CCSMH
Canadian Coalition for Seniors' Mental Health

Canadian Coalition for Seniors' Mental Health Clinical Practice Guideline for Assessing and Managing Behavioural and Psychological Symptoms of Dementia (BPSD)

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Disclosure: Dr. Dallas Seitz

- **Relationships with for-profit and not-for-profit interests:**
  - **Financial Payments / Honoraria:** CCSMH (guideline development), Alberta Health Services
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  - **Patents:**
  - **Other:**

Disclosure: Dr. Jennifer Watt

- **Relationships with for-profit and not-for-profit interests:**
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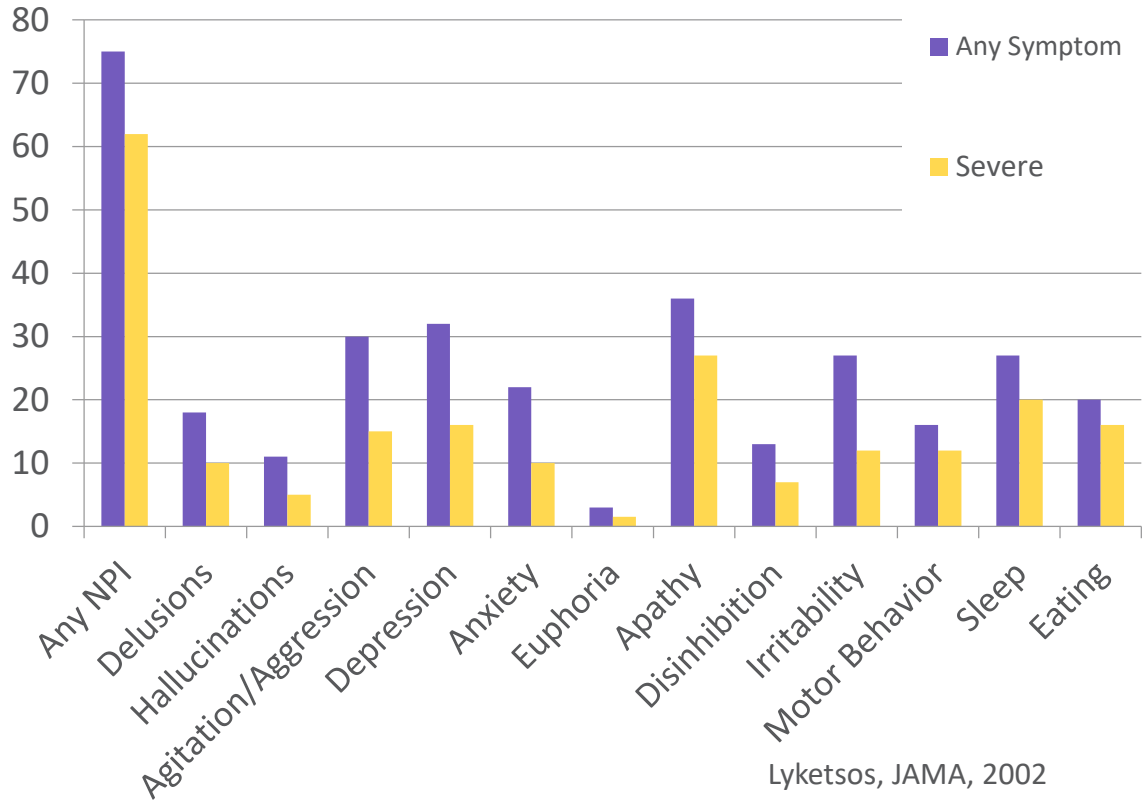
Objectives for Today's Webinar

- Become familiar with the process for developing the CCSMH Clinical Practice Guideline (CPG) for Assessing and Managing Behavioural and Psychological Symptoms of Dementia (BPSD)
- Understand key BPSD CPG topics and recommendations

What are behavioural and psychological symptoms of dementia (BPSD)?

