BPSD and Nonpharmacological Approach

'Let's go for the Gold'

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Disclosure

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Objectives

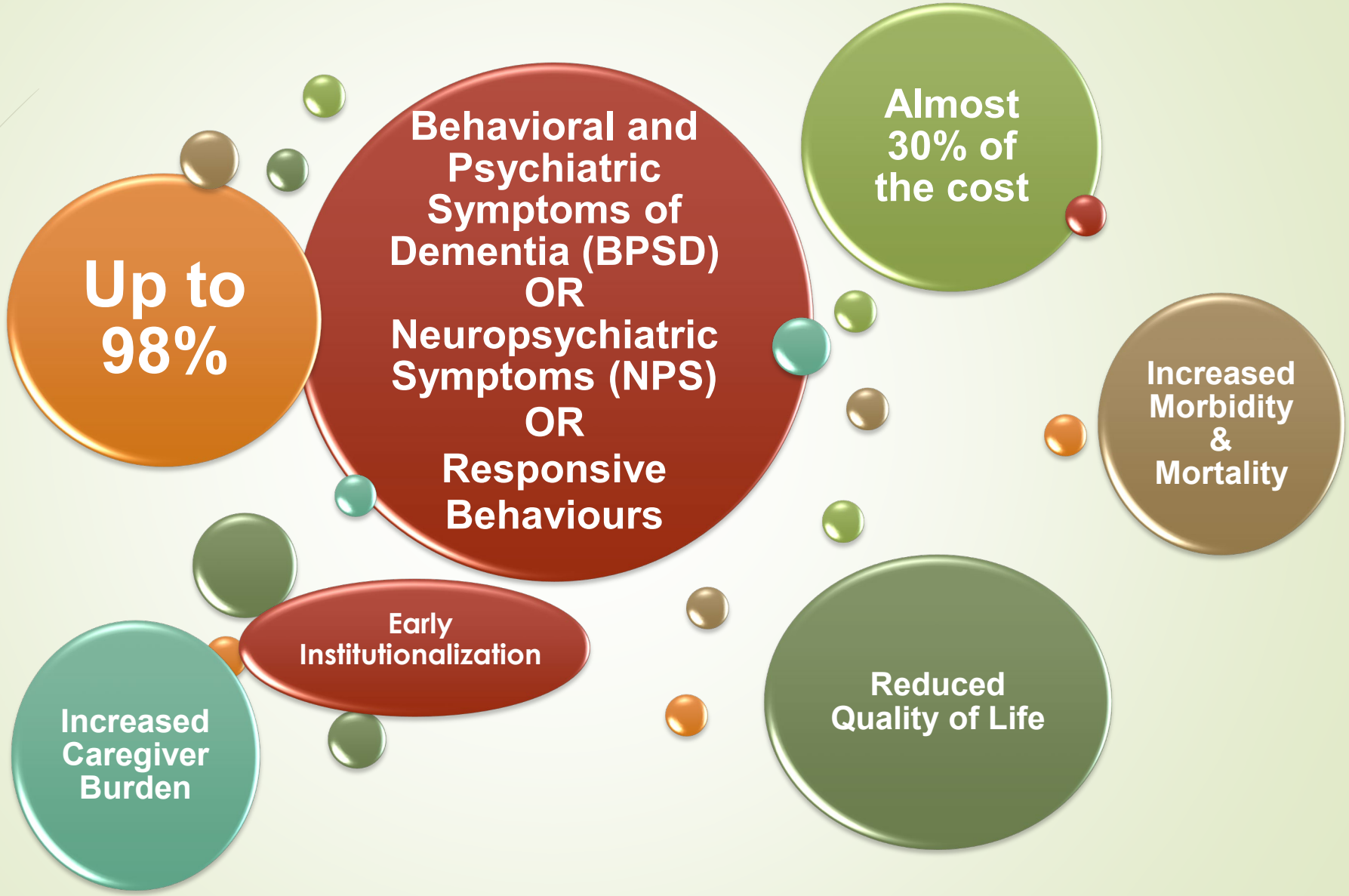
- Cite key triggers for challenging behaviours in persons living with dementia
- Consider / integrate all non-pharmacologic alternatives to behaviour management prior to implementing pharmacologic alternatives
- Propose a structured approach to supporting PLWD who exhibit responsive behaviours
- Reflect on / recognize personal & team attitudes / values & beliefs and how these might impact care delivery

Background

- Dementia is prevalent
- Canadian population is rapidly aging
  - Risk doubles every 5 years between ages 65-84
- Impact:
  - 747,000 Canadians had cognitive impairment, including dementia (2011)
  - Combined direct (medical) and indirect (lost earnings) costs - $33 billion/year

- ASC: The Rising Tide the Impact of Dementia on Canadian Society
- '*A new way of looking at the impact of dementia in Canada*', Alzheimer Society, 2012
- *World Alzheimer Report 2012, A public health priority*, (2012), World Health Organization (WH0)

Why is this important?



