

Management of behavioural and psychological symptoms of dementia

Implementing non-pharmacological interventions

Non-pharmacological interventions are first line for management of behavioural and psychological symptoms of dementia and should be continued if drug therapy is trialled.¹

BPSD includes disinhibited behaviours, wandering, nocturnal disruptions, vocally disruptive behaviours, agitation and aggression.

When implementing non-pharmacological interventions

- ▶ Use the patient's background, likes and dislikes, cultural, linguistic and religious factors, and life experiences to guide interventions^{2,3}
- ▶ Consider the skills and resources available at the residential aged care facility³
- Document the target behaviour(s) and evaluate patient response

Categories for specific non-pharmacological interventions³

Social contact: real or simulated

- Individualised social contact
- Simulated interactions (eg, family videos)
- Reminiscence therapy

Structured activities

- Recreational activities
- Outdoor walks
- Physical activities
- Established routines (eg, for dressing and bathing)

Training and development

- Staff education on verbal and non-verbal communication behaviours
- Staff support

Sensory enhancement/ relaxation

- Massage and touch
- Individualised music
- Sensory stimulation (eg, aromatherapy)

Environmental modifications

- Wandering areas
- Light therapy
- Reducing excess noise, people or clutter

Behaviour therapy

- Differential reinforcement
- Stimulus control

For more information visit: www.nps.org.au/professionals/antipsychotic-medicines

References

- 1. Therapeutic Guidelines: Psychotropic version 7. West Melbourne: TG Ltd, 2013
- 2. Clinical practice guidelines and principles of care for people with dementia. Sydney: Guideline Adaptation Committee, 2016
- Behaviour Management. A guide to good practice. Sydney: Dementia Collaborative Research Centre, 2012.

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