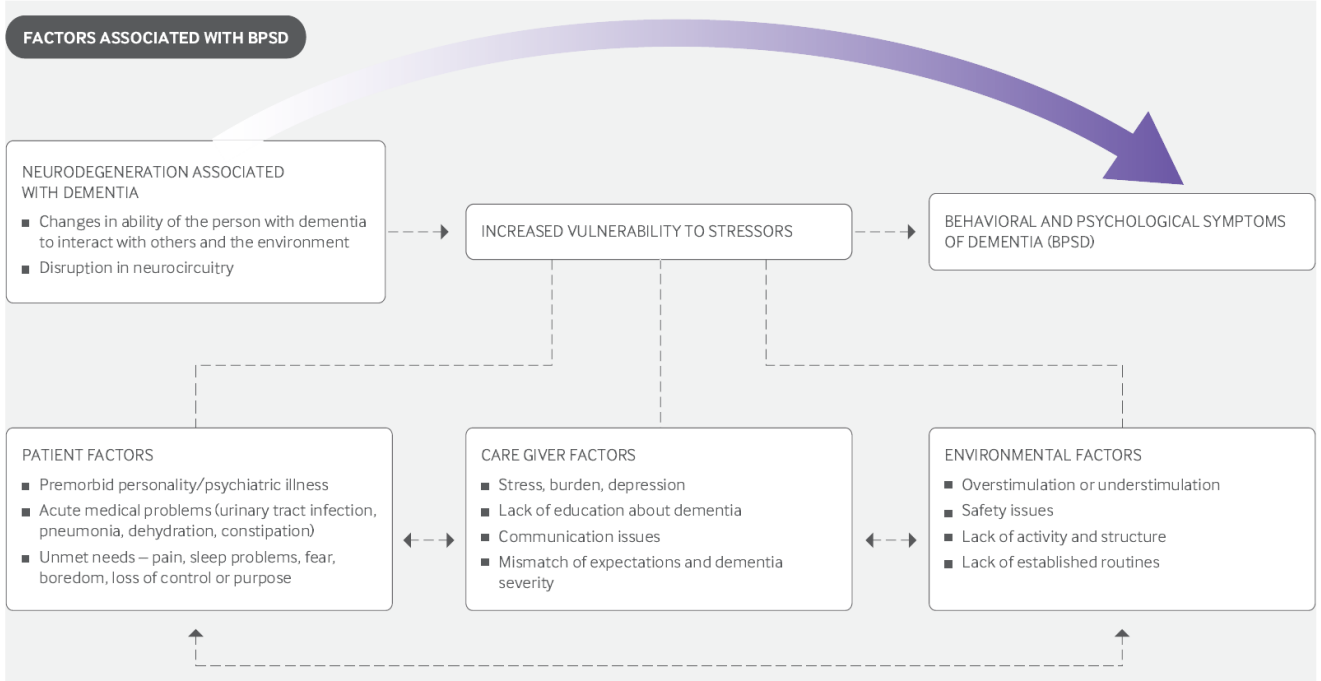
- Non-cognitive symptoms associated with dementia
- Also referred to as:
  - responsive behaviours, reactive behaviours, neuropsychiatric symptoms
- Most people living with dementia will experience BPSD
  - ~75% of people in community
  - >80% in LTC



Lyketsos, JAMA, 2002

Why are BPSD important?

- BPSD are associated with ↑ functional decline, ↑ mortality
- Major contributor to caregiver stress, ↑ risk of long-term care
- ↓quality of life for people living with dementia and caregivers
- Assessment and management of BPSD is complex



Kales, BMJ, 2015

BPSD Clinical Practice Guideline Development

BPSD Clinical Practice Guideline Methods

- Followed Guideline International Network (GIN)-McMaster Guideline Development Checklist
- Guideline panel included expertise in BPSD research and clinical practice from across Canada
- External reviewers, including people with lived experience, provided feedback
- Evidence review:
  - Systematic review of existing guidelines (23 guidelines, 264 recommendations, in press *JAMDA*)
  - Rapid overview of existing BPSD systematic reviews (294 systematic reviews)
  - Rapid review of treatment strategies for sexual expressions of potential risk
  - Systematic review update of tools for assessing anxiety in people living with dementia
  - Systematic review update of tools for assessing depressive symptoms in people living with dementia
  - Systematic review of tools for assessing psychosis in people living with dementia

BPSD Clinical Practice Guideline Contributors

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Selection of Terminology and BPSD Topics

