

# Caring for People With Behavioral or Psychological Symptoms of Dementia (BPSD): A Step-by-Step Evidence-Based Approach

Go to [igec.uiowa.edu](http://igec.uiowa.edu) for more information and references

This approach begins with evaluation and treatment of common causes of symptoms, then uses personalized care interventions for management. Antipsychotics are reserved for severe cases due to potential side effects, which include death. **Document** all behaviors, symptoms, interventions, and outcomes. Sections are color-coded to help guide you to accompanying resources, which are *italicized in bold*.

**Blue = Evaluation** | **Yellow = Personalized Care** | **Pink = Antipsychotics**

## 1. Evaluation

- Clearly characterize and document symptom, including frequency, severity, triggers, and consequences.
- Consider environmental factors and triggers. Are they modifiable?
- Perform medical evaluation (delirium, medical conditions, pain, depression, drugs). See ***Common Causes of Behavioral or Psychological Symptoms of Dementia (BPSD)*** (on other side), ***Delirium Assessment and Management***, and ***Drugs that May Cause Delirium or BPSD*** —Address these causes if they are identified.
- Discuss with family any history that may explain or manage the behavior, e.g. patient habits, preferences, activities they enjoy.

## 2. Manage with personalized care interventions

- Engage in meaningful activities, redirect, clear communication, etc. See ***Personalized Care Interventions***.

## 3. Does the behavior pose risks to the resident or others, or is the resident severely distressed?

- If yes, personalized care approaches fail, and medical work-up does not reveal another cause, consider drug therapy targeted at behaviors. See ***Antipsychotic Prescribing Guide***.

## 4. Monitor drug therapy for effectiveness and side effects. Continue personalized care management.

## 5. Consider antipsychotic dose reduction or discontinuation if the drug is not effective, side effects occur, or the behaviors have been manageable. See ***Antipsychotic Prescribing Guide***. Re-assess need for drug therapy periodically, at least twice a year.

## 6. Use prevention and maintenance approaches to reduce further exacerbations

- Clear communication, meaningful activities, etc.
- Simplify and create a calm environment
- Manage medical conditions, depression, pain, etc.
- See ***Personalized Care Interventions***.

# Evaluation of Behavioral or Psychological Symptoms in People with Dementia (BPSD)

## Common Causes of BPSD

### Physical:

- Pain
- Constipation, urinary retention
- Hunger
- Fatigue, insomnia, poor sleep

### Psychological:

- Anxiety, fear, depression
- Boredom
- Impaired speech, frustration
- Autonomy/privacy

### Environmental:

- Caregiver approaches
- Misinterpretation of events/setting
- Institutional routines, expectations and demands
- Over/under-stimulation
- Changes from normal routine

### Delirium, secondary to medical issues such as:

- Medication side effects
- Metabolic/electrolyte disturbances
- Infections
- Dehydration

## Consider the Following Assessments

### Check Vitals:

- Temperature, pulse, blood pressure, respiration, oxygen saturation

### Physical Assessment:

- Signs of constipation or urinary retention
- Changes in breath sounds
- Peripheral edema
- Fluid status: orthostatic blood pressure, mucous membranes

### Common Sources of Pain:

- Bed sores, other skin lesions, eye pain from corneal abrasion
- Joint pain, other musculoskeletal pain, foot pain (poorly fitting shoes)
- Oral pain related to dentures/mouth ulceration

### Sensory:

- Hearing: check hearing aids, ear wax
- Vision: check glasses

### Delirium Assessment:

- See *Delirium Assessment and Management*

### Urinalysis, or other urinary symptoms

### Blood glucose, CBC with differential, electrolytes if appropriate

### Drug side effects:

- See *Drugs that May Cause Delirium or BPSD*

### Recent changes: environmental, routine, family, drugs, medical