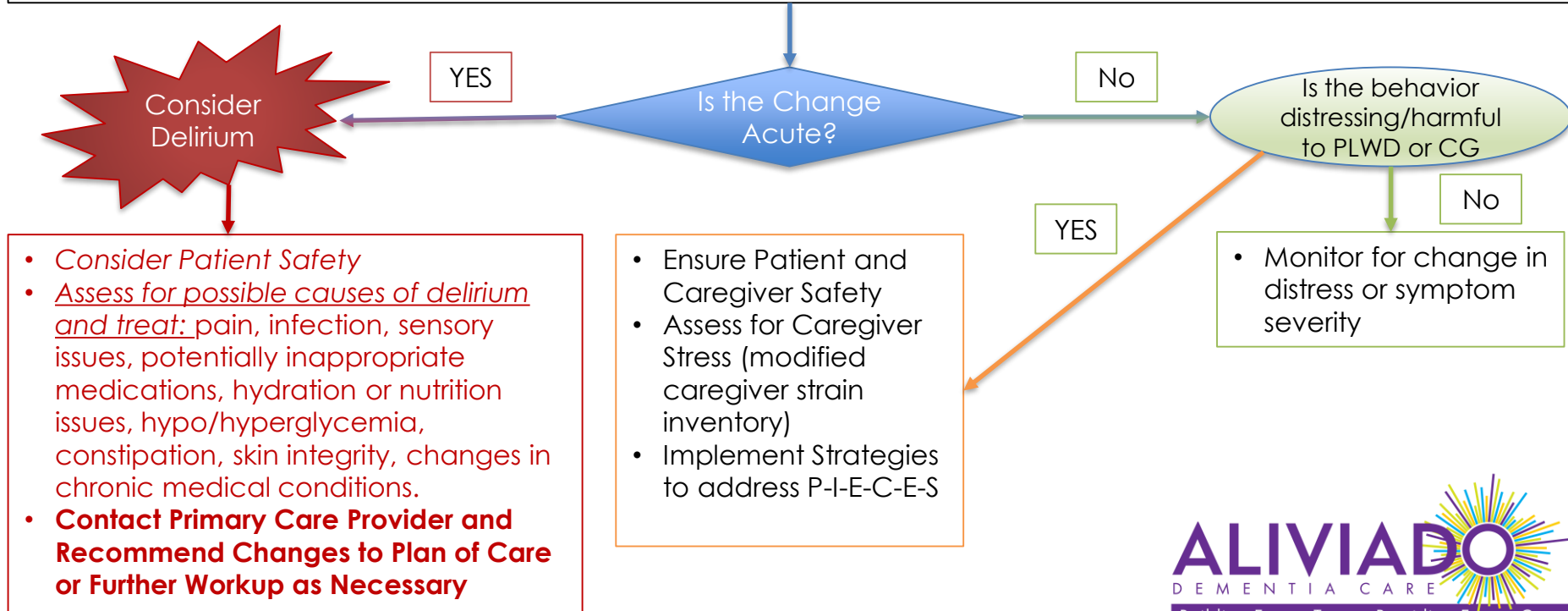


Multimodal BPSD Assessment

1. Subjective Descriptive Report (Antecedent-Behavior-Consequence-Discussion)
2. NPI-Q
3. Assess for Unmet Needs Using P-I-E-C-E-S (see page 2)



Assessing for Possible Causes of BPSD: P-I-E-C-E-S

Physical Needs

- Unmet needs- hungry, thirsty, needs to be cleaned, toileted or repositioned
- Pain
- Medical Co-morbidity issues
- Medications
- Altered Senses

Intellectual Needs

- Communication issues
- Dementia related cognitive decline
- The 5 As
 - Amnesia
 - Aphasia
 - Agnosia
 - Apraxia
 - Apathy

Emotional

- Depression
- Loss or Grief
- Recent move
- Loss of independence
- Past mental health issues (BiPolar, Schizophrenia, etc..)

Capabilities

- Reduced ability to perform ADLs and iADLs
- Ability to communicate
- Loss of social skills
- Loss of motor skills
- Loss of ability to perform complex tasks

Environmental

- Physical
 - noise
 - light
 - temperature
 - environmental design
 - clutter
 - smell
 - familiarity
- Social
 - isolation
 - lack of meaningful stimuli or contact
 - loss of privacy
 - limited/invaded personal space

Social

- Boredom
- Loneliness
- Isolation
- Providing non-supportive forms of care
 - overwhelming
 - moving too fast
 - impatience
 - ignoring capabilities the pt retains
 - lack of cuing or appropriate directions
- Not following personal preferences
- loss of control

Create a Personalized Careplan Based on Exhibited Behaviors and Causes (pg 5)

Non-Pharmacologic Interventions for Use with Specific, Disturbing Neuropsychiatric Symptoms

Apathy

- Music therapy
- Cognitive Stimulation
- Pet therapy and PARO
- Social Robot
- Reminiscence Therapy
- Physical Activity
- Art therapy
- Occupational Therapy

Sleep

- Appropriate day/night lighting
- No more than one 1.5-hour nap per day
- 30-60 minutes physical activity/day
- Limit alcohol
- Good sleep hygiene (no caffeine in PM or reading/TV in bed, discourage staying awake in bed)
- Manage pain, other physical symptoms & depression
- Maintain set wake and sleep times.

Delusions & Hallucinations

- Redirection, Distraction and Validation
- Ensure adequate lighting
- Reduce environmental stimulants
- Address any hearing or visual losses

Depression

- Music Therapy
- 30-60 minutes Exercise/day
- Social outings or events
- Reminiscence therapy
- Life journaling
- Cognitive behavioral therapy
- Pain management
- Manage Sleep Disturbances
- Pet therapy
- Art therapy
- Aroma therapy

Aggression

- Music Therapy
- Aroma Therapy
- Reminiscence Therapy
- Massage Therapy
- Pet therapy and PARO Robot
- Redirection and Distraction
- Reattempt tasks later
- Treating pain and other physical symptoms
- Caregiver Substitution
- De-escalation Techniques

Disinhibition

- Manage Pain & other Physical symptoms
- Redirection, Distraction and Validation
- Music Therapy
- Physical Activity
- Sexual Disinhibition**
- Dress in clothing that is difficult to disrobe
- Separate sleeping arrangements

Motor Behaviors

- Redirection, Distraction and Validation
- Use activity aprons or other tactile distractors
- Pet therapy & PARO Robot
- Reduce noise
- Physical activity
- Massage Therapy
- Music Therapy
- For wandering: Camouflage doorway and/or create signage for better ways to go (stop signs, arrows)

Medications for Use with Specific, Disturbing Neuropsychiatric Symptoms ONLY if Non-Pharmacologic Measures Fail

Apathy

- Methylphenidate
- Cholinesterase Inhibitor
- SSRI (citalopram)

Sleep

- Trazadone 25mg*
- Move medications such as Cholinesterase inhibitors that can cause sleep problems are moved to earlier in the day.

Delusions & Hallucinations

- Antipsychotics*

Depression

- SSRI
- SNRI
- Tricyclic Antidepressant (nortriptyline)

Aggression

- SSRI

Disinhibition

- SSRI
- Atypical Antipsychotic*
- Antiandrogens (Medroxy-progesterone acetate, cyproterone acetate)
- Finasteride

Motor Behaviors

- None