Terminology for Guidelines

- No agreed upon terms for describing behaviours in dementia
  - e.g., BPSD, responsive behaviours, neuropsychiatric symptoms
- Stakeholder survey conducted to identify preferred terminology for guideline (N=254)
- “Behavioural and psychological symptoms of dementia” – preferred term

BPSD Topics and Outcomes

- Stakeholder survey and guideline panel prioritization exercise to identify topic areas for guideline
  - Topics rated >7/9 = critical and included in guideline
- Topics and outcomes selected
  - Agitation
  - Psychosis
  - Depressive symptoms and depression
  - Anxiety
  - Sexual expressions of potential risk
  - Deprescribing of psychotropics

How did the guideline panel decide to make a strong or conditional recommendation?

Strong recommendation

- Most patients would want the proposed care approach
- Most clinicians would advise the proposed care approach
- Policymakers should implement the recommendation (with adaptations, if needed)

Conditional recommendation

- The majority (but not all) patients would want the proposed care approach
- The majority (but not all) clinicians would advise the proposed care approach
- Policymaking will require considerable debate to implement the recommendation

General Principles for Assessing and Managing BPSD

Connecting **People**, **Ideas**, and **Resources**

General Principles for BPSD (Good Practice Statements)

- Provide education and resources needed to implement structured interdisciplinary approaches to assessing and managing BPSD
- Obtain informed consent from the person living with dementia or their substitute decision maker for BPSD assessment and management
- Incorporate information about values, goals of care, and prior expressed preferences in the assessment and management of BPSD
- Review the underlying cause of dementia, stage of dementia, and specific BPSD of concern including potential risks

General Principles for BPSD

- Conduct a thorough evaluation of potential ***biological*** contributors to BPSD including a general medical and mental health history, assessment for delirium, medication review, substances, pain, hearing and vision

- Conduct a thorough evaluation of ***personhood*** using an interdisciplinary approach including sex, gender, language, race, ethnicity, cultural background, and religious beliefs

- Conduct a thorough ***psychosocial*** and ***environmental*** evaluation including information about how interactions with other people and the environment may contribute to BPSD

General Principles for BPSD

- Communicate BPSD symptoms using person-centred language appropriate for intended audiences
- Psychosocial interventions are recommended for all BPSD either alone combined with pharmacological interventions
- Select and tailor psychosocial interventions that are most likely to be effective for each individual
- Routinely assess the management plan and consider adjusting, changing or discontinuing strategies, as appropriate

Recommendations for Assessing and Managing BPSD

Connecting **People**, **Ideas**, and **Resources**

BPSD Topic Recommendations

	Agitation	Psychosis	Depression	Anxiety	Sexual Expressions
Diagnosis	1	1	1	1	1
Assessment	1	1	1	1	1
Management: Non-pharmacological	7	1	10	3	1
Management Pharmacological	21	2	2	1	1

Deprescribing
5

GRADE Recommendations and Quality of Evidence:
Strong or Conditional Recommendations
High, Medium, Low or Very Low Quality of Evidence

Recommendations for Assessing and Managing Agitation in Dementia

Agitation: Diagnosis and Assessment

Recommendation	GRADE Assessment
Diagnosis	
International Psychogeriatric Association consensus criteria for agitation in cognitive disorders* *one dissenting opinion from guideline panel	Strong, moderate quality
Detection and Assessment	
Neurobehavioral Rating Scale, Empirical Behavioral Rating Scale, Neuropsychiatric Inventory-Agitation (NPI-Agitation), Rating Scale for Aggressive Behaviour in the Elderly, Psychogeriatric Assessment Scale	Conditional, low quality evidence – specialty clinics Conditional, very low quality – primary care, long-term care
Cohen Mansfield Agitation Inventory	Conditional, very low quality

Agitation: Non-pharmacological Management

Recommendation	GRADE Assessment
Interdisciplinary approaches to care including BPSD education, structured approaches, individualized care plans and meaningful activities	Strong, moderate quality
Animal Assisted Therapy	Conditional, very low quality
Robotic Pets	Conditional, moderate quality
Physical Exercise	Conditional, very low quality
Preferred music	Strong, moderate quality
Massage	Conditional, moderate quality
Aromatherapy	Conditional, low quality

