



ALzheimer COoperative Valuation in Europe

The European Joint Action on Dementia  
Public Health Programme 2008 - 2013  
European Union



***ALCOVE propositions for  
Behavioral & Psychological Symptoms of Dementia  
Support Systems  
a holistic approach in 3 dimensions***

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**ALCOVE SESSION  
ALZHEIMER EUROPE CONFERENCE  
11-12-13 OCTOBER 2013 - MALTA**

# Structures & Care Organisations for BPSD

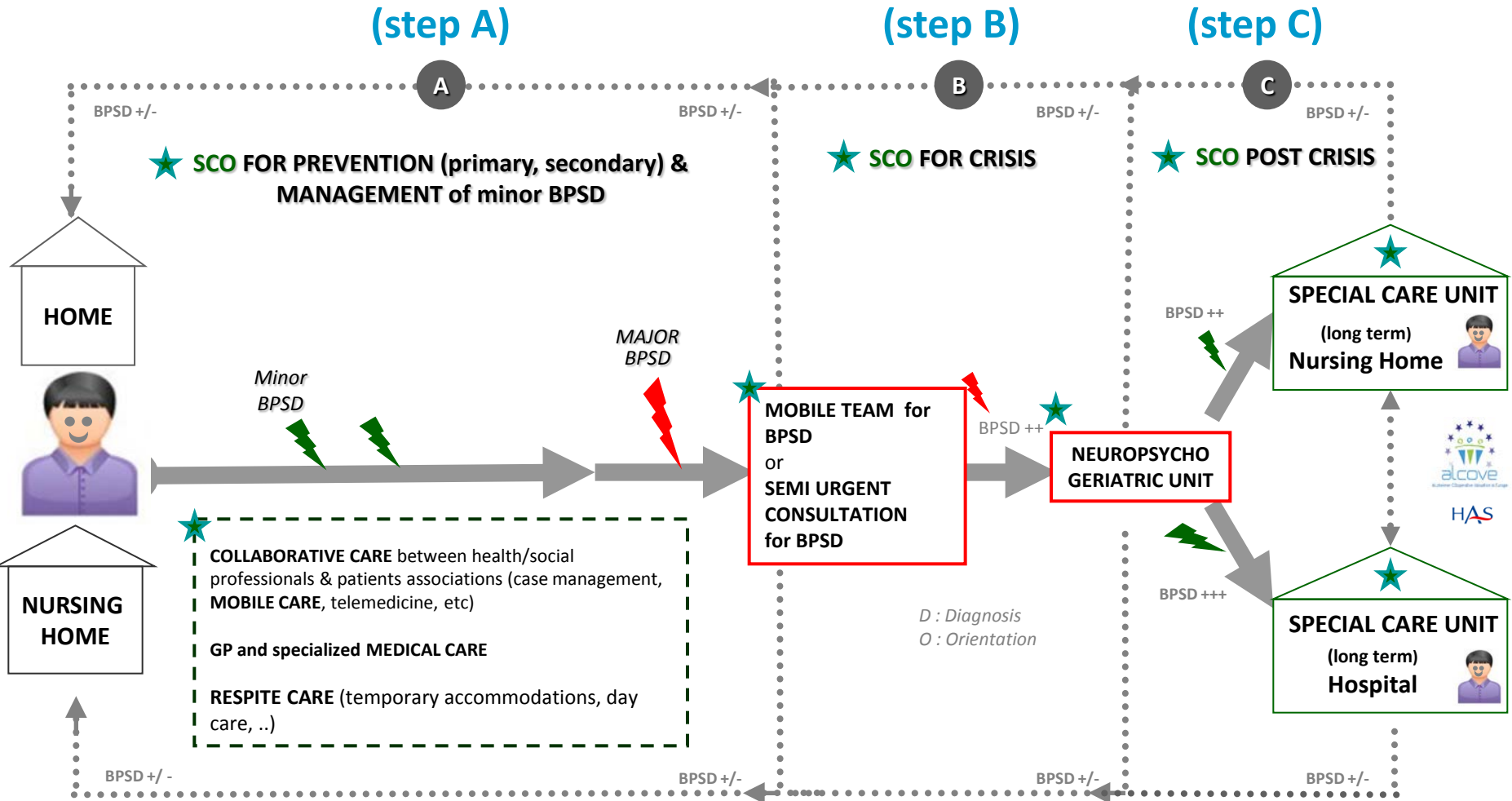
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## ☆ What are Structures & Care Organisations for BPSD?

