



"Psychology Works" Fact Sheet: Dementia in Seniors

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

People who suffer from dementia, such as Alzheimer's disease, can have a number of difficulties that include problems with:

- attention, concentration, memory, organizing thoughts and activities, manipulating objects;
- thinking (e.g., paranoid beliefs, delusions, delirium, hallucinations);
- mood (e.g., anxiety, depression); and
- behaviour (e.g., aggressiveness, yelling, wandering, and inappropriate sexual conduct).

What causes BPSD?

BPSD can be caused by a number of factors. These include:

- brain changes associated with the dementia;
- social or environmental factors such as challenging interpersonal or social relationships or situations, excessive demands, the absence of visual cues to help the person remain oriented (e.g., the green tagged door is the kitchen, the door with the picture of trees is the person's bedroom), too few activities or pastimes; and
- individual factors related to the person's physical or emotional state such as fatigue, stress, fear and boredom.

What are the effects of BPSD?

In addition to the distressing nature of BPSD, they affect relationships with family and caregivers as well as treatment. Family caregivers may have a difficult time coping with BPSD and may decide to place the patient in residential care. The staff of residential care centres can also find it difficult to care for a person with BPSD, which can compromise the quality of care that person receives.

What can psychologists do to help people with BPSD?

Studies have shown that psychological approaches are effective for reducing disruptive behaviours in individuals with dementia, especially agitation and depressive symptoms.

With some exceptions, it is generally recommended that BPSD be treated first without medication. When the situation is urgent or severe, medications might be tried. Although some medications may help in treating BPSD, the risks and side-effects of the medication need to be carefully considered against their usefulness.



Psychological interventions are often the treatment of choice for BPSD. First, the psychologist does a thorough assessment of symptoms – what they are and what makes them better or worse. Second, the psychologist uses the findings from the assessment to develop a plan for intervention in collaboration with the caregiver.

Behavioural interventions can help by structuring routines and the environment in such a way so that factors that trigger or maintain symptoms are avoided.

For example, some patients manifest aggressive behaviour mostly during personal hygiene activities, such as bathing. In this situation, it may be that the discomfort associated with bathing is the trigger and avoiding the activity is the reinforcer. Rather than reducing the time devoted to bathing, it may be more useful to divert the patient's attention away from the activity using questions, music, etc.

At the same time, it is necessary to reinforce appropriate behaviour that occurs during bathing. Similarly, lack of activity during the day may contribute to apathy and depressive symptoms. Scheduling pleasant activities may be a useful approach in this case.

Structuring activities in such a way to reduce stress is another approach. For example, a patient may present symptoms that are worse at a period of the day when he is very much involved in an activity. For this individual, it may be useful to provide rest and relaxation rather than activation during this specific time of day.

For another patient, symptoms may be worse during a period of the day when he is by himself and not doing anything. If the assessment reveals that symptoms are not usually present when the patient is engaged in activity, this might be the time to schedule visitors or arts and crafts.

Interventions such as sensory stimulation can also be of help. These include giving the patient fabric or a foam ball to handle, pictures in a book or magazine to look at, music to listen to, scents to smell, etc. Sometimes, if a particular person cannot be present to provide social interaction, listening to him or her on tape or watching him or her on video can be a good alternative.

It is not always necessary to stop patients from wandering. Organizing the environment to allow the patient to be physically active can be very helpful. For example, create specific areas in the residence where the patient can move about safely. Concealing outside doors and emergency exits can deter patients from exiting unsafely.

Where do I go for more information?

For more information visit the Alzheimer Society of Canada at <http://www.alzheimer.ca>.

You can consult with a registered psychologist to find out if psychological interventions might be of help to you. Provincial, territorial and some municipal associations of psychology often maintain referral services. For the names and coordinates of provincial and territorial associations of psychology, go to <http://www.cpa.ca/public/whatisapsychologist/PTassociations/>.



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Your opinion matters! Please contact us with any questions or comments about any of the *Psychology Works* Fact Sheets: factsheets@cpa.ca

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