

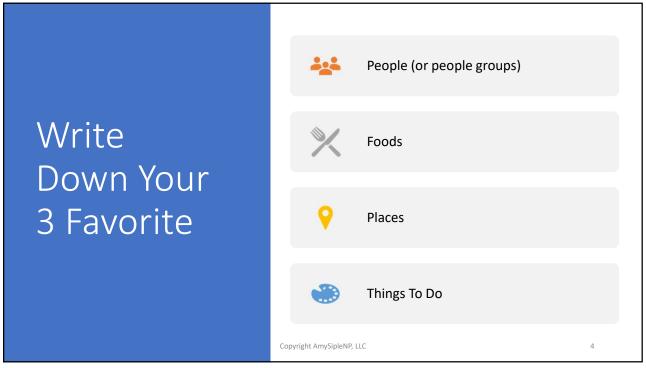
Objectives

- The Participant will be able to:
- 1. Differentiate between a root cause analysis and a medication-based approach to neuropsychiatric symptoms associated with dementia.
- 2. Identify at least three potential adverse events associated with psychotropics.
- 3. Identify at least three common etiologies behind neuropsychiatric symptoms associated with dementia.
- 4. Recall at least three benefits of a interdisciplinary approach to neuropsychiatric symptoms associated with dementia

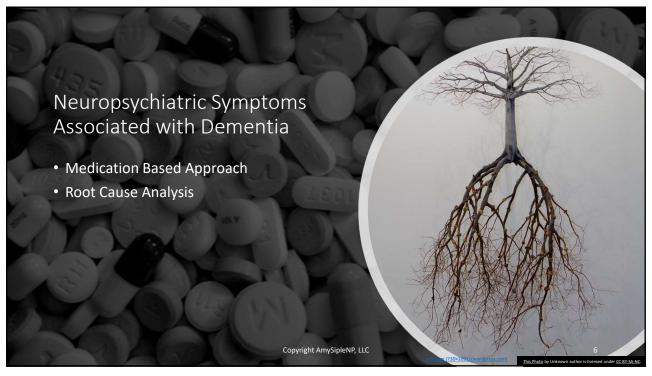
Copyright AmySipleNP, LLC

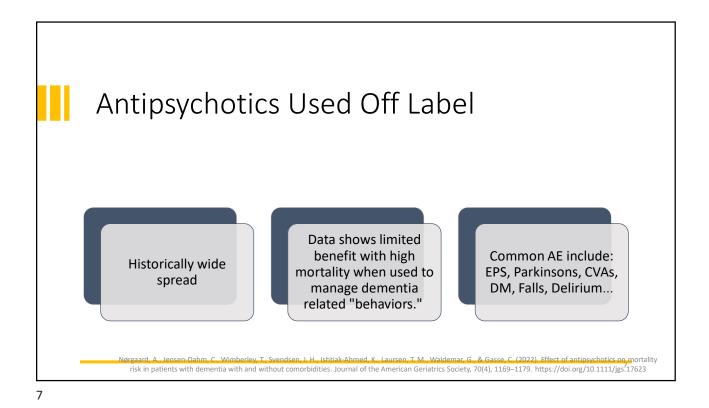
3

3









Benzodiazepines

High risk of falls

Confusion

Increased morbidity and morbidity and mortality

Rochon, P. A., Vozoris, N., & Gill, S. S. (2017, April 10). The harms of benzodiazepines for patients with dementia. CMA1: Canadian Medical

Association journal = pournal our association medicale canadienine. Retrieved Outcoder 28, 2022, from https://www.nchi.nim.in.gov/por/articles/PMC-articles/P



