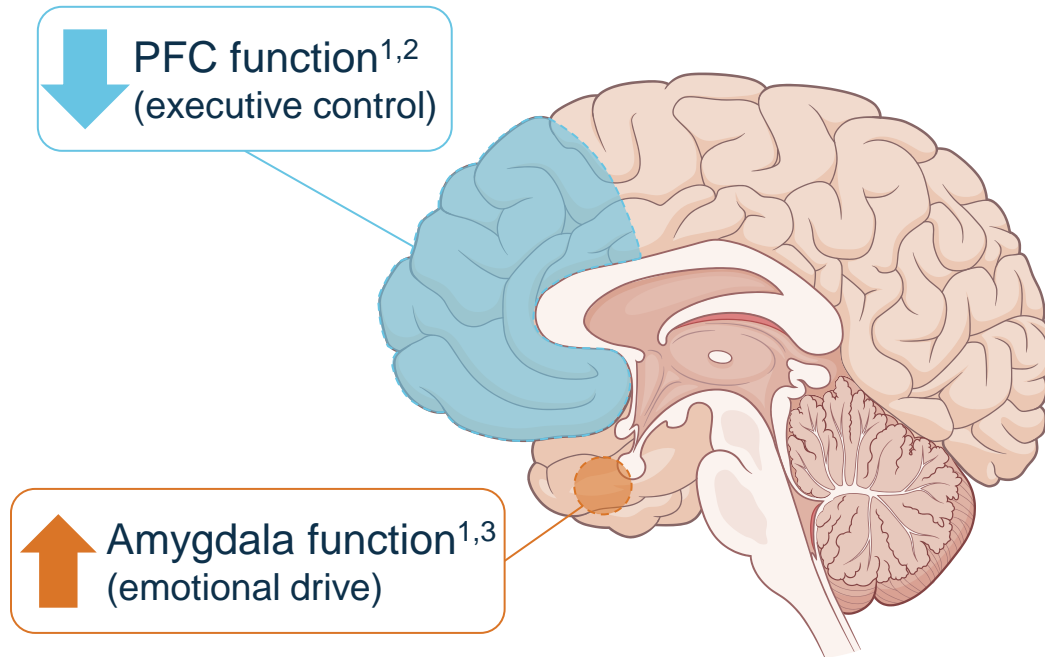
dlPFC, dorsolateral prefrontal cortex; OFC, orbitofrontal cortex; vmPFC, ventromedial prefrontal cortex.

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# Dysfunction Of Monoamine/NSD Neurotransmitter Systems May Disrupt The Balance Between Executive Control And Emotional Drive



Monoamine System Status	Potential Relationship With Agitation Behavior
NE system hyperactivity <sup>1,4</sup>	<ul style="list-style-type: none"><li>• Impaired executive control<sup>1,5</sup></li><li>• Increased emotional drive<sup>1,5</sup></li></ul>
5-HT system deficits <sup>1,6</sup>	<ul style="list-style-type: none"><li>• Altered PFC regulation of the amygdala<sup>1,7</sup></li><li>• Increased aggression and impulsivity<sup>1,8</sup></li></ul>
DA system relatively preserved; however, 5-HT deficits can increase striatal DA <sup>1,6,9</sup>	<ul style="list-style-type: none"><li>• Increased striatal dopamine activity may lead to agitation<sup>1,10</sup></li></ul>

5-HT, serotonin; DA, dopamine; NE, norepinephrine; NSD, norepinephrine, serotonin, dopamine; PFC, prefrontal cortex.

## References:

1. Cummings JL, et al. *CNS Spectr*. 2024;1-10.
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# Hypothetical Role Of $\alpha_{1B}$ -Adrenoreceptor Antagonism In Possibly Improving Balance Between Executive Control And Emotional Drive

## Hypothetical Effects Of $\alpha_1$ -Adrenoreceptor Antagonism

In an overactive noradrenergic state, animal model studies indicate that  $\alpha_1$ -adrenergic receptor antagonism may strengthen PFC function and reduce amygdala function<sup>1-4</sup>

