

Follow recommended guidelines for prescribing psychotherapeutic medications to older adults with behavioural symptoms.

The use of medication depends on the underlying cause for the behaviour. For example, if a resident is believed to have severe depression with agitation, an antidepressant should be prescribed. If there is no evidence of an underlying treatable disorder and the behaviours do not present any immediate danger to resident, staff or others, focus on environmental modifications, behavioural interventions, psychotherapy or other non-pharmacological interventions before prescribing medications (see reverse).

Urgent situations: Both pharmacological and non-pharmacological interventions may be started simultaneously with:

- A clear goal identified;
- Monitoring; and
- An evaluation plan in progress.

Several different types of medication can be helpful (depending on the diagnosis):

- Antipsychotics should be reserved for residents with severe psychosis, aggression or agitation.
- Avoid benzodiazepines as the first option as they can disinhibit and increase risk of falls.
- Other options include some antidepressants.

- Cholinesterase inhibitors and memantine may delay the emergence of behavioral symptoms associated with dementia. Preliminary evidence suggests that these medications may also play a role in the treatment of behavioural symptoms, especially in Lewy Body Dementia and in residents with psychosis associated with Parkinson's disease. More clinical trials are needed.

Guidelines for prescribing psychotherapeutic medications in seniors:

- 1 Assess and treat any underlying medical causes.
- 2 Screen for mood, cognitive and other psychiatric disorders.
- 3 Implement ongoing objective and quantitative monitoring with clear documentation.
- 4 Conduct a thorough medication history and review before selecting psychotherapeutic medication.
- 5 Identify the goal of therapy, target symptoms, medication and disease interactions. Consider risks versus benefits before initiating the medication.
- 6 After receiving appropriate consent, initiate with the lowest appropriate dosage and increase the dose gradually according to response.
- 7 Monitor for desired response and potential side effects.

Routinely re-evaluate medications for continuation/discontinuation, dose adjustments and when there are any significant changes in medical status. Clinicians should aim for the lowest possible effective dosage.

Continue to assess whether the goals of treatment are being met.

Ongoing assessment should include:

- Ongoing and scheduled evaluation of:
 - impact on targeted behaviour and symptoms
 - possible unintended consequences (e.g., medication side effects)
- Modifications to interventions (e.g., discontinuation or addition of psychological, social and pharmacological interventions) based on effects on behaviour.
- Re-evaluation of symptoms and behaviours, and intervention if health status changes significantly.

Canadian Coalition for Seniors' Mental Health: www.ccsmh.ca
Download free copies of the *National Guidelines for The Assessment and Treatment of Mental Health Issues in Long Term Care Homes (focus on mood and behaviour symptoms)*, May 2006.

Alzheimer Society of Canada: www.alzheimer.ca

Baycrest: www.baycrest.org

Hartford Institute for Geriatric Nursing (ConsultGeriRN.org): www.consultgerirn.org
Their *Try This.*® series offers assessment tools on a variety of topics relevant to the care of older adults.

International Psychogeriatric Association: www.ipa-online.org

Murray Alzheimer Research & Education Program: www.marep.uwaterloo.ca

P.I.E.C.E.S.: www.piecescanada.com

Registered Nurses' Association of Ontario: www.rnao.org
Download their *Screening for Delirium, Dementia and Depression in the Older Adult (revised 2010)* and *Caregiving Strategies for Older Adults with Delirium, Dementia and Depression (revised 2010)*.

U-FIRST: www.u-first.ca

Tool on the Assessment & Treatment of Behavioural Symptoms of Older Adults Living in Long Term Care Facilities

Based on: Canadian Coalition for Seniors' Mental Health (CCSMH) National Guidelines: Assessment and Treatment of Mental Health Issues in Long Term Care Homes (Focus on Mood and Behaviour Symptoms)



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For more information visit www.ccsmh.ca

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Canadian Coalition for Seniors' Mental Health
To promote seniors' mental health by connecting people, ideas and resources.
Coalition Canadienne pour la Santé Mentale des Personnes Âgées
Promouvoir la santé mentale des personnes âgées en reliant les personnes, les idées et les ressources.

Key Message #1

Conduct an assessment to evaluate behavioural symptoms and define specific goals.

