

Non-pharmacological management of behavioral & psychological symptoms of dementia

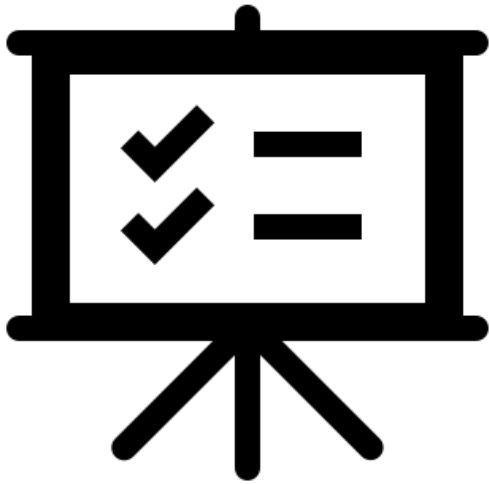
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May 3, 2021



Wisconsin Alzheimer's Institute

UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Learning objectives



- List psychological, behavioral & environmental approaches to BPSD
- Describe the DICE Approach™

Overview of management

- treat underlying medical causes
- discontinue offending medications & substances
- support & educate caregivers & other family members
- **develop a psychological, behavioral & environmental management plan**
- avoid adding new medications, unless there is risk of harm to patient or others
- if a medication is added, regularly monitor outcomes & attempt discontinuation
- ensure that patients & caregivers are in a safe environment

Psychological, behavioral & environmental interventions (1)

- most effective interventions for patients are:
 - structured activities
 - music therapy
 - multisensory stimulation, e.g., Snoezelen
 - reminiscence therapy
 - problem-solving therapy
- most effective intervention for families is supporting family caregivers
- most effective interventions for facilities are:
 - training programs for formal caregivers
 - dementia care mapping or other quality improvement tools

Psychological, behavioral & environmental interventions (2)

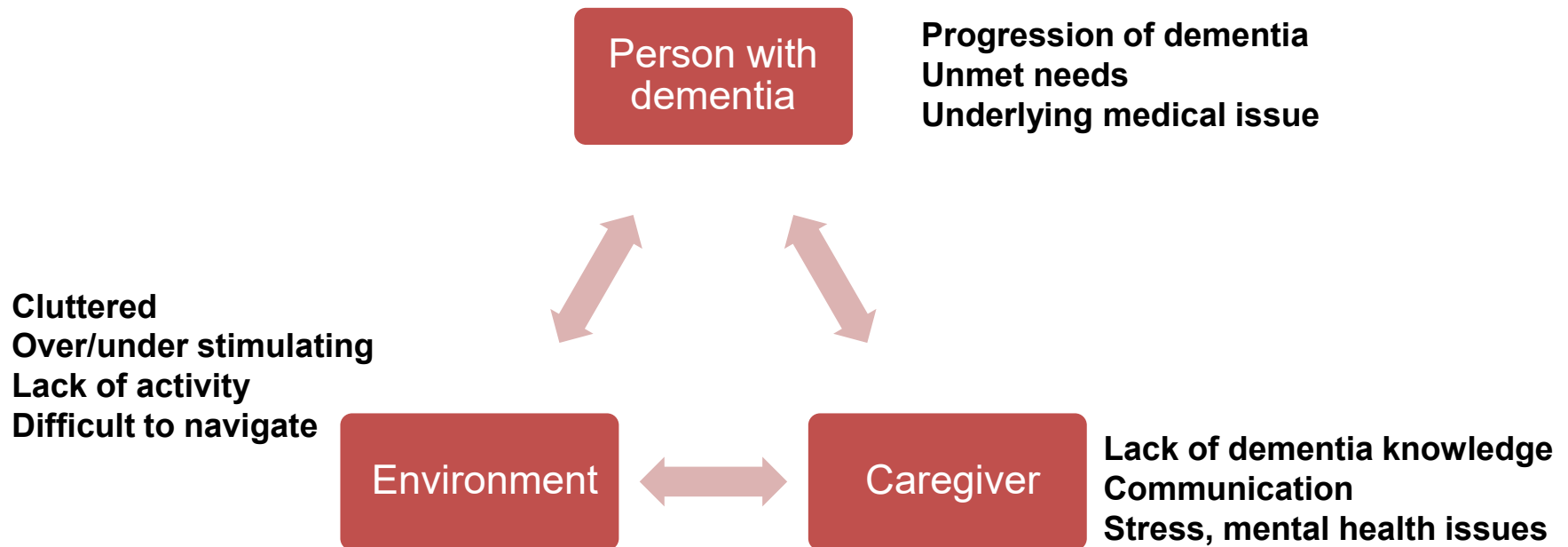
- ineffective or mixed evidence:
 - aromatherapy (ineffective)
 - light therapy (ineffective)
 - therapeutic touch or massage (mixed)
 - validation therapy (probably not effective)
- emerging or insufficient evidence to draw conclusions:
 - training families in behavioral or CBT approaches
 - pet therapy
 - exercise
 - simulated presence therapy

