

**Non-Pharmacological  
Management of  
Behavioral &  
Psychological Symptoms  
of Dementia**

# Speakers Disclosures –

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- **Nothing to disclose**

# Learning Objectives

**At the conclusion of this activity, learners will be able to:**

- Identify and differentiate most frequently seen behavioral challenges in people living with dementia.
- Apply the DICE method to assess and manage behavioral issues of patients with dementia, utilizing behavioral and environmental interventions as the first treatment options.
- Partner with caregivers in supporting individuals with dementia.

# Key Points

1. New or rapidly worsening behavioral symptoms in a patient with dementia should be considered a sign of an underlying medical illness until proven otherwise.
2. The first step in evaluation is to assess whether underlying medical factors may be involved.
3. Problem behaviors are often triggered by anticholinergic meds and suboptimal prescribing.
4. Obtain a careful history focused on any changes in the patient's medical status and medications.

# Key Points

5. Behavioral strategies should be employed first prior to use of any psychotropic medications.
6. Situations are highly individual and require careful evaluation.
7. Symptoms evolve over the stages of dementia and may decrease or disappear.

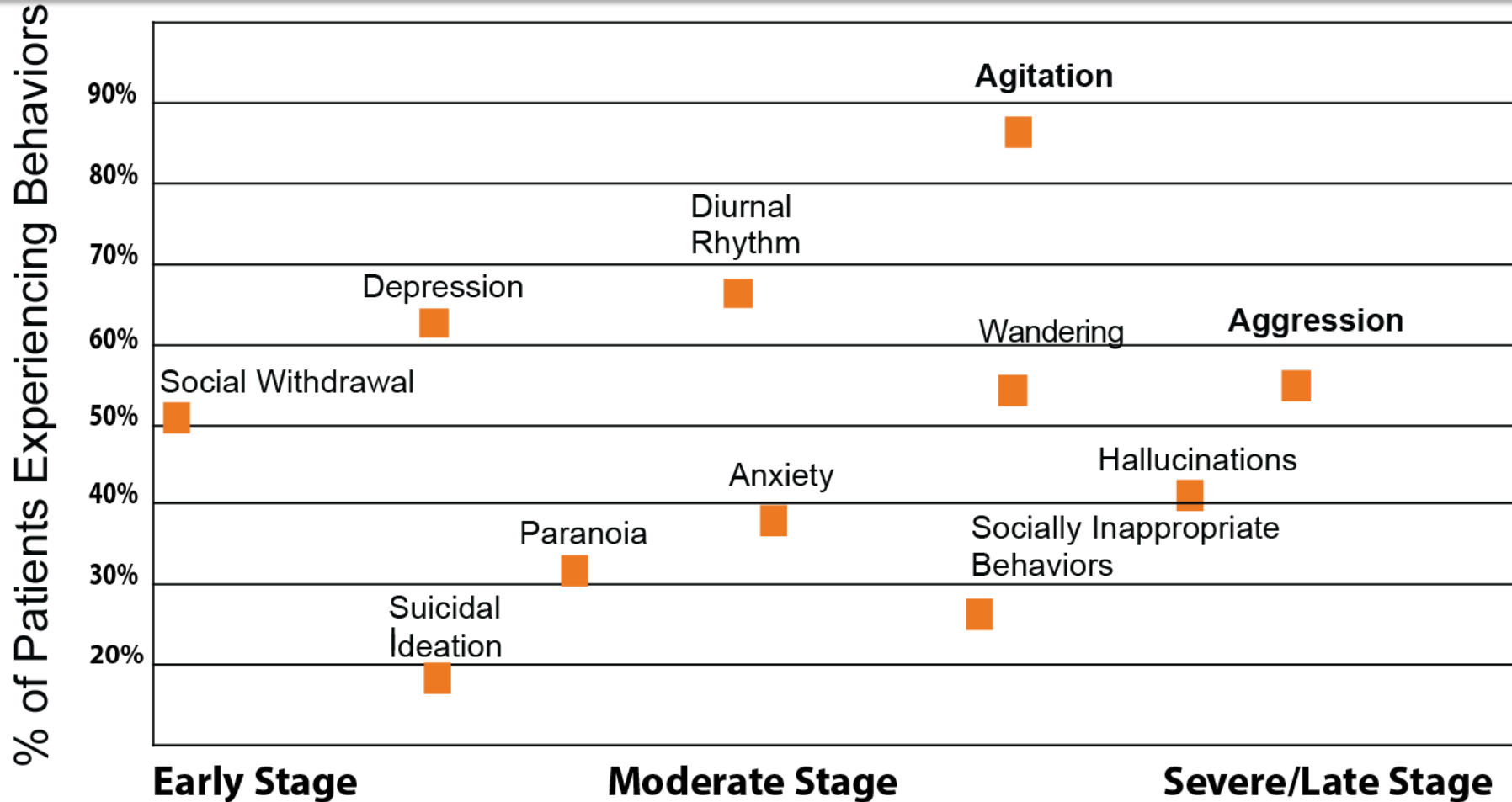
# Behavioral and Psychological Symptoms of Dementia is Associated With:

- Reduced quality of life for patients
- Reduced quality of life for family members
- Early nursing home placement
- Hospital admissions
- Avoidable morbidity and mortality
- Caregiver stress, depression and illness
- Reduced caregiver employment income

# Common Behavioral Problems

- Food Refusal • Wandering • Restlessness
- Sleep disturbances • Combativeness
- Disinhibition • Hypersexuality • Irritability
- Depression • Psychosis • ADL refusal
- Social withdrawal • Medication refusal
- Anxiety • Agitation • Aggression

# Peak Frequency of Behavioral Symptoms With Alzheimer's Disease Progression



Adapted from Source: Jost BC, et al, J Am Geriatr Soc 1996; 44:1078-1081

# DICE Approach to Behavioral and Psychological Signs and Symptoms of Dementia

DESCRIBE

INVESTIGATE (ASSESS)

CREATE (TREATMENT)

EVALUATE (AND RE-EVALUATE)

# DICE Approach to Behavioral and Psychological Signs and Symptoms of Dementia

## DESCRIBE

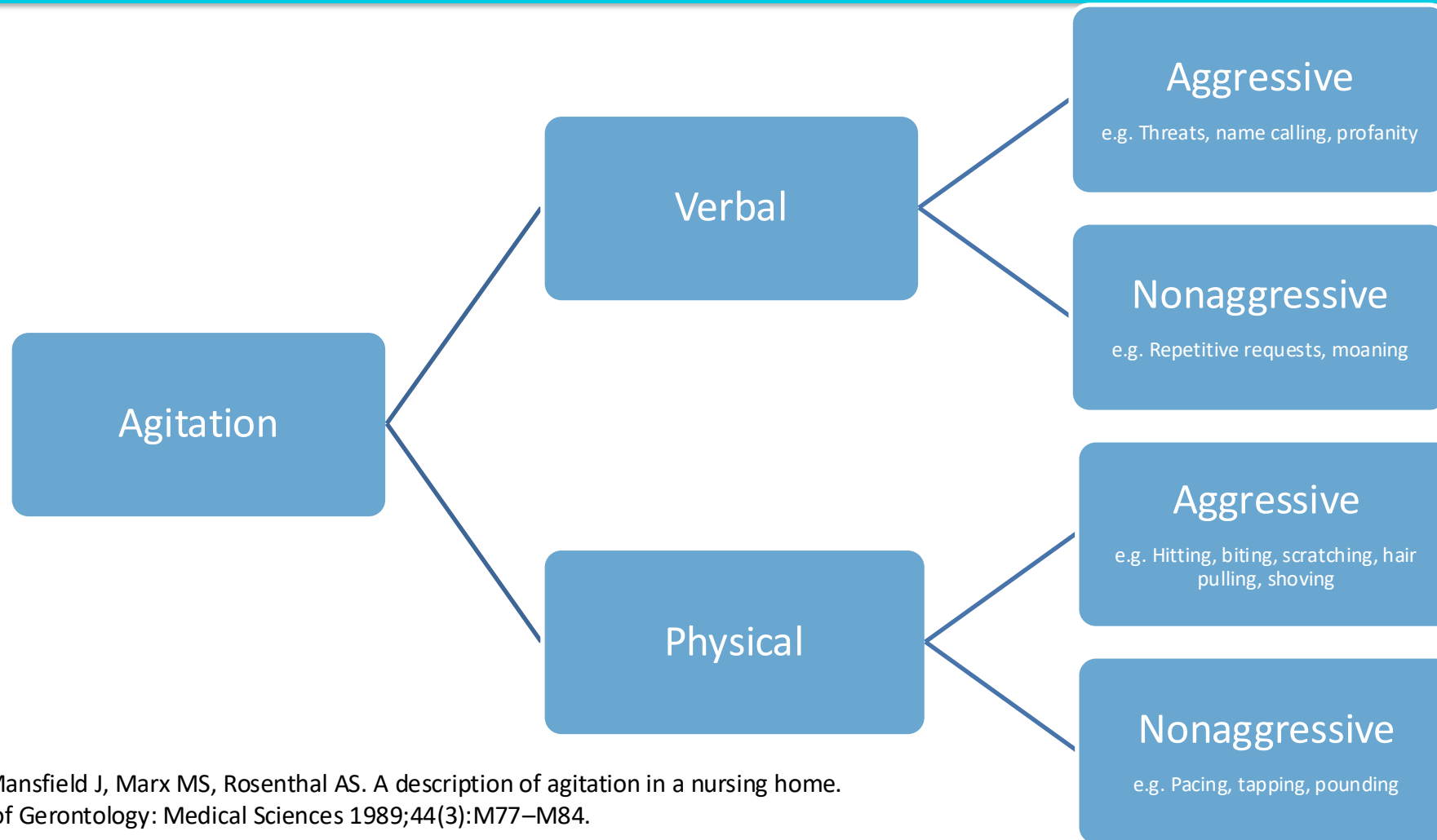
### Caregiver describes behaviors:

