

3D ECHO

Care Management: Behavioral and Psychological Symptoms of Dementia (BPSD)

Alzheimer's and Dementia Care ECHO Session 10

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Nursing Continuing Education

The criteria for successful completion of 1.0 contact hours of nursing continuing professional development is awarded for 60 minutes of attendance and the completion of the evaluation. Credit will be awarded at the end of the entire clinic series based on participation. Partial credit for attending will not be awarded.

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The subject matter experts presenting evidence-based content and providing case feedback are not promoting the use of Frontier Psychiatry within this webinar. Ongoing monitoring for monitoring of program integrity is reviewed by the nurse planner to ensure program is free of bias.

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Announcements



Supporting **Three Dimensions** of Health Care in Local Communities:
Biological, Psychological and Social

Topic Schedule

- October 13: Diseases Causing Dementia
- October 27: Signs and Symptoms of Cognitive Impairment and Cognitive Assessment Tools
- November 10: Evaluation and Diagnosis in the Primary Care Office or Residential Setting
- November 24: Referral and Specialty Testing
- December 8: Routine Care Planning
- January 12: Communication of Findings to Patients and Caregivers
- January 26: Providing Person-Centered Care: Integration of Family and Caregivers
- February 9: Care Management: Addressing Role and Needs of Caregivers
- February 23: Care Management: Cognition and Comorbidities
- **March 9: Care Management: Behavioral and Psychological Symptoms of Dementia**

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Session 10: Care Management: Behavioral and Psychological Symptoms of Dementia

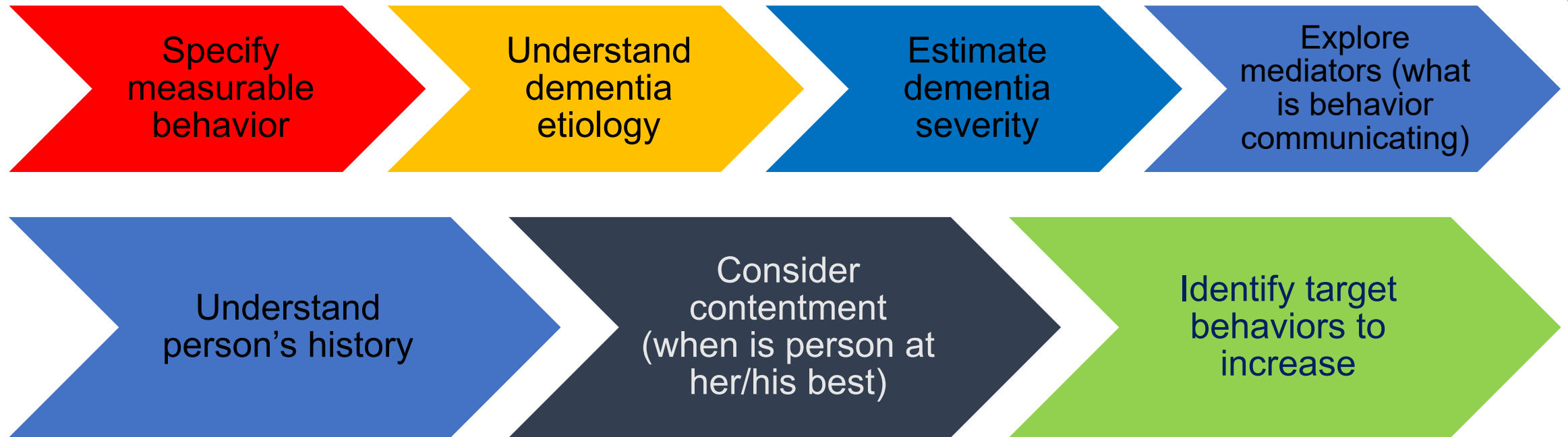
Supporting **Three Dimensions** of Health Care in Local Communities:
Biological, Psychological and Social

Learning Objectives

At the conclusion of this course, participants will be able to:

- Recognize common behavioral and psychological symptoms in patients with Alzheimer's Disease and related dementias (ADRD)
- Recognize the importance of determining what the behavior is communicating
- Evaluate strategies for managing behavioral issues in patients with ADRD

A Person-Centered Behavior Management Approach



Diagnosis and Behavioral Disturbance



Alzheimer's Disease

- Memory based syndromes (e.g. 'delusions')