Agitation: Pharmacological

Recommendation	GRADE Assessment
Moderate Agitation	
Citalopram* (Escitalopram TBD) * Could be considered for severe agitation in some circumstances	Strong, low quality Conditional, very low quality
Severe Agitation	
Aripiprazole**, brexpiprazole**, or risperidone (1st line) **if non-response or not tolerated with either, switch to risperidone or another medication if risperidone previously trialed	Conditional, moderate quality
Quetiapine (non-response to other recommended tx/ or EPS) (2nd line) Typical antipsychotics (non-response to other recommended tx) (3rd line)	Conditional, low quality, Conditional, very low quality
Nabilone, Carbamazepine (non-response to other treatments) (4th line)	Conditional, very low quality
Emergency Treatment of Acute Agitation	
Short acting antipsychotic available as PO/IM *** ***could consider short acting BZD if antipsychotic unavailable / contraindicated	Conditional, very low quality

Agitation: Pharmacological

Recommendation	GRADE Assessment
Recommend <u>against</u> using:	
Starting cholinesterase inhibitor/memantine for moderate to severe agitation	Conditional, low / moderate quality
Olanzapine* *except as short-term emergency treatment of acute agitation	Strong, low quality
Trazodone, mirtazapine, sertraline, fluoxetine Other antidepressants (paroxetine, fluvoxamine, TCAs)	Conditional, low quality Conditional, very low quality
Valproic acid	Strong, moderate quality
Polypharmacy	Strong, low quality
Long-acting injectable antipsychotics (except psychotic d/o)	Strong, low quality
<u>Neither for or against using</u>:	
Prazosin	Conditional, low quality

Agitation: Additional Recommendations

Recommendation	GRADE Assessment
Neither for nor against use of electroconvulsive therapy for refractory agitation	Conditional, very low quality
Recommend **against** the use of seclusion or restraint	Strong, moderate quality
Recommend switching treatments if treatment for agitation is ineffective after 8 weeks including at least 2 weeks at a therapeutic dose	Conditional, low quality

Recommendations for Assessing and Managing Psychosis in Dementia

Psychosis: Diagnosis and Assessment

Recommendation	GRADE Assessment
Diagnosis	
International Psychogeriatrics Association criteria for psychosis in major neurocognitive disorders	Strong, moderate quality
Detection and Assessment	
Psychosis subscale of the Neuropsychiatric Inventory for detecting symptoms of psychosis in dementia	Conditional, very low quality

Psychosis: Management

Recommendation	GRADE Assessment
Non-Pharmacological Management	
Psychosocial approaches found to be effective for other BPSD (e.g. interdisciplinary approaches to care, music, etc.)	Conditional, very low quality
Pharmacological Management	
Moderate Psychosis	
Citalopram* (Escitalopram TBD)	Conditional, low quality
Severe Psychosis	
Aripiprazole, risperidone	Conditional, low quality

Recommendations for Assessing and Managing Depressive Symptoms and Depression in Dementia

Depression: Diagnosis and Assessment

Recommendation	GRADE Assessment
Diagnosis	
National Institutes of Mental Health – depression in Alzheimer's disease criteria for the diagnosis of depression in dementia	Strong, low quality
Detection and Assessment	
Cornell Scale for Depression in Dementia	Strong, moderate quality in specialty clinics, Conditional, moderate quality - LTC Conditional, low quality – primary care

Depressive Symptoms: Non-pharm Management

Recommendation	GRADE Assessment
Interdisciplinary approaches to dementia care	Strong, moderate quality - community Conditional, low quality - LTC
Cognitive Stimulation	Strong, moderate quality
Reminiscence Therapy	Strong, moderate quality – LTC Conditional, low – community settings
Occupational Therapy approaches to enhance independence	Conditional, low quality
Exercise	Strong, moderate quality
Animal Assisted Therapy	Condition, low / very low quality
Robotic Pets	Conditional, moderate quality
Massage and touch therapy	Strong, moderate quality – mild/moderate dementia Conditional, low – severe dementia

Depression Diagnosis: Non-pharmacological Management

Recommendation	GRADE Assessment
Home-based problem solving and behavioural therapy	Conditional, low quality

