

## ECHO Idaho: Behavioral Health in Primary Care

Dementia and Nonpharmacological Interventions

Abhilash K. Desai, MD

Geriatric Psychiatrist

[Dr.abhilashdesai@icloud.com](mailto:Dr.abhilashdesai@icloud.com) Lecture

2/20/2019

The speaker has no significant financial conflicts of interest to disclose.

# Disclosures

- I receive royalties from Cambridge University Press for a book I co-authored with Dr. George Grossberg. 2<sup>nd</sup> edition of our book titled *Psychiatric Consultation in Long-Term Care: A Guide for Healthcare Professionals*. 2017.
- I have no other financial relationships with commercial interests to disclose.

# Learning Objectives

- Discuss evidence-base for nonpharmacological interventions for Behavioral and Psychological Symptoms of Dementia (BPSD) (aka Dementia with Behavioral Disturbances).
- Discuss practical strategies to optimize nonpharmacological interventions.
- Describe limitations of nonpharmacological interventions.

# Grades of Evidence

- Grade A: High confidence that evidence reflects true effect and further research unlikely to change the confidence level
  - Grade B: Moderate confidence and further research may change the confidence level
  - Grade C: Low confidence and further research is likely to change the confidence level
- Agency for Healthcare Research and Quality 2014.

# Delirium

- Grade A Evidence for Prevention and Treatment of Delirium: frequent reorientation, engagement in cognitively stimulating activities, promotion of sleep with sleep-inducing stimuli (e.g., relaxation tapes, warm milk) and a sleep-promoting environment (e.g. noise reduction), encouragement of physical activity, use of visual and auditory aids, early treatment of dehydration.
  - Desai and Grossberg 2017. Delirium. Psychiatric consultation in long-term care: A guide for healthcare professionals.

# Nonpharmacological Interventions

Caregiver education and training (includes Communication strategies) (Grade A evidence)

Exercise and physical activity (Grade A evidence)

Music therapy (Grade B evidence)

- Desai and Grossberg 2017. Psychosocial Spiritual Wellness Care Plan. Psychiatric consultation in long-term care: A guide for healthcare professionals.

# Nonpharmacological Interventions

- *“We’re caught in a transitional phase. However miserable the old system has been, we are all experts at it. We know the dance moves. With this new way, in which we together try to figure out how to face mortality and preserve the fiber of a meaningful life with its loyalties and individuality, we are plodding novices. We are going through a societal learning curve, one person at a time.”*
  - Atul Gawande. *Being Mortal: Medicine and What Matters in the End*. New York: Henry Holt and Company LLC; 2014, p. 193)

# Nonpharmacological Interventions

- *Exercise (e.g., walking program, chair yoga, Tai Chi)*
- *Meaningful activities - continuous activity programming (e.g., therapeutic coloring, TimeSlips, cognitive stimulation therapy, humor-based activities, cooking, gardening)*
- *Sensory approaches (touch, music, aroma, Snoezelen [multisensory room], taste)*
- *High tech (e.g., simulated presence therapy, personalized music, robotic pets)*
- *Environmental (e.g., safe wandering path, bright light therapy, Eden alternative, lots of natural light, access to nature)*
- *Spiritual (e.g., prayers, religious rituals and songs)*
- *Mixed (e.g., animal assisted therapy)*

# Limitations of Nonpharmacological Interventions

- *May not work for many residents*
- *Benefits generally transient*
- *Requires staff / family education and training (hands on)*
- *Resource intensive*
- *Time intensive*

# Training Resources

- CMS Hand in Hand: A training series for Nursing Homes Toolkit
- **DVD: Bathing Without a Battle (University of North Carolina)**
- *Alive Inside* Movie
- University of Michigan Program for Positive Aging: The Dice Approach <http://www.programforpositiveaging.org/diceapproach/>
- Cognitive Stimulation Therapy <http://www.cstdementia.com>

# Training Resources

- TimeSlips (<http://www.timeslips.org> )
- Onsite Training by Teepa Snow, occupational therapist  
[www.teepasnow.com](http://www.teepasnow.com)
- [www.in2i.com](http://www.in2i.com) (It's Never 2 Late: Dignity through Technology)
- DVD: Mouth Care Without a Battle (UNC)
- Dementia Care Mapping (University of Bradford School of Dementia studies) (Jentle Harts Consulting, Indianapolis, IN  
<http://www.jentleharts.com> )

# Key Points

- Evidence base is not robust
- Nonpharmacological interventions do work for many individuals with dementia
- Medications will still be necessary for severe and persistent BPSD.

# References

- Living With Dementia: Changing The Status Quo. 2016. White Paper, Dementia Action Alliance.
- American Geriatrics Society Expert Panel on Person-Centered Care. (2015b). Person-centered care: A definition and essential elements. *Journal of the American Geriatrics Society*, retrieved online on January 4, 2016 at <http://onlinelibrary.wiley.com/doi/10.1111/jgs.13866/pdf>.
- Dementia Care: An evidence-based approach. Marie Boltz and James E. Galvin, Eds. Springer, NY. 2016.
- Aging Together: Dementia, Friendship and Flourishing Communities. Susan H. McFadden and John T. McFadden. 2011. Johns Hopkins Press.