Psychological, behavioral & environmental interventions (3)

- most studies have been in long-term care, and so may not be applicable to home
- interventions should be culturally sensitive and may need to be tailored to patients' and caregivers' cultural background
- each of these interventions will require some investment of resources (e.g., training of staff)
- **because no intervention is effective for all patients, an individualized plan should be developed for each person and updated over time as circumstances change**

The DICE Approach™

What can cause behavior problems in dementia?



The DICE Approach™

Describe: caregiver describes problematic behavior: context, environment, patient perspective, degree of distress

Investigate: provider investigates possible causes: meds, pain, medical conditions, psychiatric comorbidity, sleep, sensory changes, loss of control, boredom

Create: caregiver and team collaborate to create and implement treatment plan: respond to physical problems, strategize behavioral interventions

Evaluate: provider evaluates whether interventions have been implemented, and have been safe and effective

Person with Dementia Factors

- Psychiatric problems, personality issues from earlier in life
- Acute medical problems
- Sensory Changes
- Unmet needs



Environment Factors

- New or unfamiliar setting, change in routine
- Change in staff
- Noise
- Lighting
- Large number of people
- No orienting cues for way finding



Environmental Considerations

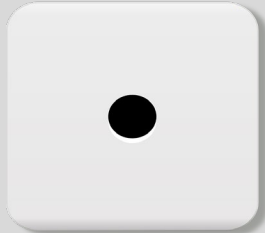


Caregiver Factors

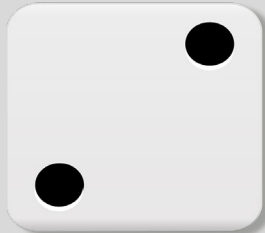
Is it something I did?

- Attitude – relaxed or anxious?
 - Body language – tense?
- Tone of voice – cheerful or demanding?
 - Facial expression – smiling?

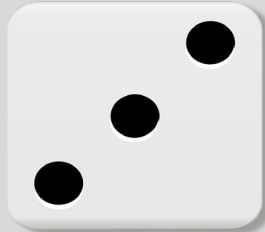
WHAT IS THE DICE APPROACH?



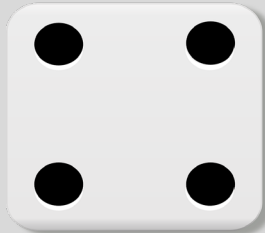
DESCRIBE



INVESTIGATE



CREATE



EVALUATE



DESCRIBE

Person with Dementia

Environment

Caregiver

Describe

In DETAIL!

- Context (who, what, where, and when)
- Social and physical environment
- Emotional state of the caregiver and loved one

Behavior Tracking Log

LOG OF CONCERNING BEHAVIORS

Patient's name: _____ DOB: ___/___/___
 Reporter's name: _____ Phone: _____ Fax: _____

Here is a list of behaviors that could be a source of concern or danger:			Pick the most common or concerning behaviors, and assign each one a code:	
Sleep problem	Hallucinations	Euphoria	A =	D =
Agitation or aggression	Delusions or paranoia	Restlessness or wandering	B =	E =
Anxiety	Apathy or indifference	Irritability or lability	C =	F =
Disinhibition	Depression			

For each day and hour that there is a concerning behavior(s), write down the code(s), and describe what happened.