Case

- Mr. P is a 67 year old man with advanced **Lewy Body Dementia.** He is married and lives with his wife in a bungalow. He has 2 adult children. He worked as a **park warden** for 30 years. Mr. P's wife is his primary care giver. He requires **cueing** for all his ADLs, but is **able to complete tasks with guidance.**
- Today when Mr. & Mrs. P come to the clinic Mrs. P reports she has been awake all night as Mr. P was "**agitated** all night & **did not sleep**". She reports that the Mr. P is now "**peeing**" **into the large potted plants** in the dining room. Mrs. P also shares that when she tries re-direct Mr. P to the bathroom he **refuses**. When she physically tries to take him to the bath room , Mr. P **pushes her** away and **brandishes a fist** when she insists he use the toilet. Mrs. P is crying because she is aware that her home "smells of urine". She is extremely tired and requests assistance with changing Mr. P for his examination.
- The clinic nurse is asked to help Mr. P get 'ready' for the examination…

Defining Behaviors

Types of Behavioral and Psychological Symptoms of Dementia*

Delusions (distressing beliefs)
Hallucinations
Agitation:
- Easily upset
- Repeating questions
- Arguing or complaining
- Hoarding
- Pacing
- Inappropriate screaming, crying out, disruptive sounds
- Rejection of care (for example, bathing, dressing, grooming)
- Leaving home

Aggression (physical or verbal)
Depression or dysphoria
Anxiety:
- Worrying
- Shadowing (following care giver)

Apathy or indifference
Disinhibition:
- Socially inappropriate behavior
- Sexually inappropriate behavior

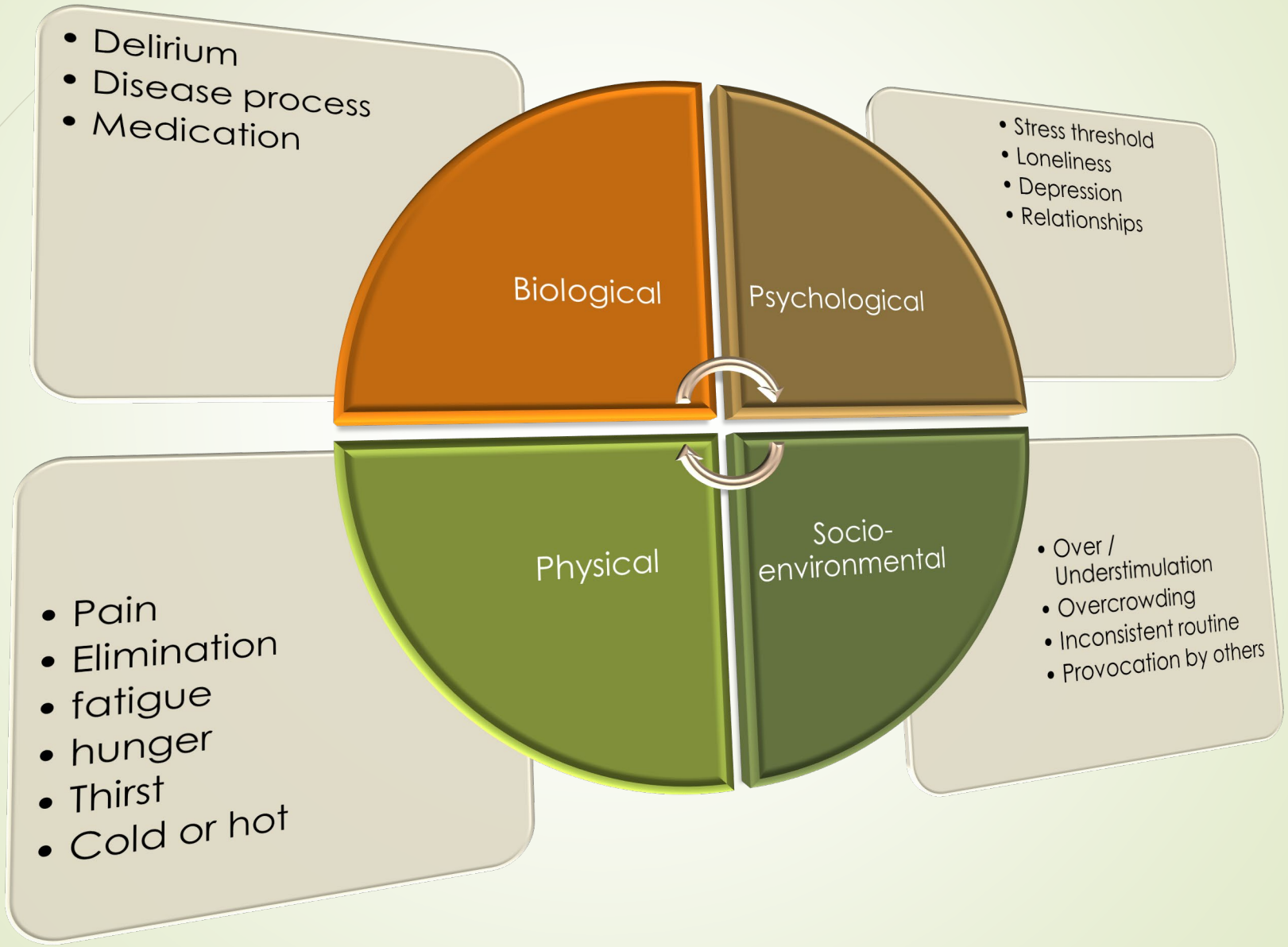
Irritability or lability
Motor disturbance (repetitive activities without purpose):
- Wandering
- Rummaging

Night-time behaviors (waking and getting up at night)

*Based on modified neuropsychiatric inventory-Q categories.
Some behaviors under agitation need more research to determine whether they are part of agitation or their own entity (for example, rejection of care).