- Collaborative care, e.g. multidisciplinary teams
- Outpatient consultation services, home care, day hospitalisation units
- Mobile team dedicated to BPSD
- Respite care, i.e. temporary nursing home accommodation, day care units
- Telemedicine
- Specific hospital neuro-psycho-geriatric units
- Specific units within nursing homes
- ...



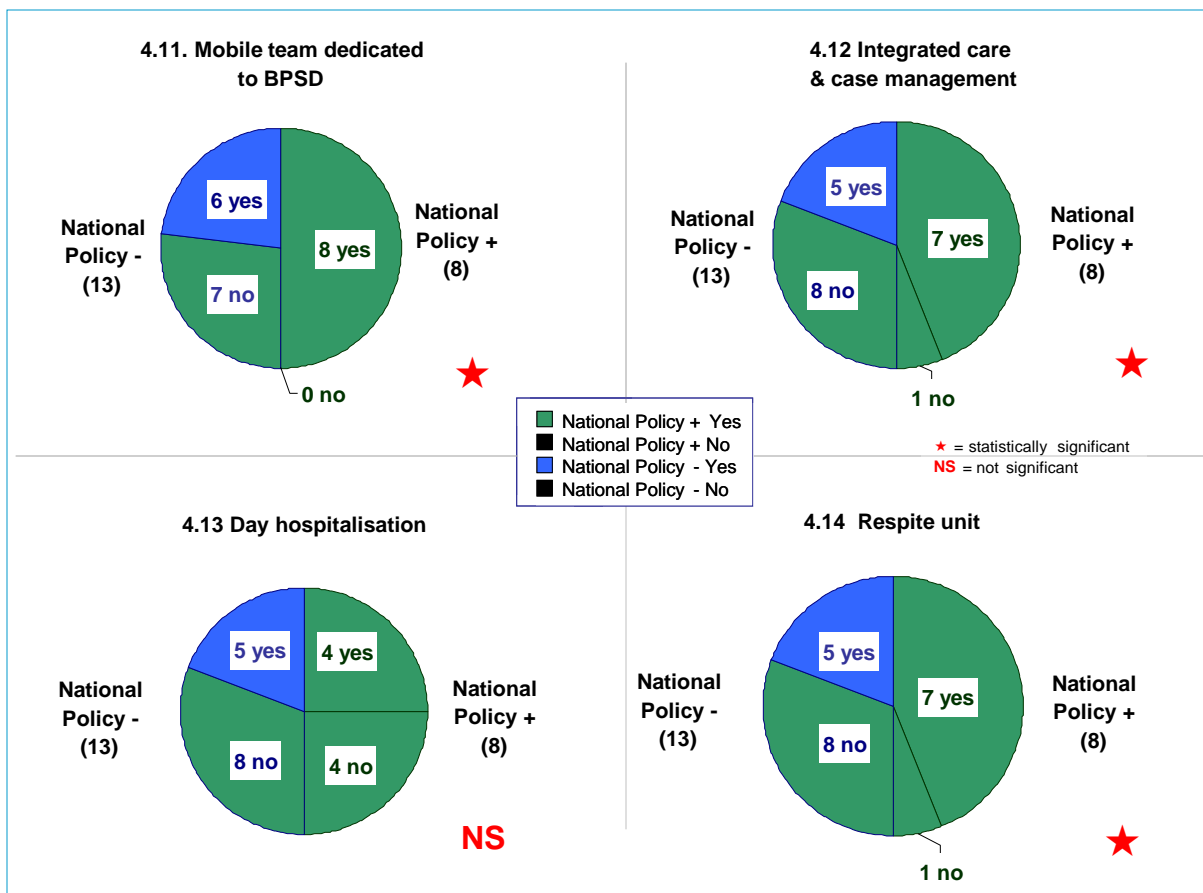
# Structures & Care Organisations for BPSD all along the Patient Pathway



