

# LONG TERM CARE COMMUNITY COALITION

*Advancing Quality, Dignity & Justice*

## **Basic Standards of Practice for Good Dementia Care & Avoiding Inappropriate Antipsychotic Drugging**

This factsheet focuses on the “Behavioral & Psychological Symptoms of Dementia” (BPSD): what they are and what nursing homes should be doing to address them. You can use this information to support better understanding and care.

Note: While our [factsheets](#) focus on standards for nursing home, we believe that good practices are universal and that these standards are relevant to no matter where the individual with dementia lives.

### **Examples of Behaviors That a Resident Might Exhibit Which Results in Antipsychotic Drugging**

- Aggressive behavior towards care staff, other residents or loved ones
- Abnormal/repetitive vocalizations
- Sleep disturbances
- Wandering
- Agitation, and/or restlessness
- Screaming or crying
- Repetitive motor activity
- Anxiety and/or Depression
- Delusions and hallucinations

### **Some important things to know about “Behavioral & Psychological Symptoms of Dementia (BPSD)”**

- The **only** BPSD that may be responsive to or appropriate for antipsychotic treatment are aggression, agitation, or psychotic symptoms that **pose an immediate risk for harm**.
- Antipsychotic medications are only moderately effective for most BPSD and should be trialed **as the last resort for a limited period of time when there is an immediate risk of harm**.
- Not all psychotic symptoms necessarily require pharmacologic treatment of any kind (i.e., hallucinations that do not distress the person with dementia).
- It is **important to consider other social, psychological and physical needs** that a person might have that may result in BPSD, especially pain, which is highly prevalent among older persons.
- **Most BPSD are responsive to non-pharmacological approaches**. The approach should be based on an assessment of possible causes and individualized to the person’s abilities and physical/emotional/social needs.

## What Steps Should Be Taken to Address BPSD?

- **Obtain details about the person's behaviors** (nature, frequency, severity and duration) and risks of those behaviors, and discuss potential underlying causes with the care team and (to the extent possible) resident, family or representative;
- **Identify potentially remediable causes** of behaviors (such as medical, medication-related, physical, functional, psychosocial, emotional, environmental);
- **Implement non-pharmacological approaches** to care to understand and address behavior as a form of communication and modify the environment and daily routines to meet the person's needs;
- **Implement the care plan consistently** and communicate across shifts and among caregivers and with the resident or family/representative (to the extent possible); and
- **Assess the effects of the approaches**, identify benefits and complications in a timely fashion, involve the attending physician and medical director as appropriate, and adjust treatment accordingly.

### Non-Pharmacologic Approaches

Nursing homes are required to make changes to the care, treatment and environment of a resident to appropriately address and alleviate BPSD. Following are some examples of approaches that might be taken, depending on the specific needs of the resident:

- **Clinical.** Identifying if a resident is in pain or uncomfortable and taking steps to address and provide relief.
- **Environmental.** Identifying environmental causes and taking steps to address them, such as reducing noise or visual stimulation, providing an area for safe wandering or creating a home-like atmosphere to reduce a resident's stress.
- **Staff Training.** Educating care staff on:
  - Communication skills;
  - Person-centered bathing;
  - Minimizing and avoiding care-resistant behaviors during oral hygiene and when assistance is provided with dressing or other activities of daily living; and
  - Strategies for understanding what a resident is communicating and how to respond to his or her needs appropriately.
- **Activities.** Just like people who live outside of nursing homes, residents need to be involved in activities that are engaging, no matter what their physical or mental abilities may be. Music and art therapy, structured exercise and recreation programs and animal therapy (real or stuffed animals) are some of the activities which have been found to be beneficial.

**Behavior is communication.  
Behavior is *not* a disease.**

### RESOURCES

[WWW.NURSINGHOME411.ORG](http://WWW.NURSINGHOME411.ORG). LTCCC's website includes materials on the relevant standards for nursing home care, training materials and other resources.