

Non-pharmacologic approaches to BPSD

*People living with dementia often reflect back the environment they perceive.
Create and encourage a calm, predictable, structured, safe and warm milieu.
Consistent caregivers and efforts to reduce change are the best medicine.*

Start with your ABC's – Antecedent, Behavior, Consequence (identify triggers)

- Rule out acute illness
- Review all meds for possible bad actors
- Is the patient in pain? Consider scheduled acetaminophen
- Urinary retention? Constipation? Stop offending agents, use toileting program
- Limit interruptions and reconsider need for blood draws, finger sticks, VS
- Lonely? Bored? Over-stimulated? Dial up or down social opportunities
- Use distraction and redirection; never confront or challenge
- Be flexible whenever and however you can – choose your battles
- Allow safe wandering
- Yelling often occurs when over-stimulated – move to quiet space
- Personalized music
- Lavender lotions, essential oils – especially before bed
- Massage for those who enjoy touch
- For pet lovers, allow/facilitate pet interaction
- Create purpose – folding, stacking, sweeping, cooking, etc.
- Engage with nature, plants, living things as much as possible
- Human contact – but only with humans who don't irritate them!
- Reduce night noise
- Quiet, private, pleasant bathing space – at time of their choosing
- Approach resident slowly, head-on, eye level while making eye contact
- Provide a security object
- Educate family and staff to not react, and to not take behaviors personally (promote the calm feedback loop)
- Morning sunlight
- Regular exercise
- Limit caffeine
- If sleep is poor at night, allow daytime napping (in later stages of dementia, people can be awake much of the night even if they are in bed) – ALL sleep counts towards rest