# ALCOVE European Survey on SCO for BPSD

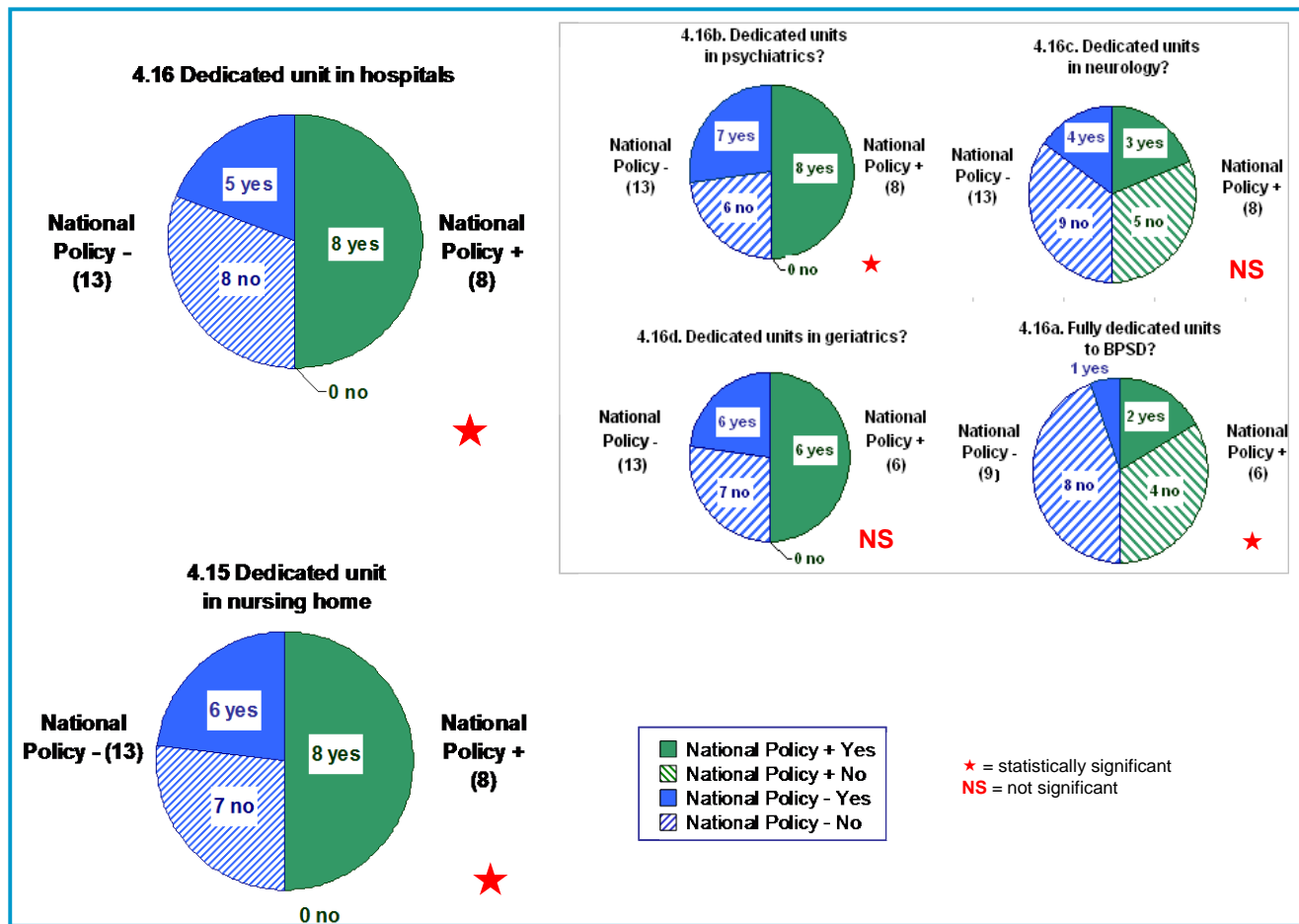
## ☆ SCO for the prevention & management of minor BPSD (step A)