Cite key triggers for challenging behaviours in persons living with dementia; There is usually no 'one' clear trigger…

Objective 1



Objective 2

Consider / integrate all non-pharmacologic alternatives to behaviour management prior to implementing pharmacologic alternatives

Age and Ageing 2015; **44:** 25–33
doi: 10.1093/ageing/afu143
Published electronically 22 October 2014

Systematic review of recent dementia practice guidelines

JENNIFER NGO, JAYNA M. HOLROYD-LEDUC

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1. Evaluate for precipitants of behaviour - **recommended** (2 guidelines)
2. Identify and Treat Delirium - **recommended** (3 guidelines)
3. Non - Pharmacological management of behavioural symptoms should be 1st line- **recommended** (5 guidelines)
4. Environmental Modification – **recommended** (2 guidelines)
5. Evaluate for comorbid depression – **recommended** (4 guidelines)
6. Evaluate for anxiety – *lack of agreement*
7. Assess patients for pain– **recommended** (4 guidelines)
8. Music therapy - **recommended** (5 guidelines)
9. Massage therapy – **recommended** (3 guidelines)
10. Animal-assisted therapy – **recommended** (2 guidelines)
11. Good sleep hygiene – **recommended**

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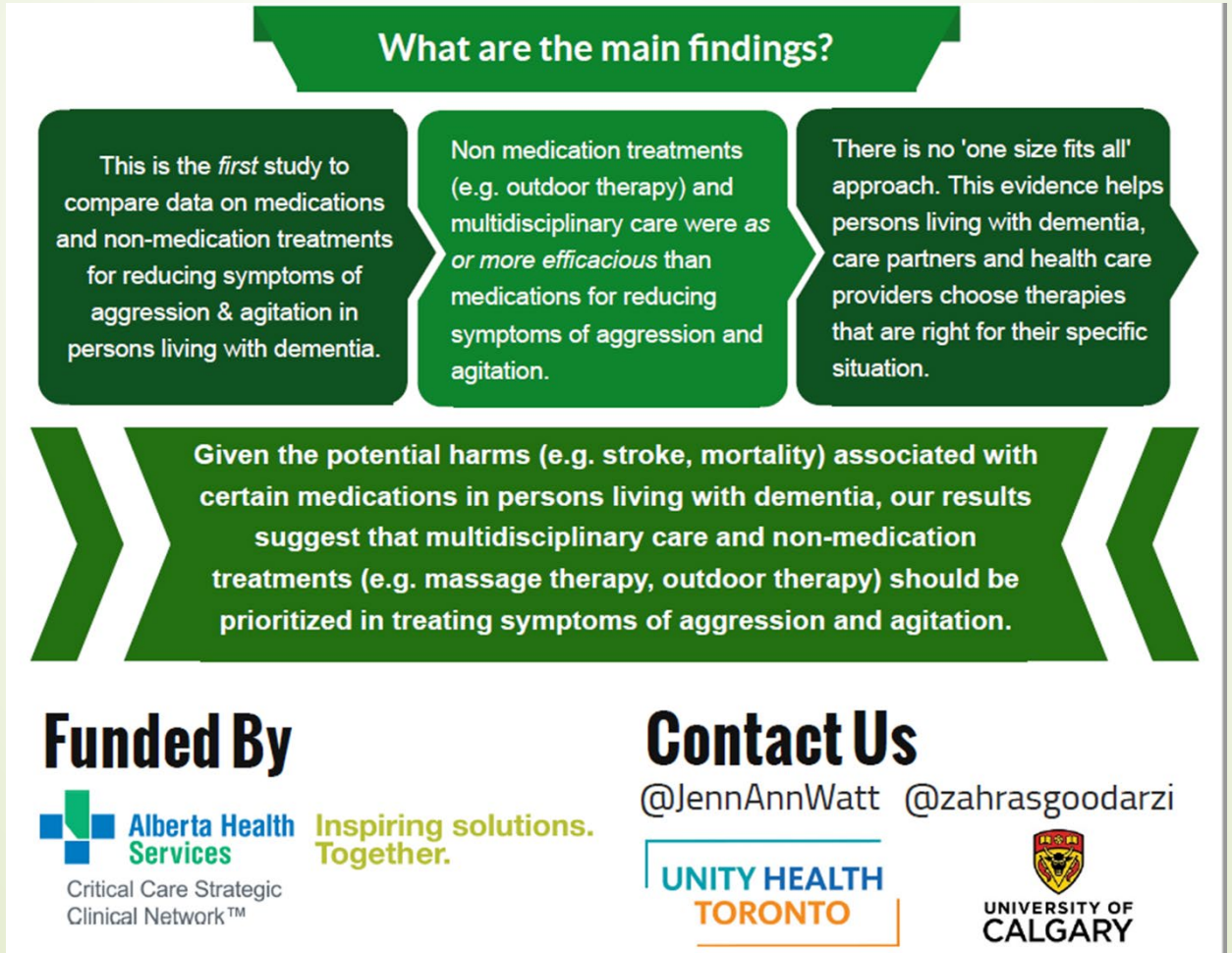

