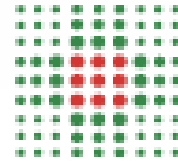




ASP

Azienda Pubblica di Servizi alla Persona
dei Comuni Modenesi Area Nord



SERVIZIO SANITARIO REGIONALE
EMILIA-ROMAGNA

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

Annalisa Bonora

Psychologist Of Alzheimer Special Care Unit – C.I.S.A. Mirandola
ASP Comuni Modenesi Area Nord (ITALY)



Malta / 12 October 2013

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)

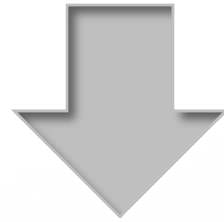
=

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

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.

Best Practice Guideline for Accommodating and Managing BPSD in Residential Care.

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)
 - Participation of Social Case Manager (activate care services)

temporary projects: (from october 2008-present)

Demographic and Clinical Features	Admission	Discharge
N (patients)	104 (63 AD)	61 (59% came back home)
CIRS (severity, mean score)	17,20 (\pm 4,76)	18,11(\pm 4,13)
Age (yrs), SD	81 (\pm 6,98)	-
Sex (M; F)	42 (40%); 62 (60%)	
MMSE (mean score \pm SD)	10,33 (\pm 6,85)	9,33 (\pm 7,08)
Tinetti (mean score \pm SD)	17,42 (\pm 6,51)	16,82 (\pm 6,05)

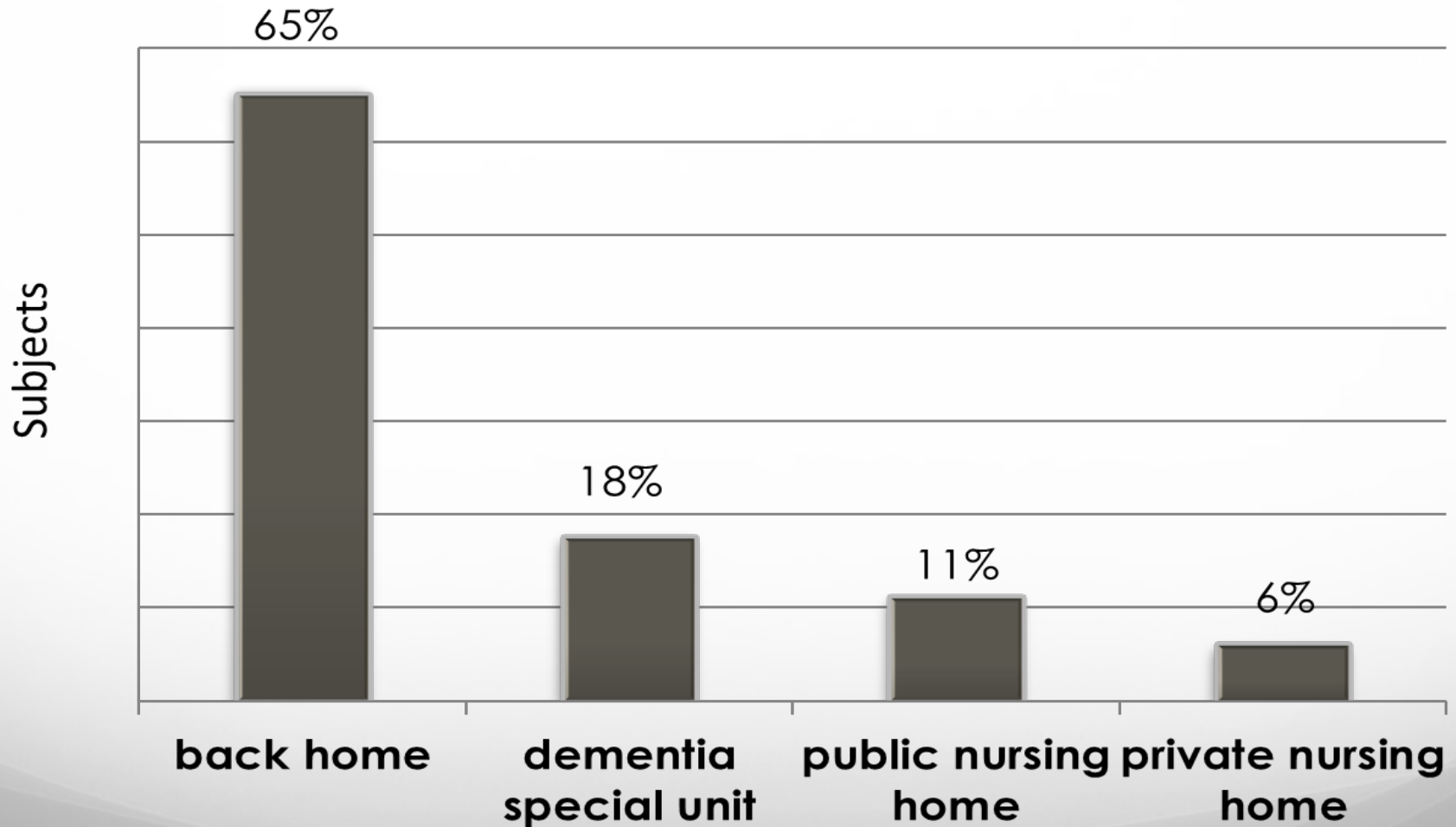
Admission lenght

Mean (\pm SD)