. Structures and Care Organisations for the Prevention & Management of minor BPSD (SCO step A)



# ALCOVE European Survey on SCO for BPSD

☆ SCO for prevention & management of major BPSD: Crisis (step B)  
Post Crisis (step C)



# Examples of European Projects

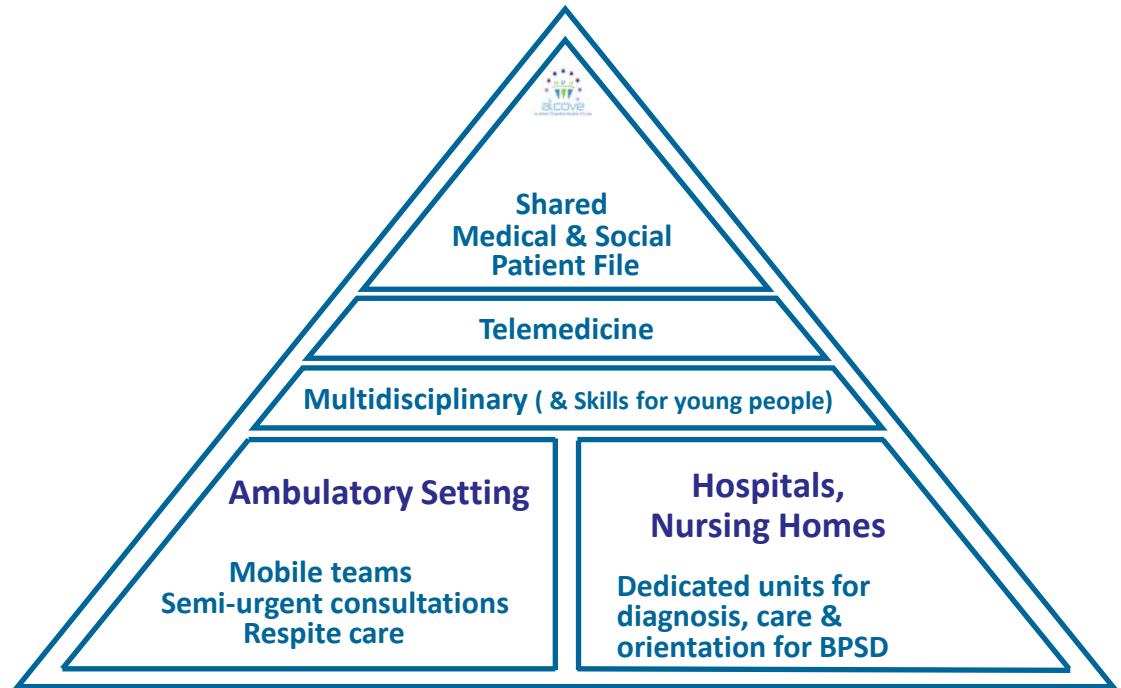
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## Home support by multidisciplinary specialized teams to prevent BPSD in France

- ☆ → Home nursing services spread equitably across France by the French National Alzheimer plan
  - Nurses, gerontology assistants, occupational therapists and psychomotor therapists
  - Medical prescription
- ☆ Home visits
  - Assessment of housing adjustments
  - Patient education, rehabilitation and cognitive stimulation
  - Help with behavioural disorders
- ☆ Coordination with all other professionals, General Practitioners, specialists and memory centres, psychologists, speech therapists for instance.

