Algorithm for Treating Behavioral and Psychological Symptoms of Dementia (aka Problem Behaviors)

STEP 1: IDENTIFY, ASSESS, AND TREAT CONTRIBUTING FACTORS[a]
- Determine and document frequency, duration, intensity, and characteristics of **each** problem behavior
- Identify, assess, treat or eliminate **ANTECEDENTS** and **TRIGGERS**[b]

Unmet physical needs?
- Pain
- Infection/illness
- Dehydration/nutrition
- Sleep disturbance
- Medication side effects
- Sensory deficits
- Constipation
- Incontinence/retention

Unmet psychological needs?
- Loneliness
- Boredom
- Apprehension, worry, fear
- Emotional discomfort
- Lack of enjoyable activities
- Lack of socialization
- Loss of intimacy

Environmental causes?
- Level/type of stimulation: noise, confusion, lighting
- Caregiver approaches
- Institutional routines, expectations
- Lack of cues, prompts to function & way-find

Psychiatric causes?
- Depression
- Anxiety
- Delirium
- Psychosis
- Other mental illness

Monitor outcomes to assure full treatment response
- If problem behavior persists after antecedents are adequately treated, **use NON-DRUG INTERVENTIONS**

STEP 2: SELECT AND APPLY NON-DRUG INTERVENTIONS
- Select interventions based on the TYPE of problem and ASSESSMENT of retained abilities, preferences, and resources
  - ✓ Cognitive level
  - ✓ Physical function level
  - ✓ Long-standing personality, life history, interests/abilities
  - ✓ Preferred personal routines and daily schedule
  - ✓ Personal/family/facility resources
- Train staff to use selected interventions appropriately/following best practice and evidence-based guidelines
- Tailor intervention to individualized needs, combining approaches and interventions to promote comfort & function
- Monitor outcomes using rating scales to quantify behaviors

Adjust caregiver approaches
- *Personal approach*: cue, prompt, remind, distract (treats, activities); focus on person's wishes, interests, concerns; use/avoid touch as indicated; avoid trying to reason, teach new routines, or ask to "try harder"
- *Daily routines*: simplify, sequence tasks; offer limited choices; use long-standing history & preferences to guide
- *Communication style*: simple words and phrases; speak clearly; wait for answers; make eye contact; monitor tone of voice/other nonverbal messages
- *Unconditional positive regard*: do not confront, challenge or "explain" misbeliefs (hallucinations, delusions, illusions); accept belief as "real" to the person; reassure, comfort, and distract
- *Involvement/Engagement*: tailor activities to increase involvement/reduce boredom; individualize social and leisure activities

Change the environment
- *Eliminate misleading stimuli*: clutter, TV, radio, noise, people talking; reflections in mirrors/dark windows; misunderstood pictures/decor
- *Reduce environmental stress*: caffeine; extra people; holiday decorations; public TV
- *Adjust stimulation*: reduce noise, activity, confusion if over-stimulated; increase activity/involvement if under-stimulated (bored)
- *Enhance function*: signs, cues, pictures to promote way-finding; increase lighting to reduce misinterpretation
- *Involve in meaningful activities*: personalized program of 1:1 and small group vs. large group
- *Adapt the physical setting*: secure outdoor areas; decorative tactile objects; home-like features; smaller, segmented recreational and dining areas; natural and bright light; spa-like bathing facilities; signage to promote way-finding

Use evidence-based interventions[c]
- *Agitated/Irritable*: Calm, soothe, distract
  - ✓ Individualized music
  - ✓ Aromatherapy (e.g., lavender oil)
  - ✓ Simple Pleasures[d]
  - ✓ Pet therapy
  - ✓ Physical exercise/outdoor activities
- *Resistant to care*: Identify source of threat; change routines and approaches
- *Wandering/Restless/Bored*: Engage, distract
  - ✓ "Rest stations" in pacing path
  - ✓ Adapt environment to reduce exit-seeking
  - ✓ Physical exercise/outdoor activities
  - ✓ Simple Pleasures[d]
- *Disruptive vocalization*: Distract, engage
  - ✓ Individualized music; Nature sounds
  - ✓ Presence therapy: tapes of family
- *Apathetic/Withdrawn*: Stimulate, engage
  - ✓ Individualized music
  - ✓ Simple Pleasures[d]
- *Repetitive questions/mannerisms*: Reassure, address underlying issue, distract
  - ✓ Validation therapy/therapeutic lying
  - ✓ Simple Pleasures[d]
- *Depression/Anxiety*: Reassure, engage
  - ✓ Physical exercise
  - ✓ Pleasant activities
  - ✓ Cognitive stimulation therapy
  - ✓ Wheelchair biking

STEP 3: MONITOR OUTCOMES AND ADJUST COURSE AS NEEDED
- Quantify behavioral symptoms using rating scale(s)
- Assure adequate "dose" (intensity, duration, frequency) of interventions
- Provide/reinforce staff training and development activities to assure full understanding and cooperation in daily care
- Adapt/add interventions as needed to promote optimal outcomes
- Consider antipsychotics for persistent and severe cases that meet criteria for use. See *Antipsychotic Prescribing Guide*.

Footnotes:
a. Diverse symptoms must be assessed and treated individually to assure optimal outcomes.
b. Causal and contributing factors must be fully assessed and treated before psychotropic medications are used. Ongoing monitoring of these factors is essential to high quality care. Antecedents or triggers are things that happen before a problem behavior. These may be causal or contributing factors.
c. Use of evidence-based interventions requires full understanding of the protocols and appropriate application to assure optimal outcomes.
d. For more information about Simple Pleasures, see: http://www.health.ny.gov/diseases/conditions/dementia/edge/interventions/simple/index.htm