

# Behavior management in dementia

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## Outlines

- What is BPSD?
- BPSD Classification
- Pharmacological management of BPSD
- Non-pharmacological management of BPSD

## What is BPSD?

Behavioral and Psychological symptoms of dementia

Cognitive symptoms vs Behavioral / Neuropsychiatric symptoms

Resulting in hospital/long-term care admission





# Classification of BPSD

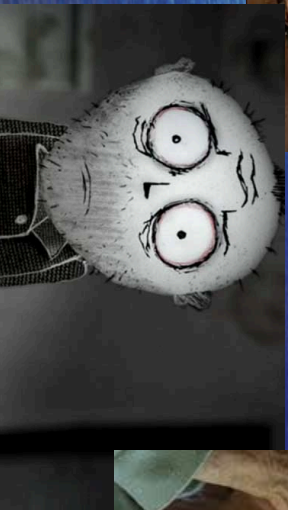
- อาการด้านอารมณ์ (Mood symptoms)
- อาการโรคจิต (Psychotic symptoms)
- อาการ Vegetative symptoms
- อาการอื่นๆ (Other phenomena)

Classified by International Psychogeriatric Association

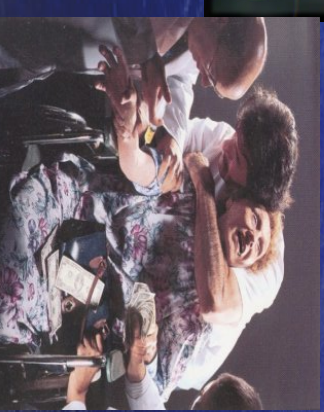
## Mood symptoms

- Apathy is the most common mood symptoms.
- Depression and anxiety are also common, especially in the early stage of dementia.
- Anhedonia and low self-esteem are more predominant symptoms in depression with dementia, whereas, sadness, guilty feeling and suicidal idea are less prevalence compare to depression in elderly.

## Mood symptoms



## Psychotic symptoms





- Delusion and hallucination are common in advance stage of dementia.
- Delusion is usually simple, not complicated, for example, persecutory delusion, delusion of theft, capgras delusion.
- Hallucination usually comes in the form of auditory or visual.

## Vegetative symptoms



- ## Vegetative symptoms
- Wandering and nocturnal ambulation are found in advance stage of dementia.
  - Sleep wake cycle change, such as; frequent daytime napping, multiple nocturnal awakening, early morning awakening are common symptoms leading to hospital admission.

## Other phenomena





## Other phenomena

- Physical and verbal aggression
- Irritability and disinhibition. Disinhibited behavior can also express in form of excessive friendliness, self-exposure of genitalia, compulsive masturbation, inappropriate sexual advances and touching, etc.

## Management of BPSD

- Pharmacological approach
- Non-pharmacological approach

## Four Ds BPSD Approach

- Define
- Decode: always look for undiagnosed medical problems, for example, pain, UTI
- Devise: How to approach BPSD symptoms and try non-pharmacological approach first!
- Determine: set appropriate goal for BPSD symptom!

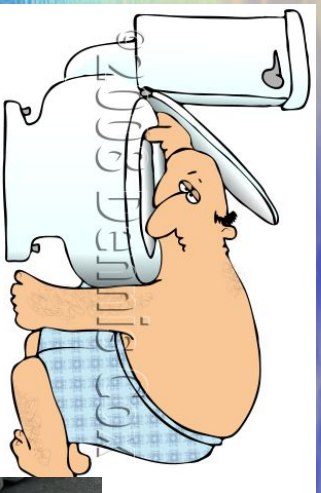
## Common pharmacological approach for BPSD

- Antidepressant
- Antipsychotic
- Mood stabilizer



## Antidepressant

- Sertraline, escitalopram, mirtazapine and trazodone are antidepressant that commonly use in patient with dementia.
- Most of them have a good safety profile and few adverse effect.
- Sertraline and escitalopram should be given in the morning and can cause GI, sexual problems.
- Mirtazapine is related with weight gain, and drowsiness while trazodone is related with orthostatic hypotension, and priapism.



## Antipsychotic

- Atypical antipsychotics; such as, quetiapine, aripiprazole, olanzapine, and risperidone are usually the first choice because of lower adverse effect, however, they all have FDA black box warning of increase mortality rate compare to non-med dementia!





## Antipsychotic

- Adverse effects of quetiapine are sedation, dizziness and orthostatic hypotension, while adverse effects of aripiprazole are sedation and akathisia.
- Adverse effects of olanzapine and risperidone are sedation, EPS and weight gain.

## Mood Stabilizer

- Valproate is the most common mood stabilizer using in demented patients because of its safety profile and minimal adverse effects.
- Adverse effects of valproate are nausea, tremor, and weight gain.



## Non-pharmacological approach

- Behavioral intervention
- Psychological intervention
- Couples and family therapy
- Social and recreational intervention



## Behavioral intervention

- Avoid arguing/ fighting with the patient.
- Distract is frequently helpful for unwanted behavior.
- Prevent emotional outburst by knowing patient background and patient basic capacity.

## Specific behavioral intervention

### Bathing

- \* Make a safe bathroom
- \* Be prepared, Don't rush
- \* Ensure room and water temperature are comfortable
  - \* Wash hair last
  - \* Shower or towel bath is related with less agitation and discomfort
- \* Patient can feel ashamed naked in front of others, staff can help cover him/her while bathing

## Specific behavioral intervention

### Dressing

- \* Limit choices.
- \* Prepare clothing.
- \* Give specific cues.
- \* Always dressing at the same place.
- \* Provide larger clothing and soft stretchy fabrics.
- \* Give patient some times and positive reinforcement.

