**Medical / Physical Health / Management of vascular risk factors**

- Treat any underlying physical health problems, and optimise current physical health and function (review medication, add or remove medication as necessary), e.g. Antibiotics for infection, Laxatives for constipation, analgesics for pain (opiates can exacerbate BPSD, also consider non pharmacological options in severe dementia, involve other professionals, and consider diagnosis of "dying phase", "just in case box", out of hours, Liverpool care pathway...

**Physical Examination:**

- Look for signs of infection, constipation, pain, distress, heart failure, side effects of medication, dehydration, malnourishment, head injury etc.
- Neurological examination to identify any localised signs.

**Further Physical/Medical Assessments**

- Referral to Geriatrician if:
  - Complex physical health problems.
  - Complex issues regarding medication.
  - Complex palliative care issues.
  - Advice and guidance regarding interpretation of results/investigations.
  - Involve other professionals

**Blood tests**

- Arrange URGENTLY.
- FBC, Biochemical Profile, blood glucose (HbA1c if diabetic), Thyroid function,
- ESR/PV/CRP, B12/Folate.

**Other Investigations**

- Urine – dipstick +/- MSU.
- ECG and CXR if appropriate (e.g. if history of, or suspect chest or cardiac problems
- Consider need for CT scan (e.g. if h/o head injury, altered level of consciousness, suspect subdural, stroke, ‘atypical’ presentation, etc) or MRI scan

**Mental State Examination and Cognitive Assessment**

To identify abnormalities of mental state which may indicate possible underlying cause/exacerbating factors. Assess arousal/attention, concentration, speech, mood, psychosis, confusion, insight, etc...

**Psycho-social** (To be conducted by Primary Care and Care Home Providers, in conjunction with Social Services)

- Offer first line, broad based advice/simple interventions, using a person-centred approach, to enhance self-esteem, manage risk and promote occupation and independence.
- Modify environment if necessary.

**Pharmacological Management**

- Review and stop unnecessary medication, and offer treatment for target symptoms and behaviours

- **Depression**
  - SSRI 1st line
    - Sertraline: 50-200 mg
    - Citalopram: 20 mg
  - Consider lorazepam 0.5-1.5 mg daily if agitation occurs

- **Anxiety & Agitation**
  - Paracetamol – Pain

- **Hallucinations / Delusions**
  - Refer to full guideline (section 1.2.3.5.)
    - Consider LBD or Depression

- **Aggression / Violence**
  - Risperidone 0.25mg BD-to 1mg BD

- **Sexual Disinhibition/ Hypersexuality**
  - SSRI 1st Line
    - Paroxetine 10-40mg
    - Citalopram 20mg

- **Sleep Disturbance**
  - Hypnotics or melatonin
    - 2mg: up to 4 weeks only
    - Long term: Trazodone nocte

- **Anxiety & Agitation**
  - Paracetamol – Pain
  - SSRI- Depression
    - Paroxetine 10-40mg

**Refer to Specialist (Old Age Psychiatry) Services if:**

1. There is a significant risk of harm to others, suicide, severe self-neglect or severe distress.
2. Problems are unresponsive to first line interventions (including medication) after 4-6 weeks
3. BPSD associated with Lewy Body Dementia, when pharmacological interventions are judged to be necessary or appropriate.
4. When Safeguarding (protection of vulnerable adults) issues are present
5. Further specialist assessment is necessary in view of complexity of presentation (e.g. diagnostic issues, palliative care issues etc)

**Full Guidance** [click here]**