Behavioural Symptoms

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Presented by: ***Ontario's Geriatric Steering Committee***

Case Study Example

- 78 year-old woman, newly living in a retirement home
- Director of Care seeking psychogeriatric assistance because she is **screaming out at night**, appears **fearful of coming out of her room** and **swats away the hand** of any personal support workers who try to assist her with finding her way around the retirement home

Going Beyond the Surface...

- Who is this woman? Who knows her? What can she tell us about herself?
- What are her behaviours? Their course?
- How does she normally interact with people?
- Does she have a psychiatric or cognitive disorder history?
- How is she doing physically?

Key Learnings

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Key Learnings

- **Behavioural Symptoms** can emerge from a wide variety of **situations, triggers & disorders**
- Supporting elderly patients with behavioural symptoms should include a careful **biopsychosocial approach** that includes:
  - Detailed **categorizing/description/documentation** of symptoms
  - Medical, psychiatric, and personal **history**, including culture/religion
  - Formulation of symptom **etiology & triggers**
  - Development of a **personalized treatment plan** to improve quality of life and safety

Behavioural *Symptoms*

- Definitions of Behaviour:
  - ‘the way a person acts/conducts themselves’
  - ‘the way a person responds to a particular situation or stimulus’
    - Behaviours may **be influenced by INTERNAL EXPERIENCES** such as delusions, depression, impaired perceptions, cognitive impairments
- Examples of Behavioural ***Symptoms***:
  - Apathy, avoidance, isolative
  - Disinhibition (physical, sexual, verbal, interpersonal)
  - Physical acting out/Physical acting in
  - Repetitive Behaviours
  - Aggression
  - Resistance to Personal Care
  - Hyperactivitity or restlessness
  - Abnormal response to stimuli, situations and/or responding to hallucinations/delusions
  - Intrusive behaviour with other people
  - Excessive ambulation or exit-seeking

Common Causes

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Common Causes of Behavioural Symptoms

- Chronic and Episodic **Psychiatric Disorders**
- **Cognitive Disorders** (Dementia, TBI, Developmental Delay)
- Acute Medical Illness: **Delirium**
- **Physical** Illness/Discomfort triggering distress & behaviours
- Difficulties **Adapting to Stressors**
  - **Chronic**
    - Personality Style/Disorder with adaptation rigidity
  - **Situational**
    - Severe Stress Response to Major Stressor e.g. Loss, Isolation, Grief, Dysfunction
- **Amplified** response to triggers due to **Trauma**
  - Life events contributing to amplified defense and/or fear response

Common Causes….Going Deeper

- **Major Primary Psychiatric Disorders**
  - Mood Disorder, Psychosis, Anxiety, PTSD
  - May be chronic or episodic
  - May be co-morbid with other disorders
- **Delirium**
  - Typically a more acute change in behaviour and cognition, compared to primary psychiatric or cognitive disorders
  - Medical/Physiologic in origin
  - Often superimposed on other psychiatric or cognitive disorders

Common Causes….Going Deeper

- **Cognitive Disorders: "the 7 A's" of Dementia**
  - **Anosognosia** = lack of awareness of impairment
  - **Agnosia** = inability to interpret sensations/recognize things/use senses to understand the world
  - **Aphasia** = inability to express or comprehend language
  - **Apraxia** = inability to do routine tasks or movements
  - **Altered perception** = misperceptions/hallucinations
  - **Amnesia** = impaired memory (short-term, then long-term)
  - **Apathy** = withdrawal, lack of motivation, lack of activity

