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# BPSD

# Right here right NOW!

**Robyn Attoe**

Lecturer in BPSD Management

Registered Psychiatric Nurse

Academic Unit for Psychiatry of Old Age

Department of Psychiatry

The University of Melbourne

[Robyn.Attoe@svhm.org.au](mailto:Robyn.Attoe@svhm.org.au)

**Alissa Westphal**

Lecturer in Dementia Care

Academic Unit for Psychiatry of Old Age

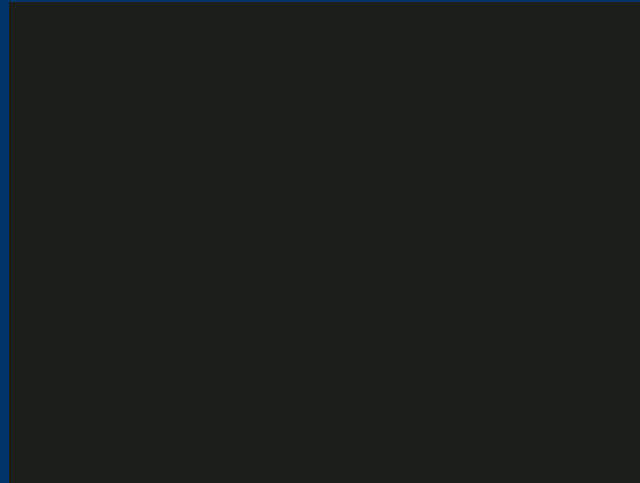
The University of Melbourne

& Senior Occupational Therapist, CDAMS,

Melbourne Health

[alissaw@unimelb.edu.au](mailto:alissaw@unimelb.edu.au)

# BPSD Right here, Right NOW





# Statistics

- ❖ >245,000 Australians currently living with dementia<sup>1</sup>
- ❖ By 2050: > 1,000,000 people in Australia with dementia<sup>1</sup>
- ❖ This figure may be conservative as only one third of people with dementia receive a formal diagnosis at any time in their illness<sup>2</sup>

## References:

1 Access Economics (2009), 2 NHMRC 2009



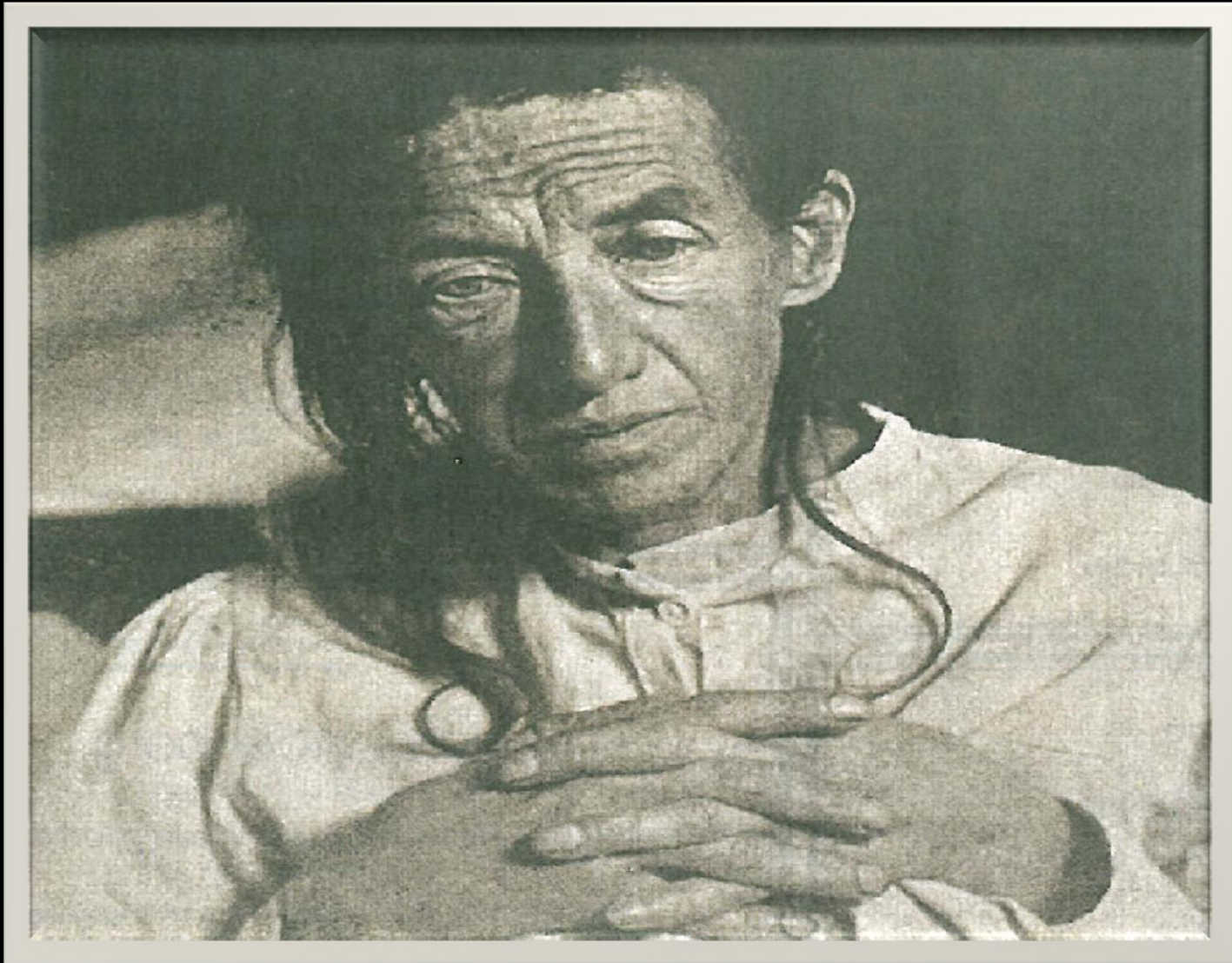
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# Dementia: A Human Face