Lewy Body Dementia

- Hallucinations or sleep/wake syndromes

Vascular Dementia

- Initiation and multitasking, affect regulation

Frontotemporal Dementias

- Disinhibition or impulse control syndromes

Depression

- Anxiety-based syndromes

Alcohol, Wernicke-Korsakoffs

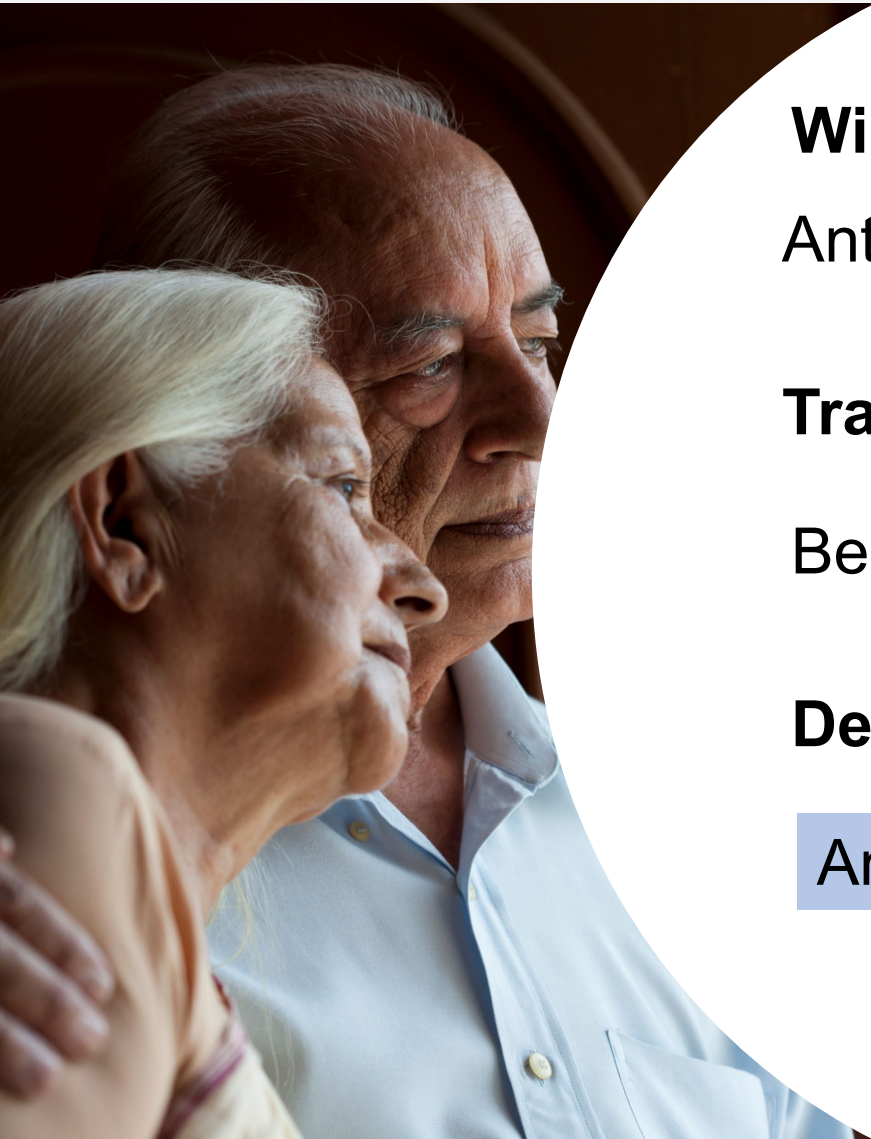
- Confabulation

All Dementias Converge



As all degenerative dementias worsen, most parts of the brain become involved, so they begin to look more alike.

ABCs of Behavior



Wild Type

Antecedent → Behavior → Consequence

Traditional Behavior Management (requires memory!)

Behavior ← Consequence

Dementia Behavior Management

Antecedent → Behavior

Behavior is Communication



As language skills decline, overt behavior will fill the void.