Assessment

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Assessment

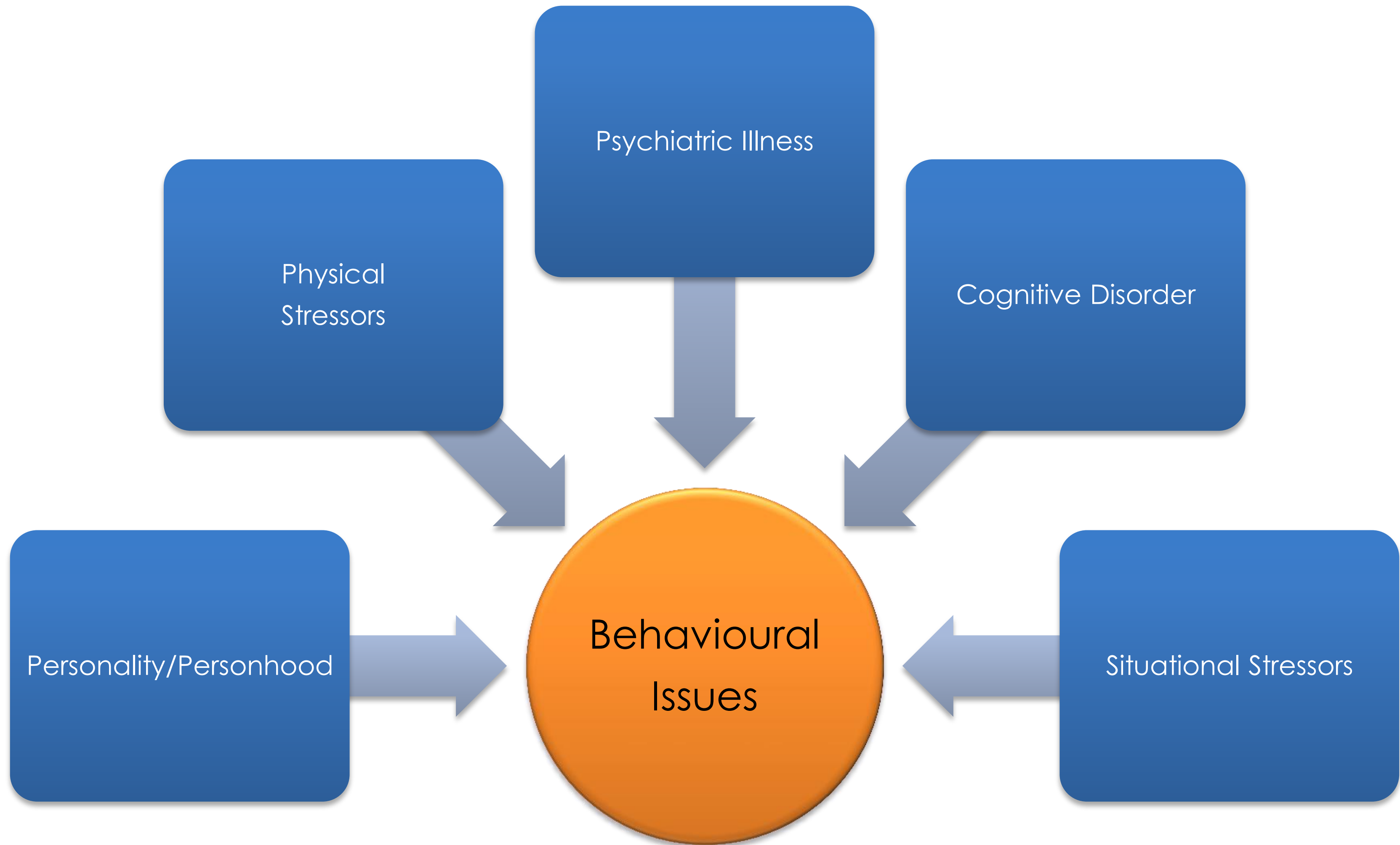
- **Behaviours**
  - Description, Antecedents/Triggers, Response, Time-Course, Prior Interventions
  - Common Tools: DOS charting, CMAI, NPI, PIECES inventory
  - **SAFETY IMPACT/URGENCY:** patient, caregivers, community
- **Psychiatric/Cognitive History & Current Symptom Inventory**
  - Mood, Psychotic, Anxiety, Substance Use
  - Cognitive Course:
    - Pre-morbid functioning/achievement
    - ADLS, IADLS, Memory, Executive Functioning, Spatial Skills, Attention, Language Skills
- **Personal(ity) History**
  - Worldview, Self-Concept, Meaning, Comfort, Fears, Activity, Adaptation to Stress, Trauma

