Tips for Nurses: Advanced dementia: Behavioural changes

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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 responsive behaviours as part of their care and services plan.

Create supportive relationships to promote trust by:

- taking 10 minutes a day to talk one-to-one
- helping the person 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.

Seek underlying factors. These include:

- unmet needs such as pain, hunger, toileting
- social environment stressors such as loneliness, conflict, or difficulties communicating with family or staff
- physical environment stressors such as noise or light levels
- day-to-day changes in staffing, routines or physical ability.

Support the person by:

- discussing social needs with the family
- taking time to engage the person in meaningful activity or opportunities to socialise
- respecting privacy by asking before turning lights on and off and knocking before entering.

Look for 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

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

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 the Tip Sheets visit
www.palliaged.com.au

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