ALZHEIMER'S DISEASE AND OTHER MAJOR NEUROCOGNITIVE DISORDERS

Behavioural and Psychological Symptoms of Dementia (BPSD)

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Behavioural and Psychological Symptoms of Dementia (BPSD)

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Introduction

It is now understood that the majority of people diagnosed with Alzheimer's disease or a dementia related illness will most likely experience behavioural issues and/or psychological symptoms during the evolution of the disease. Referred to as behavioural and psychological symptoms of dementia (BPSD), these manifestations can occur in various forms ranging from irritability to hallucinations, and are, in most part, associated with cognitive decline. BPSD causes a great deal of discomfort for the affected person and results in incomprehension and distress on the part of their loved ones and caregivers. The use of non-pharmacological, pharmacological, and adapted environmental approaches may assist in preventing or reducing the occurrence of these symptoms.

Within the framework of the Ministerial Initiative on Alzheimer's Disease and Other Major Neurocognitive Disorders, the BPSD component of the CIUSSS de l'Estrie – CHUS wanted to improve and facilitate BPSD management, in particular by **creating 19 checklists pertaining to 5 themes** and bringing together the basic information required. Drawing heavily on the practice guidelines of the pharmacological[1] and non-pharmacological[2] approaches, each checklist provides information in the form of summaries, clinical examples and images illustrating the particular theme.

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[1] **Approche pharmacologique visant le traitement des SCPD,** MSSS, Publication No. 14-829-07W, ISBN (pdf) No. 978-2-550-71828-4, updated on December 10, 2014, www.publications.msss.gouv.qc.ca/msss/document

[2] **Approche non pharmacologique visant le traitement des SCPD**, MSSS, Publication No. 14-829-06W, ISBN (pdf) No. 978-2-550-71827-, published online: December 11, 2014, www.publications.msss.gouv.qc.ca/msss/msss/

The 5 themes

RECOMMENDED APPROACHES FOR PEOPLE WITH COGNITIVE IMPAIRMENTS

1. Basic approaches | People with cognitive impairments
2. Evolution of symptoms associated with cognitive impairment
3. Meeting basic needs
4. Adapted environment
5. Activity suggestions
6. COVID-19 | Confinement-related interventions

GUIDE FOR ASSESSING THE BEHAVIOURAL AND PSYCHOLOGICAL SYMPTOMS OF DEMENTIA (BPSD)

1. BPSD assessment process
2. Pharmacological interventions for BPSD | Basic guidelines
3. Use of a PRN medication for BPSD and progress note for PRN use
4. Assessment of orthostatic hypotension (OH)

RESISTANCE TO PERSONAL HYGIENE CARE

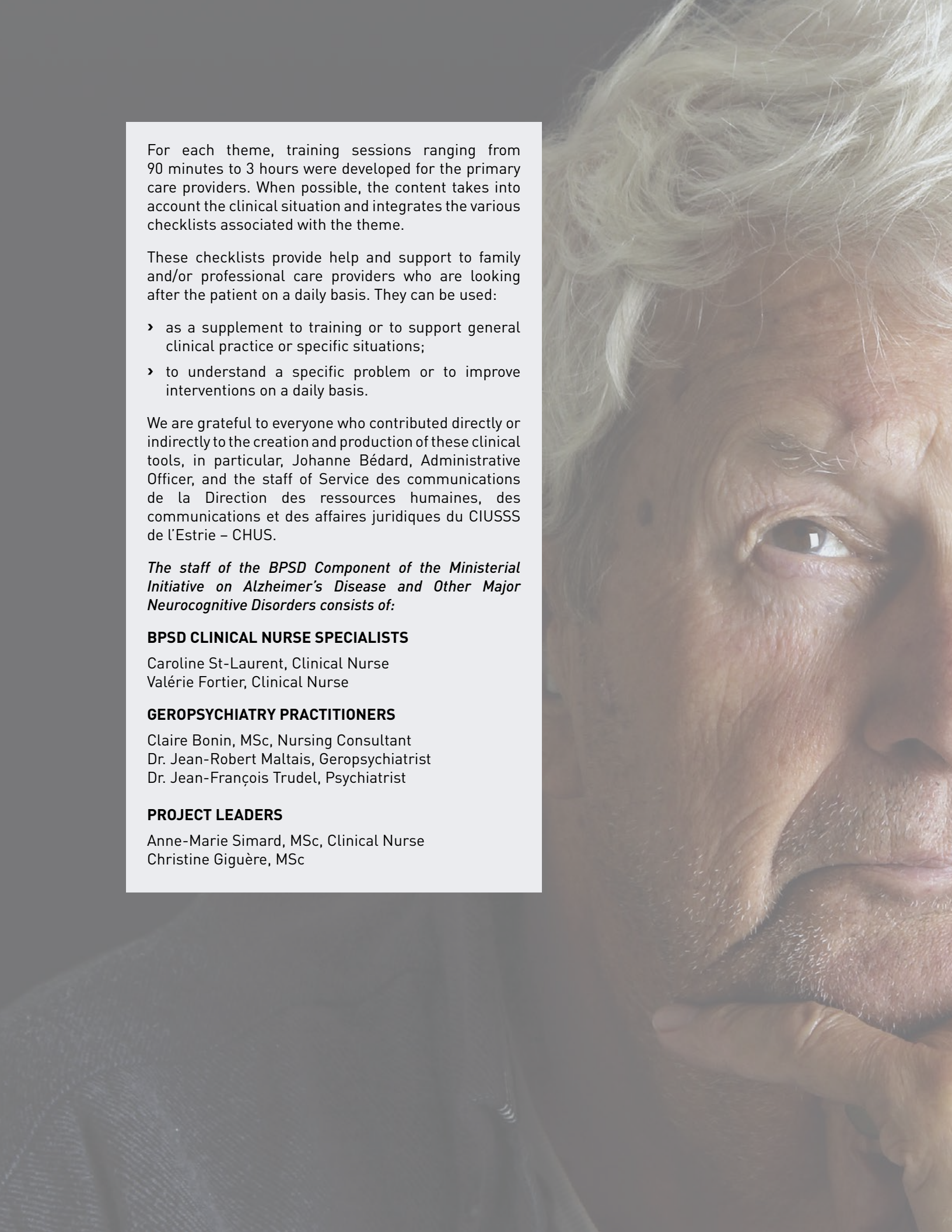
1. Main causes of resistance to personal hygiene care
2. History of personal hygiene care
3. Observation checklist during hygiene care
4. Specific approaches to hygiene care
5. Care sequence based on different parts of the body
6. Sponge bath

INTERVENING DURING A SEVERE REACTION

1. Triggers
2. Signs of escalation and interventions
3. Intervening after a severe reaction

BEHAVIOURS ASSOCIATED WITH FRONTOTEMPORAL DISORDER | PREVENTIVE APPROACHES

1. Behaviours associated with frontotemporal disorder
2. Recommended preventive approaches



For each theme, training sessions ranging from 90 minutes to 3 hours were developed for the primary care providers. When possible, the content takes into account the clinical situation and integrates the various checklists associated with the theme.

These checklists provide help and support to family and/or professional care providers who are looking after the patient on a daily basis. They can be used:

- as a supplement to training or to support general clinical practice or specific situations;
- to understand a specific problem or to improve interventions on a daily basis.

We are grateful to everyone who contributed directly or indirectly to the creation and production of these clinical tools, in particular, Johanne Bédard, Administrative Officer, and the staff of Service des communications de la Direction des ressources humaines, des communications et des affaires juridiques du CIUSSS de l'Estrie – CHUS.