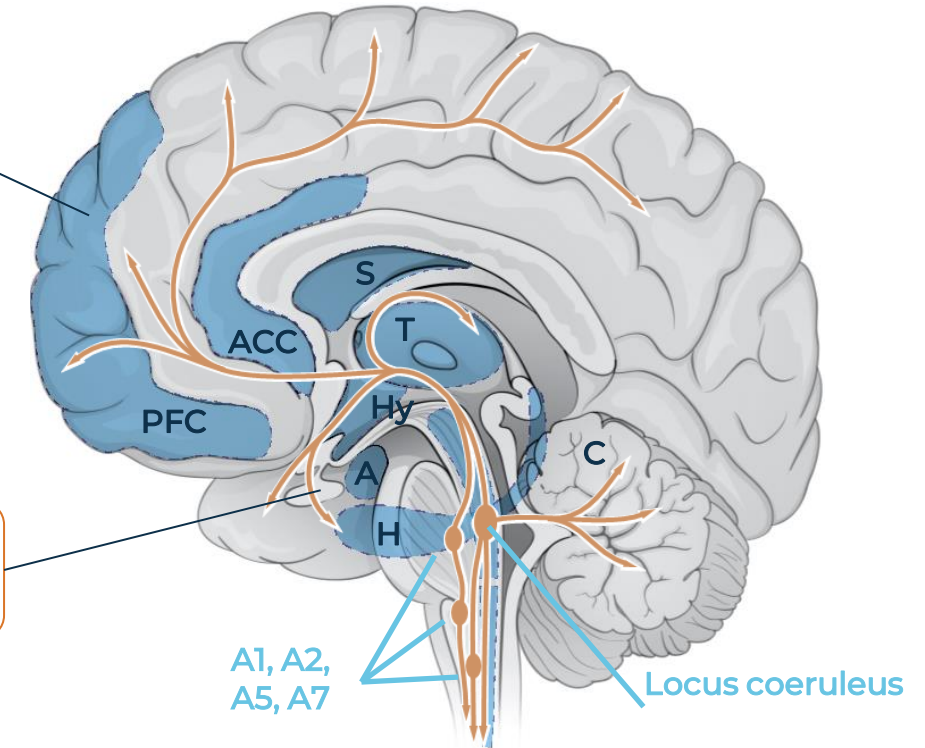
Strengthened PFC function<sup>1-3</sup>

Reduced amygdala function<sup>1,3,4</sup>

$\alpha_{1B}$ , alpha-1B; A, amygdala; ACC, anterior cingulate cortex; C, cerebellum; H, hippocampus; Hy, hypothalamus; PFC, prefrontal cortex; S, striatum; T, thalamus.

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# Hypothetical Role Of 5-HT<sub>1A</sub> Partial Agonism In Possibly Improving Balance Between Executive Control And Emotional Drive

## Hypothetical Effects Of 5-HT<sub>1A</sub> Receptor Partial Agonism

Animal model studies indicate that 5-HT<sub>1A</sub> receptor partial agonism in the PFC and amygdala may reduce agitation behaviors<sup>1-4</sup>

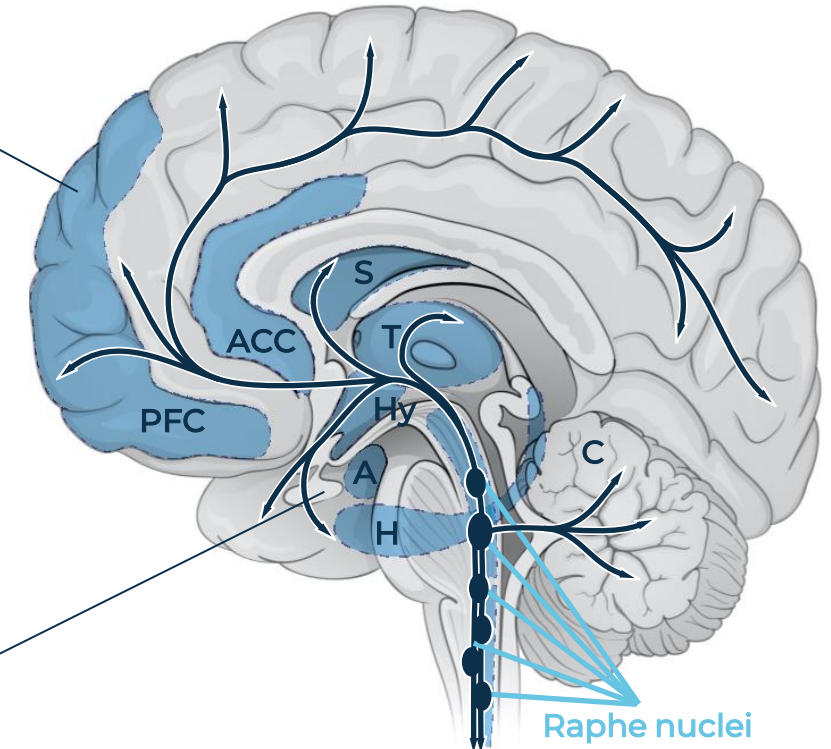
**PFC Function**  
Reduced aggression and impulsivity<sup>1-3</sup>

Decreased  
amygdala activity<sup>1,4</sup>

5-HT<sub>1A</sub>, 5-hydroxytryptamine receptor 1A; amygdala; ACC, anterior cingulate cortex; C, cerebellum; H, hippocampus; Hy, hypothalamus; PFC, prefrontal cortex; S, striatum; T, thalamus.

