



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

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**St. Michael's**

Inspired Care. Inspiring Science.

# 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

## Mental Illness

- Depression, Anxiety
- Risk to self or others
- Assessment & management of mental illness and associated psychotic symptoms

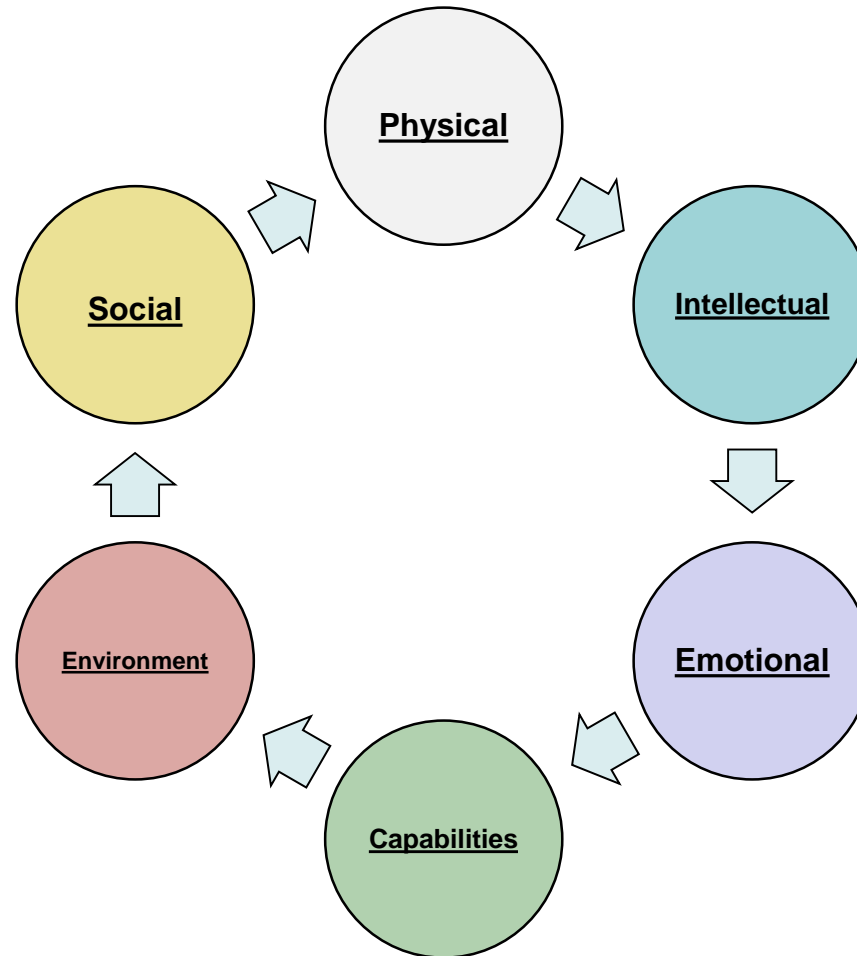
## BPSD

- Physical and/or verbal aggression
- Wandering, restlessness and exit-seeking
- Confusion and cognitive decline
- Sexual disinhibition
- Disruptive vocalizations
- Sleep disturbances



# 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**

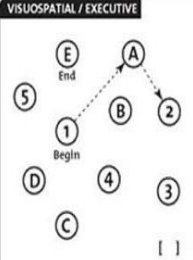


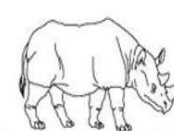
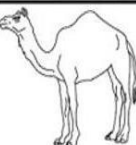
Self-report assessment used to identify depression in the elderly

- **Confusion Assessment Method**

Standardized method of identifying the symptoms of delirium

MONTREAL COGNITIVE ASSESSMENT (MOCA)

NAME: \_\_\_\_\_ Education: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 Sex: \_\_\_\_\_ DATE: \_\_\_\_\_

VISUOSPATIAL / EXECUTIVE		Copy cube	Draw CLOCK (Ten past eleven) (3 points)	POINTS								
	<input type="checkbox"/>		<input type="checkbox"/>	/5								
	<input type="checkbox"/>		Contour <input type="checkbox"/> Numbers <input type="checkbox"/> Hands <input type="checkbox"/>									
NAMING												
			<input type="checkbox"/>	/3								
MEMORY												
Read list of words, subject must repeat them. Do 2 trials. Do a recall after 5 minutes.		FACE	VELVET	CHURCH	DAISY	RED	No points					
	1st trial											
	2nd trial											
ATTENTION												
Read list of digits (1 digit/sec). Subject has to repeat them in the forward order	<input type="checkbox"/>	2	1	8	5	4	/2					
Subject has to repeat them in the backward order	<input type="checkbox"/>	7	4	2								
Read list of letters. The subject must tap with his hand at each letter A. No points if 2 or more errors	<input type="checkbox"/>	F B A C M N A A J K L B A F A K D E A A A J A M O F A A B					/1					
Serial 7 subtraction starting at 100	<input type="checkbox"/>	93	<input type="checkbox"/>	86	<input type="checkbox"/>	79	<input type="checkbox"/>	72	<input type="checkbox"/>	65	/3	
		4 or 5 correct subtractions: 3 pts, 2 or 3 correct: 2 pts, 1 correct: 1 pt, 0 correct: 0 pt										
LANGUAGE												
Repeat: I only know that John is the one to help today.	<input type="checkbox"/>						/2					
The cat always hid under the couch when dogs were in the room.	<input type="checkbox"/>						/1					
Fluency / Name maximum number of words in one minute that begin with the letter F	<input type="checkbox"/>						(N ≥ 11 words)					
ABSTRACTION												
Similarity between e.g. banana - orange = fruit	<input type="checkbox"/>	train - bicycle					<input type="checkbox"/>	watch - ruler	/2			
DELAYED RECALL												
Max to recall words WITH NO CUE	<input type="checkbox"/>	FACE	<input type="checkbox"/>	VELVET	<input type="checkbox"/>	CHURCH	<input type="checkbox"/>	DAISY	<input type="checkbox"/>	RED	Points for UNCUED recall only	
Optional Category cue												
Multiple choice cue												
ORIENTATION												
Date	<input type="checkbox"/>	Month	<input type="checkbox"/>	Year	<input type="checkbox"/>	Day	<input type="checkbox"/>	Place	<input type="checkbox"/>	City	<input type="checkbox"/>	/6
© Z Nasreddine MD Version November 7, 2004											Normal ≥ 26 / 30	
www.mocatest.org											TOTAL <input type="checkbox"/> /30	
											Add 1 point if ≤ 12 yr edu	



# 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 + Assssment 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

## Inspired Care.

## Inspiring Science.

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# 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



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