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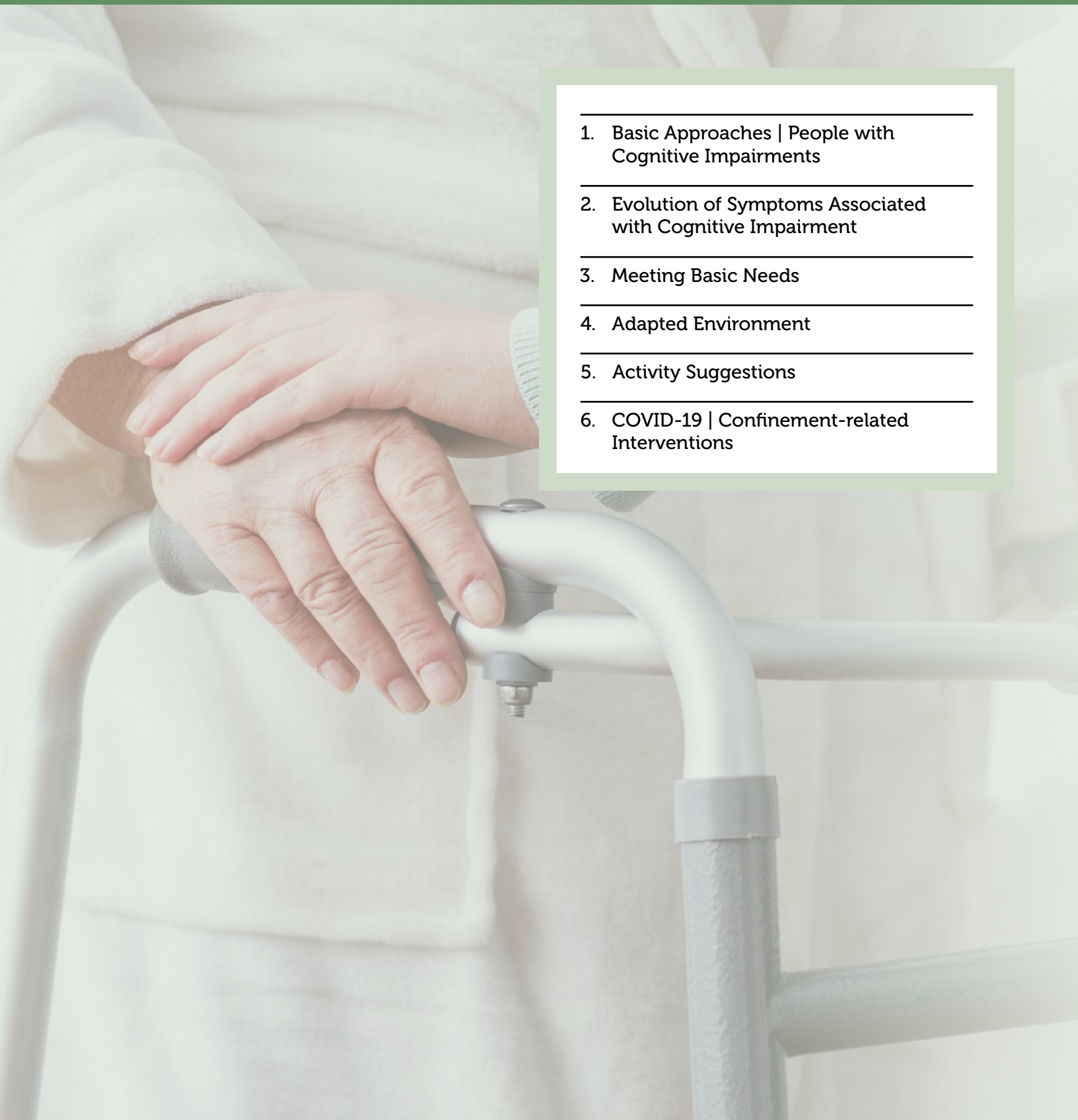
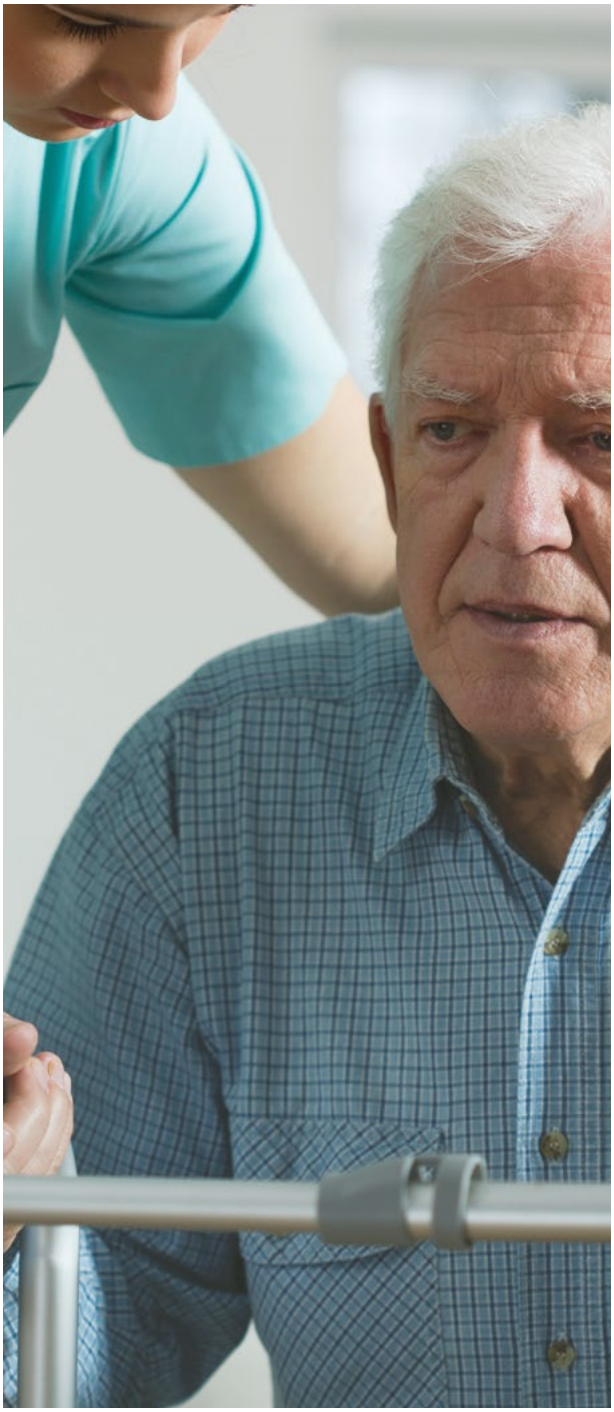
RECOMMENDED APPROACHES FOR PEOPLE WITH COGNITIVE IMPAIRMENTS



Basic Approaches | People with Cognitive Impairments

Daily Approach

1. Establish and maintain contact with the person through verbal and nonverbal communication (eye contact, voice, and touch).
2. Smile and have a relaxed expression when approaching the person.
3. Respect the person's personal space when approaching them.
4. Move slowly and avoid abrupt, quick gestures.
5. Start the conversation by calling the person by their name and introducing yourself.
6. Use a soft, reassuring tone of voice.
7. Speak slowly and clearly.
8. Use positive, simple, short, and concrete sentences.
9. Use gestures and demonstrations to make yourself understood.
10. Give one instruction at a time and wait for a response or reaction.
11. Ask simple questions that require a short answer (yes or no).
12. Refrain from using childlike language.
13. Avoid excessive demands that cause the person to feel anxiety, frustration, or feelings of failure.
14. Refrain from confronting or arguing with the person.



For an Optimal Approach...

1. Knowing the person's life story is essential.
2. The person's routine must be respected (e.g., allow them to sleep in and letting them do what they are able to).
3. A calm environment is reassuring. Refrain from turning the television on during meals. Alternate between activities and periods of rest.
4. Encourage comforting routines, such as a bedtime ritual.
5. Repetitive occupational activities connected to the person's past can arouse their interest. Looking at photo albums or catalogues, listening to old time music, as well as folding towels or baby clothes are examples of activities that can be done with the person.
6. Outdoor physical exercise, such as walking, promotes relaxation.
7. Offering them substantial, high-protein snacks throughout the day ensures that the person receives the required nutrients and promotes a feeling of well-being.

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Additional Approaches

DIVERSION consists of redirecting the attention or focus of a person with intrusive or anxious thoughts by proposing a meaningful, repetitive activity or by talking to them about happy events from their past.

Example:
Talk to the person about their work on the farm, sing or walk with them, or allow them to wash their face during personal hygiene.

VALIDATION consists of recognizing the person's emotions and life experience and in letting the person express them, rather than striving, at all costs, to make them aware of the current reality.

Example:
When faced with a person who wants to see their mother who passed away several years ago, listen to them, encourage them to talk about the situation, and notice if doing so reassures them.

These interventions are recommended for use with people with moderate to severe cognitive impairments.
It is important to observe how the person responds when such interventions are used.

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Evolution of Symptoms Associated with Cognitive Impairment

Symptoms may be present or absent and vary in intensity depending on the dementia type and evolution. As a result, the person may exhibit the behaviours described below.

Impaired Attention

- The person has more difficulty concentrating and completing tasks.
- They are more easily distracted by external stimuli.
- They tire more easily.

**Provide a calm environment.
Attract their attention before speaking.
Offer periods of rest.**

Impaired Memory

- The person increasingly has difficulty remembering, misplaces belongings, or doesn't remember recent visits by relatives.
- They remember past events more clearly than recent ones.

Refer to events in the person's past more often and refrain from confronting them with their memory loss.

Impaired Orientation

TIME

The person has more difficulty remembering the date, season and time of day.

PLACE

The person becomes disoriented in less familiar surroundings and then has difficulty orienting themselves in known surroundings, such as the nursing home or their room.

PEOPLE

The person no longer recognizes less familiar people. The person will also experience difficulty recognizing friends and relatives.

In order to assist in orienting the person, use a calendar or photo on the door to their room. Try to maintain a consistency of staff.

Impaired Verbal Communication

ORAL AND WRITTEN COMMUNICATION

They have increasing difficulty expressing themselves. They use short and incomplete sentences. They may also use confusing or made-up words or even stop communicating completely.

Give them time to express themselves and provide multiple responses.

ORAL AND WRITTEN COMPREHENSION

The person's hability to understand complex and multiple instructions gradually diminishes.

Give them short, simple instructions. Combine the instruction with a descriptive gesture.

Gnostic Disorders

(Inability to recognize objects, shapes, or formerly familiar faces)

The person no longer recognizes common items such as eating utensils or a comb. They can mistake the television remote control for a telephone or might even perceive a shiny floor as being a puddle of water.

Provide them with the correct item and reduce stimuli in the environment that could be misinterpreted.

Praxis Disorders

(Difficulty or inability to perform simple tasks; no motor involvement)

The person has difficulty using utensils and eventually resorts to eating with their fingers. They have difficulty putting on and buttoning their shirt.

Encourage them to try. If that doesn't work, provide more help.

Impaired Judgement

The person has difficulty or is unable to make decisions.

They are decreasingly able to initiate tasks, plan, organize, and make appropriate decisions given the situation.

Help the person if they have limitations while allowing them to do what they can.

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AUTHORS: Claire Bonin, MSc, Nursing Consultant, Valérie Fortier and Caroline St-Laurent, Clinical Nurses
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Meeting Basic Needs

A person with cognitive impairment may have difficulty meeting his basic needs, even communicating them, as his condition evolves. Discomfort caused by unsatisfied needs may contribute to the onset of behavioural and psychological symptoms of dementia (BPSD). The urge to urinate combined with spatial disorientation can increase wandering behaviour and result in urinating in inappropriate areas. It is therefore necessary to meet that person's basic needs to ensure greater comfort and thus prevent many types of BPSD.

Basic interventions

Being familiar with the person and knowing his cognitive abilities will help you to identify his needs. It will become easier to meet those needs by including them in a reassuring daily routine. Personal stability, family support and sound communication contribute to the success of interventions.

Drinking and Eating

DID YOU KNOW...?

- The sensation of thirst diminishes as we age.
- Up to 96% of seniors accommodated in CHSLDs do not drink sufficient water.[5]
- Weight loss ≥ 10% within 6 months suggests malnutrition or high nutritional risk.[4]
- Up to 40% of residents in residential centres present some form of malnutrition.[4]

- Create a pleasant atmosphere at mealtimes:
  - Initiate a positive discussion.
  - Eat meals in a calm, well-lit area (turn off the TV and radio).
- Provide the person with the support he needs while taking into consideration his abilities:
  - Serve only one plate and one utensil at a time.
  - If necessary, choose foods that can be eaten with hands (finger food).
  - Eat with the person so he can imitate you.
  - Give him enough time to eat.
- Serve food that the person enjoys.
- Include a source of protein at every meal (meat, eggs, yogurt, milk, cheese, nuts, etc.).
- Offer protein snacks between meals and in the evening.
- Encourage him to drink sufficiently (≥ 6 cups per day unless indicated otherwise) by offering him a variety of colourful beverages throughout the day:
  - During snacks and at mealtimes.
  - Between meals.
  - Offer him his medication with a large glass of water.
- Any unwanted weight loss must be investigated (see folder 3).

Being comfortable and free of pain

DID YOU KNOW...?