Assessment in LTC facilities should occur as soon as possible after admission and should include:

- 1 Initial and ongoing screening to detect behavioural symptoms.
- 2 Structured, goal-directed investigation to identify the underlying cause of behaviour symptoms.
- 3 Interpretation of assessment findings (includes diagnosis where appropriate).
- 4 Ongoing evaluation of clinical outcomes and treatment effectiveness.

Screening should trigger implementation of a structured, goal-directed detailed investigation of factors that precipitate, maintain and exacerbate identified symptoms.

It may be difficult to determine the exact cause of behavioural symptoms.

ABC Behavior Charting is a useful way to observe and track behavioral symptoms. Each time a challenging behaviour occurs, record:

- Antecedents (what happened before the behaviour);
- Behaviours; and
- Consequences.

After recording a behaviour several times, patterns often appear.

Key Message #2

Consider individual, social, and environmental factors to understand behaviours.

Individual Factors:	Social and Environmental Factors:
<ul style="list-style-type: none">• Pain• Constipation or fecal impaction• Infections• Injury• Dehydration• Nutritional problems• Delirium• Dementia• Psychosis• Depression• Anxiety disorders• Sleep disorders• Substance or medication abuse or withdrawal• Hearing and vision problems• Worsening of chronic medical conditions• Recent onset of new medical condition• Medications that have the potential to alter cognition or mood	<ul style="list-style-type: none">• Changes in social or family situation• New stressors or situational factors such as changes in staff• Lack of social activities• Lack of meaningful activities• Lack of positive (reinforcing) experiences• Deviations from normal life patterns, preferences, and autonomy• Change in room (i.e., relocation)

Key Message #3

Individualize interventions based on assessment findings and, where possible, use non-pharmacological interventions before pharmacological interventions.

- Comprehensive assessment should lead to determination of what type and intensity of intervention is needed.
- Interventions should be selected on the basis of all relevant assessment information, including formal diagnosis where appropriate, risk assessment, and the wishes of individual residents and their families.
- Psychological and social interventions should generally be used before initiating pharmacological treatment.
- Where symptoms are severe or in urgent situations it may be appropriate to initiate psychological, social, and pharmacological interventions together (see reverse).

Key Message #4

Select psychological and social interventions based on individualized goals of care.

Individuals respond differently to various psychological and social interventions. It is important to match the intervention to the individual's interests and wishes. Not all interventions will be welcomed by or effective with all individuals. Trial and error may be required to achieve a good match.

Summary of Key Messages

- 1 Conduct an assessment to evaluate behavioural symptoms and define specific goals.
- 2 Consider individual, social, and environmental factors to understand behaviours.
- 3 Individualize interventions based on assessment findings. Where possible, use non-pharmacological interventions before pharmacological interventions.
- 4 Select psychological and social interventions based on individualized goals of care.
- 5 Follow recommended guidelines for prescribing psychotherapeutic medications to older adults with behavioural symptoms.
- 6 Continue to assess whether the goals of treatment are being met.

For more information visit www.ccsmh.ca

Goals of Care	Examples of psychological and social interventions
Reduce social isolation	<ul style="list-style-type: none">• Talking and singing• Watching family videos• Pet therapy• Music
Stimulate the senses	<ul style="list-style-type: none">• Sensory stimulation (e.g., Snoezelen room)
Promote relaxation	<ul style="list-style-type: none">• Aromatherapy• Bright light therapy• White noise
Reduce agitation	<ul style="list-style-type: none">• Massage and touch
Increase positive engagement with physical & social environment	<ul style="list-style-type: none">• Recreational activities• Walking programs• Group exercise
Manage behaviours that may be disturbing, disruptive or potentially harmful	<ul style="list-style-type: none">• The selection of specific behaviour therapy interventions should be based on analysis of the factors that are maintaining the behaviour (ABC Behavior Charting).• Interventions may include reinforcing (rewarding) behaviours that are incompatible with problem behaviours and use of stimulus control (cueing) to encourage context-appropriate behaviours.• Development and implementation of individualized behaviour therapy requires appropriate staff training and support (e.g., P.I.E.C.E.S.).