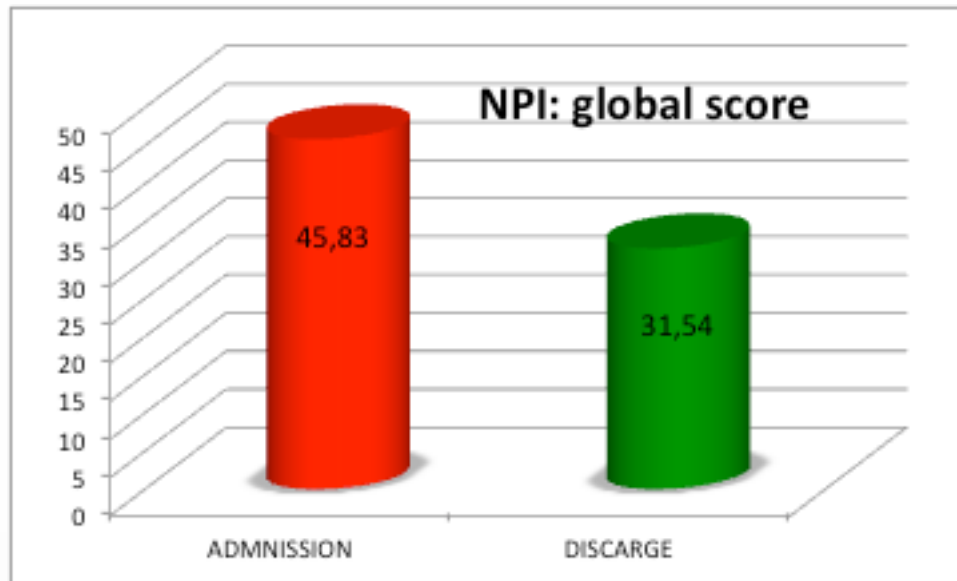
Days (n)

113,42 (67,84)