- Social & physical environment
  - Patient perspective
- Degree of distress to patient and caregiver

### Factors to look for:

- Antecedents
  - Patterns
  - Context
- Co-occurring events

# Types of Agitation



Cohen-Mansfield J, Marx MS, Rosenthal AS. A description of agitation in a nursing home. Journal of Gerontology: Medical Sciences 1989;44(3):M77–M84.

# Appropriate Investigation

**Behavioral symptoms in a patient living with dementia should be viewed as a form of communication**

- Symptoms often represent the person's best attempt to signal a problem
- Development of symptoms should trigger a careful investigation to determine cause(s)
- Symptoms can indicate an underlying medical problem

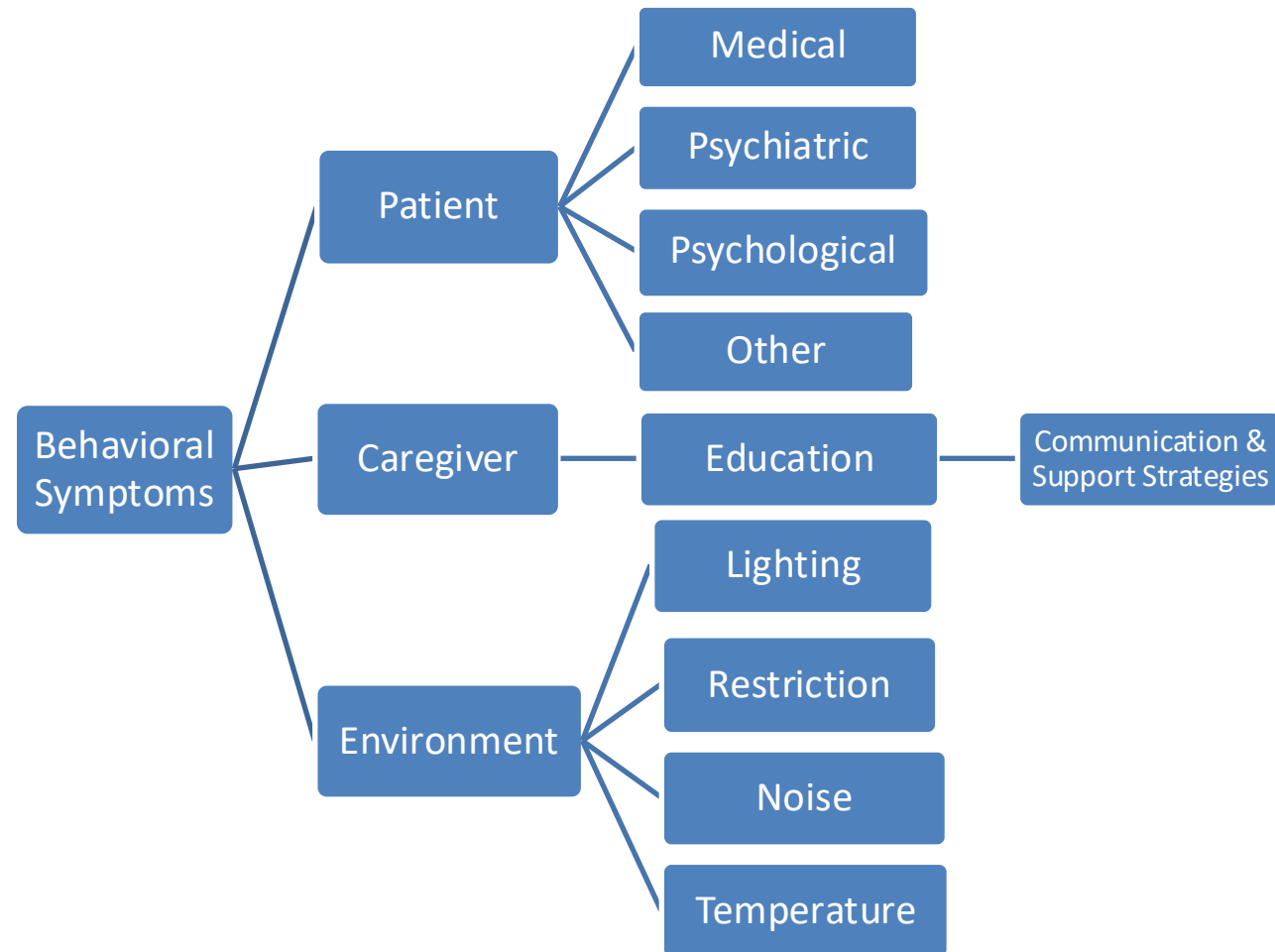
# DICE Approach to BPSD

## INVESTIGATE (ASSESS)

### Investigate possible causes of behavior:

- Medication side effects
- Pain
- Functional limitations
- Medical conditions
- Psychiatric comorbidity
- Severity of cog impairment
- Degree of executive dysfunction
- Poor sleep
- Sensory changes
- Emotional triggers: ie., fear, abandonment
- Lack of physical activity
- Suboptimal exposure to bright light

# Differential Diagnosis of Behavioral Symptoms



# Differential Diagnosis: Patient Related

Causes related to the patient categorized as:

- **Medical:** suboptimal prescribing, uncorrected sensory deficits, hypoglycemia, pain, constipation, dehydration, metabolic abnormalities (Na, Gl), infection
- **Psychiatric:** depression, anxiety, paranoia
- **Psychological:** frustration, boredom, TV violence, loneliness
- **Other:** thirst, hunger, fatigue, noise, movement restriction

# Differential Diagnosis

- New medical conditions
- Pre-existing medical conditions
- Sub-optimal prescribing
- Poly-pharmacology
- Medication nonadherence
- New psychiatric condition
- Pre-existing psychiatric condition re-emerging
- Use of drugs and/or alcohol

# Common “Delusions”

- Accusations of infidelity
- Persons or images from TV are real
- Fear of abandonment
- Accusations of theft of one’s property
- Claims of impersonation (spouse is imposter)
- Current residence is not one’s home
- Misidentification of familiar persons

# Recognizing Delirium

- Have there been any recent medication changes?
- Does the patient look physically ill or physically uncomfortable?
- Are the patient's vital signs reasonable?
- Are the vital signs around their usual baseline?

# Recognizing Delirium

- Are the patient's lab values reasonable?
- Has mental status changed rather suddenly or dramatically?
- Is the patient suddenly behaving in ways that have never been characteristic for the patient?
- Is the patient's level of alertness and/or attention waxing and waning?