"It was a beautiful  
chicken..."

*"Era un bel  
pollo..."*

# BPSD



Auguste Deter 1901

# Where are we a century later?

- ❖ Care delivery shift: institutionalisation → community
- ❖ 40% of people with dementia in Australia reside in residential aged care<sup>1</sup>
  - ❖ 90% experience BPSD<sup>2</sup>
- ❖ 80% of people in the community have experienced BPSD since onset of cognitive symptoms<sup>3</sup>
- ❖ BPSD results in significant costs to the person with dementia, those caring for them and the community.

## References:

<sup>1</sup> Access Economics (2008); <sup>2</sup> Ballard et al (2002), Brodaty et al (2001), Mega et al (1996); <sup>3</sup> Lyketsos (2002)

# Pharmacologic treatment

- ❖ Evidence base poor
  - ❖ Considering the size of the problem
  - ❖ Associated distress
- ❖ Often in response to Nurse or carer
  - ❖ “Magic Pill”
- ❖ Significant and potentially life threatening side effects
- ❖ Evidence exists for treatment of some BPSD

# Non Pharmacological treatment

- ❖ Research results variable
- ❖ Growth area
- ❖ Economic impact often overlooked
- ❖ Consistency in research design



# Challenges in BPSD Management

- ❖ Carer population
- ❖ BPSD Literacy
- ❖ BPSD Model
- ❖ Individualising BPSD management
- ❖ BPSD Services
- ❖ Translation into practice

# Carer Population Right Here Right Now

- Family carers<sup>1</sup>:
  - 37% are cared for solely by families
- Care workers:
  - 63 % receive care workers support (HACC, CACP, EACH, EACH-D, low and high level care)<sup>2</sup>
  - In residential care<sup>3</sup>:
    - 160,000 care workers, 67,000 PCW
    - 94% female
    - Ageing - average age 50 years
    - Transient population: 8% permanent
    - PCW main providers of face to face care

## References:

1 Access Economics (2009), Access Economics (2008), 3 Richardson & Martin (2004)



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# BPSD Literacy

- ❖ Doctors
- ❖ Nurses
- ❖ Carers
- ❖ Care Workers (NA, PCA)
- ❖ Allied Health

# Challenges with Building BPSD Literacy

- ❖ Careworkers:
  - ❖ Many have poor literacy and English competency<sup>1</sup>
  - ❖ Many have limited education and minimal training<sup>2</sup>
- ❖ Variable coverage in undergraduate curricular<sup>3</sup>
- ❖ Nursing graduates report gaps in knowledge on BPSD<sup>4</sup>
- ❖ Consensus in core competencies yet to be established<sup>5</sup>

