Recognizing, coping and working with behavioral and psychological symptoms of Dementia

Ída Atladóttir RN, Psychiatric nurse, MS in Geriatric Nursing and Director of Roðasalir Kópavogur, Iceland
Statistics about Dementia in Iceland

- Population of Iceland = 318,500 (1 January 2011)
- About 6-7% of >65 years have Dementia
- In the great Reykjavík area (including Kópavogur)
  - n= 150 use Day Care Centers
  - n= 400 first admittance to the Memory Clinic in a year
- Waiting time is 2-4 months for first admittance to the Memory Clinic
Roðasalir a Day Care Center and Nursing Home

• **Location:**  
  Kópavogur in the great Reykjavík area

• Population in Kópavogur 2011 = >67 years = 3089

• Roðasalir: Nursing home n=10 – Respite care n=1
  Day Care Center:(5 days in a week) n =20
Roðasalir
Roðasalir – a Day Care Center

• All clients on the waiting list have been diagnosed with Dementia at the Memory Clinic

• Waiting time is up to six months before entering

• Behavioral and psychological symptoms in Dementia (BPSD) and the overall condition worsens through the waiting time

• Caregiver burden rises as well
Preparation for entering Day Care Center

Family

• Telephone interview regarding situation, family condition, expectations, to give information about Day Care Center

• Interview in Day Care Center **without** the client: The director invites the family

• Application of various scales in the interview to get clinical information and reduce caregiver burden while waiting (if relevant receive photocopy of scales)
Preparation for entering Day Care Center

- The client is invited to visit us when he/she can see active programme running

- We tell them that all of our clients have some type of Dementia of various degrees

- Refusal is rare-but we visit them if necessary!
Assessment scales used continuously in interviews during stay in Day Care Center

- Lawton and Brody’s Physical –Self-Maintenance
- Lawton Instrumental of Daily Living Scale
- The Present Functioning Questionnaires
- The Neuropsychiatric Inventory with Caregiver distress (NPI-D or NPI-NH worksheet)
- Safety Assessment Scale (for those living alone)
- For caregivers: Screen for Caregiver Burden and Geriatric Depression Scale
Other assessment scales used when necessary

- Cohen-Mansfield Agitation Inventory – Community
- The Algase Wandering Scale – V2
- Revised Algase Wandering Scale-Community version
- Elder Mistreatment Assessment (abuse, neglect, exploitation, abandonment)
Day Care Center - Attendance

Transportation by bus to Roðasalir.

• Arrival: 8 or 9 or 10 AM. One of the staff travels with the bus to assist the most fragile clients. Transportation back home at 4:00 PM.

• Clients are encouraged to attend the services for 5 consecutive weekdays

• Once a week:
  • Meeting, teamwork and discussions
    • director, physician and nurse aid
Day Care Center – Caregiver support

• Once a year or as needed
  • the team meets the family
  • discussions about diagnosis/prognosis
  • medication discussions

• Extra meetings of the director with the family
  • information and support for the caregiver
  • support or preparation for Nursing Home admission
Combination of staff in Day Care Center

- The Director of Roðasalir= psychiatric nurse and MS in *geriatric nursing* - the only nurse -working day 8-16 rotating between Day Care Center and Nursing Home
- Physician specialist in geriatry (4 hours per week)
- Licenced practical nurse = 1.9
- Nurse aid = 1.0
- Unskilled staff = 2.65
- Not included = cleaning and food preparation
Emphasis in Day Care Center

- Dementia management and Cognitive stimulation
- Coping enhancement
- Maintaining ADL ability
- Nursing / Medical / Social support and guidance
- Caregiver support: by presence / telephone
- Maintaining physical health
- Health system guidance
- Important issues of care
Caregiver burden in Dementia

- Factors that may influence:
  - Cognitive- and ADL impairment, BPSD, patients and caregivers’ characteristics, education and knowledge, social support and additional help, coping styles (3)

- Risk factors which lead to depressive symptoms among caregivers are:
  high frequency of disturbing behaviour - caring for patients at home - low formal support, increased burden of care (4)

- Caregiver burden results in depression in 50% cases
Caregiver burden - like rolling a big log up a hill
Behavioral and psychological symptoms in Dementia (BPSD)

• High prevalence of BPSD (80%) is among those who have Dementia whether or not they are living in the community or in institutional settings (1)

• About 2/3 of those with Dementia are cared for by close family members at their homes in Scandinavia (2)
## Domains of The Neuropsychiatric Inventory with Caregiver distress (NPI-D)

<table>
<thead>
<tr>
<th>Domain</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delusions</td>
<td>Hallucinations</td>
</tr>
<tr>
<td>Agitation/Aggression</td>
<td>Anxiety</td>
</tr>
<tr>
<td>Depression/Dysphoria</td>
<td>Apathy/Indifference</td>
</tr>
<tr>
<td>Elation/Euphoria</td>
<td>Irritability/Lability</td>
</tr>
<tr>
<td>Disinhibition</td>
<td>Sleep</td>
</tr>
<tr>
<td>Aberrant motor behavior</td>
<td></td>
</tr>
<tr>
<td>Appetite and eating disorders</td>
<td>(1)</td>
</tr>
</tbody>
</table>
Validation of the Icelandic version of NPI-D

- Apathy was the most frequent neuropsychiatric disturbance
- Apathy was positively correlated with severity of illness, i.e. apathy scores were higher as the severity of illness increased
- Highest correlation between neuropsychiatric symptoms and caregiver burden was between total score of NPI-D and each of the NPI-D subscales i.e.: irritability/lability - depression/dysphoria - disinhibition

(5)
Recognizing, coping and working with behavioral and psychological symptoms of Dementia (BPSD)

Benefits of using scales:
1 Educate caregivers about present symptoms of BPSD, what may be ahead and find ways of relieve
2 Support family regarding Nursing Home application
3 Screen for caregiver burden and depression among caregivers - strengthen their coping styles
4 Timesaving, reducing lack of professionals, enable to evaluate care and medication, use of the same vocabulary among professionals
Thank you for your attention
References


