Tips for Nurses: Advanced Dementia – Behavioural Changes

palliAGED
PALLIATIVE CARE AGED CARE EVIDENCE

What it is: People with advanced dementia may develop emotional, perceptual, and behavioural disturbances out of step with their character. If these are considered part of the dementia process, then they are commonly known as behavioural and psychological symptoms of dementia (BPSD).

Why it matters: Most people with dementia experience BPSD. This has a negative impact on their quality of life. It also affects carer quality of life. BPSD commonly appears as aggression, agitation, anxiety, depression, or apathy.

What I need to know: Common BPSD symptoms include:

- being easily upset or worried
- repeating questions
- arguing or complaining
- physical aggression
- rummaging or hoarding
- inappropriate screaming or sexual behaviour
- rejection of care (bathing, dressing, grooming)
- wandering or shadowing (following a carer).

Ongoing staff training to understand and communicate with people with dementia helps. BPSD management should begin with non-pharmacological strategies (that is without medications). A focus on individualised or person-centred care based on the person's preferences is recommended. For example, music therapy where the person makes choices and engages with the activity. Ask the person or their family what things they do or do not like.

Use of restraint should be minimised. Due to the increased risk of serious adverse events (e.g. falls, fractures, death), for people with mild-to-moderate BPSD antipsychotic medications should be avoided. Antipsychotic medications can be used if the person has severe BPSD, is at immediate risk of harming themself or others, or is in extreme distress. Non-pharmacological approaches should be continued if antipsychotics are used.

A focus on underlying factors rather than the behaviour itself is a more effective way to manage BPSD.

Actions

Put in place a Behaviour Support Plan for residents who exhibit behaviours of concern as part of their care and services plan.

Create supportive relationships to promote trust:

- Take 10 minutes a day/shift to talk one-to-one
- Help them choose activities that will keep them stimulated. Offer only a few options.

Watch for signs that they agree (smiling, laughing, talking) or disagree (agitation, resistance, restlessness).

Ask prescribers to review medications for side effects.

If symptoms of BPSD are apparent look for and work with the person to address underlying factors:

- unmet needs such as pain, hunger, toileting
- social environment stressors such as conflicts or poor communication among families or staff, lack of supportive relationships or meaningful activity, communication difficulties – call a family meeting, take time to ask the person who they want to sit with or what they would like to wear or do
- physical environment stressors such as noise or light levels, wish for privacy – ask before turning lights on or off, help them find a quiet place, knock before entering
- things that have changed for them e.g., staff, routine, physical ability – gently talk with them about this
- patterns in the behaviours e.g., time of day, a certain activity – allocate more time for support.

Keep the person physically active if appropriate.

Tools

Tools that may be useful include:

DTA Responsive Behaviours Quick Reference Cards

Behaviour Support Plan resources from **www.dementia.com.au**

Dementia Behaviour Management Advisory Service **(DBMAS)** on 1800 699 799

Visit the ELDAC Dementia Toolkit.

Name:

My reflections:

What ways have I tried to deal with behavioural and psychological symptoms of dementia?

What worked well and what could have been done better?

What supports does my organisation offer staff and families to manage BPSD? What would be useful?

My notes:

See related palliAGED Practice Tip Sheets:

Advanced Dementia

Anxiety

Person-Centred Care

For references and the latest version of all Tip Sheets visit
palliaged.com.au/Practice-Centre/For-Nurses

CareSearch is funded by the Australian Government Department of Health and Aged Care.

Flinders University