

Knowledge **BITE**

PSYCHOGERIATRIC NEWS AND INFORMATION FOR PRIMARY CARE PRACTITIONERS



Editor's remarks: This is the thirteenth issue of the PRC PC Newsletter, providing quick tips and useful information on dementia care to fit your fast paced work environment. This issue focuses on reminding us to think comprehensively and outside the box when encountering behavioural and psychological symptoms of dementia (BPSD). People with dementia will respond to the changes in their brain with observable behaviours that may present a challenge to their caregivers and other people around them (Feldman 2013). Although medications are important for management of some BPSDs many symptoms fail to respond well (Lancot K.L., Sadavoy J., Shourmitro D., 2008). There are many factors that precipitate behaviour – some emerge simply from the disease, sometimes it is ineffective way of communicating, sometimes other stimuli like uncertainty or other responses to their environment. It is therefore important to keep an open eye, a curious mind and a kind heart while using a systematic approach when responding to BPSDs (Einat Danieli OT.Reg. Ont; PRC PC).

GOOD TO KNOW ABOUT

Announcement: The Senior Crisis Access Line (SCAL) services for the TC-LHIN have changed. The St. Elizabeth Crisis team is no longer active. The phone number remains the same: **416-619-5001**. The new catchment area is: North-Bloor St./Danforth Ave; South-Lake Ontario; West- Jane St./Windermere Ave; East – Warden Ave. If your patient is out of catchment area SCAL will try to connect to other teams such as: [Gerstein Crisis team](#), [Scarborough Hospital crisis team](#) or [310 Cope](#) for York region.

TIP OF THE MONTH

A staged approach to non-pharmacological management of BPSD in primary care:

Step one: Collect a detailed description of the behavior.

Step two: Ax' risks and prioritize (i.e. safety risks, fire hazard, fall, injury to self /others, wandering, caregiver stress, abuse, etc.).

Step three: Determine onset (gradual/acute) and rule out physical/mood causes.

Step four: Use the [PIECES](#) framework and ask caregiver to track the frequency and timing of behavior using the [Daily Observation Sheet \(DOS\)](#) to identify triggers.

Step five: Discuss potential triggers with family member/caregiver, educate about dementia as needed and provide suggestions for solution using the Behaviours, Meanings & Solutions in Dementia Inventory ([BMDI](#)).

Step six: Establish a plan and follow up on progress.

OUR DEMENTIA 'TOOLBOX'

- Non-pharmacological Ax' and Tx' of Behavioural and Psychological Symptoms of Dementia in Primary Care - [Link](#)
- Cohen Mansfield Agitation Inventory - [Link](#)

WORKSHOPS, CONFERENCES & ARTICLES:

- **Pain in Persons with Dementia: Significance & Detection/Dr. Jiska Cohen Mansfield** – Baycrest Hospital Behaviour rounds – May 21st, 2-3pm, ABC Classroom 2nd floor also available by Tele-health (OTN) and Webcast
- Non-Pharmacological Management of Responsive Behaviours The Necessity of Interdisciplinary Collaboration & Coaching Jacqueline Lyn (archive) - [Link](#)
- There are many other events to view our full calendar visit this - [link](#)
- Article: Practice Patterns & Perceived Barriers to Care in Dementia...(Stewart, et.al, 2014) [Link](#)

STORIES FROM THE PRC-PC CONSULT LINE

Situation: A patient with dementia recently has been spitting out his food while eating it. The family turned to the Family Physician (FP) for advice.

Background: Patient is a man in his 80's living with his wife and two daughters. He was diagnosed with dementia 4 years ago. **Physician's main concern:** Are there any strategies/resources for evaluating spitting while eating.

Knowledge To Practice Assessment: Things to consider:

- Consider a stepwise assessment procedure as follows:
 1. Refer for a dental assessment to rule out physical causes.
 2. Refer to Speech Language Pathologist assessment through CCAC to check for any problems with chewing and swallowing as well as sensitivities to different textures.
 3. Ask the family to track the behaviour using the [Daily Observation Sheet \(DOS\)](#) to track behavior. This information can be used to assess when spitting occurs and possible triggers such as signs of pain, environment stimulation /distractions, type of food/texture, etc.
 4. Assess for depression and/or apathy that may interfere with food intake.
 5. Consider referral to [Community Behaviour Support Outreach Team](#) ([referral form](#)).

Outcome

The FP referred to dental assessment. Two teeth abscesses were found and treated. Spitting resolved.

For additional information, support, resources or case based consultation, please contact your PRC PC directly at: 416 586 4800 ext. 5251 or edanieli@mtsinaison.ca or visit our website at www.mountsinai.ca/reitman/prc_pc