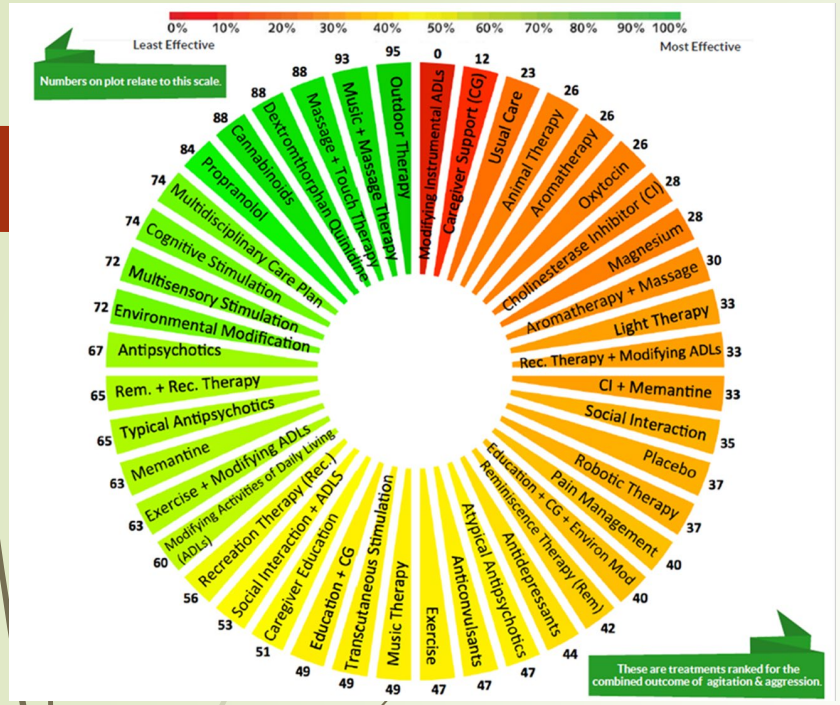

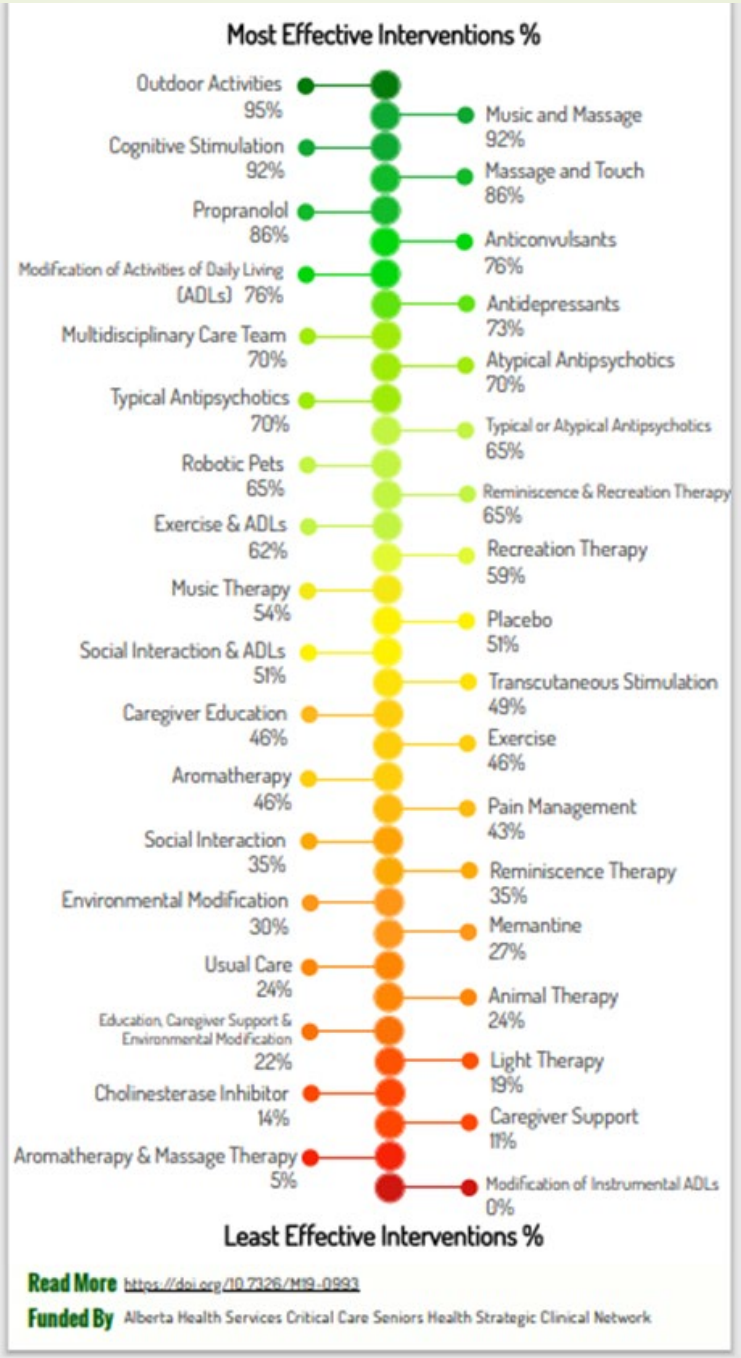

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Effective Interventions for Agitation & Aggression in Persons Living with Dementia in Care Facilities

These treatments are ranked for persons living with dementia in care facilities for the combined outcome of agitation and aggression.