› Pain among seniors is often underreported, underinvestigated, and not sufficiently treated.[6]

› Up to 80% of CHSLD residents experience some type of pain.[6]

› Pain is one of the primary causes of BPSD.[5]

› Make sure the person feels comfortable.
- Offer him comfortable, seasonally adapted clothes.
- Adjust his denture, glasses, shoes, etc.
- Make sure the armchair and mattress are comfortable.

› Frequently assess pain and treat it with the attending team.
- Those whose diagnoses involve pain (arthrosis, osteoporosis, etc.) should be given an appropriate analgesic.
- Use a pain scale when needed (see document[1]).
- Administer analgesics at regular intervals rather than as needed (PRN).
- Use non-pharmacological measures in combination with the analgesics for optimal relief (position, heat, massage, etc.).

Being active and feeling useful

› Encourage and stimulate the person's autonomy.

› Offer him safe footwear (closed shoes, flat heels, non-slip soles).

› Initiate adapted physical exercise sessions (see folder[3]).

› Accompany the person on his outdoor walks.

› Regularly initiate activities to keep him busy in his field of interest (see A-M[2]).

DID YOU KNOW...?

› An elderly person who is not physically active can lose anywhere from 1% to 5% of his muscle mass each day.[6]

› Boredom-related understimulation and isolation can contribute to the onset of BPSD.[5]

Urination and Bowel Movements

DID YOU KNOW...?

- Urinary incontinence is not a normal part of aging.[7]
- Urinary infections and constipation are causes of delirium among the elderly.[9]

- Help the person become oriented.
  - Post a photo of a toilet on the bathroom door.
  - Leave a night light on in the bathroom and keep the door half-open.
- Provide clothes that are easily removable (pants with elastic waist bands).
- Preventing urinary leakages.
  - Limit the consumption of bladder irritants (alcohol, caffeine, sweeteners).
  - Increase hydration during the day and limit liquids after dinner.
  - Establish a urination schedule (before meals and at bedtime).
- Prevent constipation by choosing foods that are high in fibre and by encouraging hydration during the day.
- Monitor for regular bowel movements (close the toilet valve).

Hearing and Listening

DID YOU KNOW...?

- A loss of vision or hearing can lead to isolation and increase the risk of cognitive decline.[10-11]

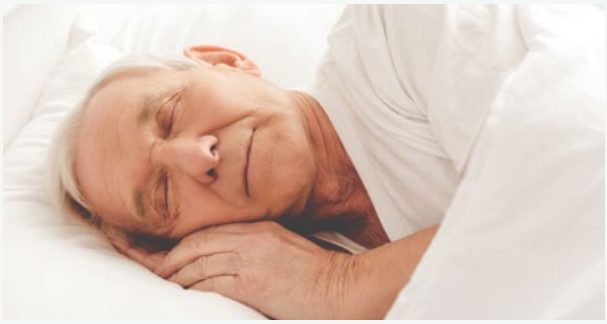
- Make sure the person wears his glasses and that they are clean.
- Make sure the person wears his hearing aids, that they function properly, and that the batteries are regularly replaced.
- Make sure there is no build-up of ear wax.
- Schedule annual eye and hearing examinations.
- Use a sound amplifier when necessary.

Sleeping and Resting

› Alternate periods of activity and rest.

› Encourage good sleep habits.

- Initiate purposeful occupational activities during the day.
- Encourage exposure to sunlight.
- Avoid naps as much as possible although they will become increasingly necessary as the cognitive impairment evolves. When a nap is required, it shouldn't last more than 30 minutes and should only be taken after 3:00 p.m.
- Avoid heavy meals and caffeine in the evening.
- Avoid screentime 1 hour before bedtime.
- Make sure the person is comfortable (room is dark and cool, head of the bed raised, etc.).
- Treat potentially sleep-disrupting health problems (pain, heart failure, COPD, sleep apnea, depression, etc.).



DID YOU KNOW…?

› Up to 50% of seniors aged 65 and older have symptoms of insomnia.[6]

› An elderly person generally needs 6 to 8 hours of sleep, including naps.[12]

› Establish a bedtime routine.

- Dim the lights, reduce stimuli, and shut the blinds.
- Provide a protein snack with a glass of warm milk.
- Take the person to the bathroom.
- Enhance bedtime with a therapeutic touch (massage therapy, etc.).

› Respect the person's rhythm.

- Try not to wake the person up at night (increase the absorption of his incontinence pants).
- Let the person sleep in the morning (Try not to wake him up for breakfast or for personal care).
- During nocturnal awakenings
- Resume bedtime routine (accompany the person to the bathroom, offer him a protein snack, etc.).
- Allow the person to remain in the common area if he refuses to get back to bed and try again later.

By meeting the basic needs of the individual, you are contributing to his well-being and preventing many types of BPSDs. Thank you!

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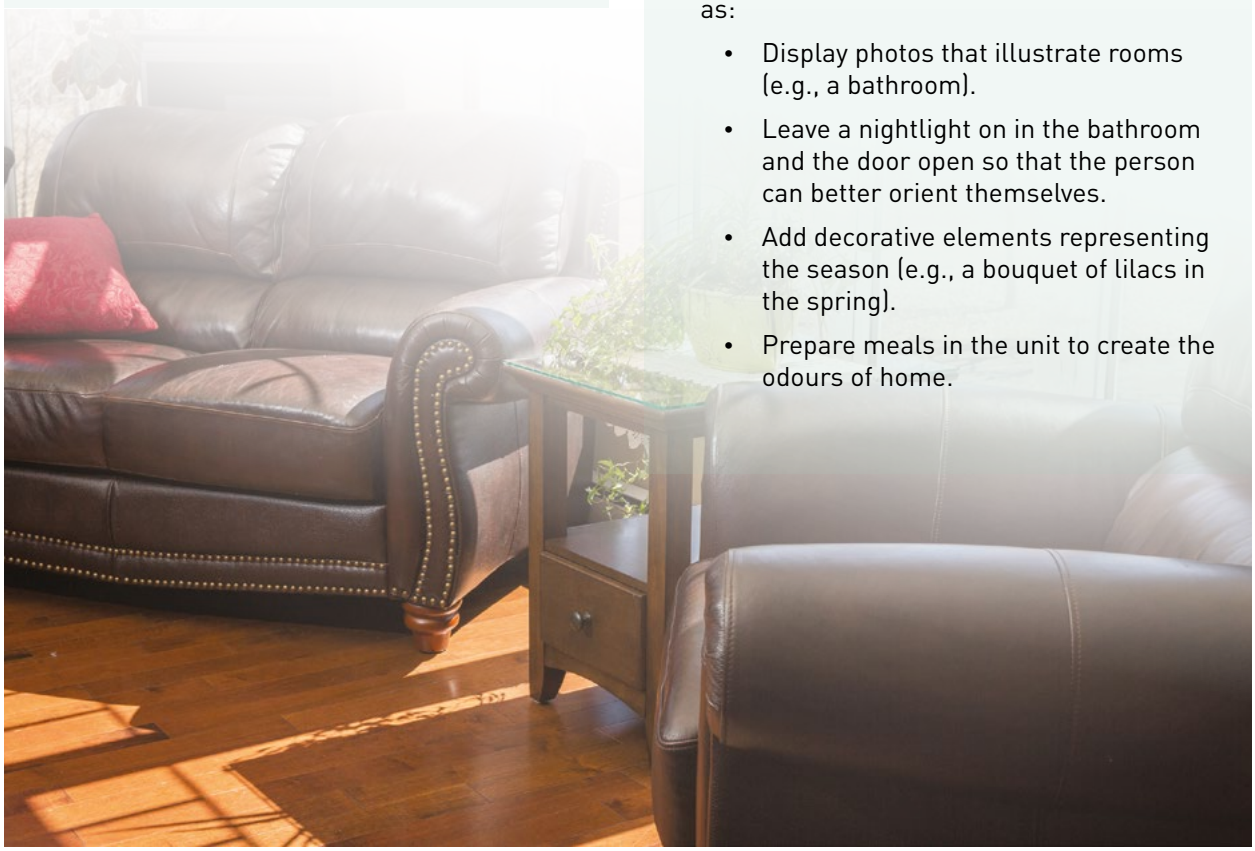
AUTHORS: Valérie Fortier and Caroline St-Laurent, nurse clinicians, BPSD resources. Document revised by the geriatric psychiatry team in Sherbrooke.
GRAPHIC DESIGN : Service des communications

Adapted Environment

Having an environment adapted to the person with cognitive impairment fosters their integration into the living surroundings and enables them to live with dignity. The following recommendations are complementary to the basic approach. They do, however, require a regular care provider and the family's participation.

Decrease or Increase Stimuli in the Environment

- Use small rooms for rest periods or significant activities.
- Lower lighting and reduce ambient noise, especially during stimulating activities (hygiene, meals, leisure activities) and at the end of the day.
- Turn off the television during meals.



Recreate the Living Environment

- Select small units with layouts similar to that at home.
- Provide well-lit, indoor and outdoor walking areas (e.g., landscaped gardens), and ensure that spaces are uncluttered.
- Reduce reflections by refraining from waxing floors.
- Install time and place reference points such as:
  - Display photos that illustrate rooms (e.g., a bathroom).
  - Leave a nightlight on in the bathroom and the door open so that the person can better orient themselves.
  - Add decorative elements representing the season (e.g., a bouquet of lilacs in the spring).
  - Prepare meals in the unit to create the odours of home.

Personalize Their Room

- Put up orientation indicators:
  - Place a personalized item or a photo that the person recognizes on the door to their room. An old photo is sometimes more meaningful for a person with significant memory disorders.
  - Hang a calendar showing the month and day in a visible place.
  - Display newspapers in accessible and visible places.

- Decorate the person's room with meaningful personal items (e.g., their bedspread, chair, an album containing photos they recognize, etc.).

Simplify Meals

- Reduce the number of items on the table.
- Use a solid coloured tablecloth and dishes with contrasting colours.
- Personalize meals which correspond to the person's capabilities. Serve one dish at a time, use containers that are easy to handle, and provide appropriate utensils that allow the person to eat by themselves.

Implement Discreet Security Measures As Needed

- Ensure that the person wears a Safely Home bracelet or carries identification.
- Conceal locks by painting them or installing them in hard to reach locations such as at the top of doors.
- Camouflage exits with a curtain, wall covering, or something similar.

- Install alarm systems that signal when a door is opened.
- Lock up any items that could be dangerous for the person.
- Arrange drawers containing items that the person can use without restriction.