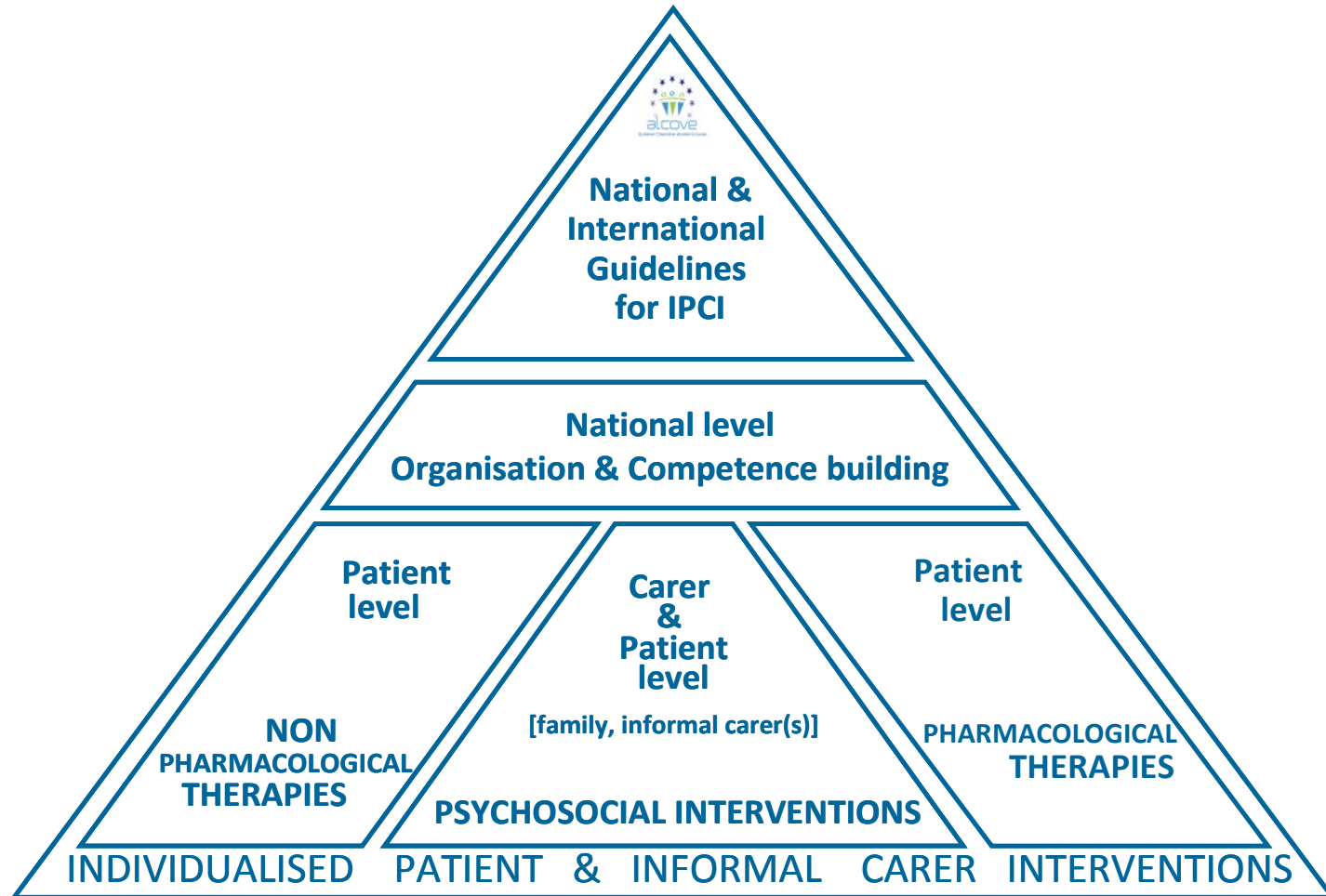
# ALCOVE recommendations for SCO for BPSD

- ★ Ambulatory SCO for persons experiencing BPSD
- ★ Dedicated units for BPSD in Nursing homes and Hospitals
- ★ A shared medical and social patient file as an optimal tool, key to an indispensable multidisciplinary approach
- ★ Quality and impact indicators collected in all SCO to evaluate new programs



The recommendations at the foot of the pyramids are fundamental, with subsequent levels covering more sophisticated objectives

# Recommendations for all Individualised Patient & Family Carers Interventions





# The « 3D » Support Systems Strategy

## STRUCTURES & CARE ORGANISATIONS for BPSD

Special care unit, Respite care, Mobile care  
for BPSD Prevention & Management  
(where are applied 2 & 3)