# Recognizing Delirium

Validated instrument CAM-Short Form (bCAM, copyright by Hospital Elder Life Program) has four features:

1. Acute Onset or Fluctuating Course
2. Inattention
3. Disorganized Thinking
4. Altered Level of Consciousness (Anything other than Alert)

**CONFUSION ASSESSMENT METHOD (CAM) SHORT FORM WORKSHEET**

EVALUATOR:

DATE:

Resources for the Comprehensive Geriatric Assessment based  
Proactive and Personalised Primary Care of the Elderly

## bCAM

# brief Confusion Assessment Method

I. ACUTE ONSET AND FLUCTUATING COURSE

a) Is there evidence of an acute change in mental status from the patient's baseline?

No \_\_\_\_\_

Yes \_\_\_\_\_

b) Did the (abnormal) behavior fluctuate during the day, that is tend to come and go or increase and decrease in severity?

No \_\_\_\_\_

Yes \_\_\_\_\_

II. INATTENTION

Did the patient have difficulty focusing attention, for example, being easily distractible or having difficulty keeping track of what was being said?

No \_\_\_\_\_

Yes \_\_\_\_\_

III. DISORGANIZED THINKING

Was the patient 's thinking disorganized or incoherent, such as rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject?

No \_\_\_\_\_

Yes \_\_\_\_\_

IV. ALTERED LEVEL OF CONSCIOUSNESS

Overall, how would you rate the patient's level of consciousness?

-- Alert (normal)

-- Vigilant (hyperalert)

-- Lethargic (drowsy, easily aroused)

-- Stupor (difficult to arouse)

-- Coma (unarousable)

Do any checks appear in this box?

No \_\_\_\_\_

Yes \_\_\_\_\_

**BOX 1**

**BOX 2**

If all items in Box 1 are checked and at least one item in Box 2 is checked a diagnosis of delirium is suggested.

**Purpose** : Test for delirium

**Admin time** : 5 min

**User Friendly** : High

**Administered by** : Healthcare professional

**Content** : The brief CAM version is a quicker assessment, which eliminates the last 5 components and only includes the first 4 from the original algorithm. The short version is what is most commonly used in clinical practice.

**Author** : Inouye SK, 1996

**Copyright** : Hospital Elder Life Program  
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# Sub-Optimal Prescribing

- Prescribing a medication from an essential category of medication that is not senior friendly
- Prescribing a dose of an essential medication that is larger than needed
- Prescribing a medication to be taken at a time of day that is not optimal (e.g. diuretics at bedtime)
- Not prescribing a needed medication (e.g. a pain medication)
- Long-term use of opiate pain medication in patients other than those with terminal cancer

# Sub-Optimal Prescribing

## Poly-pharmacy

- Avoidable morbidity and mortality
- Can be caused by numerous prescribers with limited communications

## Prescribing Cascade

- Medication addresses problem but creates side effects
- Second medication treats side effects but may cause additional side effects

## CREATE (TREATMENT)

Providers, caregivers, clinical team collaborate to create and implement a treatment plan

First Step: Address medical and physical problems

- Employ behavioral interventions
- Provide caregiver interventions
- Enhance communications
- Create meaningful activities
- Simplify tasks

# CREATE a Care Plan

- Define and document target symptoms
- Identify and optimally treat all medical conditions
- Depending on acuity of behavior, use behavioral interventions first
- Identify and remove triggers (e.g. pain, noise, boredom, hunger...)
- Assess safety issues for patient and caregivers
- Educate caregivers on community resources

# Helping Caregivers with Behavioral Symptoms

- Look to community resources for education and respite options
- Encourage participation in support groups
- Address own medical and emotional needs
- Remind caregivers to incorporate self-care, even in small increments
- Discuss potential and appropriate placement options