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Activity Suggestions

Activities that keep the patient busy are an integral part of preventing and managing the behavioural and psychological symptoms of dementia (BPSD). You can contribute to building the well-being and feeling of usefulness for the individual who fits that profile by regularly proposing activities that match his interests. Make sure that person is capable of performing the activities. Alternate them with periods of rest. Do not hesitate to cooperate with the families: They can help you to identify activities that are meaningful to him.

Here are a few suggestions for simple and repetitive activities that can be initiated with the the patient in order to encourage participation

The person enjoys doing household chores

- Cleaning the dining room table.
- Sweeping the floor in the dining room or in the bedroom.
- Folding the facecloths, towels, and clothes.
- Sorting out the socks by size and colour.
- Making a refreshing fruit salad.
- Preparing homemade lemonade.
- Serving tea with biscuits in old-fashioned or extravagant cups.
- Putting clothes in their drawers.
- Cutting out coupons from the flyers.
- Hanging clothes on the clothesline.
- Wash and drying the dishes.
- Knit or making balls or wool.

The person enjoys helping out with odd jobs

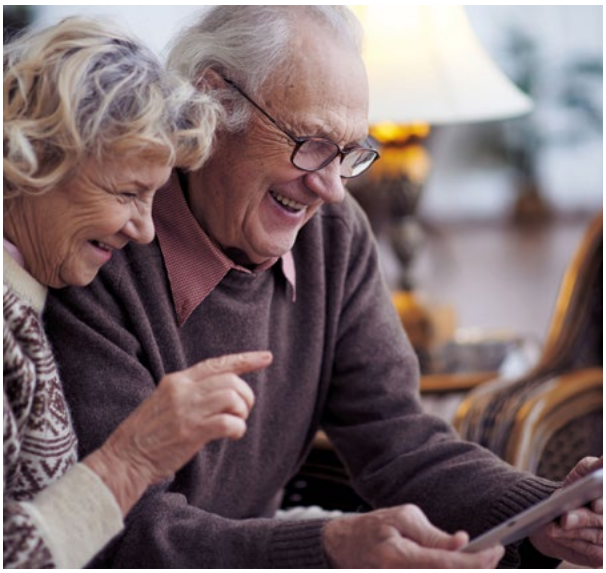
- Sanding some wood.
- Cleaning the garden chairs.
- Tearing paper destined for the recycling bin.
- Putting coins or buttons in a jar.
- Sorting buttons by size and colour.
- Sorting screws and bolts.
- Organizing bingo or poker chips by colour.

The person needs to socialize

- Have phone conversations/video conferences or exchange emails and so on with loved ones.
- Look at photos from my recognizable past (one photo per album page; no shiny reflections).
- Suggest that his family provide him with a video or audio recording that he can listen to regularly to reassure himself (simulated presence).
- Reminisce of the good old days.
- Recall primary school days, the first communion.
- Recall great inventions (blimps, steamboats, railroads, etc.).
- Become familiar with the family tree (children, parents, grandparents).
- Recall the first kiss.
- Name prime ministers or actors.
- Recall past travels or vacations.

The person enjoys reading and writing

- Read notes written by visitors.
- Write a letter, anniversary card or a postcard for loved ones and receive one in return.
- Browse through an illustrated magazine that is interesting (hunting and fishing magazines, old SEARS catalogues, etc.).

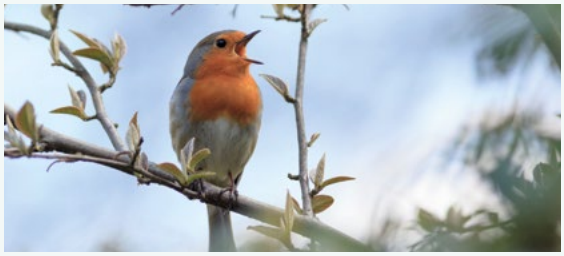


The person enjoys crafts

- Colour drawings that are simple but not childish.
- Cut out illustrations from greeting cards or old calendars.
- Colour shapes associated with an event (St-Valentine's Day hearts, St-Patrick's Day shamrocks, Confederation maple leaves, etc.)
- Colour an image of the provincial or national flag.
- Make greeting cards with stencils.
- Decorate paper place mats.
- Trace and cut out fall leaves or other shapes (hearts, flowers, etc.).
- Embroider using punched-hole pattern cards.

The person enjoys animals

- Pet a catbot or a dogbot.
- Ask someone with a calm, friendly animal to visit.
- String some cereal (e.g., Cheerios) to feed the birds.
- Fill the bird feeders.



The person enjoys plants and nature

- Make a natural floral arrangement.
- Water indoor plants.
- Help maintain the outdoor gardens.
- Read illustrated National Geographic books.

The person needs to move

- Walk outside.
- Exercise on an adapted chair[2].
- Squeeze an anti-stress ball.

The person is religious

- Recite the rosary.
- Sing religious songs.
- Complete quotes from the Gospel.
- Watch mass on the television.
- Listen to prayers on a CD.

The person enjoys music

- Put on a wireless headset and listen to songs that make you happy (Music & Memory[1]).
- Listen to catchy group music and clap your hands (march, polka, folklore, etc.).
- Singing old hits.
- Dance.

The person likes children

- Ask an acquaintance who has a child to visit.
- Use a therapeutic doll.
- Fold baby clothes.
- Look at photos and watch recordings of children.

Other activities

- Watch retro TV shows (Le temps d'une paix, les soirées canadiennes, Séraphin, etc.)
- Use a rocking chair.
- Get a manicure.
- Massage hands with a moisturizing cream.
- Play card games adapted to abilities (draw cards by colour, play beggar-my-neighbour, etc.).
- Toss bean bags or horseshoes.
- Do an easy puzzle.
- Knead some playdough or salt dough.

REFERENCES

1. Some chapters of the Sociétés Alzheimer du Québec offer a «Music & Memory» program. Contact your local Société Alzheimer for further details.
2. Refer to the folder entitled *Trucs et conseils pour les aînés durant la pandémie de COVID-19* for ideas on how to exercise while seated.

CSSS Champlain (2007). Programme d'activités pour personnes âgées atteintes de déficits cognitifs, pp. 124-125. Based on: Alzheimer's Association, Columbia Missouri Chapter. Things to do with Seniors with Alzheimer's. Available at www.alzcareproviders.com.

AUTHORS: Valérie Fortier and Caroline St-Laurent, nurse clinicians, BPSD resources
GRAPHIC DESIGN : Service des communications

RECOMMENDED APPROACHES FOR PEOPLE WITH COGNITIVE IMPAIRMENTS

ALZHEIMER'S BPSD | Intervention Checklist

COVID-19 | Confinement-related Interventions

The consequences of the confinement measures to prevent COVID-19 are numerous and can particularly affect the elderly who have cognitive impairments.

Forbidding visits from family caregivers can deprive these individuals of a significant source of comfort and some of their basic needs risk not being met.

Forbidding elderly people who have difficulty recalling confinement guidelines from leaving their rooms can be a source of anxiety and incomprehension to them.

All of these disruptions in their everyday lives risk causing or enhancing behavioural and psychological symptoms of dementia (BPSD).

The following recommendations aim to prevent problematic situations related to the confinement.

Basic interventions to enforce at all times

NOTE: Always take into consideration the cognitive abilities and reactions of the elderly person when implementing interventions *(e.g., images can be used with someone who is unable to understand written instructions).*

Regular preventive visits

Plan regular visits during the day.

OBJECTIVES DURING THE VISITS:

- Maintain the elderly person's routine as much as possible.
- Listen carefully to his concerns, and comfort and reassure him.
- Make sure the basic needs of the elderly person are met (see A-M[1]) (food, hydration, evacuation, hygiene, medication, housekeeping, etc.).
- Make sure the person feels comfortable and is relieved of pain.
- Encourage the person to move (take him to the bathroom, get him to walk, etc.).
- Make sure the person has no symptoms associated with COVID-19 or another disease (delirium, depression, etc.).
- Reassure the person by informing him of the time of your next visit.

WEARING A MASK ALTERS COMMUNICATION.

- Keep smiling as it is communicative
- Introduce yourself each time you visit the person.
- Speak slowly and a bit more loudly.

Adapt the person's environment:

- Install a simplified memo on the individual's door to remind him of the reason for his confinement. Add an image to draw his attention (e.g., a bus stop or a rainbow).
- Post a calendar with the number of days expected for the confinement (cross off the day with an X with the person when you visit him).
- Let the person see important objects (glass of water, glasses) and a simplified activity schedule (mealtimes).

Initiate occupational activities (see A-M[2])

You can initiate an activity during each of your visits.

- Encourage families to have frequent and regular contact with their loved one (telephone, video conferencing, email, etc.) Make the necessary technology available (e.g., iPad).
- Suggest that the elderly person's family give him a video or audio recording that he can listen to regularly to reassure himself (simulated presence).
- Give the individual a pencil and sheets of paper so he can correspond with loved ones.
- Accompany the individual outside for a daily walk while making sure he respects confinement guidelines (mask, hand washing, distancing).
- Initiate listening to meaningful music (choose songs the person knows and that make him smile).
- Organize activities at the entrance of the rooms so that residents can see each other while remaining inside their respective rooms (meals, exercise on chairs, bingo, etc.).
- Choose TV shows from that person's era rather than new channels.
- Initiate conditioning exercises on a regular basis[3].

COOPERATE WITH THE FAMILIES.

- Families can help you to identify activities that are meaningful to the person.
- Encourage relatives to bring the necessary materials (e.g., new books or colouring books).

Preferred interventions for particular situations

These interventions are in addition to the basic ones.

The individual wanders

- Try to identify the causes of the wandering and to respond to them (unsatisfied basic needs, pain, disorientation, boredom, guidelines forgotten, etc.).
- Allow the individual to walk in an area that has little traffic, indoor or outdoor, under the supervision of a staff member while making sure confinement guidelines are respected.
- Initiate simple, repetitive occupational activities related to the person's past on a regular basis.

The individual becomes excited or aggressive when facing confinement guidelines

- Stay calm and listen to the person.
- Listen to the person's concerns and validate his emotions (be understanding).
- Avoid saying «NO» to the individual or asking him to change his behaviour.
- Avoid confrontations, arguments and long explanations which risk amplifying the person's aggressive behavior.
- Try to respond positively to his need when possible (e.g., accompany the individual on a walk for a few minutes while respecting the confinement guidelines).
- During the walk, talk about subjects that are positive to the person to lift his spirits.
- When returning to the room, propose a simple and meaningful activity to keep the person positive and busy or help him to contact a loved one.

