

Self-inflicted violence in individuals with dementia: a systematic review

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Keywords: Self-inflicted violence; Dementia; Systematic review				
INTRODUCTION	METHODS	RESULTS	CONCLUSIONS	REFERENCES
Self-inflicted violence among people with dementia is a clinically relevant phenomenon, although still insufficiently investigated in the literature. The progression of cognitive decline, combined with the behavioral and emotional changes characteristic of dementing conditions, can significantly increase vulnerability to self-harm. Factors such as loss of autonomy, frustration with functional limitations, depressive symptoms, communication difficulties, and neuropsychiatric manifestations are identified as elements that may elevate this risk. Despite its importance, the available evidence remains fragmented and dispersed, highlighting the need for a systematic review capable of integrating existing knowledge and guiding more effective clinical practices	A systematic literature review was conducted in the PubMed, Scopus, and Web of Science databases, using the descriptors “self-harm,” “self-inflicted violence,” “self-injury,” and “dementia.” Empirical studies and clinical case reports published in English within the last five years and containing information on self-inflicted violence in people with dementia were included. Reviews, studies focused on mild cognitive impairment, suicide or suicide attempts, self-injurious behavior among caregivers or family members, and articles with insufficient or inconclusive data were excluded. The analysis was performed descriptively, seeking to identify theoretical and practical convergences across the studies. All stages of selection were conducted by two independent reviewers.	The initial search identified 112 articles. After removal of duplicates, 73 references remained. Title and abstract screening reduced the number to 11 studies eligible for full-text reading. Ultimately, six articles met the inclusion criteria and were incorporated into the review. Self-harm in dementia emerges as a heterogeneous phenomenon, ranging from intentional acts associated with depression and preserved insight, with notably elevated risk during the first 24 months post-diagnosis, to repetitive motor behaviors or sensory deficits without lethal intent, which are more common in Frontotemporal Dementia and post-stroke conditions. The association with unmet needs highlights the importance of environmental factors in clinical management.	Findings indicate that interventions should be stratified: immediate mental health support reduces overall mortality and recurrence, while specific pharmacological treatments (such as antipsychotics) and physical barriers are recommended for the management of involuntary neurobehavioral manifestations.	Walker, A. R., Srasuebkul, P., Trollor, J. N., Wand, A. P. F., Draper, B., Cvejic, R. C., Moxey, A., & Reppermund, S. (2023). Risk factors for dementia and self-harm: A linkage study. <i>Alzheimer’s & Dementia</i>, 19(11). https://doi.org/10.1002/alz.13080 Draper B. Self-harm in late life and subsequent risk of dementia. <i>Am JGeriatr Psychiatry</i>. 2016;24:1219-1220. 10.1016/j.jagp.2016.09.004
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