Analyses below examine effectiveness, however this does not account for safety. When considering any pharmacologic strategy, patients and practitioners must consider the safety of the intervention and review existing guidelines.

Watt, J.A., Goodarzi, Z., et al. (2019) Comparative Efficacy of Interventions for Aggressive And Agitated Behaviors in Dementia: A Systematic Review and Network Meta-analysis

What approach do YOU have to create a plan for caregivers supporting PLWD who are demonstrating BPSD?

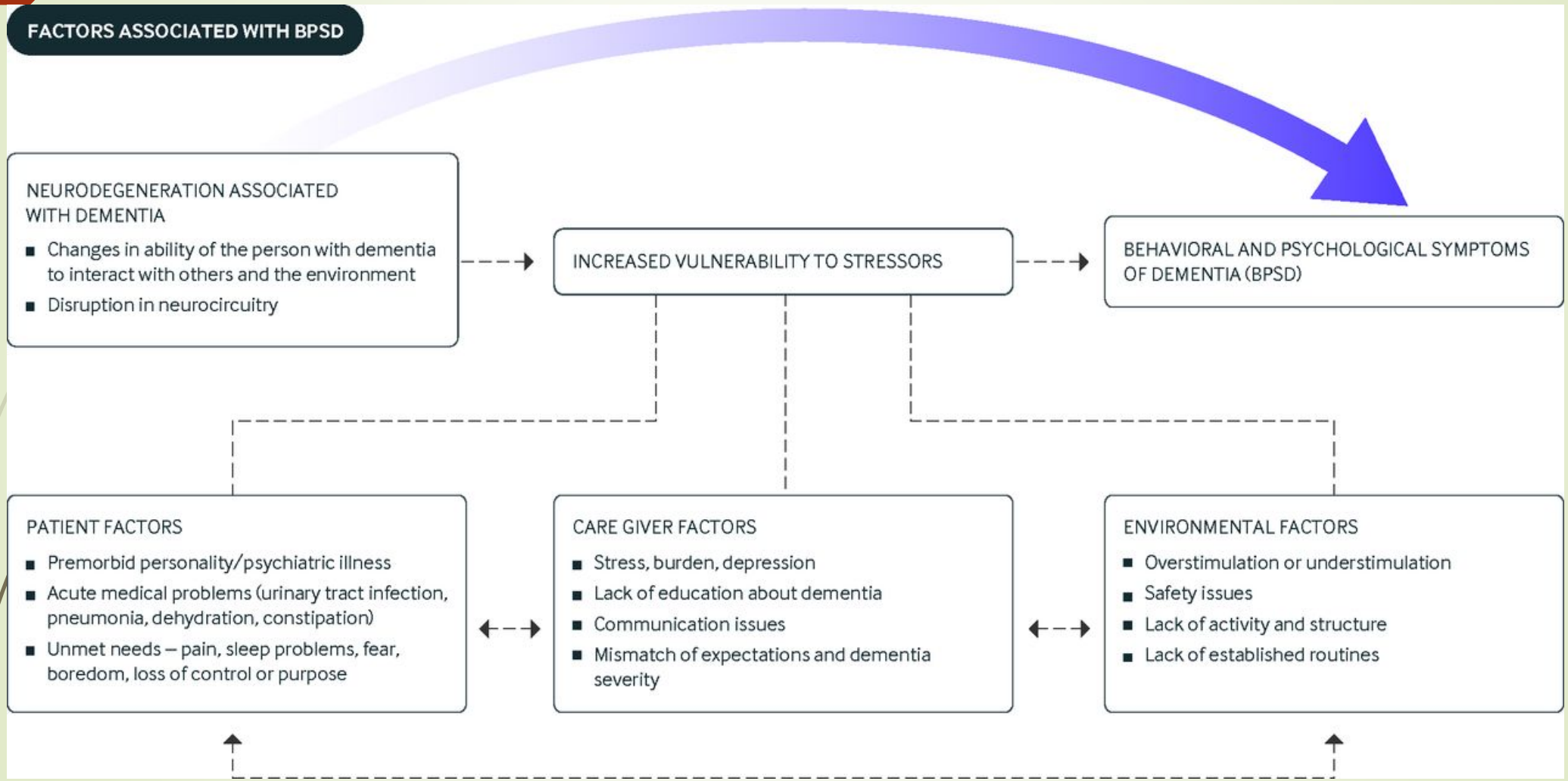
?

Objective 3

Propose a structured approach to supporting PLWD who exhibit responsive behaviours

Helen C Kales et al. BMJ 2015;350:bmj.h369

Fig 1 Conceptual model describing how interactions between the person with dementia, care giver, and environmental factors cause behavioral and psychological symptoms of dementia (BPSD).



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A Role of the D.I.C.E.