REFERENCE

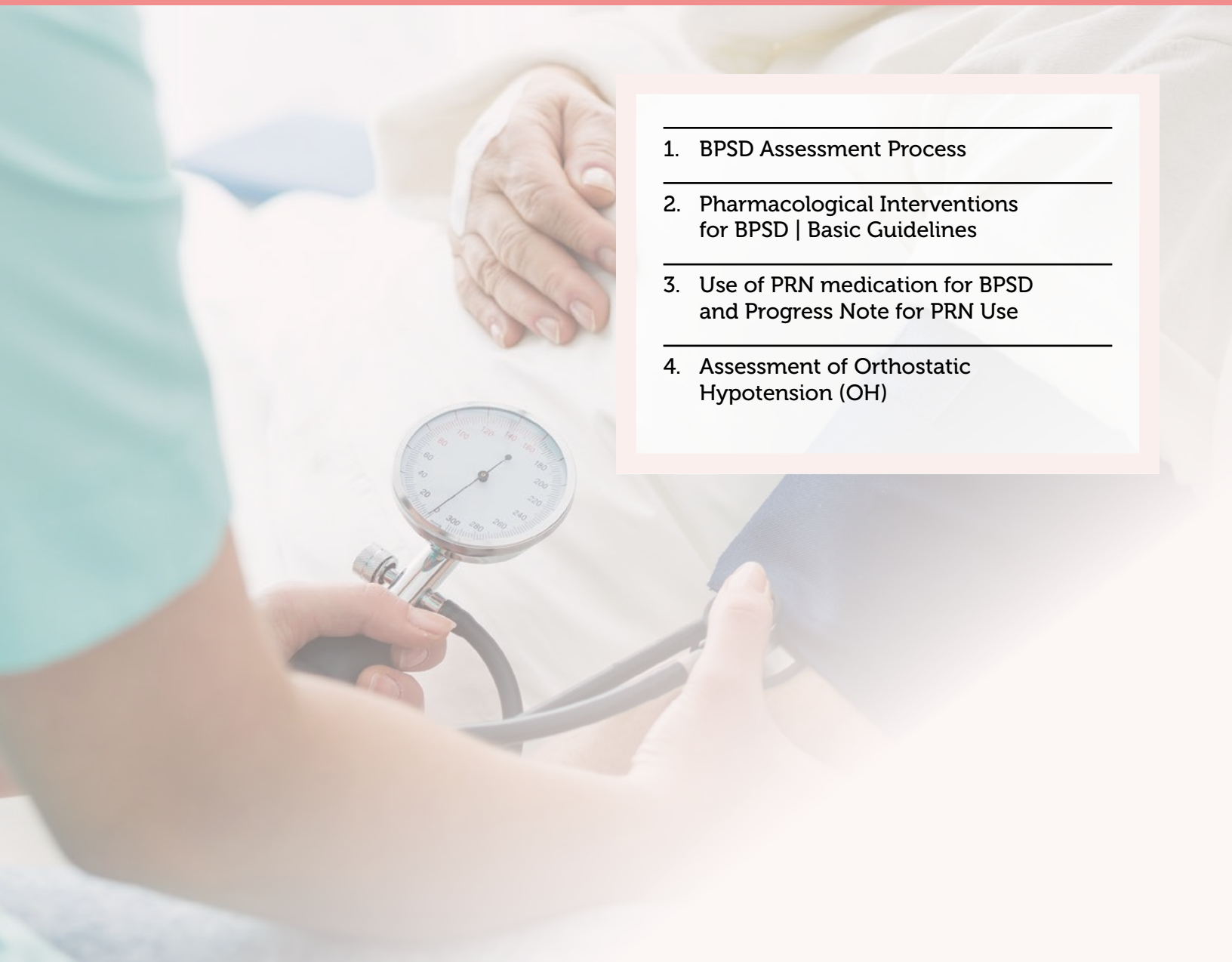
1. Checklist: «Meeting basic needs».
2. Checklist: «Activity ideas for those with cognitive disorders»
3. Folder entitled «Trucs et conseils pour les aînés durant la pandémie de COVID-19» for ideas on how to exercise while seated.

2020-04-12. Interim orientations. Cellule aînée COVID. Direction générale de santé publique de Montréal, Équipe de gérontopsychiatrie IUGM, CIUSSS du Centre-Sud-de-l'île-de-Montréal, Approved by the MSSS.

2020-03-31. Institut national d'excellence en santé et en services sociaux (INESSS). COVID-19 et la socialisation à distance entre les personnes hébergées et les proches aidants en contexte d'interdiction de visite.

AUTHORS: Valérie Fortier and Caroline St-Laurent, nurse clinicians, BPSD resources. Tool validated by the geriatric psychiatry team in Sherbrooke.
GRAPHIC DESIGN : Service des communications

GUIDE FOR ASSESSING THE BEHAVIOURAL AND PSYCHOLOGICAL SYMPTOMS OF DEMENTIA (BPSD)



BPSD Assessment Process

INFORMATION NEEDED

IMPORTANT
- **Obtain the information from reliable sources.**
- **Ideally, observe the person in their living environment.**

Description of the BPSD

What does the person do?

Since when does the person do it?

When does the person do it?

Where does the person do it?

How often does the person repeat these gestures or behaviours?

Causes *(Provide a brief description if applicable)*

- ☐ Cognitive impairments
- ☐ Delirium
- ☐ Changes in health condition

Causes *(cont.)*

- ☐ Depressive symptoms
- ☐ Side effects of medication
- ☐ Pain/discomfort
- ☐ Failure to meet basic physical needs (hunger, thirst, fatigue, constipation, etc.)
- ☐ Sensory problems (vision, hearing)
- ☐ Non-adapted approach and environment
- ☐ Sensory deprivation or overload
- ☐ Recent changes (medication, living environment, death, etc.)
- ☐ Other:

INFORMATION NEEDED

Attempted Approaches or Interventions

WHAT IS HELPING

WHAT IS NOT HELPING

Impact of BPSD

(Risks, safety, exhaustion)

On the person

On family caregivers

On care providers

On other residents

Life History

Previous Habits and Activities of Daily Living

Sleep

Diet

Hygiene

Interests | Passions | Leisure activities

Work | Achievements

Personality

Important events

Non-pharmacological approaches must be directly related to the causes, in addition to being personalized according to the individual's life history.

REFERENCE

Approche pharmacologique visant le traitement des symptômes comportementaux et psychologiques de la démence, Direction des communications du MSSS, Québec, 2014.

AUTHORS: Claire Bonin, MSc, Nursing Consultant, Valérie Fortier and Caroline St-Laurent, Clinical Nurses
GRAPHIC DESIGN: Service des communications

Pharmacological Interventions for BPSD | Basic Guidelines

Recommendations for Psychotropic Drugs (antipsychotic drugs, benzodiazepines, antidepressants)

Not recommended as the first choice or ineffective if:

- Inappropriate bathroom or dressing habits
- Screaming (not related to pain or depression)
- Repetitive speech
- Inappropriate verbal or social behaviour
- Wandering, running away
- Repetitive behaviours (opening drawers, constantly asking for their cigarette)
- Increased oral habits (putting random objects in their mouth, excessive eating)
- Resistance to care (hygiene, dressing, taking medication)
- Hoarding rituals
- Living in the past (remembering past events and acting out accordingly)
- Anxiety related to tasks beyond their cognitive capacity

Important:
Symptoms of BPSD must be eliminated before prescribing medication.

Recommended as possibly effective in the event of:

- Severe agitation
- Physical aggression
- Significant anxiety
- Inappropriate or serious sexual behaviours
- Significant depressive symptoms
- Sleep disorders
- Intrusive psychotic symptoms

Important: Medication must be used in combination with a non-pharmacological approach.

Remember to

- *Try medications one at a time.*
- *Use the lowest effective dose.*
- *Monitor treatment effectiveness and side effects.*
- *If possible, discontinue the medication.*

REFERENCES

Approche pharmacologique visant le traitement des symptômes comportementaux et psychologiques de la démence, Direction des communications du MSSS, Québec, 2014.
Processus clinique visant le traitement des symptômes comportementaux et psychologiques de la démence, Direction des communications du MSSS, Québec, 2014.

AUTHORS: Claire Bonin, MSc, Nursing Consultant, Valérie Fortier and Caroline St-Laurent, Clinical Nurses
GRAPHIC DESIGN: Service des communications

Québec

Use of PRN Medication for BPSD and Progress Note for PRN Use

BEHAVIOUR DISORDER

↓

IS THE APPROACH ADAPTED?

YES → **POSSIBLE MODIFICATIONS?**

YES → Change the care provider's or the family caregiver's perception of the particular behaviour.

NO ↓

Modify the approach.

NO ↓

ARE BASIC INTERVENTION STRATEGIES POSSIBLE? →

- **Validation**
- **Diversion**
- **Adaptation of the environment**
- **Active listening**
- **Comforting touch**

YES ↓

Apply the intervention and adjust the intervention plan (IP) accordingly.

NO ↓

- **Immediate danger for themselves or others?**
- **Severe psychological suffering?**
- **Anxiety or sleep disorder?**

YES ↓

Administer the PRN medication and complete the clinical examination to identify the underlying causes of the behaviour or if there are other contributing factors.

NO ↓

Complete the clinical examination to identify the underlying causes.

Administering a PRN Medication

- *Temporary, short-term measure (2 weeks), except where noted.*
- *Daily use to be avoided in order to preserve the properties of the PRN medication.*
- *If a PRN medication is used on a regular basis, question the medication profile.*

*** PRN comes from the Latin "pro re nata," meaning "as needed." Therefore, a PRN medication must be administered as needed.**

Note in the User's File When Administering a PRN Medication

BPSD PRESENT

DESCRIBE THE PERSON'S REACTIONS AND POSSIBLE CAUSES OF THE BPSD:

- Repetitive speech, pacing
- Altered physical condition
- Noisy environment during care delivery

DESCRIBE THE NON-PHARMACOLOGICAL INTERVENTIONS ATTEMPTED:

- Diversion, validation
- Adaptation of the environment
- Presence, listening
- Activity

RECORD THE PRN MEDICATION:

- Dosage
- Time administered
- Surveillance every 30 minutes
- Therapeutic response obtained (efficiency, symptoms observed and timing)

ADVISE THE PHYSICIAN IF:

- PRN medication administered frequently and regularly
- No effect obtained after PRN-medication administration
- Indications of delirium present

Example of a progress note:

Upon returning to the unit after taking part in a group activity, the resident's speech was repetitive and he said that he had to leave for work.

