A management plan for people with dementia: an experience of a Special Care Unit

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GOALS OF OUR ALZHEIMER CARE UNIT

1. DEVELOP A **PLAN CARE BASED ON PSYCHOSOCIAL INTERVENTIONS** WITH A “TAILORED” CARE TO MANAGE BPSD IN PERSON WITH MODERATE-SEVERE DEMENTIA.

2. CREATE A PERSONALIZED PROJECT FOR **CONTINUE CARE AT HOME** AS LONG AS POSSIBLE, WITH GOOD **QUALITY OF LIFE** (clients and caregivers).
Behavioural and Psychological Symptoms of Dementia (BPSD) = non-cognitive symptoms of disturbed perception, thought content, mood or behaviour that frequently occurs in patients with dementia.

The etiology of BPSD is multi-factorial:

1. neurotransmitter changes
2. challenges with communication
3. Environment disturbances
a Person-Centred Term  
to define this condition

‘responsive behaviours’

to a cue or trigger  
experienced by the person with dementia.

Behaviours of the person is the best attempt to respond to the  
current situation and communicate their needs.
**Best Practice Guideline for Accommodating and Managing BPSD in Residential Care.**

**STEP 1**

**WHAT**= “Conduct an assessment to evaluate the person’s behavioural symptoms and define specific goals”.

**HOW**=

- Conduct a comprehensive psycho-geriatric assessment
- Discuss and practice an individual care plan with periodical follow-up:
  1. Define **problems** and **resources** (client and caregivers)
  2. Plan **actions** to reach few and clear goals

“Nonpharmacologic Management of Behavioral Symptoms in Dementia.” November 21, 2012 JAMA
Best Practice Guideline for Accommodating and Managing BPSD in Residential Care.

STEP 2.

**WHAT** = “Consider the person’s physical, intellectual, emotional, capabilities, environmental, and social factors to understand their behaviours.”

**HOW** =

- Collect informations:
  1. from caregivers: life story of clients and family (habbits…)
  2. and clients: verbal reports and direct observation during the recovery
Best Practice Guideline for Accommodating and Managing BPSD in Residential Care.

STEP 3.

WHAT = “Non-pharmacological interventions before pharmacological intervention, and if medications are medically indicated, continue using non-pharmacological, person-centered approaches.”

HOW =

- Adapted Occupational activities (cooking, basic daily activities, …)
- Multisensory stimulation (Snoezelen approach): activate or relax.
- Monitoring benefits and adverse effects of both psychosocial and drugs therapy.

“Nonpharmacologic Management of Behavioral Symptoms in Dementia.” November 21, 2012 JAMA
STEP 4.

WHAT= “Select psychological and meaningful social interventions based on individualized goals of care.”

HOW=

- Plan a **discharge psychosocial project** during the recovery time:
  - Based on non-pharmacological strategies and pharmacotherapy efforts obtained
  - Discuss with caregivers (desire, burden and real resources)
  - Partecipation of Social Case Menager (activate care services)
<table>
<thead>
<tr>
<th>Demographic and Clinical Features</th>
<th>Admission</th>
<th>Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>N (patients)</td>
<td>104 (63 AD)</td>
<td>61 (59% came back home)</td>
</tr>
<tr>
<td>CIRS (severity, mean score)</td>
<td>17,20 (+4,76)</td>
<td>18,11 (+4,13)</td>
</tr>
<tr>
<td>Age (yrs), SD</td>
<td>81 (+6,98)</td>
<td>-</td>
</tr>
<tr>
<td>Sex (M; F)</td>
<td>42 (40%); 62 (60%)</td>
<td></td>
</tr>
<tr>
<td>MMSE (mean score ±SD)</td>
<td>10,33 (+6,85)</td>
<td>9,33 (+7,08)</td>
</tr>
<tr>
<td>Tinetti (mean score ±SD)</td>
<td>17,42 (+6,51)</td>
<td>16,82 (+6,05)</td>
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**Admission length**

<table>
<thead>
<tr>
<th>Mean (±SD)</th>
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<tr>
<td>Days (n)</td>
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63 case study:
Discharge projects

Subjects

- Back home: 65%
- Dementia special unit: 18%
- Public nursing home: 11%
- Private nursing home: 6%
BEHAVIOURAL SYMPTOMS: Neuropsychiatric Inventory

NPI: global score

N = 104 people

SINGLE ITEM
Behavioural symptoms

<table>
<thead>
<tr>
<th>Global NPI</th>
<th>Admission</th>
<th>Discharge</th>
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<tbody>
<tr>
<td>ADM. 6 months after</td>
<td>45</td>
<td>29</td>
</tr>
<tr>
<td>ADM. 12 months after</td>
<td>47</td>
<td>21</td>
</tr>
<tr>
<td>ADM. 18 months after</td>
<td>43</td>
<td>38</td>
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CONCLUSION

1. The Application of a Person centered care in a residential setting include a “parallel work” with client and carers.

2. A multidisciplinary team (basic care, medical, social, psychological dimensions and behavioural therapy) is a way for realized a global approach.

3. A temporary admission in a Specialized Alzheimer Care Unit help to:
   - **Adapt and Implement** psychosocial interventions to prevent or manage disruptive BPSD.
   - **Support and educate caregivers** (relatives or formal helpers) to continue non-pharmacological strategies at home.
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