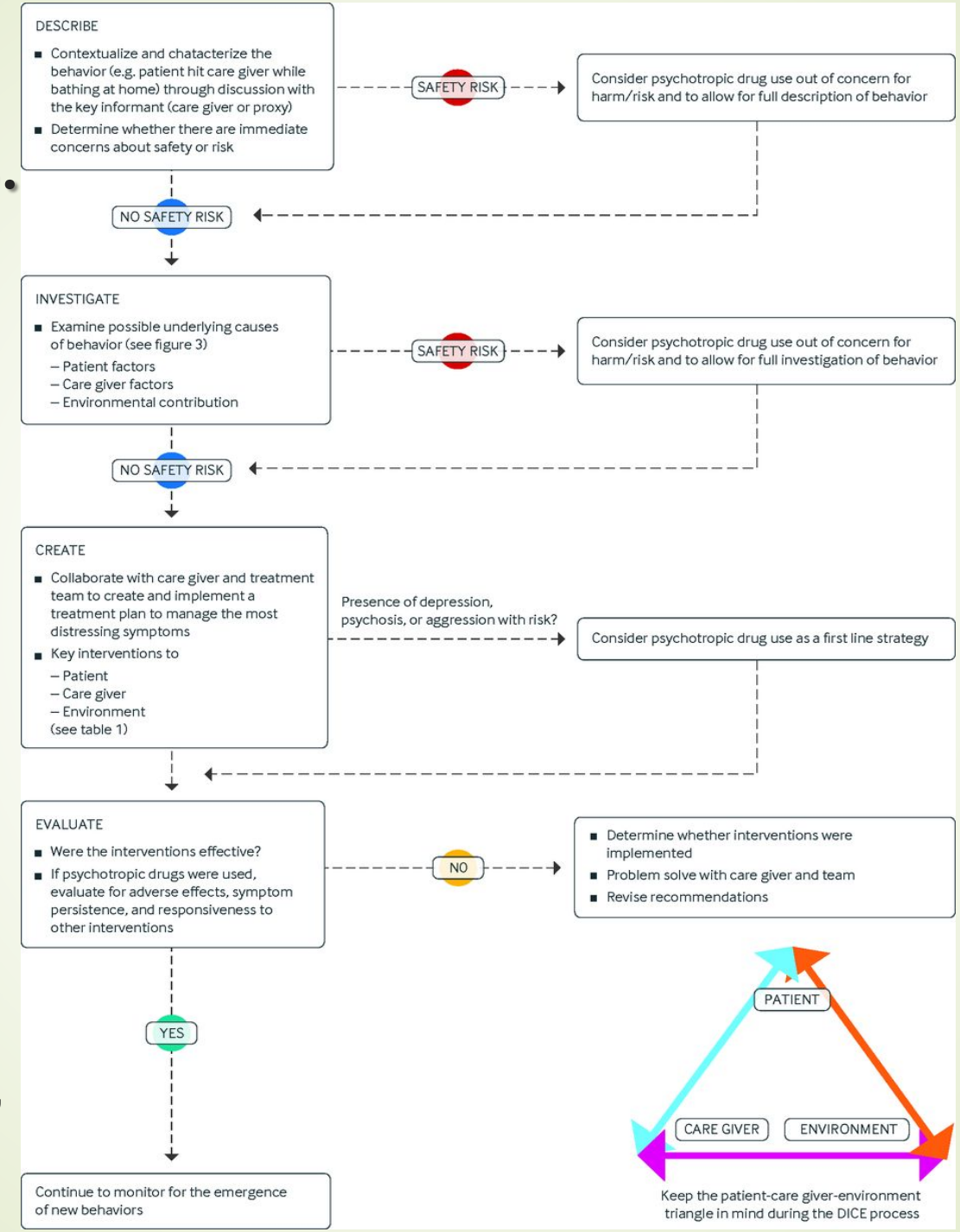

Fig 2 The DICE (describe, investigate, create, and evaluate) approach.

Helen C Kales et al. BMJ 2015;350:bmj.h369

Describe

DESCRIBE

- Contextualize and chatacterize the behavior (e.g. patient hit care giver while bathing at home) through discussion with the key informant (care giver or proxy)
- Determine whether there are immediate concerns about safety or risk

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Behaviour Mapping Chart

Affix patient label within this box

Date (yyyy-Mon-dd)														
Time	Obs.	Init	Obs.	Init	Obs.	Init	Obs.	Init	Obs.	Init	Obs.	Init	Obs.	Init
00:00														
01:00														
02:00														
03:00														
04:00														
05:00														
06:00														

Time	MON	TUE	WED	THU	FRI	SAT	SUN
6am							
7am							
8am							
9am							
10a							

- Caregiver Interview
- Behaviour mapping
- Direct observation

Investigate

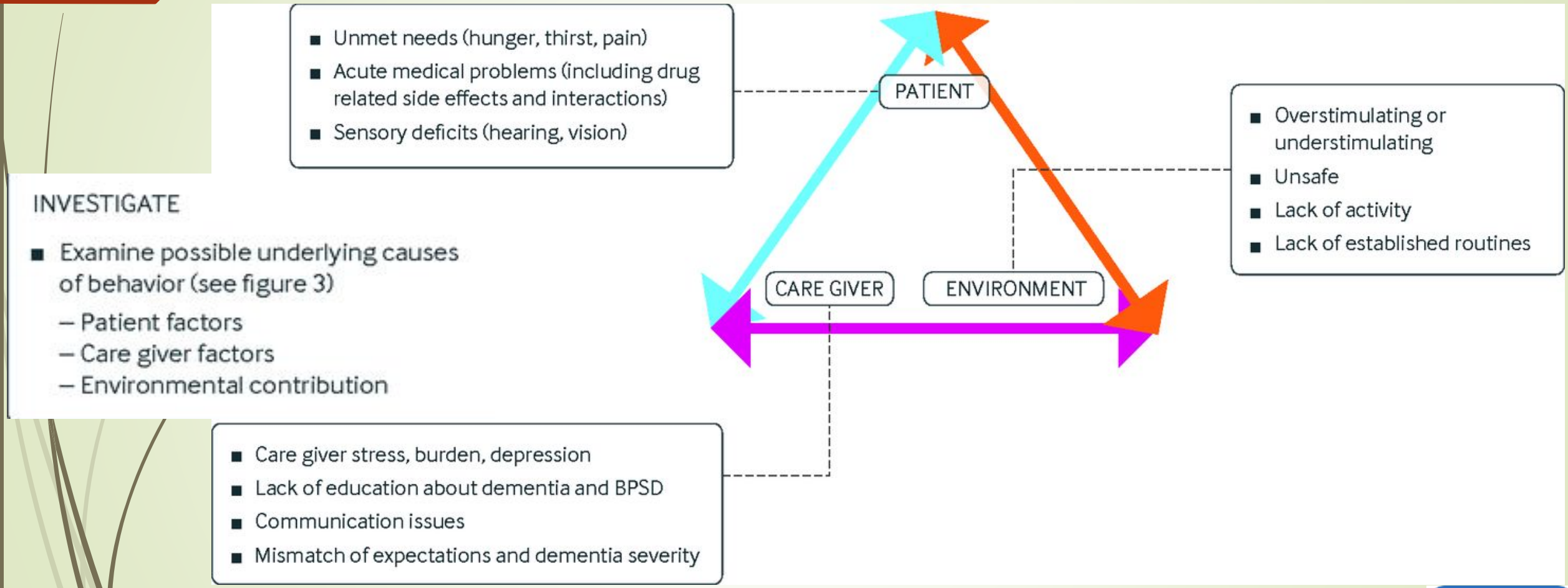

Fig 3 Modifiable causes of behavioral and psychological symptoms of dementia. Helen C Kales et al. BMJ 2015;350:bmj.h369

Create

CREATE

- Collaborate with care giver and treatment team to create and implement a treatment plan to manage the most distressing symptoms
- Key interventions to
  - Patient
  - Care giver
  - Environment

(see table 1)

Modifiable factor	Intervention example
PATIENT	
Unmet needs	• Make sure the person with dementia is getting enough sleep and rest • Deal with fear, hunger, toilet needs
Acute medical problems	Talk to the person's doctor about whether symptoms could have physical (e.g. urinary tract infection or pain) causes or be the result of a drug interaction or side effect
Sensory deficits	Encourage use of eyeglasses or hearing aids; have vision and hearing assessed
CARE GIVER	
Care giver stress, burden, depression	Care givers need to care for themselves by exercising regularly, getting help with care responsibilities, attending their own doctor's appointments, and using stress reduction techniques
Education	Understand that behaviors are not intentional or "on purpose" but are the consequence of a brain disease
Communication	• Use a calm voice • Do not use open ended questions • Keep it simple – do not over explain or discuss what events will be happening in the future • Limit the number of choice offered
ENVIRONMENT	
Overstimulating or understimulating environment	Regulate the amount of stimulation in the home by decluttering the environment, limiting the number of people in the home, and reducing noise by turning off radios and television sets
Unsafe environment	Make sure the person does not have access to anything (e.g. sharp objects) that could cause harm to themselves or others
Lack of activity	• Keep the person engaged in activities that match interests and capabilites • Relax the rules – there is no right or wrong way to perform an activity if the person is safe
Lack of structure or established routines	• Establish daily routines • Changing the time, location, or sequence of dialy activities can trigger outbursts • Allow enough time for activities • Trying to rush activities can also trigger behaviors

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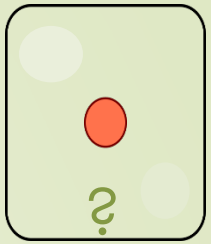
Evaluate

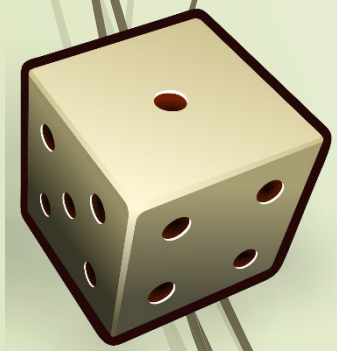
- Were all of the interventions implemented?
  - If not, what was the barrier
- Were the interventions ‘successful’?
- Revise recommendation if necessary

Back to Mr. P



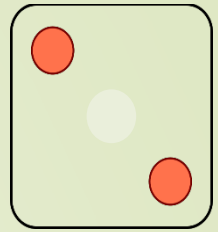
DESCRIBE

- "agitation"
- Up all night
- "peeing in plants"
- Brandishing a fist
- Verbally aggressive
- Increasing physical aggression



Mr. P

Investigate



During the examination you re-establishes that Mr. P has a diagnosis of osteo-arthritis but is not taking any pain medication.