He got angry and raised his voice when another resident approached him.

He moved the armchairs around.

He remained agitated despite attempted interventions: attention, diversion, snack offered, and walking accompanied in the corridor.

Condition unchanged an hour later.

16:30: Ativan 0.5 mg PRN medication given and non-pharmacological interventions maintained.

17:15: Resident calmer and smiling. Remained calm throughout the meal and evening.

Attention offered every 30 minutes.

REFERENCE

Approche pharmacologique visant le traitement des symptômes comportementaux et psychologiques de la démence, Direction des communications du MSSS, Québec, 2014.

AUTHORS: Claire Bonin, MSc, Nursing Consultant, Valérie Fortier and Caroline St-Laurent, Clinical Nurses
GRAPHIC DESIGN: Service des communications

Assessment of Orthostatic Hypotension (OH)

Certain medications (e.g., antipsychotics, antidepressants, antihypertensive drugs, vasodilators, diuretics, etc.) can cause orthostatic hypotension (OH), that is, a sudden drop in blood pressure when a person changes position. Therefore, OH should be assessed prior to the intervention and during dose adjustment.

Procedure

1. Have the person remain still for 5 minutes, lying down, before starting the assessment.
2. Watch for any signs and symptoms during position changes and record them.
3. 1st blood-pressure (BP) and pulse readings to be taken when the person has been in a still position, lying down for 5 minutes.
4. 2nd BP and pulse readings taken 1 minute after having the person stand up.
5. 3rd BP and pulse readings taken 3 minutes after the position change.

In certain situations when the person's collaboration is limited, BP can be taken in the sitting and standing positions.

Criteria Indicative of OH

- Fall in systolic BP (SBP) of at least 20 mm Hg or a fall in diastolic BP of at least 10 mm Hg with position change.
- Presence of signs and symptoms (see possible "Signs and Symptoms").

Signs and Symptoms

- ☐ Dizziness
- ☐ Scotomata (spots in the visual field)
- ☐ Weakness
- ☐ Fatigue
- ☐ Loss of balance or falls
- ☐ Nausea
- ☐ Syncope (sudden, brief loss of consciousness)
- ☐ Altered state of consciousness
- ☐ Convulsions
- ☐ Other _____

Date of results _____

Time _____

	BP	PULSE
○ 1st READING		
○ 2nd READING		
○ 3rd READING		

○ Symptoms: _____

☐ Before treatment

☐ Dose adjustment period

REFERENCES

Arcand, M. et Hébert, R., Précis pratique de gériatrie. 3e éd., Édition Édisem-Maloine, Canada, 2007.

Frenette, F., Cloutier, L., et Houle, J., L'hypotension orthostatique, évaluation et interventions de l'infirmière, Perspective infirmière, novembre-décembre 2009.

AUTHORS: Claire Bonin, MSc, Nursing Consultant, Valérie Fortier and Caroline St-Laurent, Clinical Nurses

GRAPHIC DESIGN: Service des communications

Québec

RESISTANCE TO PERSONAL HYGIENE CARE

Main Causes of Resistance to Personal Hygiene Care

Cognitive Losses

- Failure to recognize their impairments (e.g., the person is confident that they can care for themselves without assistance).
- Impaired understanding and communication
- Impaired memory and orientation (e.g., the person has the impression they have already performed their hygiene)
- Difficulties related to initiative, planning, organization, and decision-making (IPOD) (e.g., the person is not aware of their disabilities; they fail to bring the products required for hygiene)
- Diminished self-monitoring

Failure to Meet Basic Physical Needs

- Pain and discomfort
- Fatigue and lack of sleep
- Urge to urinate
- Hunger
- Modesty and embarrassment

Past Habits Not Considered

- Frequency (e.g., twice a week instead of twice a day)
- Type of hygiene care (e.g., sink, shower, or bathtub)

Ageing and Thermoregulation

› As they get older, people generally become more sensitive to cold.

Unadapted Physical Environment

› Room too cold

› Uncomfortable equipment (e.g., poorly adjusted bench, wet lift-seat belt, etc.)

› Unsuitable atmosphere:

- Very noisy
- Overly bright lighting
- Physical setting not like a bathroom in appearance

Care Providers Use Unadapted Approach

› Inappropriate timing (e.g., waking the person up for care)

› Approach too abrupt

› Not familiar enough with the person's capabilities and disabilities (e.g.: offering help with bathing to a person who does not recognize their impairments)

› Inappropriate equipment and preparation (e.g., running the bath water after bringing the person into the bathroom)

› Inappropriate technique (e.g., starting hygiene care by washing the person's hair)

› Improper use of medication (e.g., giving an anxiolytic instead of an analgesic to a person who is resisting due to pain)

REFERENCE

Voyer, P., Soins infirmiers aux aînés en perte d'autonomie, 2e éd., Éditions du renouveau pédagogique inc., chap. 29, pp.491-504, Saint-Laurent, Québec, 2013.

AUTHORS: Claire Bonin, MSc, Nursing Consultant, Valérie Fortier and Caroline St-Laurent, Clinical Nurses
GRAPHIC DESIGN: Service des communications

History of Personal Hygiene Care

To be completed with the family caregiver

Becoming familiar with the personal hygiene history of the individual with dementia may reduce the negative reaction towards hygiene care and make it easier to gain their cooperation. This information will help you to prepare a hygiene care program adapted to the person's preferences and past practices.

What motivated the person to bathe or shower?

(Check off more than one box, if appropriate.)

- ☐ Personal hygiene
- ☐ Relaxation
- ☐ Sleep aid
- ☐ Pain control
- ☐ Other _____

_____

At what time of day did they perform their personal hygiene?

(Check off more than one box, if appropriate.)

- ☐ In the morning
- ☐ Before bedtime
- ☐ At no particular time
- ☐ Other _____

How often did they perform their hygiene care?

- ☐ Less than once a week
- ☐ 1 to 2 times a week
- ☐ 3 to 4 times a week
- ☐ Daily
- ☐ More than once a day

What were their hygiene care preferences?

- ☐ Bathtub
- ☐ Shower
- ☐ Sink

Have there been any changes to this in recent years?

☐ Yes ☐ No

Comments _____

_____

Did they enjoy performing their hygiene care?

- ☐ Liked it very much
- ☐ Yes
- ☐ Not particularly
- ☐ Disliked it

Under what conditions did they like performing their hygiene care?

- ☐ Music
- ☐ Subdued lighting
- ☐ Candlelight
- ☐ Other _____

Are there any other specifics that could have an impact on obtaining the person's cooperation for hygiene care?

For example, fear of water, rapid hygiene, etc.

☐ Yes ☐ No

If so, describe them briefly _____

Describe the person's current capacity to take part in hygiene care.

- ☐ No help required
- ☐ Requires significant guidance when bathing or dressing
- ☐ Requires help for more than half of the task
- ☐ Totally dependent

Make a list of useful suggestions for the person's hygiene and personal care.

For example; special products, strategies used, specific procedures, water or room temperature, etc.

Useful suggestions: _____

Completed by: _____

Relationship: _____

Date: _____

REFERENCE

Voyer, P., Soins infirmiers aux aînés en perte d'autonomie. 2e éd., Saint-Laurent, Québec, Éditions du renouveau pédagogique inc., 2013, p. 496, tableau 29.3.

AUTHORS: Claire Bonin, MSc, Nursing Consultant, Valérie Fortier and Caroline St-Laurent, Clinical Nurses
GRAPHIC DESIGN: Service des communications

Québec

RESISTANCE TO PERSONAL HYGIENE CARE

ALZHEIMER'S BPSD | Intervention Checklist

Observation Checklist during Hygiene Care

To be completed by the care provider.

First name: _____ **Surname:** _____

Name of the practitioner performing the care: _____

Observe the following elements at each step:

- ☐ Environmental surroundings.
- ☐ The person's reactions (e.g., indications of pain, modesty, discomfort, agitation, anxiety, fear).
- ☐ What the person says.
- ☐ Triggers that may agitate or calm the person.
- ☐ The care provider's approach: what they say, what they do or do not do.

BEFORE HYGIENE CARE

Observations

- Care start time _____
- Interventions performed prior to care (take the person to the bathroom, rest period, etc.)
- Person's mood before approaching them
- How the person is approached (words and gestures used)
- Person's reaction to the request
- Calming or analgesic medication given beforehand
  - ☐ Yes ☐ No
- Required material prepared before care provided (toiletries and clothing)
  - ☐ Yes ☐ No
- Room temperature adjusted
  - ☐ Yes ☐ No
- Type of hygiene observed
  - ☐ Partial washing
  - ☐ Full bath in the bathtub
  - ☐ Shower
  - ☐ Other _____

NOTES _____

Québec

DURING HYGIENE CARE

Observations

- Regular staff ☐ Yes ☐ No
- Physical environment (noise, lighting, room temperature, location, etc.)
- Number of care providers
- Care sequence used (refer to the Sequence of Care according to Body Part checklist)
- Areas of body covered and at what moment when care was administrated
- Verbal and nonverbal communication of care providers (rhythm, reassuring words)
- Interventions performed according to abilities and disabilities (cognitive and functional)
- Interventions (helpful or not helpful) during agitation
- Care completed in full or in segments (hair care, nail trimming, oral hygiene)
- Use of data related to the personal hygiene history
  ☐ Yes ☐ No
- Duration of the intervention _____

NOTES _____

AFTER HYGIENE CARE

Observations

- Reaction of the person while dressing
- Sign of affection used
- Location to which the person is directed
- Rest period offered ☐ Yes ☐ No
- Practitioners' comments related to the care provided (level of difficulty, comparison with other hygiene, effectiveness of interventions attempted)

NOTES _____

Observed by: _____ Date: _____

REFERENCES

Bourque, M., Grille d'observation ponctuelle lors d'un soin. Gestion des symptômes comportementaux de la démence, Activité de formation continue, Montréal, février 2014.
Voyer, P., Soins infirmiers aux aînés en perte d'autonomie. 2e éd., Saint-Laurent, Québec, Éditions du renouveau pédagogique inc., 2013, pp. 496-497, tableau 29.4.