Assessment

- **Stressor Inventory**
  - **People**
    - Personal and Professional
  - **Environment**
    - Stimulation, Familiarity, Novelty, Safety, Comfort
  - **Medical/Physical**
    - Diagnoses, Investigations, Interventions, Discomfort
  - **Situation**
    - Family, Health, Money, Relationships, Losses, Demands
  - **Meaning**
    - Existential

Going Deeper: Stressor Inventory

- **Physical Inventory**
  - New Medical Diagnoses or Physical Symptoms
  - New Medications
  - Newly Stopped Medications
  - PAIN !
  - CONTINENCE
  - FALLS/GAIT
  - DENTAL
  - FEET
  - SKIN



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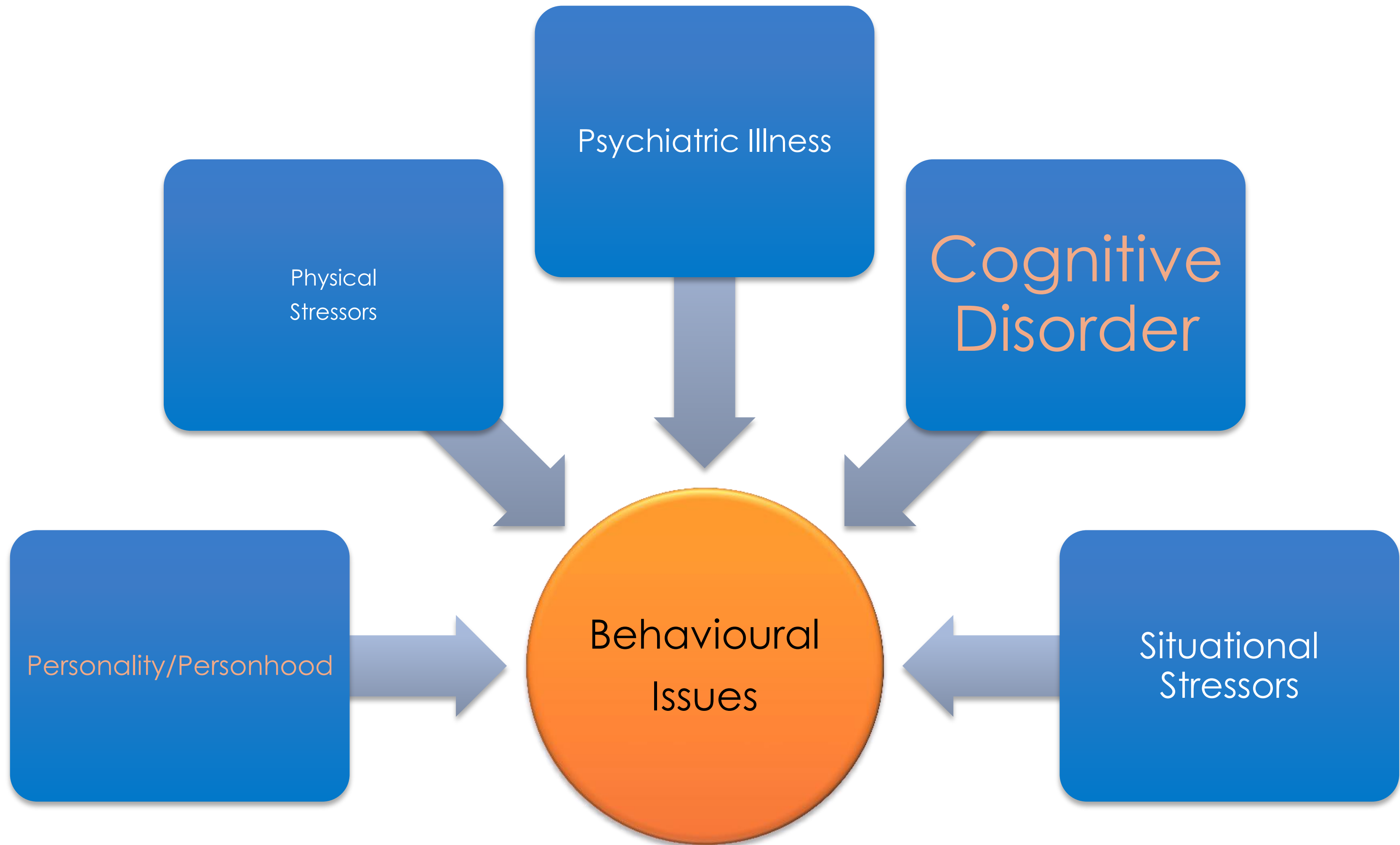

