



COD 5 - Assessing and managing behavioural and psychological symptoms of dementia (BPSD)

Key Features

- This EPA focuses on the assessment and management of BPSD, including identifying possible contributing/precipitating factors across the spectrum of BPSD and establishing pharmacological and non-pharmacological management options
- This EPA includes integrating input from the interprofessional team and caregivers, engaging caregivers and the interprofessional team in the implementation of non-pharmacological interventions, and referring patients to subspecialty care, as appropriate

Target

- Collect 3 different presentations
- At least 3 different settings
- At least 2 observations by a geriatrician

Case presentation

sexually inappropriate behaviour; physical aggression; agitation; psychotic features; pacing/wandering; apathy; depression; anxiety; other

Setting

- outpatient clinic; specialized (memory disorders) clinic; geriatric unit; inpatient consult; geriatric psychiatry; behavioral neurology; long-term care; day hospital; other

Assessor

- geriatrician; behavioral neurologist; geriatric psychiatrist

Milestones in Elentra

- ME 2.1 Iteratively establish priorities, considering the perspective of the patient and family as the patient's situation evolves
- ME 2.2 Perform medication reviews
- ME 2.2 Identify potential medication-related contributors to BPSD
- ME 2.2 Synthesize patient information to determine underlying causes/precipitating factors of BPSD
- ME 2.4 Develop and implement non-pharmacologic interventions in collaboration with the patient and family, and the interprofessional team
- ME 2.4 Integrate optimal prescription practices into management plan
- ME 4.1 Determine the necessity and timing of referral to another health care professional
- ME 4.1 Establish plans for ongoing care, taking into consideration the patient's clinical state, circumstances, preferences, and actions, as well as available resources, best practices, and research evidence
- COM 1.4 Respond to patient's non-verbal communication and use appropriate non-verbal behaviours to enhance communication
- COM 2.2 Manage the flow of challenging patient or caregiver encounters, including those with angry or distressed individuals
- COM 3.1 Share information and explanations that are clear and accurate, while checking for patient and family understanding
- COL 1.3 Engage in respectful shared decision-making with primary and/or referring physicians and other health care professionals
- S 3.4 Integrate best evidence and clinical expertise into decision-making

- HA 1.1 Facilitate timely patient access to health services and resources
- P 2.2 Demonstrate a commitment to patient safety and quality improvement through adherence to institutional policies and best practices around physical and chemical restraints