Non-Pharmacological Interventions for Behavioral or Psychological Symptoms of Dementia (BPSD) In-Service

The June 11, 2013 Clinical Capsule contained links to the Interim Changes to Appendix PP for F309, Care of Dementia Residents in Nursing Homes. It also contained links to a new Quality Assurance Review, and a Pharmacological Interventions Checklist for Dementia Residents. This week’s Clinical Capsule is an in-service on interventions for BPSD based on information in the guidance.

Definitions - The following definitions are from the guidance.

Behavioral or Psychological Symptoms of Dementia (BPSD) is a term used to describe behavior or other symptoms in individuals with dementia that cannot be attributed to a specific medical or psychiatric cause.

Behavioral or psychological symptoms are often related to the brain disease in dementia; however, behavior and other symptoms may also be caused or exacerbated by environmental triggers. Behavior often represents a person’s attempt to communicate an unmet need, discomfort or thoughts that they can no longer articulate.

Behavior is the response of an individual to a wide variety of factors. Behavior is generated through brain function, which is in turn influenced by input from the rest of the body. A condition (such as dementia) that affects the brain and the body may affect behavior.

Dementia is not a specific disease. It is a descriptive term for a collection of symptoms that can be caused by a number of disorders that affect the brain. People with dementia have significantly impaired intellectual functioning that interferes with normal activities and relationships. They also lose their ability to solve problems and maintain emotional control, and they may experience personality changes and behavioral problems, such as agitation, delusions, and hallucinations. Some of the diseases that can cause symptoms of dementia are Alzheimer’s disease, vascular dementia, Lewy body dementia, fronto-temporal dementia, Huntington’s disease, and Creutzfeldt-Jakob disease.

Delirium is an acute confusional state that includes symptoms very similar to those of dementia and psychiatric disorders. The diagnostic criteria for delirium include a fluctuating course throughout the day, inattention as evidenced by being easily distracted, cognitive changes, and perceptual disturbances. Delirium develops rapidly over a short time period, such as hours or days, and is associated with an altered level of consciousness. Delirium has an underlying physiologic cause that can generally be identified through a diagnostic evaluation.
Both delirium and dementia can cause behavioral problems. The interdisciplinary team must investigate all possible reasons for the behavior exhibited. Delirium is often post-hospitalization with subtle signs and symptoms that may be missed at first or may persist for months. Failure to act quickly with delirium may result in poor health outcomes.

BPSD can be caused by the resident’s response to a situation, the environment or efforts to communicate an unmet need. The care team must try non-pharmacological interventions before medications are given. All interventions, non-pharmacological as well as pharmacological, must be based on a careful, detailed assessment of physical, psychological and behavioral symptoms and underlying causes.

It is important to follow a consistent process with consistent staff focusing on the resident’s needs. Understanding that the behavior may be a form of communication may reduce stress in residents.

**Non-Pharmacological Interventions**
The guidance under F248 - Activities gives many excellent non-pharmacological interventions for Residents with Behavioral Symptoms. Although they are under the activity tag, nursing should reference these for caregiver use. A few of the examples included in F248 are:

*Resident Who is Constantly Walking* – Provide space and encourage physical exercise along garden path with seating areas. Validate the resident's feelings by engaging them in conversation about whom or what they are seeking.

*Resident Who Engages in Name-Calling, Hitting, Kicking, Yelling, Biting, Sexual Behavior, or Compulsive Behavior* – Providing a calm, non-rushed environment, with structured, familiar activities such as folding, sorting, and matching; using one-to-one activities or small group activities that comfort the resident, such as preferred music, walking quietly with the staff, a family member, or a friend; eating a favorite snack.

*Resident Who Goes Through Others’ Belongings* – Use normalizing activities such as stacking canned food onto shelves, folding laundry, sorting activities and providing rummage areas in plain sight, such as a dresser. Using non-entry cues such as “Do Not Disturb” signs or removable sashes may help.

All caregivers must be aware of the resident’s individualized interventions and their rationale. The interventions must be specific to a behavior, consistent, and tested. The effectiveness of the intervention must be monitored and if an intervention is not working for a resident, try something else. The intervention must be linked to the underlying cause of a particular behavior. When the behavior occurs, the intervention is used. Is the intervention improving or stabilizing the resident or is it causing adverse consequences? By being consistent, staff may be able to intervene before the resident gets frustrated or to the point that the a BPSD occurs.

Answers: 1) F, 2) F, 3) T, 4) F, 5) T, 6) T, 7) T, 8) F, 9) T, 10) F, 11) d, 12) a, 13) e, 14) b, 15) f, 16) c

Questions about this month’s Clinical Capsule can be addressed to Susan Gardiner at (773) 478-6613. Past issues of the Clinical Capsule can be referenced at the HCCI website www.hccil.org. Copyright Illinois Health Care Association and Illinois Council on Long Term Care. July 9, 2013, Volume 18 Number 27.
Non-Pharmacological Interventions for Behavioral or Psychological Symptoms of Dementia (BPSD) Pre/Post Test

**True/False**  Enter T for True and F for False

1. _____ BPSD can be attributed to a specific medical or psychiatric cause.

2. _____ Delirium is generated by brain function.

3. _____ Huntington’s can cause symptoms of dementia.

4. _____ Delirium does not cause symptoms similar to dementia.

5. _____ Delirium can occur after hospitalization.

6. _____ BPSD can be caused by a response to the environment.

7. _____ The activity tag F248 contains non-pharmacological interventions.

8. _____ It is not necessary to know the rationale behind an intervention.

9. _____ Behavior may be a form of communication.

10. _____ Dementia is a specific disease.

**Matching - Enter the correct letter behind the sentence.**

- a. BPSD
- b. Behavior
- c. Dementia
- d. Delirium
- e. Creutzfeldt-Jakob
- f. Medication

11. This develops rapidly over a short period of time. ______

12. Used to describe symptoms of individuals with dementia. ______

13. A disease that can cause symptoms of dementia. ______

14. A response of an individual to a wide variety of factors. ______

15. Non-pharmacological intervention should be tried before this. ______

16. A descriptive term for a collection of symptoms that can be caused by a number of disorders. ______