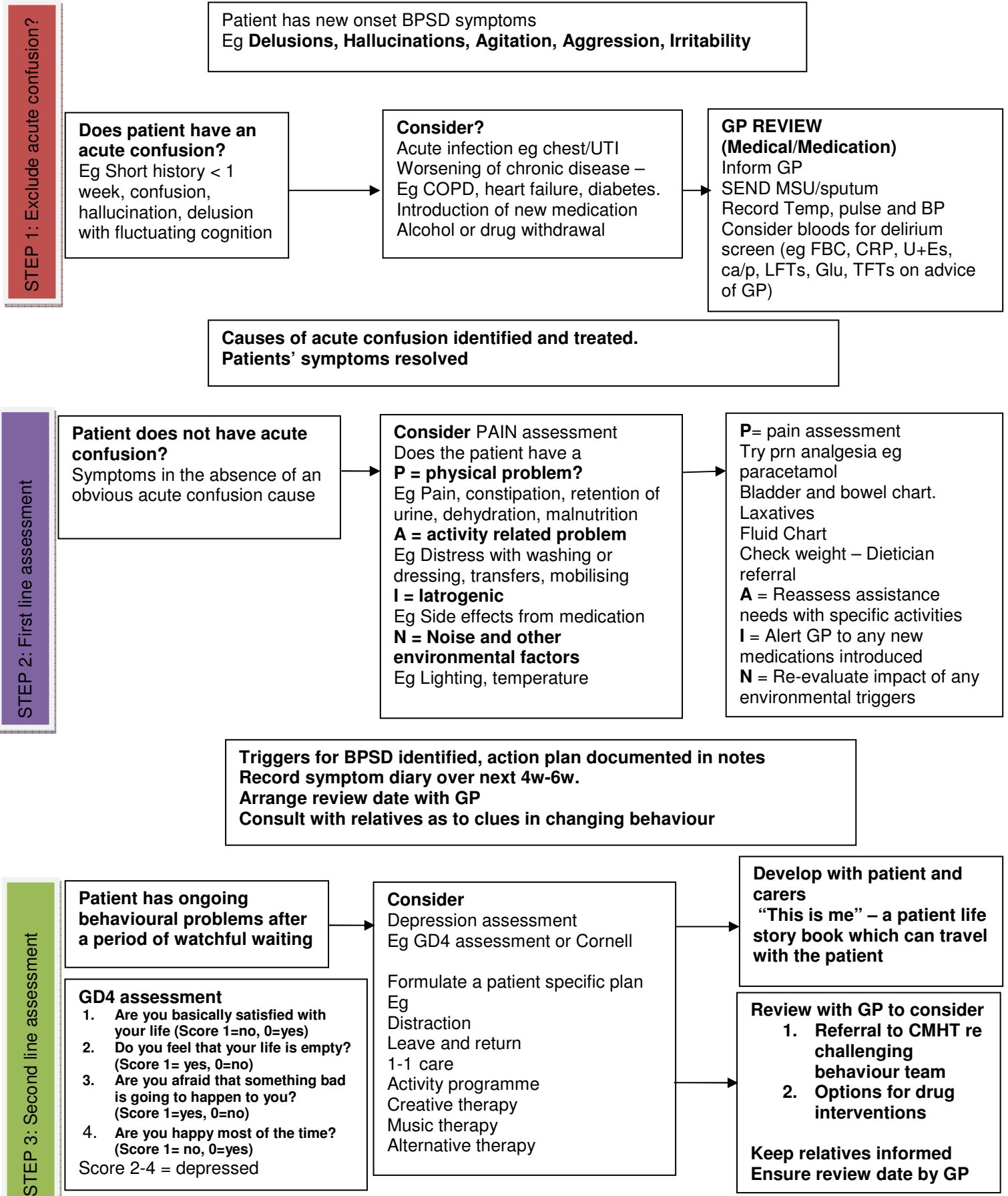


GUIDANCE FOR CARE HOMES IN THE MANAGEMENT OF BEHAVIOURAL AND PSYCHOLOGICAL SYMPTOMS OF DEMENTIA (BPSD)



STEP 1: Exclude acute confusion?

Patient has new onset BPSD symptoms
Eg **Delusions, Hallucinations, Agitation, Aggression, Irritability**

Does patient have an acute confusion?
Eg Short history < 1 week, confusion, hallucination, delusion with fluctuating cognition

Consider?
Acute infection eg chest/UTI
Worsening of chronic disease –
Eg COPD, heart failure, diabetes.
Introduction of new medication
Alcohol or drug withdrawal

GP REVIEW (Medical/Medication)
Inform GP
SEND MSU/sputum
Record Temp, pulse and BP
Consider bloods for delirium screen (eg FBC, CRP, U+Es, ca/p, LFTs, Glu, TFTs on advice of GP)

**Causes of acute confusion identified and treated.
Patients' symptoms resolved**

STEP 2: First line assessment

Patient does not have acute confusion?
Symptoms in the absence of an obvious acute confusion cause

Consider PAIN assessment
Does the patient have a
P = physical problem?
Eg Pain, constipation, retention of urine, dehydration, malnutrition
A = activity related problem
Eg Distress with washing or dressing, transfers, mobilising
I = iatrogenic
Eg Side effects from medication
N = Noise and other environmental factors
Eg Lighting, temperature

P= pain assessment
Try prn analgesia eg paracetamol
Bladder and bowel chart.
Laxatives
Fluid Chart
Check weight – Dietician referral
A = Reassess assistance needs with specific activities
I = Alert GP to any new medications introduced
N = Re-evaluate impact of any environmental triggers

Triggers for BPSD identified, action plan documented in notes
Record symptom diary over next 4w-6w.
Arrange review date with GP
Consult with relatives as to clues in changing behaviour

STEP 3: Second line assessment

Patient has ongoing behavioural problems after a period of watchful waiting

GD4 assessment
1. Are you basically satisfied with your life (Score 1=no, 0=yes)
2. Do you feel that your life is empty? (Score 1= yes, 0=no)
3. Are you afraid that something bad is going to happen to you? (Score 1=yes, 0=no)
4. Are you happy most of the time? (Score 1= no, 0=yes)
Score 2-4 = depressed

Consider
Depression assessment
Eg GD4 assessment or Cornell

Formulate a patient specific plan
Eg
Distraction
Leave and return
1-1 care
Activity programme
Creative therapy
Music therapy
Alternative therapy

Develop with patient and carers
"This is me" – a patient life story book which can travel with the patient

Review with GP to consider
1. **Referral to CMHT re challenging behaviour team**
2. **Options for drug interventions**

Keep relatives informed
Ensure review date by GP