Depressive Symptoms and Depressive Diagnosis: Pharmacological Management

Recommendation	GRADE Assessment
Depressive Symptoms	
Recommend **against** pharmacological treatments for depressive symptoms in dementia who do not have a concurrent diagnosis of depression	Strong, low quality
Depression Diagnosis	
Antidepressants for moderate to severe depression that has not responded to psychosocial management approaches, use antidepressants recommended for the treatment of major depression in older adults (CCSMH depression guidelines)	Conditional, low quality

Recommendations for Assessing and Managing Anxiety in Dementia

Anxiety: Diagnosis and Assessment

Recommendation	GRADE Assessment
Diagnosis	
Diagnostic and Statistical Manual of Mental Disorders-5-TR for anxiety disorders to diagnose anxiety in dementia	Conditional, very low quality
Detection and Assessment	
Rating Anxiety in Dementia (RAID) scale for detection of anxiety	Strong, moderate quality – specialty care Conditional, low quality – primary care, LTC

Anxiety: Non-pharmacological and Pharmacological Management

Recommendation	GRADE Assessment
Non-Pharmacological	
Education and training programs for caregivers	Conditional, low quality
Cognitive behavioural therapy adapted for people with dementia incorporating caregivers for mild-to-moderate dementia	Conditional recommendation, low quality
Preferred music	Strong, moderate quality
Pharmacological	
Citalopram for moderate to severe anxiety* *refer to CCMSH Anxiety Guideline for additional options	Conditional, low quality

Recommendations for Assessing and Managing Sexual Expressions of Potential Risk in Dementia

Sexual Expressions of Potential Risk: Diagnosis and Assessment

Recommendation	GRADE Assessment
Diagnosis	
A disruptive vocal or physical act of explicit or sexual nature, which is either intrusive or engaged in without the consent of those around the person living with dementia	Conditional, very low quality
Detection and Assessment	
St. Andrew's Sexual Behaviour Assessment Scale (SASBA)	Conditional, very low quality

Sexual Expressions of Potential Risk: Management

Recommendation	GRADE Assessment
Non-pharmacological	
Patient and caregiver education, removal of environmental triggers, changes in environment, engaging people living with dementia in other activities	Conditional, very low quality
Pharmacological	
Neither for nor against the use of any pharmacological intervention for reducing sexual expressions of potential risk	Conditional, very low quality

Recommendations for Deprescribing Medications in BPSD

Deprescribing of Medications in BPSD: Antipsychotics

Recommendation	GRADE Assessment
Deprescribe antipsychotics in people with dementia who do not have a history of severe agitation, psychosis or another potentially appropriate indication for antipsychotic (e.g. history of serious mental illness)	Strong, low quality
Consider current BPSD, duration of antipsychotic treatment, dosage of medication required to stabilize BPSD, and initial severity of agitation and psychosis in decisions related to deprescribing antipsychotics among people with dementia who initially had severe agitation or psychosis	Conditional, low quality
Deprescribe antipsychotics by reducing dose by 25-50% every 1-2 weeks until discontinued, stop dose reduction at lowest effective dose if BPSD worse	Conditional, low quality

Deprescribing of Medications in BPSD: Other Recommendations

Recommendation	GRADE Assessment
Review other psychotropic medications routinely for potential discontinuation in people living with dementia including benzodiazepines (and related medications) and antidepressants	Conditional, very low quality
Interdisciplinary education programs and medication reviews, pharmacist-led medication reviews, education for family physicians to facilitate antipsychotic deprescribing at the organizational level in LTC and residential care settings	Conditional, low quality

Summary

- The CCSMH BPSD Guideline provides evidence-based recommendations for assessing and managing BPSD

Next steps with guideline

- Updated prescribing resources and CCSMH pocket cards
- BPSD Echo – Fall 2024
- Possible updates and expansion of guidelines (e.g., sleep, apathy, caregiver supports)

Behaviours in Dementia Toolkit website

- A free library of more than 280 practical, inclusive, and evidence-informed resources.
- Helps care partners & health care providers to better understand and compassionately respond to changes in moods or behaviours related to dementia.

Behaviours in Dementia Toolkit
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