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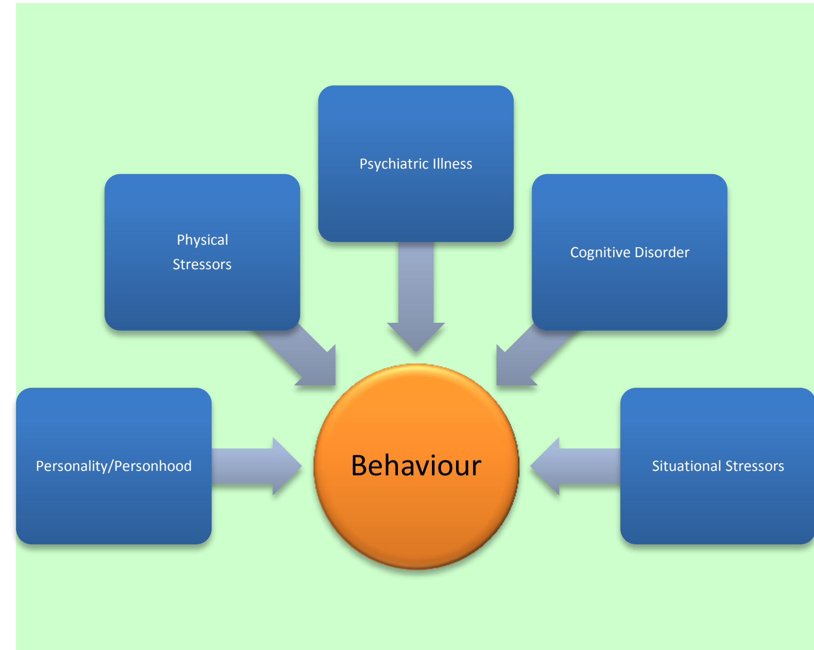
Putting it Together…back to our case

- 78 year-old woman newly living in a retirement home
- Director of Care seeking psychogeriatric assistance because she is **screaming out at night**, appears **fearful of coming out of her room** and **swats away the hand** of any personal support workers who try to assist her with finding her way around the retirement home



Management

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Behavioural Formulation & Urgency

Behavioural Formulation

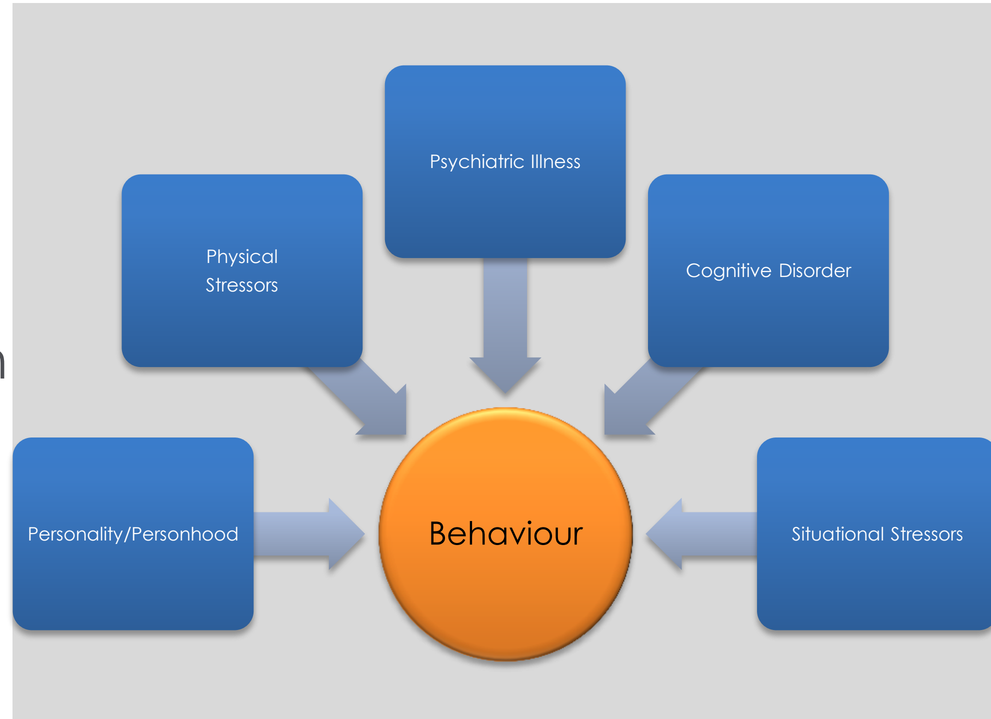
- Management of Behavioural Symptoms is guided by the formulation of the intersection of **personality, psychiatric illness, cognitive disorders & stressors**