Help caregivers to have  
realistic expectations

# Teepa Snow

## GEMS Brain Change Model

Practical staging tool that can be helpful to caregivers

Gems	Basic Characteristics	Interests
<b>Sapphire</b> 	<ul style="list-style-type: none"> <li>• Normal aging</li> <li>• May feel blue due to the changes of aging</li> <li>• No significant changes in cognition</li> <li>• Difficulty learning new things</li> </ul>	<ul style="list-style-type: none"> <li>• They like to choose</li> <li>• May need help or modifications to enjoy interests</li> <li>• Leaving a legacy, fulfilling promises, or making a difference</li> </ul>
<b>Diamond</b> 	<ul style="list-style-type: none"> <li>• Can do OLD habits and routines</li> <li>• Becomes more territorial OR less aware of boundaries</li> <li>• Likes the familiar and has difficulty with change</li> <li>• Tells the same stories, asks the same questions</li> </ul>	<ul style="list-style-type: none"> <li>• Things that make them feel competent and valued</li> <li>• What they enjoy and who they like</li> <li>• Where they feel comfortable but stimulated</li> <li>• What gives them a sense of control</li> </ul>
<b>Emerald</b> 	<ul style="list-style-type: none"> <li>• Gets lost in past life, past places, past roles</li> <li>• Gets emotional quickly</li> <li>• Loses important things and thinks someone stole them</li> <li>• Needs help, DOES NOT know it or like it</li> </ul>	<ul style="list-style-type: none"> <li>• Doing familiar tasks</li> <li>• Engaging with or helping others</li> <li>• Having tasks or a purpose</li> <li>• Does better with a friend than a boss</li> </ul>
<b>Amber</b> 	<ul style="list-style-type: none"> <li>• Need to have sensation (touch, look, feel, smell, or taste)</li> <li>• Private and quiet or public and noisy</li> <li>• Will get into things</li> <li>• Can't wait or put up with things that take time</li> </ul>	<ul style="list-style-type: none"> <li>• Things to mess with or explore</li> <li>• Textures, shapes, colors, movement</li> <li>• Verbal sounds that are familiar (music)</li> <li>• Tastes—usually more sweet or salty</li> </ul>
<b>Ruby</b> 	<ul style="list-style-type: none"> <li>• Fine motor skill is lost or stops in the mouth, eyes, fingers, and feet</li> <li>• Hard to stop and hard to get going</li> <li>• Limited visual awareness</li> <li>• One direction—forward only, can't back up safely</li> </ul>	<ul style="list-style-type: none"> <li>• Walking a routine path</li> <li>• Watching others, checking them out</li> <li>• Things to pick up, hold, carry, push, wipe, rub, grip, squeeze, pinch, slap</li> <li>• Rhythmic movements and actions</li> </ul>
<b>Pearl</b> 	<ul style="list-style-type: none"> <li>• Not aware of the world around them (most of the time)</li> <li>• Hardly moves</li> <li>• Problems swallowing</li> <li>• Hard to get connected</li> </ul>	<ul style="list-style-type: none"> <li>• Pleasant and familiar sounds and voices</li> <li>• Warmth and comfort</li> <li>• Soft textures</li> <li>• Smooth and slow movement</li> </ul>

Remind caregivers that a person with dementia may retain their emotional intelligence and react to non-verbal cues (both positive and negative).

# Recommended Communications

- Make one request at a time
- Speak clearly with a slower pace
- Allow time for the person living with dementia to respond
- Use more than one sensory modality (i.e., verbal and visual)

# Recommended Communications

- Maintain eye contact
- Assume a comfortable, relaxed posture
- Identify and verbalize the patient's affect
- Use simple, direct statements

# Care Refusal

## Caregivers should be encouraged to:

- Communicate that the request and refusal is understood
- Remember who the patient was previous to dementia
- Avoid arguments
- Focus on pleasant experiences
- Utilize community resources to assist with these behaviors.

# The Ideal Environment

Convey safety, familiarity, comfort and friendliness to avoid triggering agitation

Characteristics of non-threatening environments:

- Adequate lighting
- Comfortable ambient temperature
- Avoid loud and continuous noise stimulation
- Address home safety issues
- Easy-to-find and easy-to-use comfortable furniture with sturdy arm rests

# Environmental Triggers

- Noisy or chaotic environments
- Scenes of violence on TV
- Absence of a place to exercise safely
- Absence of a secure area in which to roam safely
- Lack of access to places engage in activity
- Boredom

## EVALUATE (AND RE-EVALUATE)

- If symptoms are not Improving, look for other underlying conditions.
- If behavioral interventions alone are not sufficiently successful, then psychotropic medication may be needed.
- If interventions are still not effective, consider referral to neurologist or psychiatrist.