### References:

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# Hypothetical Role Of D<sub>2</sub> Partial Agonism In Possibly Regulating Striatal Dopamine Activity To Address Agitation Symptoms

## Hypothetical Effects Of D<sub>2</sub> Receptor Partial Agonism

Partial agonism of D<sub>2</sub> receptors may help normalize dopamine transmission within the striatum<sup>1,2</sup>

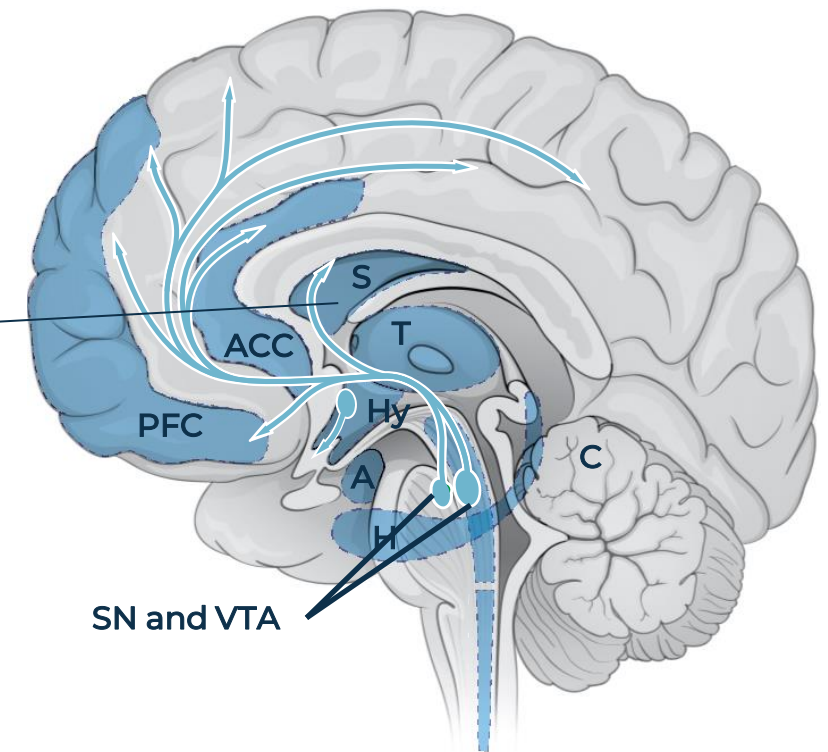
Animal model studies indicate that blockade of striatal D<sub>2</sub> receptors may decrease aggressive behavior<sup>1,3,4</sup>

**Striatal Function**  
Decreased aggressive behavior<sup>1,3,4</sup>

A, amygdala; ACC, anterior cingulate cortex; C, cerebellum; D<sub>2</sub>, dopamine D<sub>2</sub> receptor; H, hippocampus; Hy, hypothalamus; PFC, prefrontal cortex; S, striatum; SN, substantia nigra; T, thalamus; VTA, ventral tegmental area.