Urgency

- **Urgency** & Setting for Treatment is guided by **Safety** Assessment & Resources
- **Acute symptoms, escalating self-harm or harm to others and/or deteriorating physical status** should prompt consideration of crisis or emergency services

Behavioural Formulation Maps onto Behavioural Symptom Management

- Use the Behavioural Assessment to build empathy and flexibility
- Reduce Triggers
- Optimize level of Stimulation
- Modify the modifiable
- Treat the treatable
- Offer person-centred activity and comfort



Personality

Personality/
Personhood

- Preferences
- Proximity
- Purpose
- Pleasures

Physical Stressors

Physical Stressors

- Optimize Pain Management
- Enhance Sleep
- Optimize Nutrition
- Careful RX review…deprescribe where possible
- Treat treatable physical illnesses
- Consider triggers for review of goals of care/palliative care where indicated

Psychiatric Illness

Psychiatric Illness

- Recognize Comorbidity with Dementia
- Follow Evidence-Informed Guidelines to integrate RX and Non-RX treatment
- Avoid the trap of attribution to situation:
  - " I'd feel the same way if I was older and had all these problems so…that's just how it is"
- Reduce suffering through a biopsychosocial treatment plan

Cognitive Disorders: Going Deeper

- Behavioural Symptoms in Dementia are often referred to as **Behavioural and Psychological Symptoms of Dementia =BPSD**
- **'Responsive Behaviours'** terminology coined to acknowledge and emphasize that:
  - Personal and behavioural expressions have **meaning**
  - Behaviour is multi-dimensional and multi-determined and often a means of **communication of needs** for patients with dementia
  - **Incorporating personhood** into behavioural understanding helps broaden formulation beyond a narrow focus on pathology/disease

Behavioural Symptoms: Going Back

- Examples **REVISITED**
  - Apathy, avoidance, isolative
  - Disinhibition (physical, sexual, verbal, interpersonal)
  - Physical acting out/Physical acting in
  - Repetitive Behaviours
  - Aggression
  - Resistance to Personal Care
  - Hyperactivity
  - Abnormal response to stimuli, situations
  - Intrusive behaviour with other people
  - Excessive ambulation or exit-seeking

Cognitive Disorders

Cognitive Disorders

- For behaviours emerging from a diagnosis of dementia, follow best practices for Non-RX and RX interventions
- **USE A(antecedent) B (Behaviour) C (Consequences)** Charting to help understand and communicate regarding behaviour
- Develop **Person Centred Care-Plans** to reduce triggers and improve QOL and safety
- Utilize specialized techniques such as **Gentle Persuasion Approach (GPA) or the Montessori Method**
- **Address Safety** (risk of getting lost, risk of aggression to staff, risk of interpersonal intrusion with co-patients)