Alzheimer's Dementia

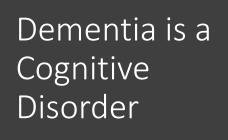
- DSM IV: DEVELOPMENT OF MULTIPLE COGNITIVE DEFICITS MANIFESTED BY MEMORY IMPAIRMENT (AMNESIA), FOLLOWED BY ONE OR MORE OF THE FOLLOWING:
 - APHASIA (IMPAIRED LANGUAGE)
 - APRAXIA (INABILITY TO PERFORM COMPLEX MOTOR ACTIVITIES)
 - AGNOSIA (FAILURE TO RECOGNIZE OR USE FAMILIAR OBJECTS OR UTENSILS)
 - ABULIA (DISTURBANCES IN EXECUTIVE FUNCTIONS, E.G., PLANNING, ORGANIZING, SEQUENCING, ABSTRACTING, PROBLEM-SOLVING)

Copyright AmySipleNP, LLC

10

Replaces the term "Dementia" with Neurocognitive Disorder (NCD) Differentiates mild NCD and major NCD

Copyright AmySipleNP, LLC



.2

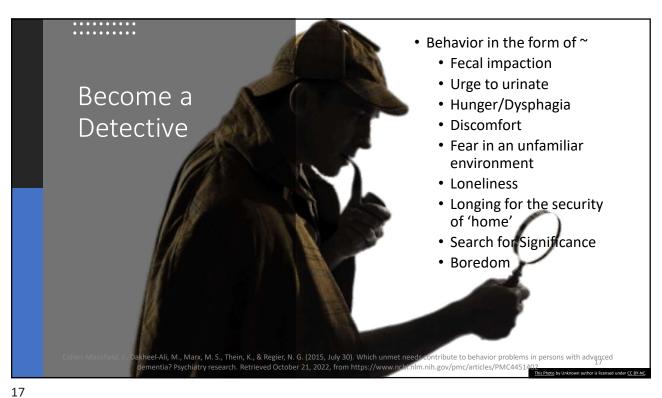
12





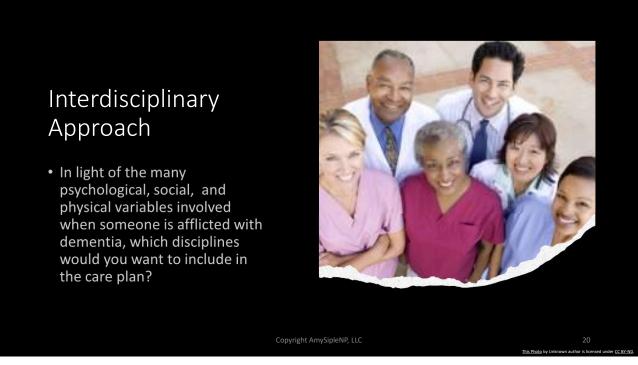


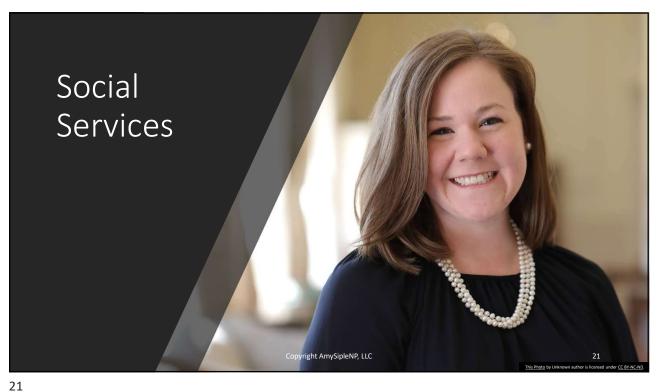




Α	Antecedents	What happened prior to the unwanted behavior?	
В	Behavior	Describe in detail the exact events as they happened.	
С	Consequences	What did we do in response to the behavior and did it escalate or de-escalate the client?	
D	Decision/ Debrief	What did we learn from this encounter that can shape our future responses?	