### References:

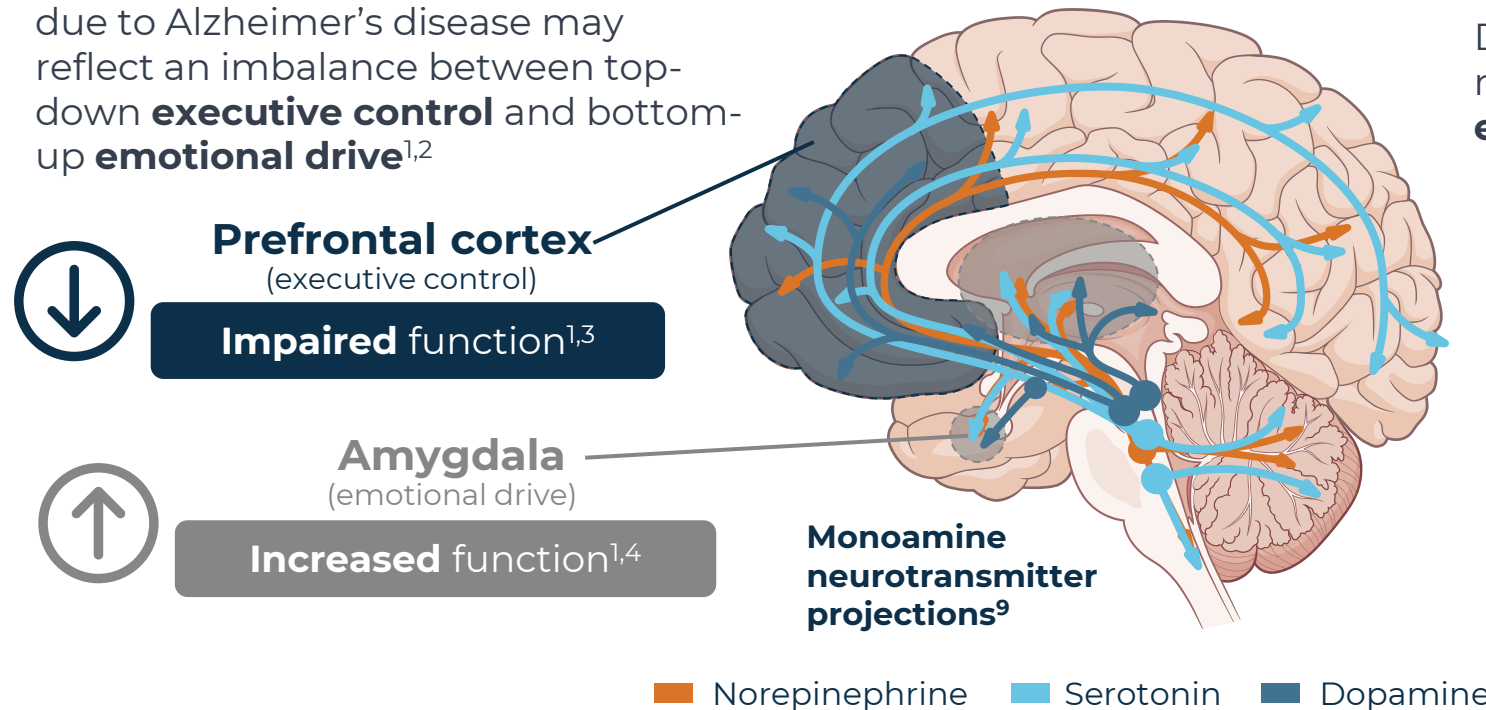
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# Brain Pathology and Monoaminergic Dysfunction

Imbalance between executive control and emotional drive may arise from the accumulation of tau pathology and neurodegeneration within key brain regions. A consequence of this pathology is the dysfunction of the monoamine/NSD neurotransmitter systems<sup>1</sup>

Agitation associated with dementia due to Alzheimer's disease may reflect an imbalance between top-down **executive control** and bottom-up **emotional drive**<sup>1,2</sup>



Dysfunction of NSD neurotransmitter system may contribute to imbalance between **executive control** and **emotional overdrive**<sup>1,5-8</sup>



**Norepinephrine system**<sup>1,5</sup>

**Increased activity**



**Serotonin system**<sup>1,7</sup>

**Decreased activity**



**Dopamine system**<sup>1,8</sup>

**Dysregulation**

NSD, norepinephrine, serotonin, and dopamine.

## References:

1. Cummings JL, et al. *CNS Spectr*. 2024;1-10.
2. Rosenberg PB, et al. *Mol Aspects Med*. 2015;43-44:25-37.
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# Summary



Agitation associated with dementia due to Alzheimer's disease presents with a wide range of symptoms. It is associated with an imbalance between executive control and emotional drive, potentially stemming from dysfunction in monoamine/NSD neurotransmitter systems



Potential therapeutic strategies for agitation associated with dementia due to Alzheimer's disease involve targeting specific receptors (ie,  $\alpha_{1B}$ -adrenoreceptors, 5-HT<sub>1A</sub> receptors, and D<sub>2</sub> receptors) which may improve the balance between executive control and emotional drive or address agitation symptoms

$\alpha_{1B}$ , alpha-1B; 5-HT<sub>1A</sub>, 5-hydroxytryptamine receptor 1A; D<sub>2</sub>, dopamine D2 receptor; NSD, norepinephrine, serotonin, and dopamine.

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