Dementia

- Stage of Severity
- Behavioral and Psychological Symptoms

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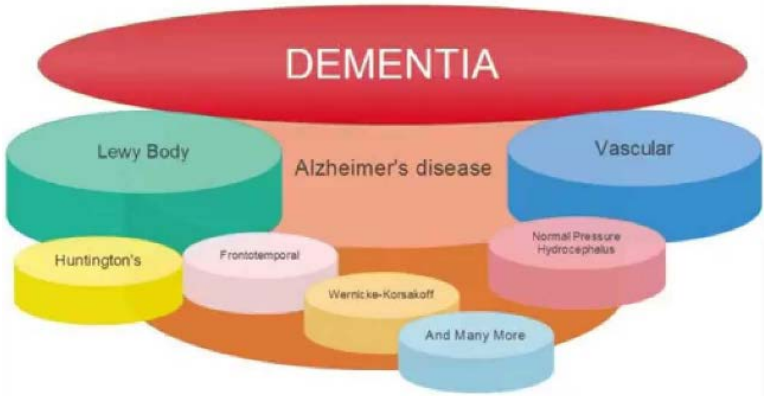
Nature of Dementia

Dementia is a neurocognitive disorder which significantly affects quality of life and provision of healthcare services.

- Dementia is characterized by a meaningful decline in cognition and daily functioning.
- It is usually due to an underlying physiological condition.
- In some cases, an underlying disorder cannot be identified.



- The major factors in patient management are severity and behavioral and psychological disturbances.

Severity : Levels

Dementia is always progressive. There is broad clinical consensus in the literature and in practice for three characteristic levels of severity.

1. ***Mild dementia***

   Impact on daily function. No longer fully independent, requires occasional assistance with daily life activities.

2. ***Moderate dementia***

   Extensive impact on daily function. Not independent, requires frequent assistance with daily life activities.

3. ***Severe dementia***

   Complete dependency with impairment in basic activities, including basic self-care.

Together with clinical observation, level of severity can also be assigned through quantitative tests.

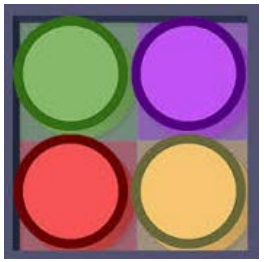
Severity : Impact

- How quickly dementia progresses varies considerably with each individual, but progression is inevitable.
- The stages of severity apply to all types of dementia, including known and unknown etiology.
- Severity is a key factor in patient management:
  - ✓ Coping skills are established in mild dementia with medication for symptom management.
  - ✓ Other medications are introduced as symptoms progress.
  - ✓ Aides and other caregivers are often needed as severity increases and dependency worsens.
  - ✓ Institutional care may be required in severe dementia.
- Healthcare needs and resources increase with severity.

Behavioral and Psychological Disturbances

Dementia is associated with particular disturbances in behavior and psychological traits.

- Collectively, the disturbances are called behavioral and psychological symptoms of dementia (BPSD), non-cognitive behavioral changes (NCBC), or neuropsychiatric symptoms (NPS).
- At some point in the progression of dementia, most patients with dementia are afflicted with a form of BPSD.
- There are several different categories of BPSD, and patients may have more than one type.



BPSD : Categories

❶ Behavioral Disturbances

- Agitation stands out as the most disruptive behavioral disturbance, due to correlation with institutionalization.
- Agitation in dementia includes:
  - ✓ Aggression (physical, verbal)
  - ✓ Combativeness
  - ✓ Violent behavior
  - ✓ Anger
  - ✓ Aberrant motor behavior, eg, rocking, pacing, restlessness, exit-seeking
- Other behavioral disturbances in dementia include:
  - ✓ Sleep disturbance
  - ✓ Social disinhibition, eg, intrusiveness
  - ✓ Sexual disinhibition

BPSD : Categories

❷ Psychotic Disorders

- Psychotic disorders include:
  - ✓ Hallucinations
  - ✓ Paranoia
  - ✓ Suspiciousness
  - ✓ Delusional state

❸ Mood (Affective) Disorders

- Mood disorders include:
  - ✓ Depression
  - ✓ Apathy
  - ✓ Anhedonia
  - ✓ Euphoria
- Anxiety is a common BPSD and some literature includes it with mood disorders.

BPSD : Impact

Behavioral and psychological symptoms of dementia are significant clinical problems in their own right.

- BPSD are often what bring patients to the attention of clinicians.
  - ✓ Agitation is the symptom that very commonly drives visits to the Emergency Department.
- Because dementia itself is not directly treatable at this time, BPSD are actually the focus of the care provided.
  - ✓ Dementia with delusions and hallucinations creates a need for intervention, ie, psychosocial +/- medication.

The presence of BPSD links to patient outcomes, including quality of life, institutionalization, and accelerated mortality.

Data Needs

Identifying level of severity and categories of behavioral and psychological disturbances in the data will advance key interests.

- Link patient presentation with patient management for analysis and review.
- Provide longitudinal data to identify and track disease progression.
- Establish when, in the course of the illness, disturbances are most likely to occur to enable appropriate treatment strategies.
- Support CMS initiatives including the National Partnership to Improve Dementia Care and data models for post-acute care programs.

Questions?