FIGURE 1: SCREENING, IDENTIFYING AND MANAGING BEHAVIORAL SYMPTOMS IN PATIENTS WITH DEMENTIA*

STEP 1
Are behavioral symptoms occurring?
Screen for behavioral symptoms using standardized tool (e.g., NPI-Q)
Involve key informant a

STEP 2
What do behavioral symptoms look like?
Describe behavioral symptoms and involve key informant a (see eBox 2)

STEP 3
What are underlying causes?
Identify potential modifiable triggers of behavioral symptoms (see eBox 4)

STEP 4
What is the treatment plan?
Develop a treatment plan that incorporates family goals; work first on most distressful and unsafe behavioral symptoms

STEP 5
Are recommendations effective?
Evaluate if plan eliminates or manages behavioral symptoms

STEP 6
Are new behavioral symptoms emerging?
Ongoing monitoring; reassess for new behavioral symptoms, safety, caregiver distress, and nonpharmacologic strategy use

1. Continue monitoring (follow PCPI schedule)
2. Educate caregiver (see eBox 1)
3. Minimize risk factors for behavioral symptoms (e.g., caregiver distress, patient pain, unmet needs)

Are behavioral symptoms sudden or recent onset?
Yes

1. Rule out and treat underlying medical illness
2. Review medications
3. Evaluate for and manage pain, nutrition, constipation, hydration, sleep

Is there a safety concern? (see eTable 3)
Yes

1. Recommend safety strategies
2. Educate caregiver
3. If safety not improved, refer to specialist b or admit

Is caregiver distressed? (see eBox 3)
Yes

1. Educate caregiver
2. Screen for depression
3. Recommend stress-reduction strategies
4. If distress not improved, refer to specialist b

Develop treatment plan
If targeting 1 behavior
Identify and eliminate modifiable triggers (see Table 1)

If targeting multiple behaviors
Use generalized approach (e.g., exercise, activities and pleasant events, caregiver education, skills training, environmental simplification, structuring daily routines) (see Table 2)

Consider referral to specialist b

Were the recommendations implemented?
Were the recommendations implemented appropriately?

No

Yes

1. Problem solve with key informant a
2. Revise recommendations
3. Refer to specialists or other team members a

1. Determine with key informant a reason(s) not implemented or whether implemented appropriately
2. Revise recommendations accordingly
3. Refer to specialists or other team members depending on the reason strategy was not implemented or implemented ineffectively (e.g., caregiver too depressed to implement strategy) b

1. Educate caregiver
2. Screen for depression
3. Recommend stress-reduction strategies
4. If distress not improved, refer to specialist b

1. Rule out and treat underlying medical illness
2. Review medications
3. Evaluate for and manage pain, nutrition, constipation, hydration, sleep

NPI-Q indicates Neuropsychiatric Inventory Questionnaire; PCPI, Physician Consortium for Performance Improvement

a Key informant may or may not be the caregiver.

b Consider referrals to Alzheimer’s Association for support groups, education, other services; geropsychiatrist for difficult to manage cases, when medications may be needed; occupational therapist for driving evaluation, caregiver skills training, environmental modification, activity programming, functional improvement, home safety evaluation and risk reduction; physical therapist for exercise, mobility and balance, fall risk reduction; social worker for care coordination, caregiver counseling, support, and skills training; nurse for medication and physical health monitoring, caregiver training.

*Figure from Gitlin LN, Kales, HC, Lyketsos CG. Nonpharmacologic management of behavioral symptoms in dementia. JAMA. 2012; 308(19):2020-2029. Used by permission. © 2012 American Medical Association. All rights reserved.