# The Challenge of Caring for an Individual Living with Dementia

### STRATEGIES FOR CAREGIVERS

1. Promptly evaluate and treat behavioral symptoms. This is even more important than ever because doing so will help protect caregivers from burn out.
2. Build a caregiving team/expand the caregiving team
3. Learn and utilize optimal communication approaches when caring for a person with dementia.
4. Create an optimal environment that includes structure and activities.
5. Use community, online resources, and other technologies to their fullest:
  - Online resources and learning modules
  - Assisted living communities
  - COVID-19 adaptations have been made which allow safety to be maintained in spite of COVID-19 e.g. video visits

### CREATE A CAREGIVING TEAM

- Share the caregiving burden with as many family members & friends as possible to help protect from stress related illnesses or burn out
- Make a list of family members (and friends and neighbors) who are willing and able to help and what special skills and talents they possess.
- Give family members specific tasks or assignments that, when possible, use their strengths and talents. Examples include: Preparing meals, running errands, walking the dog, mowing the lawn, doing laundry
- Assign out-of-town family members tasks that do not require them to be geographically close to the patient:
  - Using email to keep all those interested informed
  - Set up a phone tree for efficient communication
- Caring for a family member with dementia can be extremely stressful. Habits of behavior and communication between family members may be intensified by the stress of the situation.
- Periodically solicit feedback and offer praise and thanks

### RECOGNIZING AND RESPONDING TO BEHAVIOR CHANGES

- Behavior changes are a form of communication.
- When a person with dementia experiences a change in behavior the first goal is to determine the meaning or message being communicated.
- Sometimes the meaning or message will be simple or obvious but sometimes it may take a while to understand.
- Even though we are living through the COVID-19 pandemic, individuals living with dementia remain vulnerable to behavioral problems and the triggers for behavioral symptoms remain the same.
- Remember that the emotions and stress of a caregiver will likely be passed to the person who is living with dementia.

- Encourage all involved family members to become as educated as possible about their loved one's dementia, and their preferences and needs
- Encourage care giving family members to attend virtual support groups
- Do not hesitate to set limits if a particular family member is saying or doing things that hurt more than help
- Monitor each care giving family member for signs of physical or psychiatric illness or burn out
- Establish clear lines of authority and communication
- Utilize online courses on how best to communicate with and assist someone who has dementia (e.g. Teepa Snow [teepasnow.com](http://teepasnow.com))



# Available in English and Spanish

### Information, Organizations and Services

- 211: County-wide info/resources, <http://211sandiego.org>
- Access & Crisis Line: Behavioral Health Services for triage and referral to Mobile Crisis Response Team, as appropriate. (888-724-7240) <https://www.sandiegocounty.gov/mcrt/>
- Aging & Independence Services: (800) 339-4661, specific info/resources for older adults, including Adult Protective Services, <http://sandiegocounty.gov/hhsa/programs/ais/>
- Alzheimer's Association: (800) 272-3900, Alzheimer's disease specific; <https://alz.org>
- Alzheimer's San Diego: (858) 492-4400, San Diego based resource organization; <http://alzsd.org>
- Caregiver Coalition of San Diego: (858) 505-6300, education and online resources, <https://caregivercoalitionsd.org>
- Jewish Family Service Older Adult Helpline (858) 637-3210, <http://www.jfssd.org>
- Southern Caregiver Resource Center: (800) 827-1008, Caregiver focused information and resources <http://caregivercenter.org/>
- UC San Diego Shiley-Marcos Alzheimer's Disease Research Center: (858) 822-4800, <http://adrc.ucsd.edu>
- VA San Diego Healthcare System Caregiver Support. [www.caregiver.va.gov](http://www.caregiver.va.gov) (858) 642-1215

### Respite and In-Home Services

- Southern Caregiver Resource Center including respite voucher program: (800) 827-1008, <http://caregivercenter.org>
- Respite Volunteer Program: Alzheimer's San Diego; (858) 492-4400, <http://alzsd.org>
- In-Home Care Resources: In-Home Supportive Services, (800) 339-4661, <http://sandiegocounty.gov/hhsa/programs/ais/>