## Specific behavior intervention

### Eating

- \* Maintain a regular mealtime.
- \* Avoid distraction at meals.
- \* Maintain regular meal environment.
- \* Check the food temperature.
- \* Serve soft, easily chewable food.
- \* Honor preferences when possible, and offer finger foods.



## Specific behavioral intervention

### Wandering

activities.

- \* Provide adequate daily activities.
- \* Create a safe environment and safe wandering path.
- \* Have alarm or bell at exit door.
- \* ID bracelet

## Specific behavioral intervention

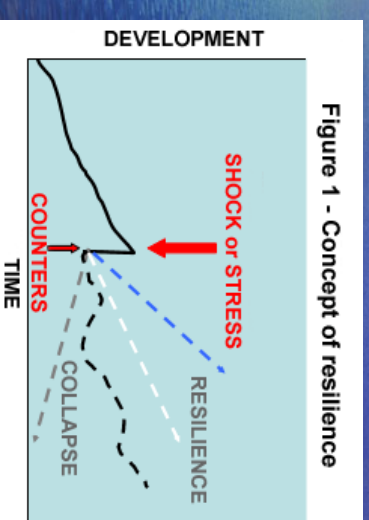
### Incontinence

- \* Scheduled voiding.
- \* Limit drinking at night.
- \* Be attentive to nonverbal cues (such as pacing).
- \* Simplify clothing and clear obstacles.
- \* Put signs (including pictures) at the bathroom door.
- \* Give positive reinforcement.

## Psychological interventions

- Promoting resilience
- Providing education
- psychotherapy

## Promoting resilience





## Promoting resilience



## Psychotherapy

- Individual psychotherapy
- Group psychotherapy
- Couples and family therapy

## Education



## Social and Recreational Interventions

- Meditation
- Validation Therapy
- Reality Orientation
- Reminiscence Therapy
- Sensory Intervention
- Social Contact
- Exercise
- Art therapy
- Montessori-based Activities



## Meditation

- Possibility of preserving cognition and preventing dementia and BPSD.



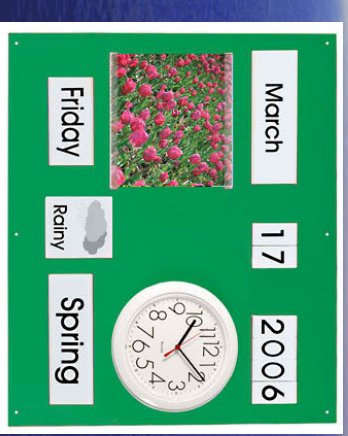
## Validation Therapy

- Accepting the underlying emotional meaning of behavior and speech, by not emphasizing the accuracy of facts. Caregiver then can use strategies to express empathy and find a meaningful point of connection.
- May reduce severity and frequency of behavioral disturbances.

## Validation Therapy



## Reality Orientation





## Reality Orientation

- Presentation of orientation and memory information relating to time, place, and person.
- Visual cues (eg, calendars, clocks, memory books)
- Verbal cues (eg, greeting a person by their name, recalling holidays, birthdays, important events)

## Reality Orientation

- This provides the patients with a greater understanding of the surroundings, possibly resulting in an improved sense of control and self-esteem.
- Study found reality orientation enhanced the effects of donepezil on cognition in Alzheimer's disease.

## Reminiscence Therapy



## Reminiscence Therapy

- Discussion of past activities, events and experiences with another person or group.
- Usually conduct with the aid of tangible prompts such as photographs, household, other familiar items from the past.
- May enhance self-esteem, reduce social isolation and depression and provide comfort.



## Sensory Interventions

Therapeutic touch and massage therapy

- Therapeutic touch can be used to decrease behavioral problems: restlessness , vocalization.
- Massage therapy may reduce anxiety and agitation related to pain.

## Sensory Interventions

Aromatherapy : lavender and melissa balm.  
May reduce agitation.



Using natural oils to help with relaxation and mental functioning. Lavender and Lemon Balm are believed by many to be particularly beneficial and used either directly applied onto skin, poured into a bath or heated on an aroma burner/dish.

ACTION FOR AGING

## Sensory Interventions

Music therapy: Many patients with dementia are still able to recall and play musical instrument (eg, piano) and sing or tap to music of familiar tunes by accessing remote and implicit memory.



## Sensory Interventions

Music therapy

- Soft music may help relieve tension and anxiety.
- Energetic music may lift depressed mood.
- Slow classical music may calm agitated patients.



## Sensory Interventions

### Dance therapy



## Sensory Interventions

Multisensory Stimulation Therapy: release of stress and frustration.



## Sensory Interventions

### Light therapy



## Social contact

Animal assisted therapy (pet therapy): May reduce aggression, agitation, and loneliness, as well as promote social behavior.





## Social Contact

Simulated Presence Therapy: uses an audiotape of telephone conversation with a family member. May help with agitation and loneliness.

## Exercise

- May slow functional decline, decrease fall risk, and reduce symptoms of depression and agitation.

## Exercise



## Art therapy





## Montessori-based activities

- Let patients with dementia learn and experience things for themselves while providing guidance.
- Activities include meaningful things to do such as dishwashing, or leisure activities.
- Activities are focused on social interaction and cognitive stimulation.

## Montessori-based activities



Thank you

for your attention ☺