1

BPSD  
Prevention &  
Management

2

INDIVIDUALISED PATIENT & FAMILY  
CARER INTERVENTIONS  
for BPSD

Psychosocial Interventions for Family Carer & Patient,  
Non Pharmacological Therapies for Patient,  
Pharmacological Therapies for Patient  
(delivered within 1)

3

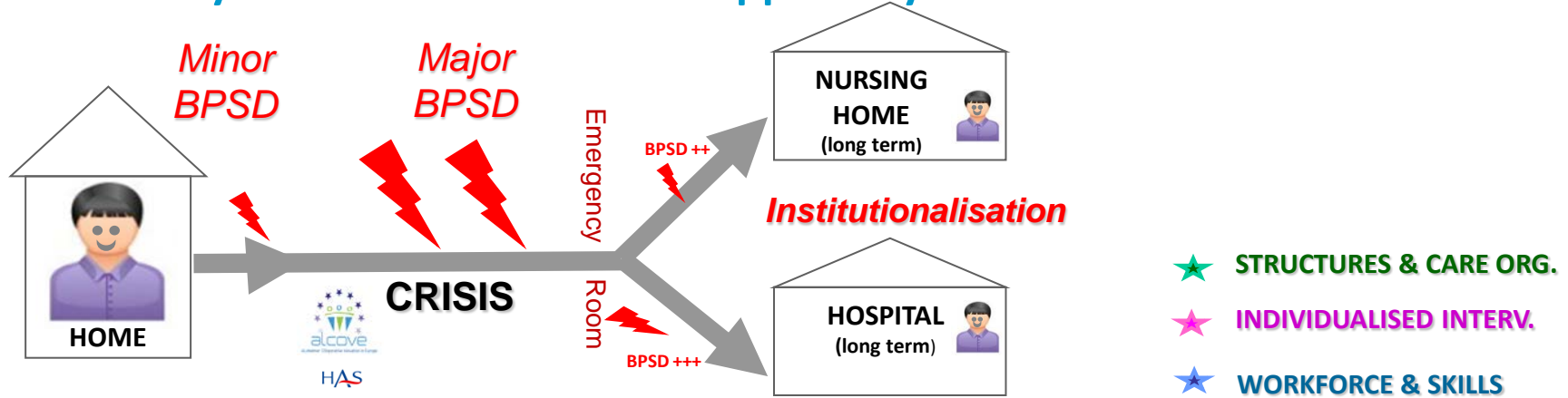
WORKFORCE & SKILLS  
for BPSD

Education & Training , Clinical guidelines,  
Improvement programs for BPSD  
(applied within 1)

