## Algorithm for Treating Behavioral and Psychological Symptoms of Dementia (BPSD)

### STEP 1: IDENTIFY, ASSESS, AND TREAT CONTRIBUTING FACTORS<sup>a</sup>

- Determine and document frequency, duration, intensity, and characteristics of each symptom
- Identify, assess, treat or eliminate ANTECEDENTS and TRIGGERS<sup>b</sup>

#### **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
- DeliriumPsychosis
- Other mental illness

## Monitor outcomes to assure full treatment response

• If the symptom persists after antecedents are adequately treated, **use** 

#### PERSONALIZED CARE INTERVENTIONS



#### STEP 2: SELECT AND APPLY PERSONALIZED CARE INTERVENTIONS

- Select interventions based on the TYPE of problem and ASSESSMENT of retained abilities, preferences, and resources
  - √ Cognitive level

Adjust caregiver approaches

Personal approach: cue,

prompt, remind, distract

(treats, activities); focus on

person's wishes, interests,

indicated; avoid trying to

Daily routines: simplify,

ask to "try harder"

concerns; use/avoid touch as

reason, teach new routines, or

sequence tasks; offer limited

history & preferences to guide

Communication style: simple

clearly; wait for answers; make

**Unconditional positive regard:** 

do not confront, challenge or

(hallucinations, delusions,

illusions); accept belief as

Involvement/Engagement:

tailor activities to increase

"real" to the person; reassure,

involvement/reduce boredom;

individualize social and leisure

eve contact: monitor tone of

choices; use long-standing

words and phrases; speak

voice/other nonverbal

"explain" misbeliefs

comfort, and distract

messages

activities

- √ 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

Change the environment

pictures/decor

Tailor intervention to individualized needs, combining approaches and interventions to promote comfort & function

Eliminate misleading stimuli:

windows; misunderstood

decorations; public TV

stimulated; increase

stimulated (bored)

misinterpretation

activity, confusion if over-

activity/involvement if under-

Enhance function: signs, cues,

pictures to promote way-finding; increase lighting to reduce

Involve in meaningful activities:

personalized program of 1:1 and

Adapt the physical setting: secure

objects: home-like features: smaller.

segmented recreational and dining

areas; natural and bright light; spa-

like bathing facilities; signage to

promote way-finding

outdoor areas; decorative tactile

small group vs. large group

clutter, TV, radio, noise, people

Reduce environmental stress:

caffeine; extra people; holiday

Adjust stimulation: reduce noise,

talking; reflections in mirrors/dark

Monitor outcomes using rating scales to quantify behaviors

# Use evidence-based interventions<sup>c</sup>

- Agitated/Irritable: Calm, soothe, distract
  - ✓ Individualized music
  - ✓ Aromatherapy (e.g., lavender oil)
  - ✓ Simple Pleasures<sup>d</sup>
  - √ Pet therapy
  - ✓ Physical exercise/outdoor activities
- Resistant to care: Identify source of threat; change routines and approaches
- Wandering/Restless/Bored: Engage, distract
  - $\checkmark \text{``Rest stations'' in pacing path'}$
  - ✓ Adapt environment to reduce exit-seeking
  - ✓ Physical exercise/outdoor activities
  - ✓ Simple Pleasures<sup>d</sup>
- Disruptive vocalization: Distract, engage
  - ✓ Individualized music; Nature sounds
  - ✓ Presence therapy: tapes of family
- Apathetic/Withdrawn: Stimulate, engage
  - ✓ Individualized music
  - ✓ Simple Pleasures<sup>d</sup>

#### Repetitive questions/mannerisms: Reassure, address underlying issue, distract

- ✓ Validation therapy/therapeutic lying
- ✓ Simple Pleasures<sup>d</sup>
- *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 symptom arises. 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.
- For more information about Simple Pleasures, see: <a href="https://www.health.ny.gov/diseases/conditions/dementia/edge/interventions/simple/index.htm">https://www.health.ny.gov/diseases/conditions/dementia/edge/interventions/simple/index.htm</a>
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