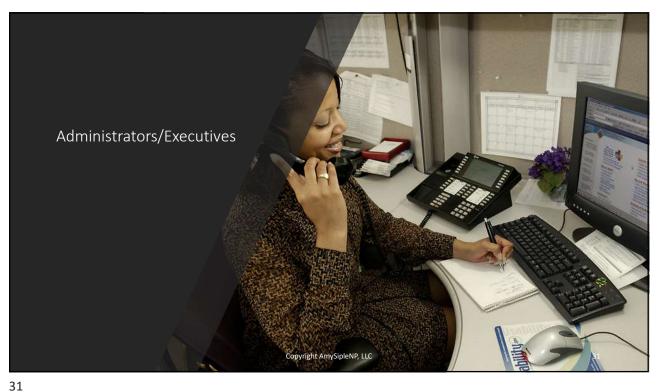














Family/Staff Response

- Family/Staff may have anxiety with GDRs of antipsychotics due to past experiences.
- Age, general health, and other circumstances can change the situation to the point where psychotropic drugs may no longer be needed

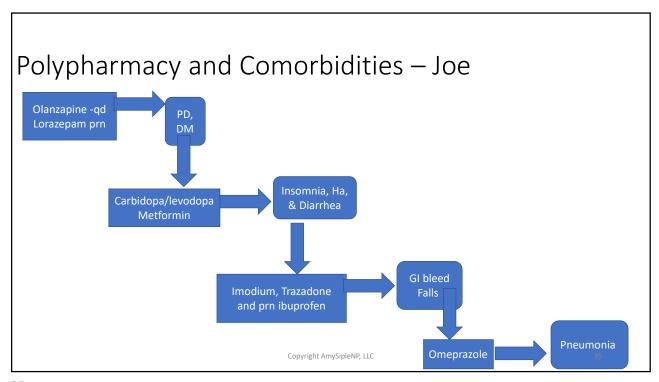


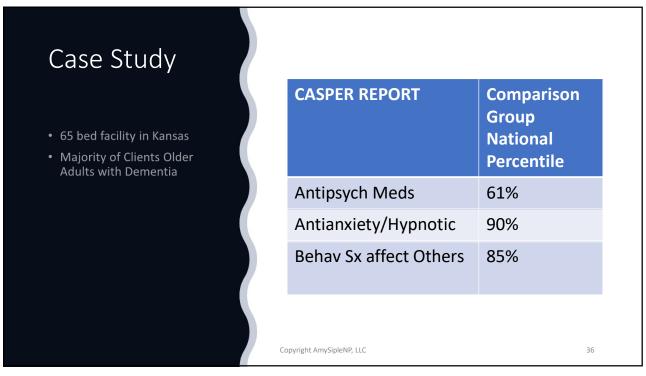
33



Cause and Effect

- Guides behavior in society
- Clients with dementia cannot typically learn new information
- Cause and effect can guide caregiver responses
- Equipping the healthcare team is our most effective strategy
- Many report feeling ill prepared and often lean on psychotropic agents





Approach

- Get buy in from administration and DON
- Make rounds with nursing staff members individually
- Provide handouts of the BEERS list and other pertinent literature
- Engage with the social worker, therapy, and activity director about overall impression and individual cases
- Ask to view any problematic "behaviors"
- Provide Free CE classes on Deprescribing and Managing "Behaviors"
- Call family members
- A series of 10 short videos on psychotropic stewardship
- Frequent consults with pharmacist

Copyright AmySipleNP, LLC

37

37

About 6 months Later

CASPER REPORT	Comparison Group National Percentile	Previously
Antipsych Meds	9%	61%
Antianxiety/Hypnotic	19%	90%
Behav Sx affect Others	59%	85%

Copyright AmySipleNP, LLC

Summary

- Neuropsychiatric symptoms should be expected
- Root cause analysis is essential
- Psychotropics may have a limited role. Consider risk vs benefit
- Engaging and equipping an interdisciplinary team is our greatest asset

https://amysiple.com/

Copyright AmySipleNP, LLC

39

39

##