BPSD Pathway: Assessment and Management in Primary and General Hospital Care

Full Guidance click here

Humber NHS Foundation Trust

Assessment

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

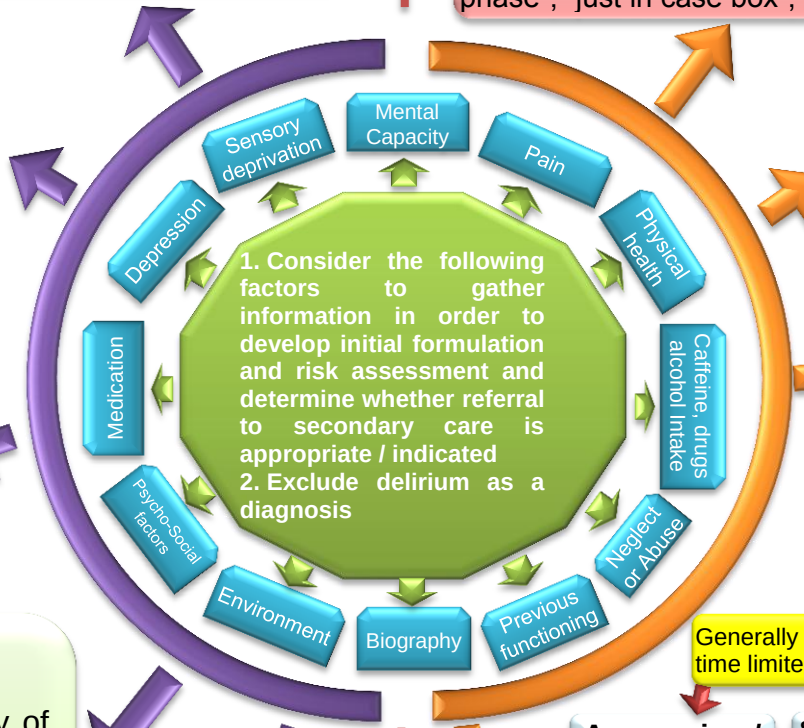
•Urine – dipstick +/- MSU.

•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…



Management

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…

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
1-Sertraline:50-200 mg
2-Citalopram: 20 mg
Consider lorazepam 0.5-1.5 mg daily if agitation occurs

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

Generally symptoms improve over a 4-6 week period. Treatment should be time limited (3 months, review: Treatment appropriate? Or Withdraw (slowly)?

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
Licensed for anxiety

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)**