

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

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St. Michael's

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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

Mental Illness

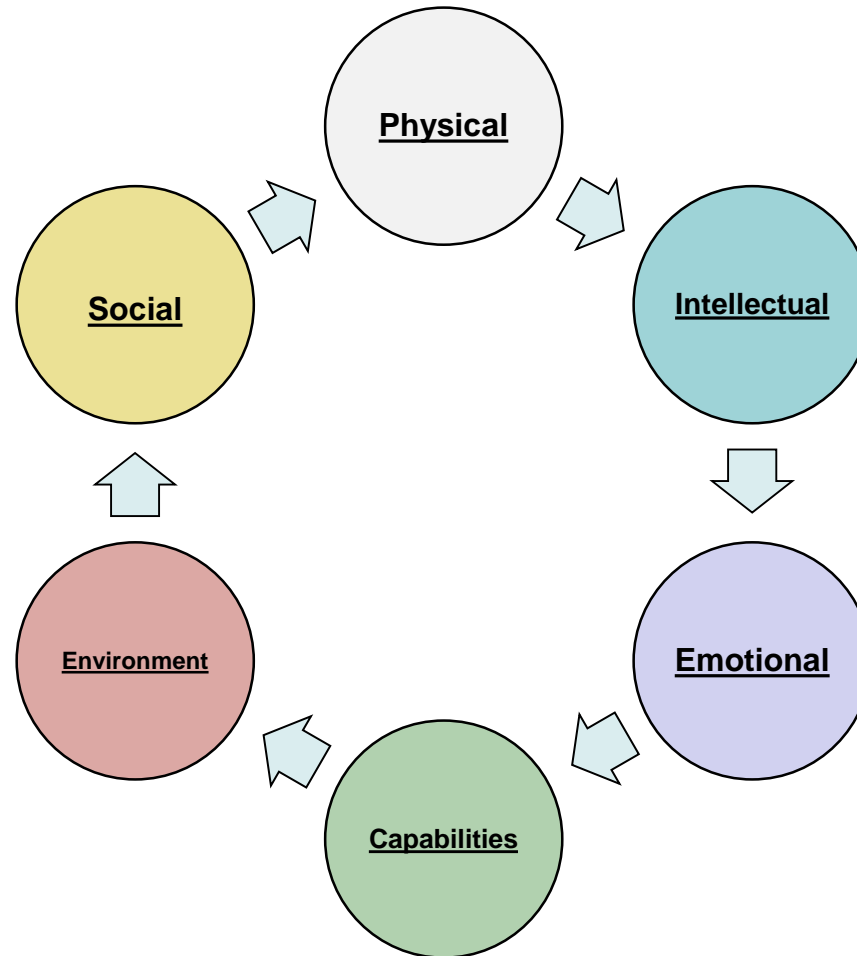
- Depression, Anxiety
- Risk to self or others
- Assessment & management of mental illness and associated psychotic symptoms

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																											
	[]	[]	Contour [] Numbers [] Hands []	_/5																											
NAMING																															
	[]	[]	[]	_/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	[]	2	1	8	5	4	_/2																								
Subject has to repeat them in the backward order	[]	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	[]	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	[]	93	[]	86	[]	79	[]	72	[]	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. []							_/2																								
The cat always hid under the couch when dogs were in the room. []							_/1																								
Fluency / Name maximum number of words in one minute that begin with the letter F	[]						(N 2-11 words)	_/1																							
ABSTRACTION																															
Similarity between e.g. banana - orange = fruit [] train - bicycle [] watch - ruler							_/2																								
DELAYED RECALL																															
Max to recall words WITH NO CUE	[]	[]	[]	[]	[]		Points for UNCUED recall only	_/5																							
Optional Category cue																															
Multiple choice cue																															
ORIENTATION																															
[] Date [] Month [] Year [] Day [] Place [] City							_/6																								
© Z Nasreddine MD Version November 7, 2004 www.mocatest.org							Normal 26 / 30	TOTAL	_/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

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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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