***ST2-POA-EPA1 – Behavioural and psychological symptoms in dementia***

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| ***Area of practice*** | Psychiatry of old age | ***EPA identification*** | ST2-POA-EPA1 |
| ***Stage of training*** | Stage 2 – Proficient | ***Version*** | v0.7 (BOE-approved 12/07/12) |

The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.

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| ***Title*** | ***Behavioural and psychological symptoms in dementia (BPSD).*** | | | |
| ***Description***<br>Maximum 150 words | The trainee can perform a comprehensive assessment of an older person with dementia presenting with behavioural and psychological symptoms and develop a comprehensive care plan. | | | |
| ***Fellowship competencies*** | **ME** | 1, 2, 3, 4, 5, 6, 7, 8 | **HA** | 1 |
| | **COM** | 1, 2 | **SCH** | 2 |
| | **COL** | 1, 2, 3, 4 | **PROF** | 1, 2, 3 |
| | **MAN** | 1, 2 | | |

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| ***Knowledge, skills and attitude required***<br>The following lists are neither exhaustive nor prescriptive. | Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.<br>**Ability to apply an adequate knowledge base**<br>• Size of the problem (epidemiology), impact on carers and services.<br>• Access and availability of services.<br>• Clinical manifestations of BPSD.<br>• Contributing and aetiological factors (eg. biological, psychological, social, environmental and cultural).<br>• Biopsychosocial treatment of BPSD (eg. identification and management of delirium, infection, pain, constipation, sensory impairment, fatigue, care needs, psychiatric symptoms, carer stress and restraint).<br>• Interventions for patients, family and carers, including staff of residential aged care facilities.<br>• Environmental approaches to management (dementia friendly unit design), role of activity, music, etc.<br>• Role and risk–benefit of antidepressants, antipsychotics (including in dementia with Lewy bodies and Parkinson's dementia), mood stabilisers, sedatives, cholinesterase inhibitors. Note the poor response of some behaviours (wandering, calling out) to medication. |

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| | • Knowledge of time course of BPSD; stopping rules for medication.<br>• Issues of consent in cognitively-impaired persons.<br>• Awareness of objective measures to assess severity and response to treatment.<br>**Skills**<br>• Clarify the questions/concerns from the referring agency.<br>• Collecting collateral information from multiple sources including carers, family and GP.<br>• Comprehensive biopsychosocial assessment and management, including:<br>- mental state assessment<br>- behavioural analysis including, where relevant, charting behaviours<br>- appropriate cognitive tests<br>- physical assessment and appropriate lab tests<br>- auditing current and past medication<br>- assessing physical environment<br>- assessing carer's ability to cope<br>- differential diagnosis (including delirium)<br>- risk assessment (risk of harm to self and others including falls, fire, driving, exploitation, misadventure, malnutrition)<br>- psychoeducation of family and carers (including paid staff)<br>- modifying the physical environment (to address BPSD)<br>- arrange appropriate consultations and referrals, eg. dental, eyes, hearing, podiatry, dietician, etc.<br>- institute behavioural management strategy, including modifying carer behaviour, in collaboration with the multidisciplinary team<br>- liaise with the GP and other healthcare providers<br>- engage appropriately with primary carers and substitute decision makers<br>- consider any necessary legal implications, eg. decision making, guardianship, financial administration<br>- describe appropriate follow-up plan.<br>**Attitude**<br>• Empathic, respectful and professional approach to patient, carers and others involved in patient care.<br>• Appreciates circumstances of carers and values their opinions.<br>• Willingness to educate others either formally or informally. |

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| | • Ethical principles.<br>• Recognising when a palliative care approach is appropriate in dementia.<br>• Person-centred care.<br>• Recognising limitations of medications and their place within a broader treatment approach. |
| ***Assessment method*** | Progressively assessed during individual and clinical supervision, including three appropriate WBAs. |
| ***Suggested assessment method details*** | • Case-based discussion.<br>• Mini-Clinical Evaluation Exercise.<br>• Observed Clinical Activity (OCA).<br>• Direct Observation of Procedural Skills (DOPS).<br>• Professional presentation. |
| **References**<br>INTERNATIONAL PSYCHOGERIATRIC ASSOCIATION. *The IPA complete guides to behavioral and psychological symptoms of dementia (BPSD): Specialists guide*. Northfield: IPA, 2012. | |

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar