Managing BPSD

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Geriatrics Update Course

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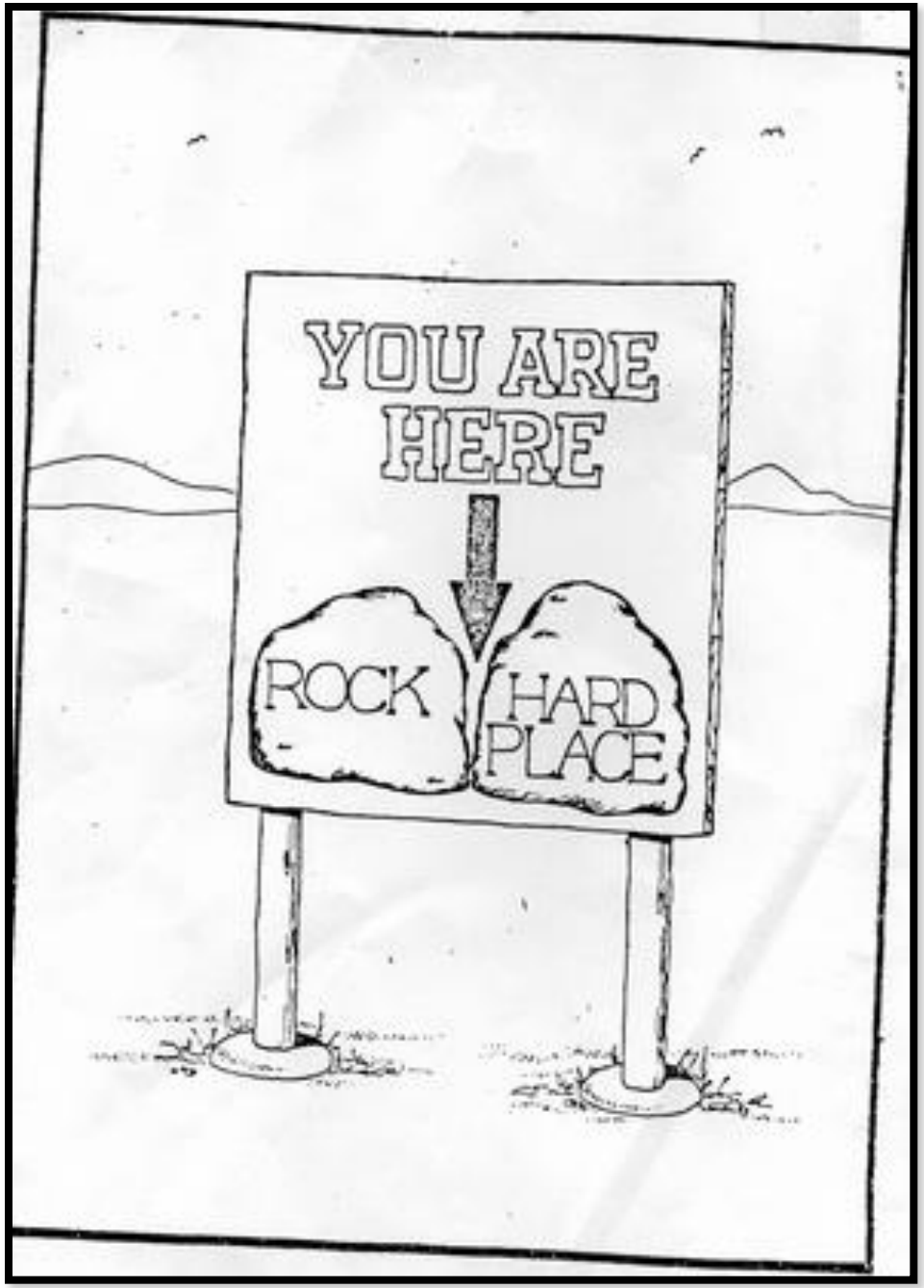
Disclosures

~No Pharmaceutical or Industry Support
~ “No Health Without Mental Health”
~Safe Patients/Safe Staff™



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I'm stuck between a rock and someone I want to hit with it.

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Objectives

An Approach to Managing BPSD

Updates from Quality & Safety Initiatives

Case Study Examples, Mrs. B, P, S and D

- **Mrs. B**: 78 year-old woman newly living in a retirement home…her RH Director of Care is asking for help because she is **screaming out at night**, appears **fearful of coming of her room** and **swats away the hand** of any personal support workers who try to assist her with finding her way around the retirement home
- **Ms. P**: 90-year-old having her 2nd "**code yellow**" of the week
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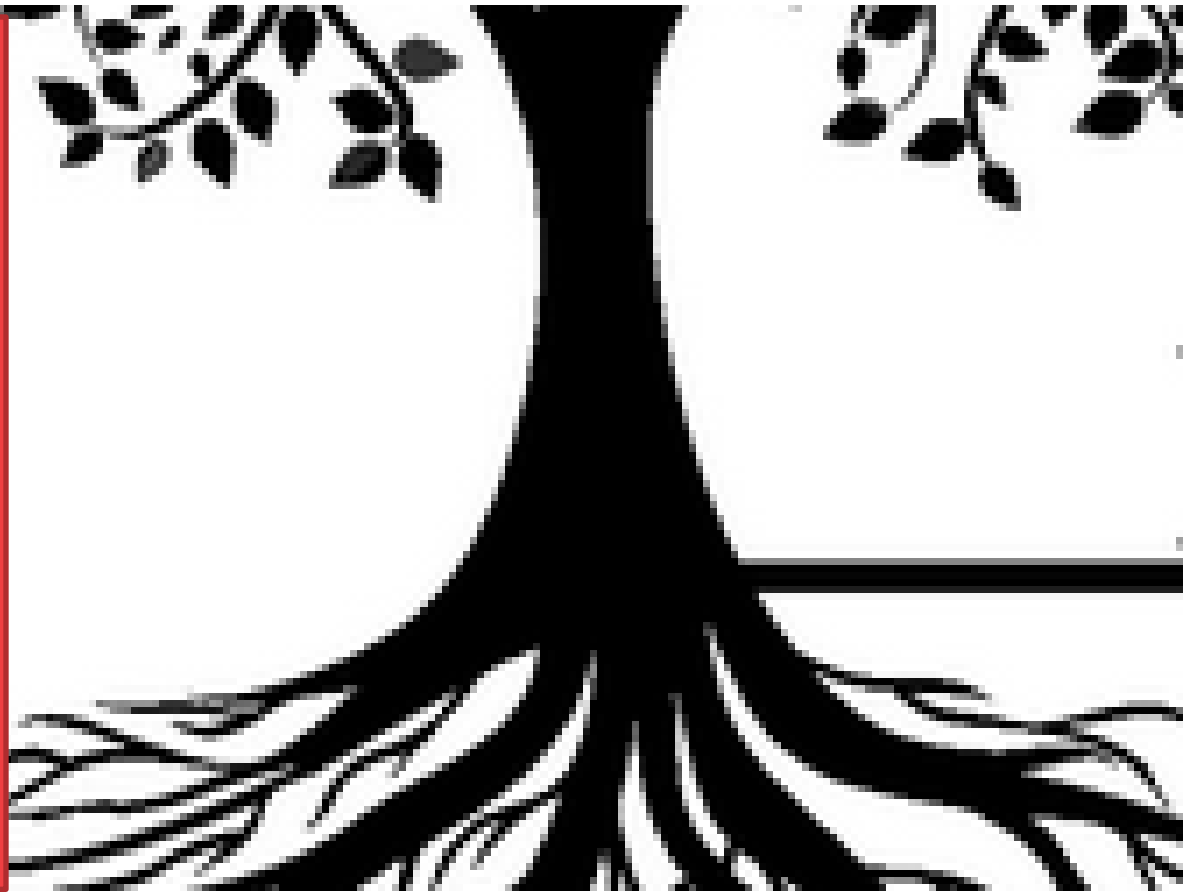
Figuring out what is underneath……

Worsened Mental Health & Behavioural and Psychological Symptoms of Dementia can emerge from a wide variety of **situations, triggers & co-morbid disorders**



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TASK: Integrating assessment of personhood, history, & triggers into our biological understanding of Dementia as a NeuroDegenerative disease

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- **DEMENTIA: "the 7 A's"**
  - **Anosognosia** = lack of awareness of impairment
  - **Agnosia** = inability to interpret sensations/recognize things/use senses to understand the world
  - **Aphasia** = inability to express or comprehend language
  - **Apraxia** = inability to do routine tasks or movements
  - **Altered perception** = misperceptions/hallucinations
  - **Amnesia** = impaired memory (short-term, then long-term)
  - **Apathy** = withdrawal, lack of motivation, lack of activity

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- Behaviour = ‘the way a person conducts themselves’ OR ‘responds to a particularly situation or stimulus’
- Behaviour itself **DOES NOT TELL US EVERYTHING ABOUT**
  - **etiology, meaning, solution**

- **Examples of Common Behavioural Symptoms Associated with Dementia**
  - **Apathy, avoidance**
  - **Disinhibition (physical, sexual, verbal, interpersonal)**
  - **Physical acting out/Physical acting in**
  - **Repetitive Behaviours or vocalization**
  - **Aggression**
  - **Resistance to Personal Care**
  - **Hyperactivity/Restlessness**
  - **Affect lability**
  - **Abnormal response to stimuli, situations, internal stimuli**
  - **Intrusive behaviour with other people**
  - **Excessive ambulation or exit-seeking**

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Identify BPSD Symptom Clusters[1, 2]

Psychosis	Aggression	Agitation	Depression	Mania	Apathy
					
Delusions Hallucinations Misidentification Suspicious	Defensive Resistance to care Verbal Physical	Dressing/undressing Pacing Repetitive actions Restless/anxious	Anxious Guilty Hopeless Irritable/screaming Sad, tearful Suicidal	Euphoria Irritable Pressured speech	Amotivation Lacking interest Withdrawn

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ABNORMAL BEHAVIOUR DOES NOT ONLY or ALWAYS= DEMENTIA with BPSD

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- Chronic and Episodic Major **Psychiatric Disorders**
- **Cognitive Disorders** (Dementia, TBI, Developmental Delay)
- Acute Medical Illness: **Delirium**
- **Physical** Illness/Discomfort triggering distress & behaviours
- Difficulties **Adapting to Stressors**
  - **Chronic**
    - Personality Style/Disorder with adaptation rigidity
  - **Situational**
    - Severe Stress Response to Major Stressor e.g. Loss, Isolation, Grief, Dysfunction
- **Amplified** response to triggers due to **Trauma**
  - Life events contributing to amplified defense and/or fear response

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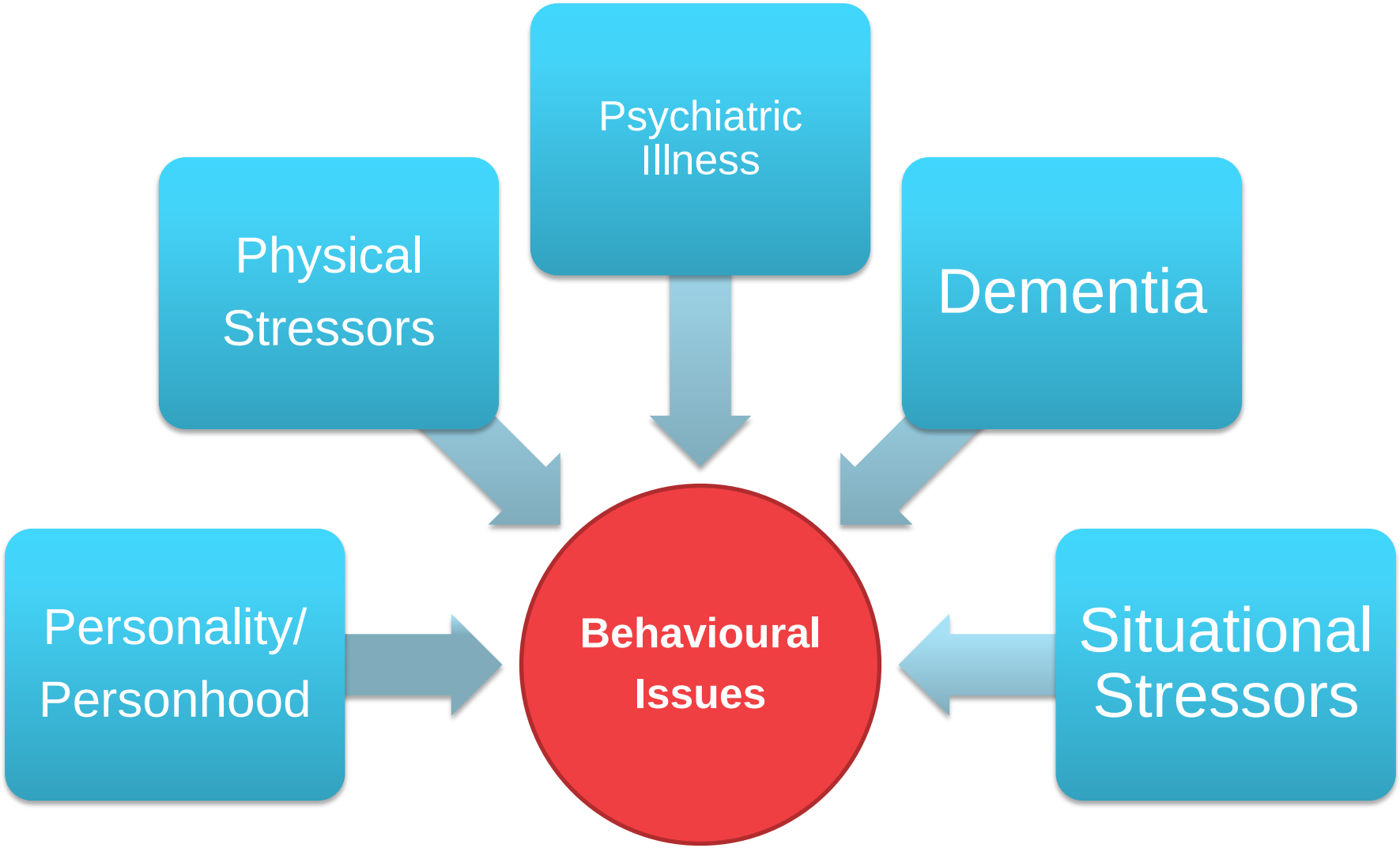

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- **Dementia:** phase, stage, type, ADLS/IADLS
- **Behaviours**
  - Description, Antecedents/Triggers, Response, Time-Course, Prior Interventions
  - Common Tools: DOS Charting, CMAI, NPI, PIECES **SAFETY IMPACT/URGENCY:** patient, caregivers, community
- **Psychiatric Symptom Inventory**
  - Mood, Psychosis, Anxiety, Substance Use
- **Personal(ity) History**
  - Worldview, Self-Concept, Meaning, Comfort, Fears, Activity, Adaptation to Stress, Trauma

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Stressor Inventory

- **People**
  - Personal and Professional
- **Environment**
  - Stimulation, Familiarity, Novelty, Safety, Comfort
- **Medical/Physical**
  - Diagnoses, Investigations, Interventions, Discomfort
- **Situation**
  - Family, Health, Money, Relationships, Losses, Demands
- **Meaning**
  - Existential

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Physical Inventory

- New Medical Diagnoses or Physical Symptoms
- New Medications
- Newly Stopped Medications
- PAIN
- CONTINENCE
- FALLS/GAIT
- DENTAL
- FEET
- SKIN

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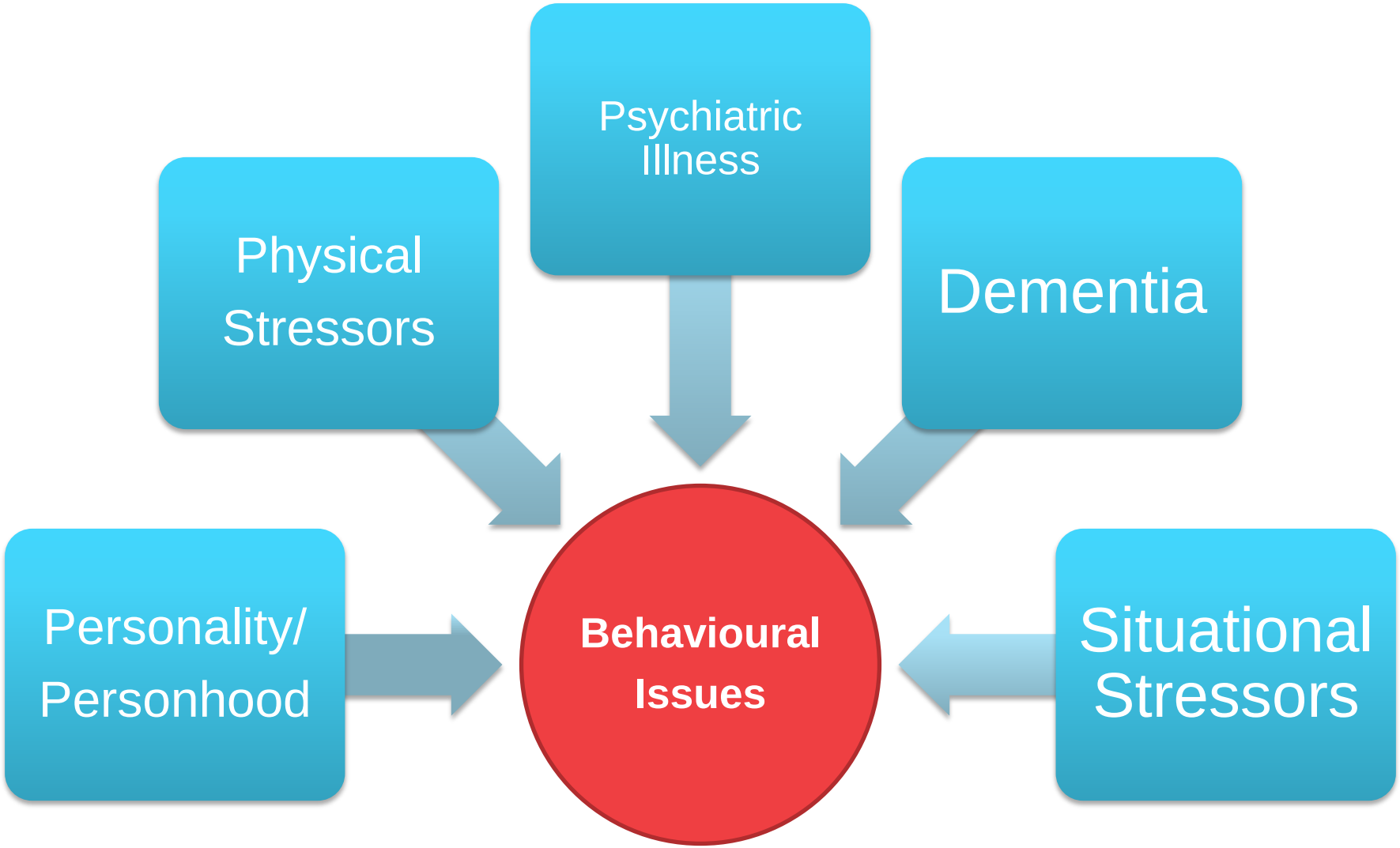

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An Approach to MANAGEMENT

Behavioural and Psychological Symptoms of Dementia

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Mount Sinai Hospital Bridgepoint Lunenfeld-Tanenbaum Research Institute Circle of Care

Behavioural Formulation & Urgency

- **Behavioural Formulation**

Management of Behavioural Symptoms is guided by the formulation of the intersection of personality, personal history, co-morbid psychiatric illness, physical illness, stressors and DEMENTIA STAGE/SYMPTOMS/

- **Urgency**

- **Urgency & Setting for Management is guided by Safety Assessment & Resources**
- **Acute symptoms, escalating self-harm or harm to others and/or deteriorating physical status should prompt consideration of crisis or emergency services**

PIECES RISKS MNEMONIC to review for

- **ROAMING**
- **IMMINENT**
- **SUICIDE**
- **KIN**
- **SELF-NEGLECT**

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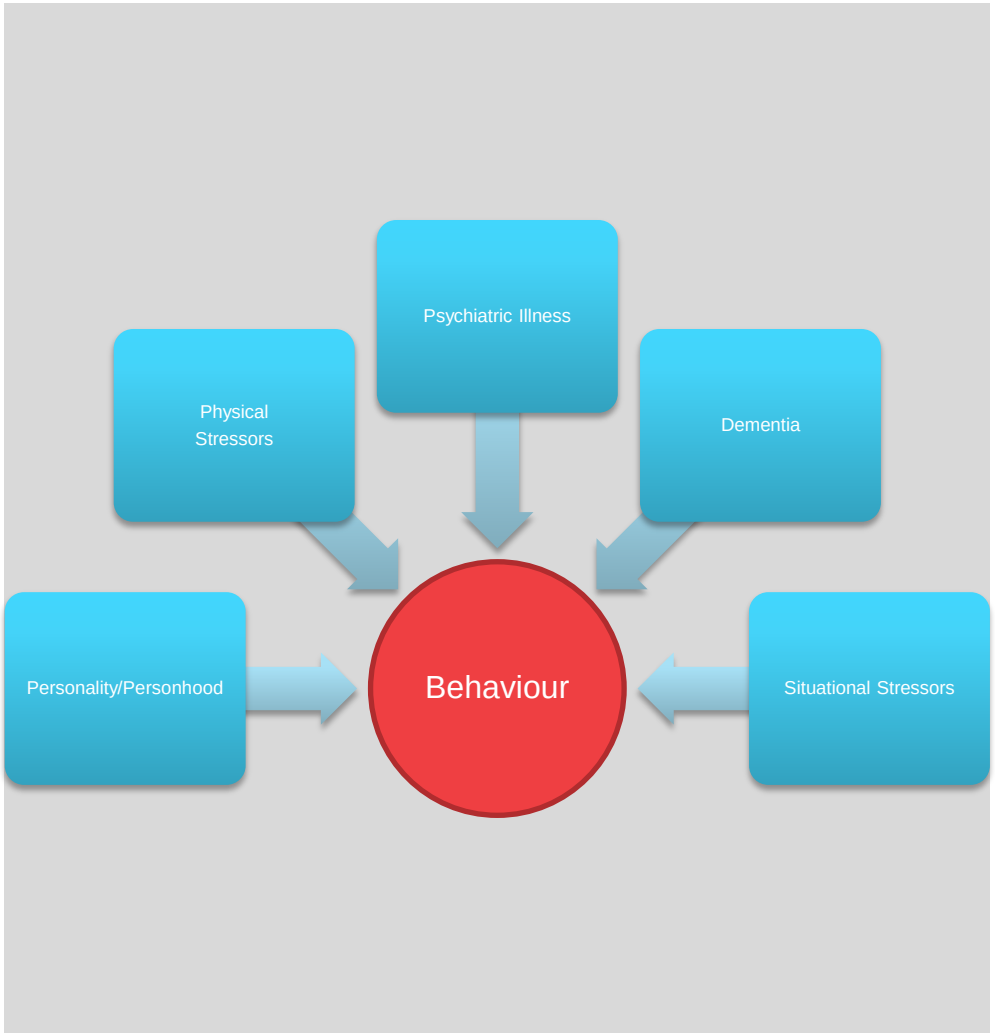
Behavioural Formulation Maps onto Behavioural Symptom Management

- Use the Behavioural Assessment to build empathy & flexibility
- Reduce Triggers
- Optimize level of Stimulation
- Modify the modifiable
- Treat the treatable
- Offer person-centred activity and comfort



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- **Preferences**
- **Proximity**
- **Purpose**
- **Pleasures**

Personality/ Personhood

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- **Optimize Pain Management**
- **Enhance Sleep**
- **Optimize Nutrition**
- **Skin, Teeth, Feet, Ears**
- **Careful RX review….**
- **Treat treatable physical illnesses**
- **Consider triggers for review of goals of care**

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Physical Stressors

- **Recognize Psychiatric Comorbidity with Dementia, particularly if there is a pre-dementia history of mood or psychotic or anxiety illness**
- **Follow Evidence-Informed Guidelines for Major Psychiatric Disorders**
- **Reduce Suffering through a biopsychosocial treatment plan**

Psychiatric Illness

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- **Best practices** for Selection of **Non-RX and RX** interventions
- **Person Centred Care-Plans to** reduce triggers and improve QOL and safety
- **Utilize specialized techniques** such as Gentle Persuasion Approach (GPA) or the Montessori Method
- **Address Safety** (risk of getting lost, risk of aggression to staff, risk of interpersonal intrusion with co-patients)

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Dementing Disorder

- **General Strategies for Behavioural Symptoms in Dementia:**
  - **Meaningful activities**
  - **Environmental Safety**
  - **Adapt the Physical Environment**
  - **Reducing Pain**
  - **Deferring Non-Urgent Care**
  - **Consistent Approach**
  - **Avoid Over-Stimulation**
  - **Simple Language**
  - **Explanation (before engagement)**
  - **Offering Choices**

Take the behavioural temperature!

Look for Supports through BSO and RGP/PRC

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- **Behavioural Symptoms in Dementia that respond best to Non-RX or Environmental interventions**
  - **Wandering/exit-seeking**
  - **Resistance to Care**
  - **Apathy**
  - **Repetitive Behaviours**

- **Behavioural Symptoms in Dementia that *may* require OR benefit from RX interventions for symptom type, severity or safety**
  - **Aggression**
  - **Psychosis (responding to hallucinations or delusions)**
  - **Severe Resistance to Care**
  - **Depression**
  - **Anxiety**

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Dementing Disorders: Key Concepts

RX Strategies to Target Behavioural Symptoms in Dementia

Key Concepts

- **Evidence-Informed approach**
- **Integrate** Behavioural Modification & RX interventions
- Consider **Risks vs Benefits**
- Consider **as needed vs standing vs pre-care** RX
- **Short periods** of RX treatment with frequent **re-evaluation**
- **Possible benefit to starting maintaining cognitive enhancer RX**
- **Informed Consent, Off-Label Considerations,Choosing Wisely™**
- **Health Canada Advisory**

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RX Considerations

- **To Treat Psychosis**:
  - Antipsychotic/Neuroleptic
- **To Treat Aggression, Dangerous Physical Agitation and/or enable necessary physical care that has not responded to Behavioural Tx**
  - **SSRI**
  - **Antipsychotic/Neuroleptic**
  - **Trazodone, Benzodiazepine**

Dementing Disorders: Key Concepts

RX Strategies to Target Behavioural Symptoms in Dementia

Treatment Planning Concepts

- Identify target symptom(s)
- Develop Bio-Psycho-Social treatment plan based on symptom formulation and goals of care…critical to have clear informed consent and discussion of Health Canada Advisories or Practice Guidelines as Indicated by Choice of Intervention
- Share patient/family education materials and/or well written practice guidelines/summaries

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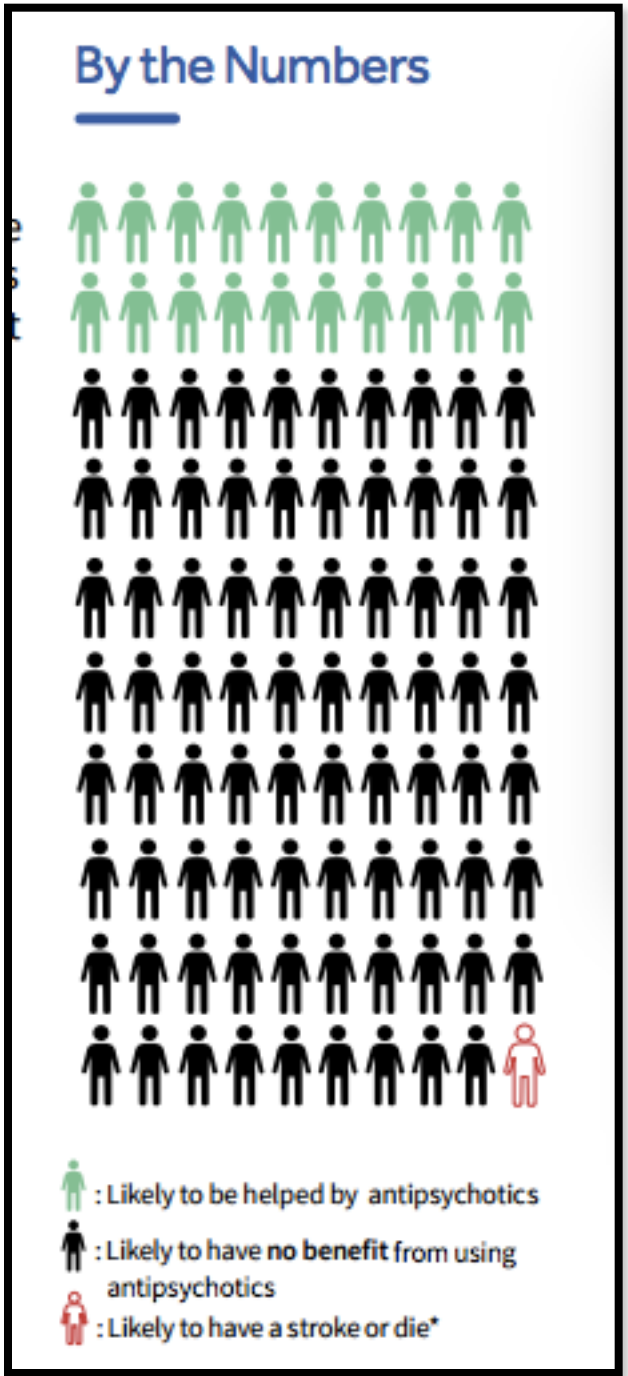

12 Do not use antipsychotics as first choice to treat behavioural and psychological symptoms of dementia.

People with dementia often exhibit challenging behavioural symptoms such as aggression and psychosis. In such instances, antipsychotic medicines may be necessary, but should be prescribed cautiously as they provide limited benefit and can cause serious harm, including premature death. Use of these drugs should be limited in dementia to cases where nonpharmacologic measures have failed, and where the symptoms either cause significant suffering, distress, and/or pose an imminent threat to the patient or others. A thorough assessment that includes identifying and addressing causes of behaviour change can make use of these medications unnecessary. Epidemiological studies suggest that typical (i.e., first generation) antipsychotics (i.e., haloperidol) are associated with at least the same risk of adverse events. This recommendation does not apply to the treatment of delirium or major mental illnesses such as mood disorders or schizophrenia.

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Choosing Wisely Canada™

Quality Standards

Health Quality Ontario,
October 2016

Behavioural Symptoms of Dementia

Care for Patients in Hospitals and Residents in Long-Term Care Homes

Dementing Disorders: Key Concepts

RX Strategies to Target Behavioural Symptoms in Dementia

Treatment Planning Concepts

- **Plan should include regular monitoring, refinement, reinforcement and re-evaluation of effectiveness/need**
  - **Behaviours and treatment needs may shift over time as the dementia process progresses and physical health changes**
  - **PLAN for deprescribing**

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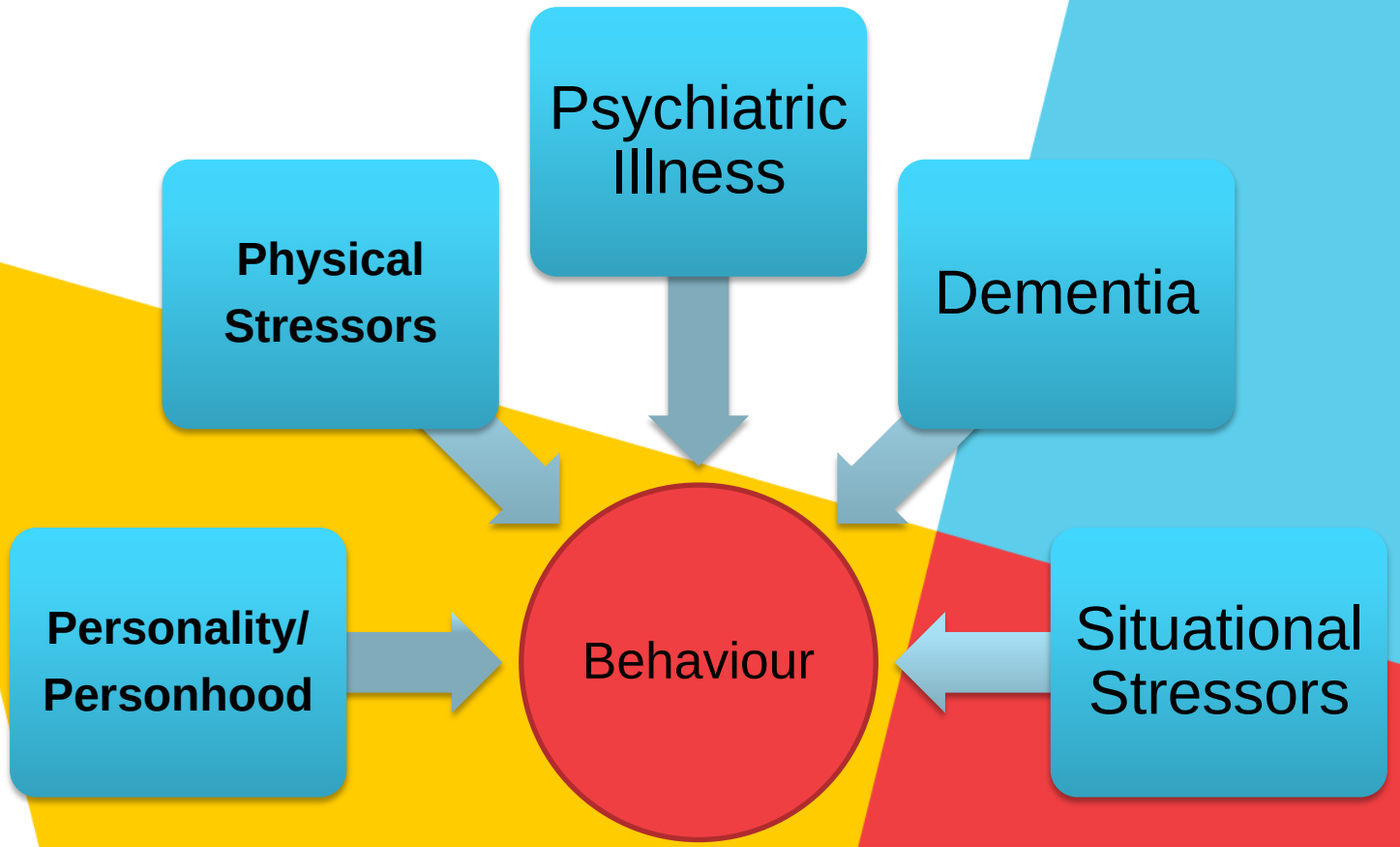
Putting it all together



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THANK-YOU….

QUESTIONS?

> Do the best you can until you know better. Then when you know better, do better.
>
> - Maya Angelou

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