ABC Approach

Cognitive Disorders: Going Deeper

- General Strategies for Behavioural Symptoms:
  - Meaningful activities
  - Environmental Safety
  - Reducing Pain
  - Deferring Non-Urgent Care
  - Consistent Approach
  - Avoid Over-Stimulation
  - Simple Language
  - Explanation (before engagement)
  - Offering Choices

Cognitive Disorders: Going Deeper

- **Behavioural Symptoms in Dementia that respond best to Non-RX or Environmental interventions**
  - Wandering/exit-seeking
  - Resistance to Care
  - Apathy
  - Repetitive Behaviours

- **Behavioural Symptoms in Dementia that *may* require RX interventions for symptom type, severity or safety**
  - Aggression (physical, sexual)
  - Psychosis (responding to hallucinations or delusions)
  - Severe Resistance to Care
  - Severe restlessness/anxiety

Cognitive Disorders: Key Concepts

RX Strategies to Target Behavioural Symptoms in Dementia

Key Concepts

- **Evidence-Informed approach**
- **Integrate** Behavioural Modification & RX interventions
- Consider **Risks vs Benefits**
- Consider **as needed vs standing vs pre-care** RX interventions
- **Short periods** of RX treatment with frequent **re-evaluation**
- **Possible benefit to starting maintaining cognitive enhancer RX**
- **Informed Consent, Off-Label Considerations, Choosing Wisely™ & Health Canada Advisory**

RX Considerations

- **To Treat Psychosis:**
  - Antipsychotic/Neuroleptic RX
- **To Treat Aggression, Dangerous Physical Agitation and/or enable necessary physical care that has not responded to Behavioural Tx**
  - SSRI
  - Cholinesterase Inhibitor
  - Antipsychotic/Neuroleptic
  - Trazodone, Benzodiazepine

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Cognitive Disorders: Key Concepts

RX Strategies to Target Behavioural Symptoms in Dementia

Neuroleptic Risks

- Parkinsonism
- Sedation
- Falls
- Metabolic Symptoms
- Weight Gain
- Prolonged QT/arrhythmia
- Increased Risk of CVA and/or mortality over placebo

SSRI Risks

- GI Symptoms
- Headache
- Falls
- Hyponatremia
- Arrhythmia

Cognitive Disorders: Key Concepts

RX Strategies to Target Behavioural Symptoms in Dementia

- **Treatment Planning**
  - Identify key target symptom (s)
  - Develop biopsychosocial treatment plan based on symptom formulation
  - Plan should include regular monitoring, refinement and reinforcement of intervention and outcome **AND** re-evaluation of need for intervention at regular intervals
  - Behaviours and treatment needs may shift over time as the dementia process progresses

