

Implementing non-pharmacological interventions

Non-pharmacological interventions are first line for management of changed behaviour in a person with dementia and should be continued if drug therapy is trialled.¹

Changed behaviour 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
3. Behaviour Management. A guide to good practice. Sydney: Dementia Collaborative Research Centre, 2012.