AUTHORS: Claire Bonin, MSc, Nursing Consultant, Valérie Fortier and Caroline St-Laurent, Clinical Nurses
GRAPHIC DESIGN: Service des communications

RESISTANCE TO PERSONAL HYGIENE CARE

ALZHEIMER'S BPSD | Intervention Checklist

Specific Approaches to Hygiene Care

BEFORE HYGIENE CARE

- ☐ I make sure that care is offered at the best time.
  (e.g., after a rest period, I avoid waking the person up, etc.).
- ☐ Prepare all of the necessary material before going to get the person. Refrain from running water in their presence. In the case of some people, however, it may be more appropriate to involve them in the preparation.

- ☐ Ensure that the environment is comfortable (e.g., warm room, towel on the bath chair, etc.).
- ☐ Ensure that their basic needs are met (e.g., bring the person to the bathroom, offer them a snack, relieving pain, etc.).
- ☐ I take into account the person's cognitive impairments (e.g., if the person does not recognize their impairments, I offer treatment for pain rather than help with bathing).

- ☐ Take into account the person's past habits (e.g., rituals, frequency, preference of bath, shower, or sink, etc.).

- ☐ Be flexible (e.g., postpone care until later, if needed, as trying again 10 minutes later can sometimes work. Provide hair and nail care at another time).

- ☐ Take note of the specific guidelines regarding the person in the work plan before starting.

DURING HYGIENE CARE

- ☐ Allow the person time to do whatever they can do.
- ☐ Cover the person's shoulders and thighs with a towel during hygiene care.
- ☐ Follow a familiar routine and be consistent in the way of doing things.
- ☐ Begin the care with the least painful and the least intimate parts of the body.
- ☐ Give simple instructions, one step at a time, and accompany your words with a gesture (e.g., "Pick up the washcloth," or "Wash your face").
- ☐ Use diversion with themes that are meaningful to the person.
- ☐ Focus on the person's reactions throughout the task. Adjust according to their pace.
- ☐ Stop the task in progress if the person is agitated. Reassure the person and start again when they have calmed down.
- ☐ Regularly encourage the person and use reassuring words (e.g., "It's okay," "I'm almost done," "You help me a lot").

AFTER HYGIENE CARE

- ☐ Always complete hygiene care with an encouraging word or gesture (e.g., thank the person, offer them a snack or a coffee, etc.).
- ☐ Offer the person a period of rest after hygiene care.
- ☐ If necessary, identify the problem elements and inform the practitioner in charge.
- ☐ Share the positive interventions with the whole team.

IN OTHER WORDS, I PERSONALIZE THEIR CARE!

REFERENCES

Agir pour protéger – Troubles cognitifs, symptômes psychologiques et comportementaux et situations de crise, Manuel du participant, Programme de formation pour les préposés aux bénéficiaires, Direction des communications du MSSS, 111 p, Québec, 2008.

Côté, L., et P. Hottin, Guide pour les proches aidants et les intervenants, 2e éd., Service de gérontopsychiatrie, CSSS-IUGS, 31 p, 2012.

Évaluation et interventions quotidiennes pour la clientèle âgée ayant des déficits cognitifs et présentant des comportements perturbateurs, Centre d'expertise en santé de Sherbrooke (CESS), Sherbrooke, 22 p, 2008.

AUTHORS: Claire Bonin, MSc, Nursing Consultant, Valérie Fortier and Caroline St-Laurent, Clinical Nurses
GRAPHIC DESIGN: Service des communications

Québec

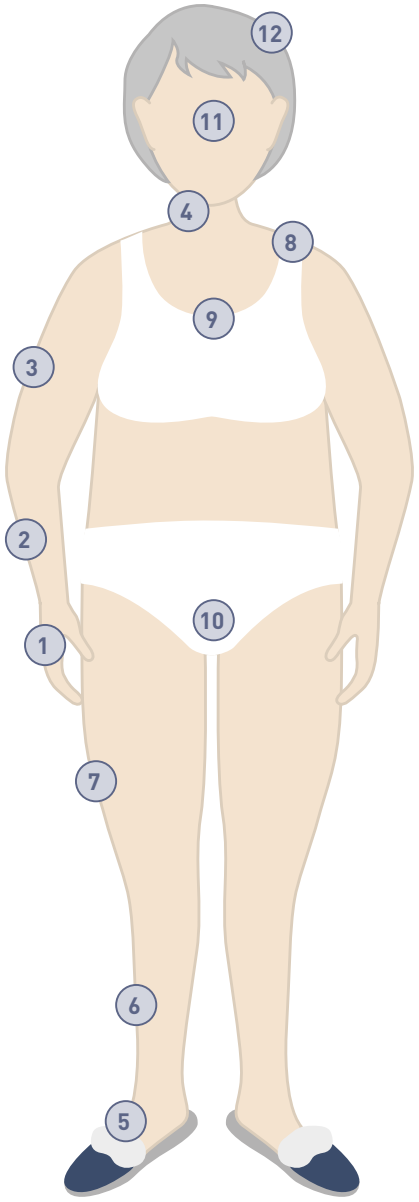
ALZHEIMER'S BPSD | Intervention Checklist

RESISTANCE TO PERSONAL HYGIENE CARE

Care Sequence Based on Different Parts of the Body

The following is a way to personalize hygiene care in order to reduce the risk of aggressive and severe reactions from the person:

1. *Hands*
2. *Forearms*
3. *Arms*
4. *Neck*
5. *Feet*
6. *Calves*
7. *Thighs*
8. *Shoulders*
9. *Torso*
10. *Genitals*
11. *Face*
12. *Hair*



Depending on the situation, it may be best to start with the person's feet.

If the person is able to take part, offer to let them wash their face at the beginning of care.

It may be better to provide hair and nail care at another time.

REFERENCE

Agir pour protéger – Troubles cognitifs, symptômes psychologiques et comportementaux et situations de crise, Manuel du participant, Programme de formation pour les préposés aux bénéficiaires, Québec, Direction des communications du MSSS, 2008, 111 p.

AUTHORS: Claire Bonin, MSc, Nursing Consultant, Valérie Fortier and Caroline St-Laurent, Clinical Nurses
GRAPHIC DESIGN: Service des communications

Québec

RESISTANCE TO PERSONAL HYGIENE CARE

ALZHEIMER'S BPSD | Intervention Checklist

Sponge Bath

STEP 1

Preparation of Materials

- Place the folded towels and washcloths in the plastic bag in the order shown.
- Fill the pitcher with hot water (temperature of about 108°F or 42°C) and add 20 mL of no-rinse soap.
- Pour the soapy water on each of the towels and washcloths in the plastic bag.
- Mix the towels so they are uniformly moistened.
- Place the plastic bag in an insulated bag.

Order for placing the folded linen in the plastic bag

1 washcloth	*Face*
3 washcloths	*Buttocks*
1 towel	*Back*
2 washcloths	*Genitals*
2 to 3 towels	*Torso, armpits, arms, hands*
2 towels	*Legs*

Also Required

- *1 pitcher of hot water (108°F or 42°C) and 20 mL of no-rinse soap*
- *2 heated flannel blankets*
- *1 insulated bag*

STEP 2

Hygiene

- The person should be kept warm and covered during the entire bathing process.
- Wash the person by massaging them with your fingertips.
- Wash one part of the body at a time, paying attention to the person's emotional reactions.
- Cover the person's entire body with the first flannel blanket and then remove the person's clothing (except for incontinence briefs).
- Raise the flannel blanket covering the legs up to the incontinence briefs. This leaves the person's feet and legs uncovered.
- Cover their feet and legs with the warm towels.
- Gently massage the person's toes, feet, and legs. Bend the person's knees to give you access to the back of their legs.
- Remove the warm towels covering their feet and legs, and quickly cover their lower limbs with the flannel blanket.
- Cover and massage their torso and arms with the towels provided for this purpose. Place the second flannel blanket over the person's upper body once the massage has been completed.
- Leave the blanket in place and remove their incontinence briefs. Use the two washcloths to wash their genitals.
- Turn the person on their side, put the last towel on their back, and wash with a massaging motion.
- Use the three washcloths to wash the buttocks area. Put on a clean pair of incontinence briefs. Reposition the person on their back in a comfortable position.
- Wash their face with the last washcloth.

STEP 3

Rest Period

- Keep the person covered so that they stay comfortably warm and let them rest. Dress them afterwards.

STEP 4

Hair Care

- Provide hair care at another time if the person is agitated.
- Use the no-rinse shampoo with a washcloth to wash their hair.
- Rinse with another washcloth.

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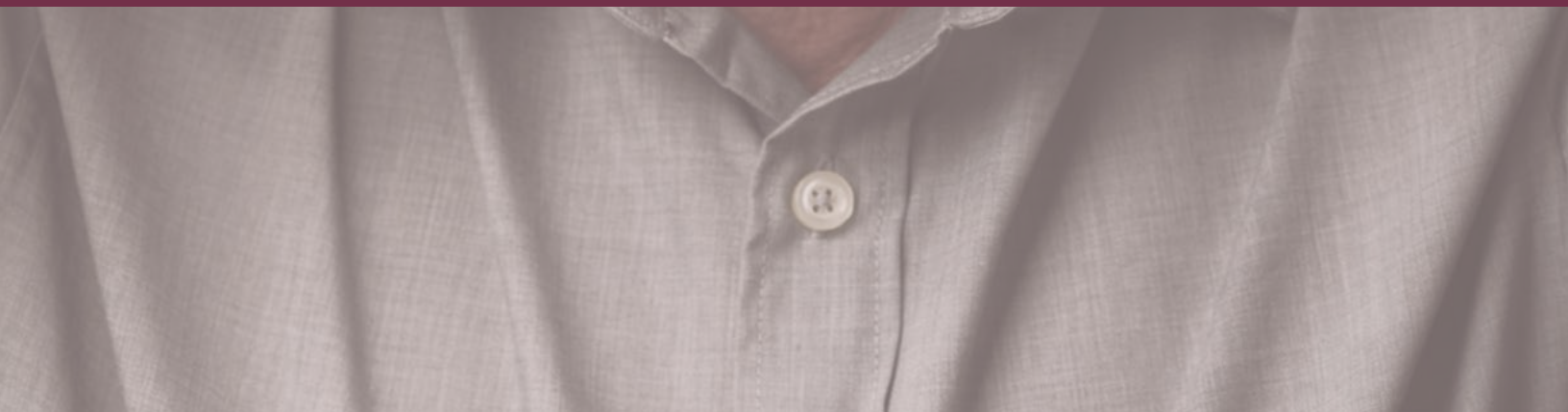
1. Triggers
2. Signs of Escalation and Interventions
3. Intervening after a Severe Reaction

INTERVENING DURING A SEVERE REACTION



Triggers

PHYSICAL AND EMOTIONAL STATE

- Cognitive impairments
- Pain
- Discomfort (hunger, thirst, urination, feeling cold, constipation, etc.)
- Fatigue
- Sensory disorders (visual, auditory)
- Boredom, mistrust, anxiety
- Basic personality
- Medication (side effects, added medication, sudden cessation)
- Changes in health condition, delirium

TASKS

(hygiene, dressing, medication administration, etc.)