### Memory Care Living Communities

- ChooseWell: Listings and ratings of assisted living facilities; County HHSA; <http://choosewellsandiego.org>

### Day Programs

(PACE= Program of All-Inclusive Care for the Elderly)

- Family Health Centers of San Diego PACE; (619) 515-2445, <https://fhcsd.org/pace>
- Glenner Center: (619) 543-4700, <http://glenner.org>
- St. Paul's PACE Program; (619) 239-6900, <https://stpaulspace.org>
- San Diego PACE Program; (619) 662-4100, [www.syhc.org/sdppace](http://www.syhc.org/sdppace)
- Gary & Mary West Senior Wellness Center; (619) 235-6572, <https://servingseniors.org>
- Gary & Mary West PACE (North County); (760) 280-2230, <https://westpace.org>

### Financial, Insurance and Legal Resources

- California Department of Aging, (916) 322-5290, <https://aging.ca.gov>
- Health Insurance Resources: Health, Information, Counseling & Advocacy Program (HICAP), (858) 565-1392, <https://cahealthadvocates.org>
- Legal Resources: Elder Law & Advocacy, (858) 565-1392, <http://www.seniorlaw-sd.org>

### Print Resources

- Caregiver Handbook, Caregiver Coalition of San Diego, <https://www.caregivercoalitionsd.org>
- Mace, N. & Rabins, P. *The 36-Hour Day: A Family Guide to Caring for People with Alzheimer's Disease, other Dementias, and Memory Loss in Later Life.*
- California DHS, <https://www.takeonalz.com/find-a-path-forward/formal-diagnosis/>

### Safety Resources

- Adult Protective Services: (800) 510-2020, for elder and dependent adult abuse reporting
- GPS Tracker Options: <https://safewise.com/best-gps-trackers-dementia-patients/>
- SD County Sheriff's "Take Me Home" Program and "You Are Not Alone" Program: [www.sdsheeriff.net/tmh](http://www.sdsheeriff.net/tmh) (info on registering)

### Transportation

- San Diego County Volunteer Driver Coalition; (888) 924-3228, <http://sdcvdc.org>
- SANDAG, <http://factsd.org>

# Available in English and Spanish

# Caring for the Caregiver

## Self-Care Activities for Dementia Caregivers

Are you caring for someone with Alzheimer's, dementia, or memory loss? Access these classes from the comfort of your home - anytime, anywhere - and learn how to reduce caregiving-related stress through self-care and mindfulness techniques.

[Click here to watch the series!](https://www.caregivercenter.org/selfcare) <https://www.caregivercenter.org/selfcare>

### MANAGING CAREGIVER STRESS

Caregiving can be physically and emotionally draining. During this class, you'll learn about strategies to reduce unhealthy stress levels, including breathing and self-awareness exercises.

### STRESS IN THE MIND AND BODY

Did you know that stress can affect your body physically and psychologically? In this class, you'll learn how stress and tension affect our daily lives and how to manage the long-lasting effects of chronic stress.

### LIFE EVENTS AND MOOD CHANGES

Did you know that everyday life events can affect caregiving? Your social climate can heavily impact your ability to care for others! Learn the importance of monitoring your daily mood changes and how to balance your emotions through self-care activities.

### CAREGIVER RELAXATION GUIDE

Is relaxation at the bottom of your priority list? It is for many caregivers. During this class, you'll practice unique strategies to gain control over your daily stressors and learn how to incorporate regular relaxation into your day.

### HOW THOUGHTS CAN AFFECT OUR EMOTIONS

Managing our emotions can be easier said than done. In this class, we'll demonstrate how to better manage negative feelings and reframe them as more positive ones.

### THE POWER OF MUSIC

Have you ever noticed that music can make you feel good and even get you out of a bad mood? Throughout this class, you'll learn the impact music has on caregiving and the benefits of listening to music with your care receiver.



Available in  
English and  
Spanish

The Alzheimer's Project Clinical Roundtable facilitated by



**[ChampionsforHealth.org/alzheimers](https://ChampionsforHealth.org/alzheimers)**

Slide deck of this presentation available on website  
Website updated regularly with most current information

Funding for this educational series provided by



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