This implies that:

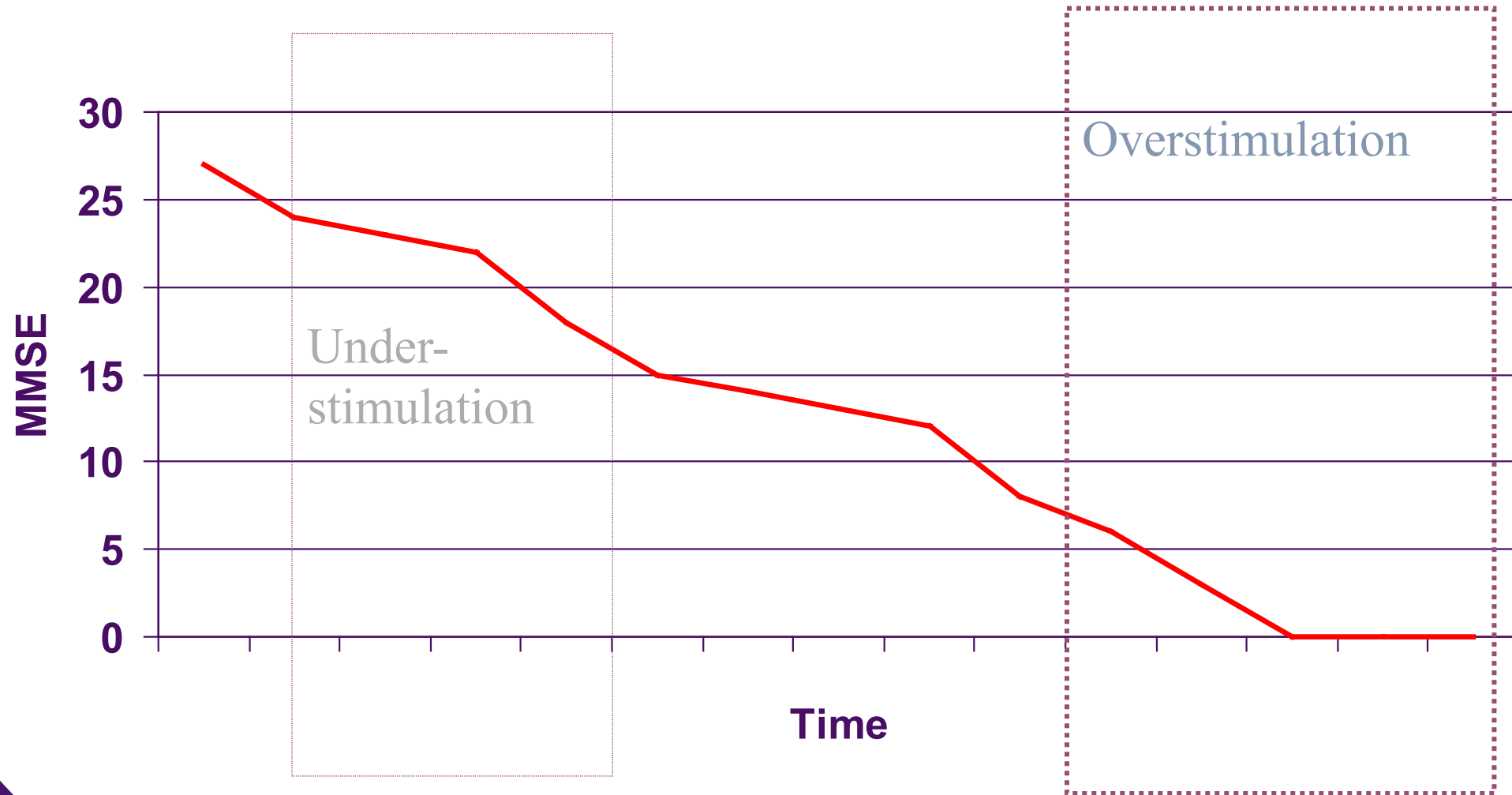
- Behavior is not random
- Behavior is adaptive for that person
- Behavior is goal directed

What is Behavior Communicating?



- Pain
- Boredom
- Overstimulation
- Understimulation
- Depression
- Apprehension
- Habit

Course of Decline



Mediators of Challenging Behaviors in Dementia



- Physical health factors
- Psychological health factors
- Environment, task, approach
- Social history

Cannot Create a Behavior Vacuum

- Behaviors compete in real time
- Ask when the person is at their best
- Increasing frequency of desired behaviors may reduce the frequency of undesired behaviors



Questions



Case Presentation



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Thank you!

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