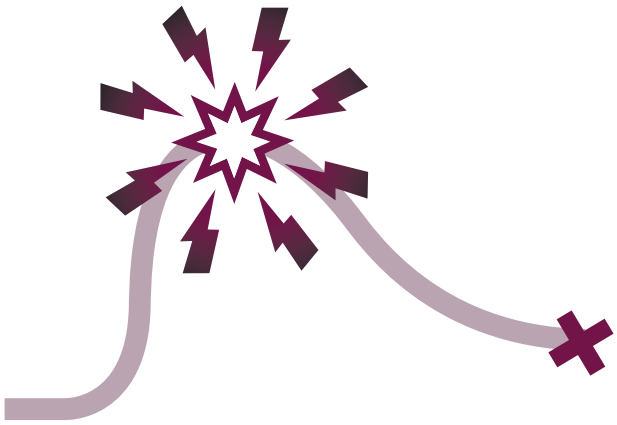
- Too complex
- Too long
- Different from past habits
- Triggers of old fears

PHYSICAL AND PERSONAL ENVIRONMENT

- **Too much stimuli**
  (crowded corridors, loud talking, rushing comings and goings, agitated shift change, other residents shouting, etc.)
- **Unadapted environment**
  (no wandering areas, little intimate space, no familiar objects or reference points, etc.)
- **Lack of staff stability**

COMMUNICATION

- **Basic approach not applied**
  (voice too loud, speech too fast, vocabulary too complex, etc.)



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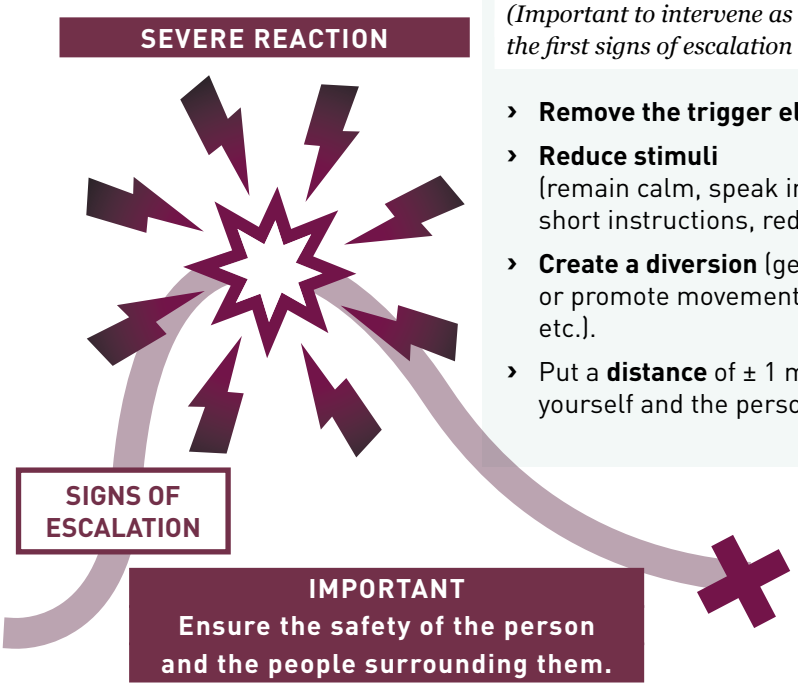
INTERVENING DURING A SEVERE REACTION

ALZHEIMER'S BPSD | Intervention Checklist

Signs of Escalation and Interventions



Immediate Intervention

(Important to intervene as soon as the first signs of escalation appear)

- **Remove the trigger element.**
- **Reduce stimuli** (remain calm, speak in a low voice, give short instructions, reduce noise, etc.).
- **Create a diversion** (get the person moving or promote movement, change their ideas, etc.).
- Put a **distance** of ± 1 m (3 feet) between yourself and the person.

Signs of Escalation *(examples)*

(variable between people)

- Speaking louder or faster
- Walking briskly, pacing
- Clenching of teeth or fists
- Frowning
- Making more requests
- Flushed face
- Anxiousness
- Verbally expressing their resistance

Catastrophic Reaction *(examples)*

Agitation | Aggressiveness

- Cursing, shouting loudly, threatening
- Pushing
- Throwing objects
- Striking things or people

Anxiety | Sadness

- Crying
- Expressing discomfort
- Wanting to leave

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Fleury, F., Protocoles d'intervention pour la gestion des troubles graves de comportement avec agressivité physique envers autrui, Agence de la santé et des services sociaux de la Montérégie, Version finale, 41 p, Longueuil, 2010.

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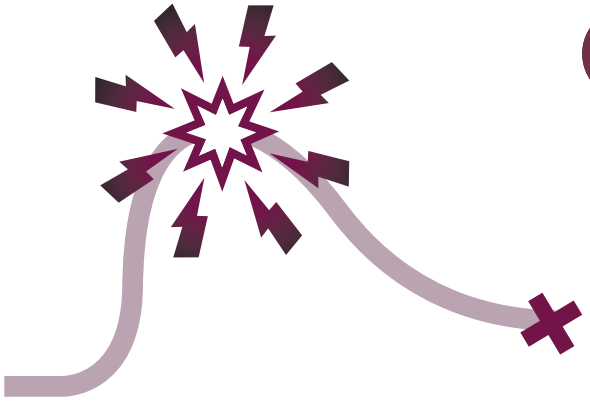
Québec

Intervening after a Severe Reaction



Make sure the person and other residents are calm and safe.

Allow the person time to recover. The time needed varies from one person to the next.

Avoid rehashing the situation unless the person brings it up. If that happens, refrain from making them feel guilty.

Come together as a team to discuss the situation and the following points:

- In what context did the severe reaction occur? Signs of escalation? Trigger components?
- What interventions were more or less helpful in defusing the escalation?
- If there are indicators of escalation, have they been identified and are known?
- Should a similar situation occur, what interventions should be implemented?

Make sure the emotional distress has diminished before the staff goes off shift.

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Québec

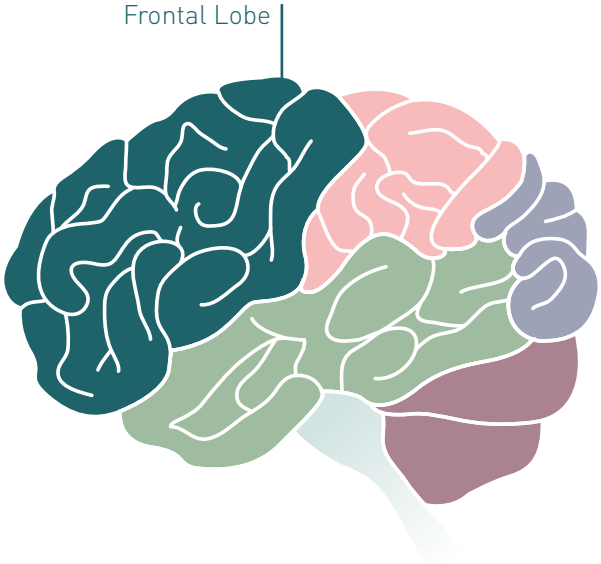
1. Behaviours Associated with Frontotemporal Disorder
2. Recommended Preventive Approaches

BEHAVIOURS ASSOCIATED WITH FRONTOTEMPORAL DISORDER | PREVENTIVE APPROACHES

Behaviours Associated with Frontotemporal Disorder

Depending on the type and evolution of the disease, frontal lobe lesions may or may not be present and vary in intensity.

Some behaviours are indicative of frontal dysfunction.
Here are some examples.



Decreased Attention

The person:

- Has increasing difficulty doing two things at the same time.
- Has increasing difficulty managing to complete the ongoing activity.
- Is more easily distracted by noise or movement.

An impairment of attention usually leads to greater fatigue.

Decreased Initiative

The person:

- Tends to be inactive and less spontaneous.
- Needs supervision to initiate a task.

  Example:
  During activities, the person will need to be stimulated and invited to participate.

These signs can sometimes be perceived as lack of motivation or indifference.

Disorganization

The person:

- Experiences difficulty planning and organizing an activity.

  Example:
  At bath time, the person does not bring the necessary products and fails to wash certain areas of the body. At mealtime, they are unable to complete a recipe.

Inadequate Decision Making

The person:

› Makes decisions that are not very appropriate or inappropriate given the situation.

Example:
They give away large amounts of money to a stranger despite the fact that it should have been used for their living expenses.

Unable to Recognize Their Limitations (Anosognosia)

The person:

› Displays difficulty in perceiving and taking into account their errors and limitations.

Example:
Convinced that they are able to do so, the person wants to go back to living at home, despite their functional and cognitive disabilities.

Rigidity/Perseveration

The person:

› Is unable to change their habits or ideas.

Example:
They may tend to constantly repeat the same words and gestures.

Disinhibition/Impulsivity

The person:

› Sometimes displays an inability to control what they think, say, and even some of the things they do. Certain behaviours can be observed in this case, such as:

- Impulsive actions
- Familiarity
- Lack of empathy for others
- Comments of a coarse or sexual nature
- Lack of modesty
- Verbal irritability

Tactile Behaviors

The person:

› Feels the need to touch, examine, or pick up objects within reach or placed in front of them.

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Recommended Preventive Approaches

- Decrease sensory stimulation and have a calm approach (e.g., dim the lights, turn off the television during meals, etc.).
- Use simple sentences and concrete words, with no puns or double meanings.
- Promote physical activity (e.g., walking outdoors).
- Propose simple, repetitive activities related to the past (e.g., folding towels, sanding a piece of wood, etc.).
- Offer frequent substantial protein snacks.
- Offer two choices to prevent refusal and opposition.
- Avoid confrontation, argumentation, and long explanations.
- Avoid using "NO" and "NOT." These words increase the risk of confrontation (e.g., "Yes, I will give you your cigarette at 2 o'clock").
- Adopt a more flexible routine (e.g., come back later if the person refuses).
- Choose your battles. Ask yourself if there is a security risk. If not, accept the different behaviour.

All of these approaches are complements to the basic guidelines.

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