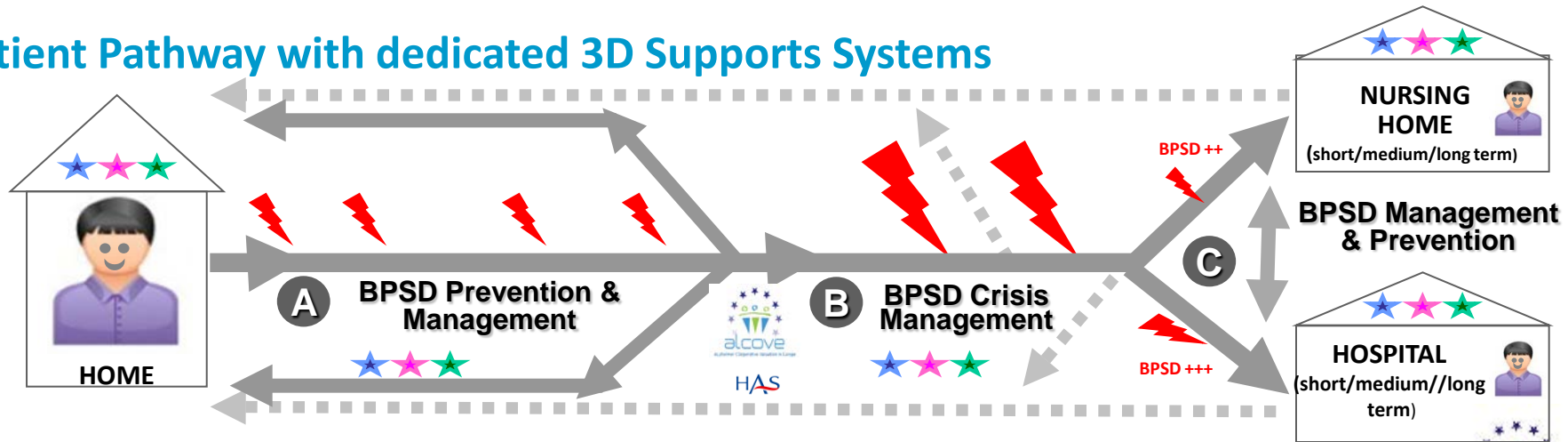


# Patient Pathway & 3D Support Systems for BPSD

## Patient Pathway without dedicated 3D Supports Systems



## Patient Pathway with dedicated 3D Supports Systems



# ALCOVE recommendations for BPSD Support Systems Strategy

- ☆ BPSD →
  - family carer burden and depression
  - increased rate of institutionalisation

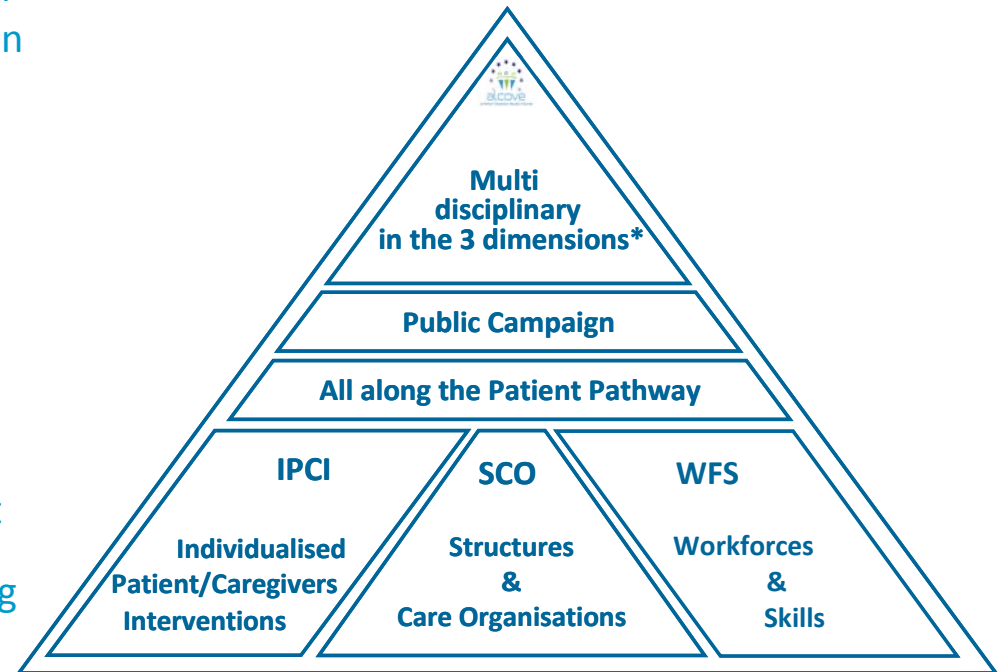
→ All nations should develop a 3-dimensional holistic strategy SCO – IPCI - WFS

- ☆ At each step of the patient pathway
  - prevention and management of minor BPSD
  - major BPSD crisis events
  - post crisis phase

- ☆ Public information on :
  - BPSD prevention and management
  - Antipsychotic risks

→ General awareness campaigns for decreasing fear and stigma about dementia.

- ☆ A multidisciplinary approach



The recommendations at the bases of the pyramids are fundamental, with subsequent levels covering more sophisticated objectives



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# SUPPORT SYSTEMS FOR BPSD

## Thank you!

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