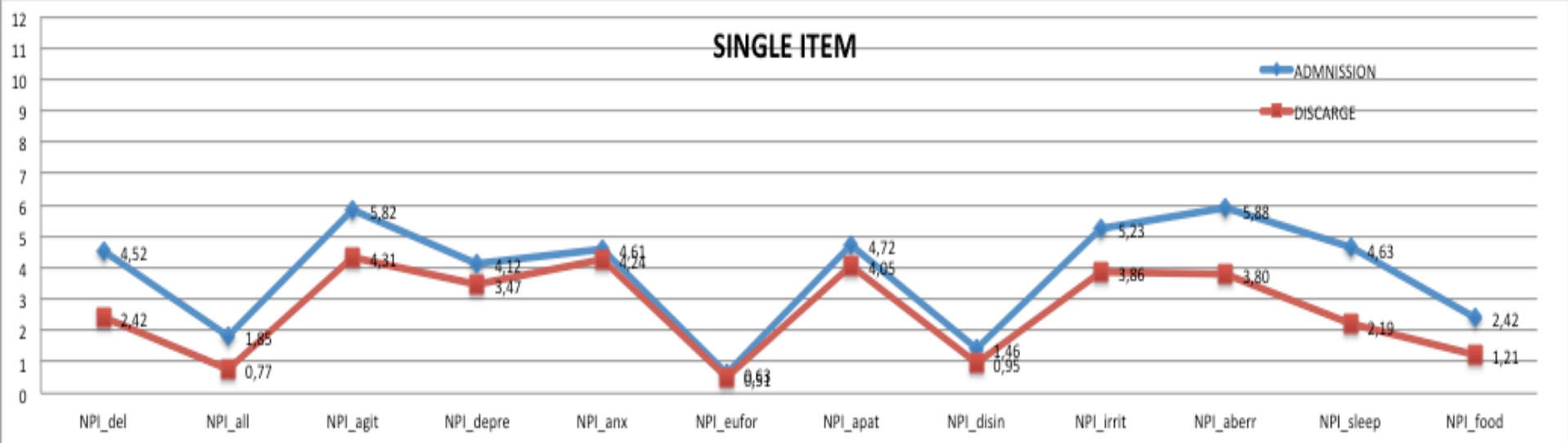
63 case study: Discharge projects



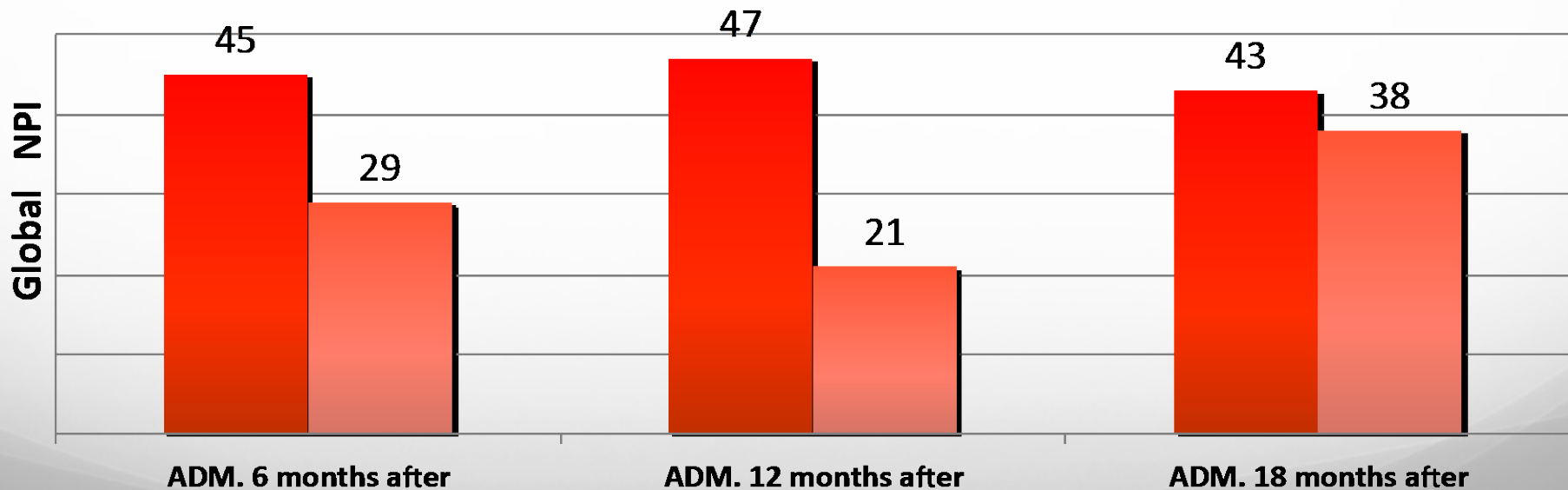
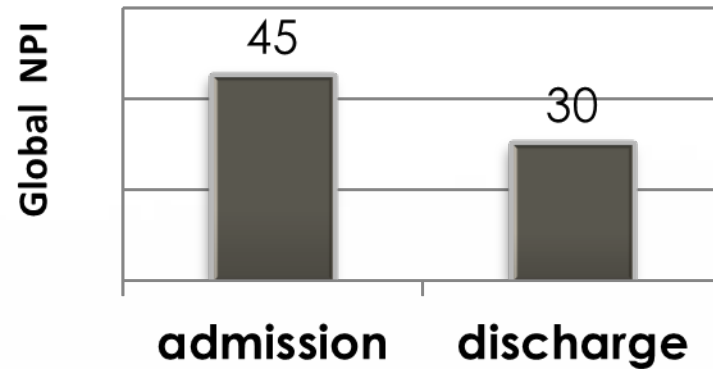
BEHAVIOURAL SYMPTOMS: Neuropsychiatric Inventory



N= 104 people



Behavioural symptoms



CONCLUSION

1. The Application of a Person centered care in a residential setting include a “parrallel 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 distruptive BPSD.
 - **Support and educate caregivers** (relatives or formal helpers) to **continue** non-pharmacological strategies at home.

Thanks to:

- LORETA GIGANTE, *general manager (ASP Comuni Modenesi Area Nord)*
- FLAVIA ORSI, *coordinator (CISA –ASP Comuni Modenesi Area Nord)*
- ANDREA FABBO, *geriatrician and manager of Dementia Project (AUSL Modena)*
- MARINA TURCI, *geriatrician (Alzheimer Care Unit CISA –ASP Comuni Modenesi Area Nord)*
- GIACOMO MENABUE, *therapist for BPSD (Alzheimer Care Unit CISA –ASP Comuni Modenesi Area Nord)*
- ANNALISA BONORA, *psychologist (Alzheimer Care Unit CISA –ASP Comuni Modenesi Area Nord)*
- NADIA A., MASSIMO A., SELINA B., ELENA B., ANGELA D.L., ANNARITA G., ROMINA G., ROSANNA M., CORNELIA S., TERESA F., *social nurses (Alzheimer Care Unit CISA –ASP Comuni Modenesi Area Nord).*

annalisa.bonora@aspareanord.it