A Shared Care Approach to Screening, Assessing and Managing Behavioral and Psychological Symptoms of Dementia

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Objectives

• Introduce the role of St. Michael’s Geriatric Mental Health Outreach Program in long-term care (LTC) homes

• Describe screening and assessment tools that can be used to identify behavioral and psychological symptoms of dementia (BPSD) early

• Identify evidence based approaches that can be used to manage BPSD in the elderly in their own clinical contexts
St. Michael’s

- Located downtown Toronto with a bed capacity of 900
- Academic teaching hospital
- Serves a dynamic patient population
St. Michael’s Mental Health Services

Acute Care  Addictions & Urgent Care  Medical Psychiatry  Community Mental Health  Ambulatory Program

Geriatric Mental Health Outreach Program
St. Michael’s Geriatric Mental Health Outreach Program

• Inter-disciplinary, community-based psychogeriatric consultation to 7 designated LTC homes

• Consultation provided to clients 65 years and older experiencing dementia & mental illness of late life

• Aim to improve care & quality of life of clients while reducing caregiver burden
• Roughly 90% of residents in LCT homes experience BPSD

• BPSD: symptoms of disturbed perception, thought content, mood or behaviour that frequently occur in persons with dementia

• Greater risks faced by these residents

(Ceregeira et al., 2012)
Service Description

Client-centered case consultation

• Obtaining collateral
  • Interviewing caregivers in the LTC home and client’s support system
  • Review of client’s chart
• Conducting an assessment of the client
• Providing management & treatment recommendations for staff
• Follow up visits
Shared Care as Model of Service Delivery

• Using the skills and knowledge of a range of health care professionals while sharing joint responsibility in relation to an individual’s care.

(Moorehead, 1995)

• Benefits: optimized resource utilization, reduced fragmentation, improved client access to care

(Doull, 2012)
GMHOP Shared Care Team
### Common Reasons for GMHOP Referral

<table>
<thead>
<tr>
<th>Mental Illness</th>
<th>BPSD</th>
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<tbody>
<tr>
<td>• Depression, Anxiety</td>
<td>• Physical and/or verbal aggression</td>
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<td>• Risk to self or others</td>
<td>• Wandering, restlessness and exit-seeking</td>
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<tr>
<td>• Assessment &amp; management of mental illness and associated psychotic symptoms</td>
<td>• Confusion and cognitive decline</td>
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<td>• Sexual disinhibition</td>
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<td>• Disruptive vocalizations</td>
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<td>• Sleep disturbances</td>
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GMHOP Recommendations for BPSD
(Hamilton et al., 2010)
CASE SCENARIO #1

Identity:
• Mrs. K, 83F, widowed

History:
• Osteoarthritis, COPD, diabetes, falls, UTIs, hypertension, hearing impairment

Reason for Referral:
• No longer participating in activities
• Isolative to self
• Poor appetite
• Increase in sleep over past 3-4 weeks

Psychotropic Medication:
• Trazodone 50mg HS
• Risperidone 0.5mg OD
• Ativan 0.5mg PRN

Previous Assessment:
• MOCA 28/30, normal lab values (obtained 5 months ago)

Current Assessment:
• MOCA 22/30, no current lab work
Screening Tools

• Montreal Cognitive Assessment
  Screening tool used to detect & quantify mild cognitive impairment

• Geriatric Depression Scale
  Self-report assessment used to identify depression in the elderly

• Confusion Assessment Method
  Standardized method of identifying the symptoms of delirium
CASE SCENARIO #2

Identity:
• Mrs. L, 68F, Married

History:
• Alzheimer's Disease
• UTIs
• Hyperlipidemia
• Hypertension

Reason for Referral:
• Physical aggression
• Verbal aggression

Psychotropic Medication:
• Seroquel XR 100mg QHS
• Seroquel 50mg PRN TID
• Ativan 0.5mg OD PRN
Assessing for BPSD

• Dementia Observation System

• Antecedent – Behavior – Consequence

• Cohen-Mansfield Agitation Inventory
CASE SCENARIO #3

Identity:
• Mr. P, 76M, Divorced

History:
• Frontal Temporal Dementia

Reason for Referral:
• Wandering
• Disrobed in room and in hallway
• Taking food from co-residents
• Throwing banana peel in toilet

Psychotropic Medications:
• Trazodone 50mg QHS + 50mg PRN Q4H

Screening + Assessment Tools
• MoCA: 10/30
• GDA 2/15
• CAM (-)
• Dementia Observation System completed over 7 days
Managing BPSD

• Gentle Persuasive Approach
  Intervening in a non-punitive, respectful and self protective manner
  (Advanced Gerontological Education Inc., 2012)

• Pro-Attention Plan
  Providing structured attention to reduce responsive behaviors
  (Hamilton et al., 2010)

• P.I.E.C.E.S Framework
VIDEO TESTIMONIAL

St. Michael’s

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Inspiring Science.
Conclusion

• BPSD significantly impacts quality of life

• Geriatric Mental Health Outreach Programs provide assessment, treatment & education to LTC home staff and residents under a consultation, shared care model

• The use of structured screening tools and comprehensive assessments guide management recommendations

• Management of BPSD must be unique to each resident
References