Date: ___/___/___

7a	8	9	10	11	12p	1	2	3	4	5	6	7	8	9	10	11	12a	1	2	3	4	5	6
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Comments:

Date: ___/___/___

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Comments:

Date: ___/___/___

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Comments:

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Comments:

Date: ___/___/___

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Comments:

Date: ___/___/___

7a	8	9	10	11	12p	1	2	3	4	5	6	7	8	9	10	11	12a	1	2	3	4	5	6
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Comments:

Date: ___/___/___ (month / date)

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Comments:

Adapted from Lichtwarck et al., Targeted Interdisciplinary Model for Evaluation & Treatment of Neuropsychiatric Symptoms 2017

Behavior Tracking Log

CONCERN ABOUT THE BEHAVIOR OF A RESIDENT WITH DEMENTIA

Please use this form to report your concern about the behavior of one of your residents who is also our patient.
If the resident or others are in imminent danger, call 911.

Resident's name: _____ DOB: ___ / ___ / _____

Name of person completing this form: _____ Phone: _____ Fax: _____

BEHAVIORS

List the specific behaviors you are concerned about: _____

How long has this been going on? ___ days / weeks / months How frequent is it? _____

Does anything seem to make the behaviors better or worse, including time of day? _____

What interventions have been tried, including PRN medications? _____

What has been the effect of these interventions? _____

MEDICAL ISSUES

List any medication changes in the last month (new, discontinued, increased, decreased): _____

List any new medical symptoms (for example, cough, falls, pain, frequent urination): _____

List any recent lab tests (for example, urinalysis) including dates and results: _____

COORDINATION OF CARE

Does the patient have an activated Health Care Power of Attorney or guardian? ___ yes ___ no

If "yes," have you discussed your concerns with her/him? ___ yes ___ no

If "no," please do so now

Have you contacted any other physicians about this behavior? ___ yes ___ no

If "yes," list who, when and the response: _____

**Please fax this form to _____. We will respond within one business day.
If you use a behavior monitoring checklist or flowsheet, please fax that, too.**



Investigate

- This step is often left out of the management of behavioral symptoms
- Many antipsychotic medications are prescribed in a knee jerk fashion

Full
History

Vital
signs

Physical
Exam

Lab
work

Investigate

Potential Causes

- Medication side effects
- Pain/Discomfort
- Physical Need (ex: hunger)
- Sensory changes
- Infection
- Caregiver approach
- Environmental factors
- Mental Health
- Fear, Anxiety
- Boredom



Create

- Potentially multiple causes results in multiple plans
- Plan addresses safety first
- Baby steps

Create

A Plan

- Change caregiver approach
- Respond to the needs
- Change the environment
- Simplify tasks
- Increase or decrease activity
- Get creative!



EVALUATE

You have worked hard to

- Describe
- Investigate
- Create
- DON'T STOP NOW
- How do you assess whether the CREATE strategies were effective?

Evaluate

The Results

- Did the behavior go away?
- Did the frequency decrease?
- Make changes as needed!

DICE Worksheet

NAME: _____ PROFESSIONAL ID#: _____ CAREGIVER ID#: _____



DESCRIBE

Who, What, Where, When

Write brief description on behavior/concern. Include date this step was addressed.



INVESTIGATE

Health, medications, caregiver factors, environmental issues

Briefly state possible factors to consider as cause. Include date this step was addressed.



CREATE

Plan to prevent and respond to behavioral issues

Briefly describe plan that will be attempted-i.e., more caregiver education, medication assessment, reduce environmental stimulation. Include date this step was addressed.



EVALUATE

Assessing outcome of plan created; how it's working and if change needed

Briefly state the outcome of the plan; what, if anything, is working or are challenges. Include date this step was addressed.

Additional writing space provided on reverse.