When Mrs. P grabs Mr. P's hand / arm to help him, it causes pain, which may contribute to his aggression.

Mrs. P indicates that, although she is not afraid for her own safety, she believes Mr. P is "doing this on purpose."

Mrs. P shares that she encourages Mr. P. to 'nap' several hours during the day to give her 'a break'.

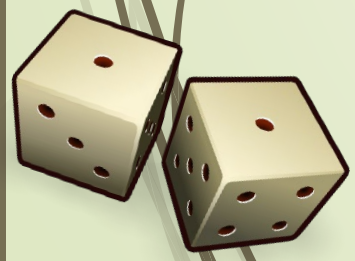
Mr. P expresses that he is not "a baby"!

Mrs. P's communication may be beyond what Mr. P is able to comprehend (for his stage of dementia).

The tone and speed of Mrs. P's speech is abrupt & brusque. In combination with her non-verbal communication she presents as confrontational ("I can't have you peeing all over the house! You need to use the toilet!").

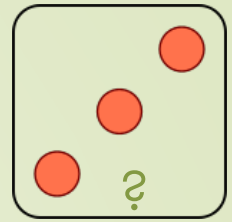
Mrs. P may lack understanding of how dementia is affecting Mr. P's behaviours ("he is doing this on purpose").

Mrs. P's goal is for Mr. P to use the toilet, sleep better at night and 'not talk back'.



Mr. P

Create



Patient

- You suggest scheduled analgesic to treat pain related to OA.
- Limit fluids in the evening
- Anticipate unmet needs
- Ensure good sleep hygiene – limit day time napping
- Home care referral

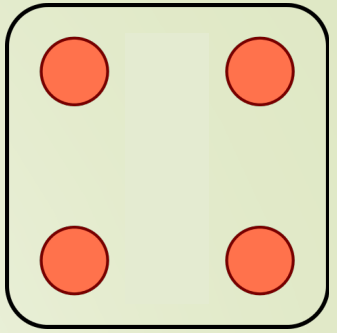
Caregiver

- You have a discussion with Mrs. P to create a plan of care.
- You educate Mrs. P about dementia and that related behaviours are not 'intentional'.
- Mrs. P is provided with some education regarding positive approach / communication and she is encouraged to avoid negative interactions
- Information regarding the Alzheimer Society & Care giver support groups

Environment

- Attend to external cues

Mr. P



Evaluate

- Follow up with Mrs. P to determine which of the suggestions were implemented.
- Of the suggestions utilized, did Mrs. P find they were effective?
- If Mrs. P chose not to use the suggestions try to determine ‘why not’?

Objective 4

Reflect on / recognize personal & team attitudes / values & beliefs and how these might impact care delivery

- This might be one of the most difficult things to do as we are all unique and have our own ‘backstories’
- We need to recognize when our values / beliefs may be impacting the care PLWD receive
- We need to learn to get out of our own way to best deliver care to those under our care / those we care for

- Take a moment;
  - Think of one thing from your own values and beliefs that might ‘get in the way’
  - Now, consider the environment you work in, the care staff, policies etc. – what might ‘get in the way’.

"My mother would be horrified
to see herself behaving like this,
but that person is no longer here.
And for the woman here,
my mother that's here in the facility,
sex is very important for her"

Brassolotto, J., & Howard, L. (2018). Sexual expression in Alberta's continuing care homes: Perspectives from managers and leaders. Lethbridge AB: University of Lethbridge

Alberta Health Services

N.I.C.E & E.A.S.Y.

Approach for the Cognitively Impaired

Provide a calm & safe environment. Promote normal ADL routines; consistent staff & robust comfort rounds.

Prior to communication attempt, optimize lighting. Ensure eyeglasses hearing aides are clean, working and used.

N	**N**ame they prefer to be called	
I	**I**ntroduce yourself each time you interact N.O.D. = give the person your: Name - Occupation – Duty	
C	**C**ontact! - Offer to shake hands - If the person is sleeping, use ***firm*** pressure on knee / shoulder to announce your physical presence - Soft touch is 'arousing' touch (think spiders crawling across your skin…)	
E	**E**xplain what you are going to do BEFORE you do it! – No one likes 'surprises'… – Use single *step instructions* (5 words or less) combined with gestures / props to demonstrate what you are going to do	
E	**E**ye contact - Demonstrates 'authentic listening' - 'Helps' the person focus on you (not what you may be doing)	
A	**A**void Arguments – If ***any*** resistance (physical or verbal), consider trying the intervention at a later.time period – Ensure you have been **'NICE'** before you trial any intervention	
S	**S**mile – Take a moment to *'breathe'*, calm yourself, smile and you will present as a 'safer', less 'threatening' care provider	
Y	**Y**ou are the key! You are in control and have the ability to change your approach to ensure a successful interaction with your patient.	

Clinical Bottom Line

- BPSD is a common issue among those with dementia
- Non-pharmacological approaches should be **first** line
- Medications should be used with caution after all efforts have been made to implement nonpharmacological interventions