References: 1 Richardson & Martin (2004); 2 Kiata et al (2005); 3 Pulsford et al (2007); 4 Henderson et al (2006), Hsu et al (2005); Draper et al (2009)

# Models for Understanding BPSD

- Predominant Models<sup>1</sup>:
  - Biological:
    - Brain structure changes
    - *Neurobiological*
  - Psychosocial:
    - Reduced stress threshold<sup>2</sup>
    - Need driven dementia compromised behaviour<sup>3</sup>
    - Behaviour learning theory<sup>4</sup>

## References:

1 IPA (2003), 2 Hall & Buckwater (1987), 3 Cohen-Mansfield (2001), 4 Teri et al (1998)

# Which do we choose?

❖ Single models

❖ Applicability

❖ Selection

# Model for Understanding BPSD

- ❖ Incorporates<sup>1</sup>:
  - ❖ Genetic
  - ❖ Biological and neurobiological
  - ❖ Psychological
  - ❖ Social and environmental

Reference: <sup>1</sup>IPA (2003)



# PACE

Framework  
for Assessing  
& Responding  
to BPSD

BPSD

# Individualising Responses for BPSD Management

- ❖ Recommended
- ❖ Causes of BPSD
  - ❖ Diverse
  - ❖ Multi-factorial
- ❖ Responsive to assessment
- ❖ Research
  - ❖ RCT
  - ❖ Process/Approach based

# Services for people with BPSD

- ❖ Accessibility and knowledge
- ❖ Timeliness
- ❖ Seamlessness
- ❖ Integration
- ❖ Environment provided

# Translation of research into practice

- ❖ Challenge
- ❖ Delay in implementation

*“To put it simply, with the aging of the population, it is more important than ever to know what works, why it works, and with whom it works best.”*

Pillemer et al 2003

# Research → Practice



# Implementing 'Best Practice' in caring for people with BPSD

- ❖ Research
- ❖ Numerous publications
  - ❖ Clinical Practice guidelines
  - ❖ Environmental design
  - ❖ Delivery of care
  - ❖ Assessment tools
- ❖ Studies tend to look at increases in knowledge rather than changes in practice

# Barriers to translating research into practice

Research



Integration with  
existing  
knowledge



Implementation  
within care  
environment

- ❖ Funding
- ❖ Realistic & applicable
- ❖ Resourcing & time
- ❖ Supportive systems
- ❖ Access to current information
- ❖ Education
- ❖ Motivation/Incentive
- ❖ Attitudes

# Barriers to translating research into practice

*“Many behavioural interventions to improve care quality are labour intensive and therefore cannot be implemented in most nursing homes with conventional staffing levels”*

Simmons & Schnelle, 2003



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# Where to from here? Some thoughts

- ❖ BPSD training
  - ❖ Realistic application
  - ❖ Readiness
  - ❖ Mode of delivery and format
  - ❖ Sustainability



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*The optimal way to conduct dementia-specific training programs in residential care is not known, with most only providing short-term gains*

*Grant et al (1996), Janes et al (2008)*



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# Where to from here? Some thoughts

- ❖ BPSD training
  - ❖ Realistic application
  - ❖ Readiness
  - ❖ Mode of delivery and format
  - ❖ Sustainability
  - ❖ Application across disciplines



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*“Nurses are more comfortable obtaining information from other nursing staff and general internet search engines than from journal articles and medical databases”*

Draper et al 2009



# Where to from here?

## Some thoughts

- ❖ BPSD Model
  - ❖ Theoretical grounding
- ❖ Service provision
  - ❖ Experience
- ❖ Translation of knowledge
  - ❖ Health economics
  - ❖ Comparison in residential aged care
  - ❖ Mode of transfer
- ❖ Use of new information technologies
  - ❖ Online
  - ❖ Assessment and management



# Where to from here?

## Some thoughts

- ❖ BPSD Model
  - ❖ Theoretical grounding
- ❖ Service provision
  - ❖ Experience
- ❖ Translation of knowledge
  - ❖ Health economics
  - ❖ Comparison in residential aged care
  - ❖ Mode of transfer
  - ❖ Use of technology
- ❖ Changing demographic

# Returning to a Human Face

Entertaining  
Children  
with Noises

*I bambini  
piacevoli con i  
rumori*