The Remedy'sRx Press

Your Partner In Care

BPSD: OUR FOCUS ON DEMENTIA

What is BPSD?

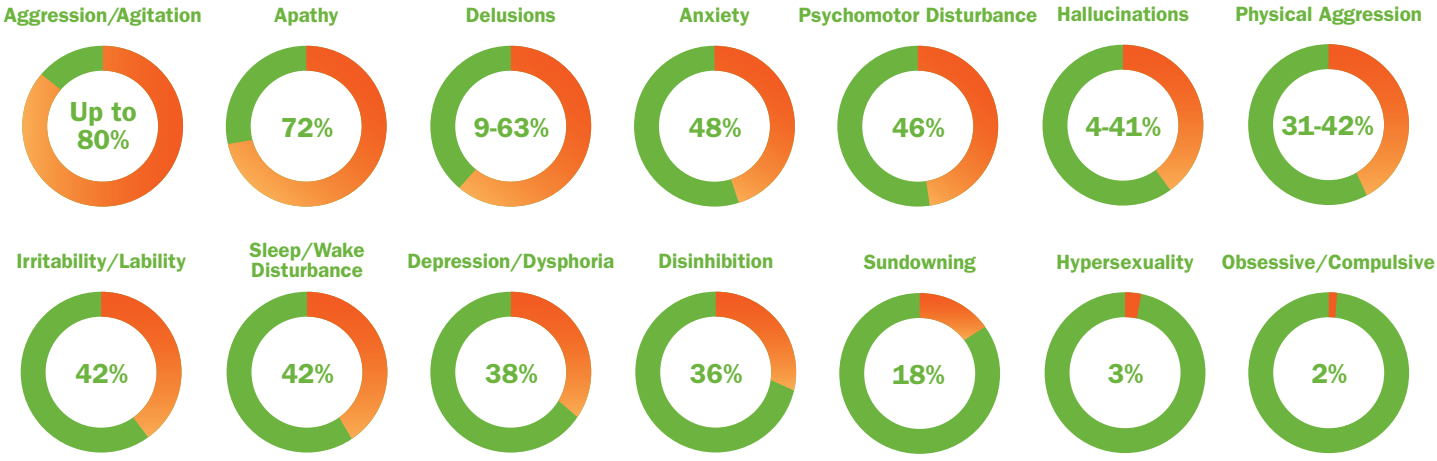
BPSD stands for **Behavioural and Psychological Symptoms of Dementia.** It refers to the distressing behaviours often seen in residents with dementia and may arise from their disturbed perception, thought content or mood. These symptoms are common, occurring in up to 80% of residents as their dementia progresses. Symptoms may include physical aggression, agitation, hallucinations, depression, delusions, wandering and sleep disturbances. Treatment must always be individualized and address the most prominent symptoms of BPSD.

For severe behavioural disturbances that may pose a risk to self or others (e.g. staff, co-residents), the best evidence is for atypical antipsychotics, in particular risperidone, olanzapine and aripiprazole. Only some behaviours, such as psychosis (delusions and hallucinations) and physical aggression, are likely to respond to atypical antipsychotics.

Behaviours such as agitation, anxiety, apathy, depression, sexually inappropriate behaviour and sleep disturbances **MAY** respond to antipsychotics or other medications including selective serotonin reuptake inhibitors (SSRIs).

Other behaviours such as hoarding/hiding, inappropriate dressing/undressing, inappropriate voiding, repetitive screaming or calling out, shadowing, unsociability and pacing or wandering **DO NOT** respond to medication therapy and **non-pharmacological therapies** should be used.

COMMON BEHAVIOURS IN THE ELDERLY WITH DEMENTIA



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LET'S TALK ABOUT ANTIPSYCHOTIC MEDICATIONS

ALWAYS ASK YOURSELF

"Is an antipsychotic appropriate for the responsive behaviour?"
and
"Have we tried everything else?"

Antipsychotic Medications and BPSD

Antipsychotic medications are often used in the care of seniors to manage the behavioural and psychological symptoms associated with dementia, when these symptoms can no longer be managed with **non-pharmacological** interventions alone.

Regular monitoring of these behaviours and adverse effects of the antipsychotic medications is recommended with the goal to reduce the dose or discontinue the medication when possible.

Consider Reducing or Discontinuing Antipsychotics to:

- Minimize use of unnecessary medications
- Reduce risk of falls
- Reduce metabolic complications associated with antipsychotic use (hyperglycemia, increased lipids)
- Reduce risk of negative cardiac outcomes due to QT prolongation
- Reduce the risk of cerebrovascular adverse events (strokes) and death association with antipsychotic use
- Minimize risk of further cognitive impairment associated with medication use

Recognize that all behaviour has meaning and strive to understand the meaning behind the behaviour.

Behaviours that **DO** Respond to Medication
Delusions
Hallucinations
Physical Aggression (harm to self or others)

Behaviours that **MAY** Respond to Medication
Agitation
Anxiety
Depressed Mood
Inappropriate Sexual Behaviour
Apathy
Restlessness, Sleep Disturbances

REMEMBER: NOT ALL BEHAVIOUR WILL RESPOND TO MEDICATION.

Behaviours that **DO NOT** Respond to Medication
Hoarding/Hiding
Inappropriate Dressing/Undressing
Inappropriate Voiding
Screaming/Speech that is not dangerous
Shadowing
Unsociability
Wandering/Restlessness

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