



Prescribing Tip No. 205 Date: 7th June 2018

Guidelines - the Management of Behavioural and Psychological symptoms of Dementia (BPSD) in Primary and Secondary Care

Behavioural and Psychological symptoms of Dementia (BPSD) refers to a group of symptoms of disturbed perception, thought content, mood or behaviour, frequently occurring in patients with dementia. Symptoms include:

- Challenging non-cognitive symptoms – hallucinations, anxiety and marked agitation.
- Challenging behaviour – aggression, wandering, sexual disinhibition and shouting.

It is thought that challenging behaviour may be an attempt by the patient to meet or express a physical or psychological need (eg. agitation may be a way of communicating boredom or may be a response to pain). 90% of patients with dementia experience BPSD as part of their illness and two thirds of dementia patients living in a care home experience symptoms at any one time.

Guidance on the management of BPSD has been produced by Lancashire Care NHS Foundation Trust (LCFT) and can be found on the [Lancashire Medicines Management Group website](#).

It is recommended that non-pharmacological approaches are used as first line approach when treating symptoms of BPSD.

The guidance includes advice for care home staff in spotting triggers and recognising early signs which may precede behavioural and psychological symptoms (appendix 1 of the guidance document) and referral documents (appendix 2 and 3) for use when care home staff are referring patients into primary care for further assessment.

Actions for general practitioners when assessing patients with BPSD:

- BPSD is often caused by an underlying physical health condition or an unmet need and by treating the underlying acute medical problem (e.g. urinary tract infection, chest infection, side effects of drugs) symptoms of the behavioural problem often resolve without the need for any additional medication.
- If patient is residing in a care home review the completed assessment form.
- If patient has not been referred by a care home assess the patient for key triggers and potential non-pharmacological responses.
- Assess for and treat physical health disorders – perform an MSU and screening bloods (U&Es, FBC, CRP, B₁₂, Folate and TFTs) as a minimum.
- Assess for and treat delirium (short history, < 2 weeks of confusion, hallucinations and/ or delusions with fluctuating cognition).
- Review all medication including anticholinergics, medication known to increase the risk of delirium e.g. opioids, benzodiazepines, antipsychotics, anticonvulsants, antihistamines, antihypertensives, corticosteroids, tricyclics, digoxin, antiparkinsonian medication.
- Consider a therapeutic trial of regular paracetamol for at least one week even if no obvious evidence of pain. If there is a positive response treatment with paracetamol should continue.
- For pharmacological management of BPSD refer to appendix 4 of the guidance. A 4-6 week trial of an antidepressant such as an SSRI may help depression, restlessness and agitation.
- GPs should ideally not initiate antipsychotic medication for BPSD. If an antipsychotic is commenced, consider referring to secondary care.
- If behaviour persists despite implementation of the strategies above or the patient presents with persistent aggression and is assessed as being at risk of harm to self or others, refer to secondary care mental health services. Referral information should include the results of any physical health screening undertaken.

If an antipsychotic is deemed necessary:

- The choice of antipsychotic should be made after an individual risk versus benefit analysis.
- The antipsychotic of choice is risperidone which is licensed for BPSD at a dose of up to 1mg twice daily for up to 6 weeks.
- This drug (or any other antipsychotic) must be used with extreme caution as all antipsychotics have been shown to increase the risk of CVA in this patient group.
- Patients must be regularly reviewed and treatment beyond 6 weeks should not occur without full documented review of ongoing clinical need.

To contact the Medicines Optimisation Team please phone 01772 214302