Implications for Practice

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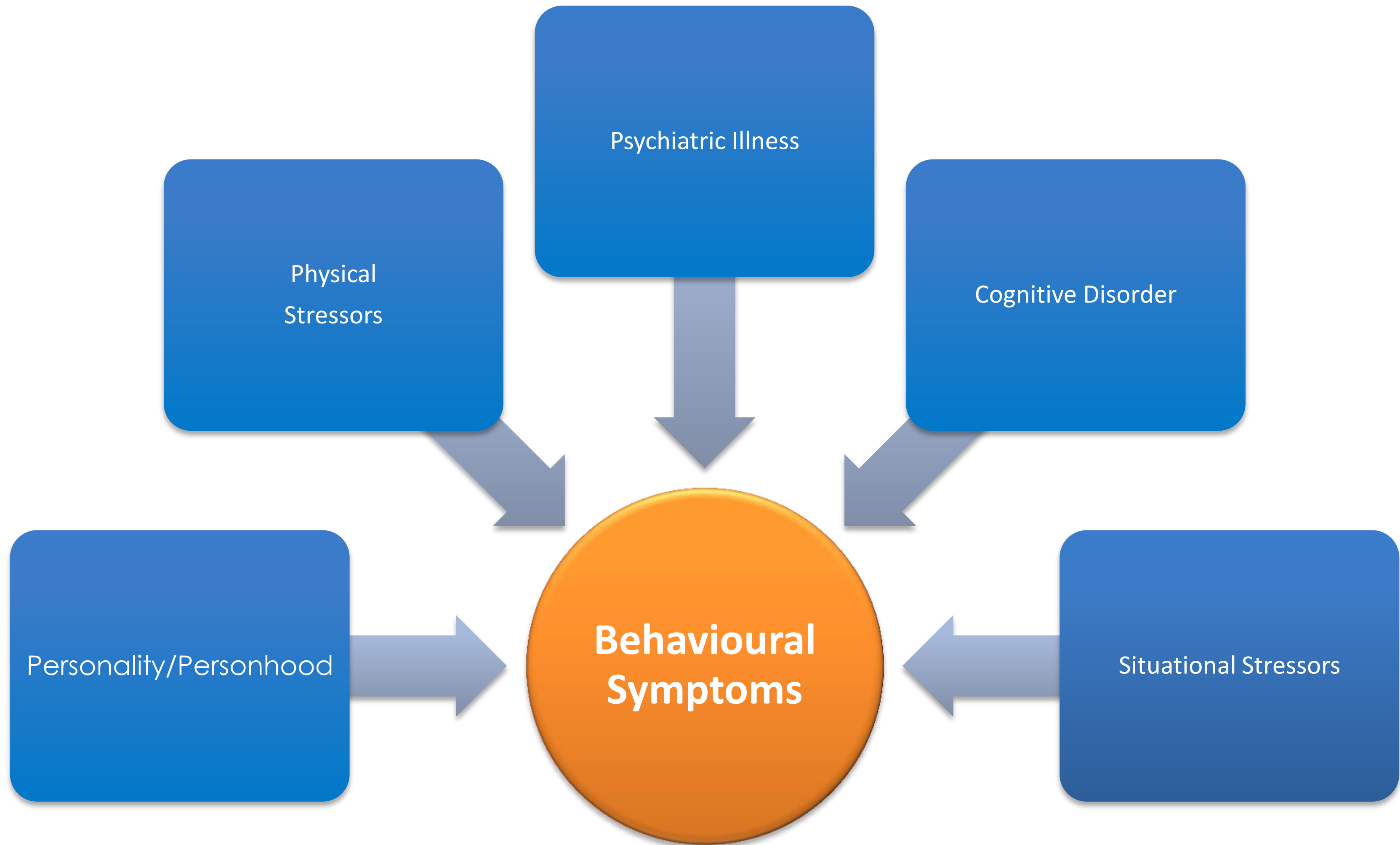
IMPLICATIONS for PRACTICE

- Behaviour typically emerges from **an intersection of bio-psycho-social factors**
- Detailed **observations, clinical documentation, collateral information and consideration of medical, situational and personal** factors contribute to an optimal behavioural assessment
  - Understanding and optimizing behaviour requires a **person &context-centred approach**
  - **Person, milieu & clinician safety** are important considerations in any behavioural assessment

IMPLICATIONS for PRACTICE

- **CHANGES** in the environment, health, caregivers or patient functioning are **COMMON** triggers for behavioural symptoms
- **Anticipating** changes in behaviour with **transitions** and developing mitigation strategies can help reduce negative impacts of triggers

- Diagnoses, triggers and helpful intervention solutions may also **shift over time** SO always take a comprehensive approach to behavioural symptoms that includes consideration of **new** diagnoses, **novel** triggers and **creative** behavioural solutions
- **CONSISTENCY** of interventions is often critical to their success



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Behavioural Symptoms

Helpful Resources, Lesley Wiesenfeld

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Resources

- RESPONSIVE BEHAVIOURS
  - https://uwaterloo.ca/murray-alzheimer-research-and-education-program/research/projects/responsive-behaviours
- BPSD algorithms/resources
  - http://www.health.gov.bc.ca/library/publications/year/2012/bpsd-guideline.pdf
  - http://www.ccsmh.ca/pdf/MHI%20in%20LTC%20-%20Final.pdf
  - www.piecescanada.com

Resources

- Health Quality Ontario Public Report on Antipsychotic Use in Long Term Care
  - http://www.hqontario.ca/Public-Reporting/Theme-Reports/Looking-for-Balance

Thank you!

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