



UNIVERSITY OF TORONTO
FACULTY OF MEDICINE

Responsive Behaviours in Dementia

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Disclosures

- Faculty: Robert Madan,
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Disclosure of Commercial Support

- This program has NOT received financial support other than the support of the MOHLTC
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 - None to be disclosed





Objectives

By the end of the session, participants will be able to:

- Describe the approach to assessment of behavioural and psychological symptoms of dementia
- Describe a pharmacological and non-pharmacological approaches to treating behavioral symptoms of dementia



Outline

- What are responsive behaviours
- Causes and models
- Pharmacological management
- Non-pharmacological management



Responsive Behaviours

- Delusions
- Hallucinations
- Aggression
- Screaming
- Restlessness
- Wandering
- Depression
- Anxiety
- Disinhibition
- Sexual behaviors
- Apathy
- Sleep disturbance
- Compulsive or repetitive behavior



Outline

- What is BPSD
- Causes and models
- Pharmacological management
- Non-pharmacological management



Models

- Unmet Needs Model
 - Unable to express needs
- Progressively Lowered Stress Threshold Model
 - Ability to deal with stress or stimuli is impaired
- ABC (learning theory)



Assessment

- Cornerstone of treatment
- Multiple sources of information
 - Medical, social and personal Hx, habits
 - Interview of family, caregivers
 - Adequate physical exam, bloodwork,



Assessment

- Look for patterns, triggers
- Understand cognitive impairments



Environmental Factors

- Excessive noise or stimulation
- Lack of structure/routine
- Inadequate lighting
- Confusing surroundings
- Excessive demands
- Loneliness/boredom
- Behavior of others

Lyketsos et al., Amer J Geriatr Psychiatry 2006; 14: 561-572



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Medical Conditions

- Dehydration
- Constipation
- Urinary or chest infection
- Dental pain/infection
- Pain



Pain Protocol

- Randomized parallel blinded in LTC (N= 352)
- Acetaminophen → morphine → patch → pregabalin
- Included agitation, excluded physical aggression
- Significant reduction in BPSD

Husebo, Ballard et al., BMJ 2011; 343



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Outline

- What is BPSD
- Causes and models
- **Pharmacological management**
- Non-pharmacological management



Pharmacological Summary

- Atypical antipsychotics for aggression and psychosis
 - Risperidone, aripiprazole, quetiapine, ?olanzapine
- Citalopram for agitation, aggression, psychosis (but less evidence than atypicals)
- Carbamazepine for agitation/aggression (not 1st line)
- Trazodone for FTD
- Rivastigmine for Lewy Body



Outline

- What is BPSD
- Causes and models
- Pharmacological management
- **Non-pharmacological management**



Non-pharmacological Techniques

- Reminiscence therapy
- Validation Therapy
- Reality orientation
- Cognitive stimulation
- Person-centered bathing
- Token economy
- PMR
- Written cues
- Behavioral reinforcement
- CBT
- Music
- Snoezelen
- White noise
- Sensory stimulation
- Exercise
- Physical changes to unit



TREA in Nursing Home

- Jiska Cohen-Mansfield
- Treatment Routes for Exploring Agitation
 - Unmet needs model
- Base non-pharmacological interventions on
 - Unmet needs hypothesis
 - Observation
- 2 positive studies

J Clin Psychiatry 73:9, 2012



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ABC Charting

- A = antecedent
 - B = behavior
 - C = consequences
-
- Is there a pattern? Is it predictable?
 - Most staff do not identify a pattern on their own

Date/time	Antecedent	Behavior	Consequence

Date/time	Antecedent	Behavior	Consequence
March 2, 1:30 pm	Patient was sitting in recreational program	Screaming, yelling	Removed from the activity and sat in room. Settled
March 3, 7:30 pm	Found wandering into another resident's room	Told him to stop and leave the room	Patient hit me
March 4, 3:00 PM	Patient was sitting at nursing station along with other residents during handover	Patient hit another resident that was calling out	He was removed from the area and told not to do hit – settled down eventually
March 5, 10:45 AM	Patient was brought to the concert	Began screaming, cursing, striking out	Patient was brought to his room and settled down.



Behavioural Techniques

- Extinction
 - E.g., baby keeps throwing stuffed animal over side of crib
 - E.g., man screams and nurse soothes him → more screaming
 - Don't positively reinforce unwanted behaviors!



Behavioral Techniques

- Reinforcement of alternative behavior
 - E.g., baby gets praise for lying in bed
 - E.g., screaming man gets attention when he is calm



Summary

- Comprehensive assessment
- Medication is indicated when there is significant imminent risk to self or others
- Non-pharmacological treatment works
- Requires team approach