Australian Government Responses to BPSD

- Varying programs both nationally and locally over last 20 years

- Since 2007 has funded Dementia Behaviour Management Advisory Services across Australia (continually) - with a change to national provision recently

  *Improve the quality of life of people with dementia and their carers where the behaviour of the person with dementia impacts on their care.*

- In 2013 funded the *Dementia & Severe Behaviours Supplement* to residential care
  - Blew anticipated budget by nearly 10 times over ($11.7 million to $110 million)
  - Ceased in 2014 1 year into operations

- Following a Ministerial Dementia Forum four key strategies were identified
  - Increase the role cohesiveness and coordination of the DBMAS (and other funded services)
  - Pilot the use of ‘flying squads’
  - Use of specialised units “special care units”
  - Increase access to rehabilitation and transitional arrangements for people with dementia

**FUNDED RESPONSE: SEVERE BEHAVIOUR RESPONSE TEAMS**
<table>
<thead>
<tr>
<th>Mild-Severe Dementia Behaviours</th>
<th>Severe-Extreme Dementia Behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td>For clients in residential care, hospital or community care settings</td>
<td>For clients in residential care only</td>
</tr>
<tr>
<td>Triage within 4 hours</td>
<td>No need to re-triage in DSA</td>
</tr>
<tr>
<td>Onsite within 1 week of referral acceptance</td>
<td>Onsite within 48 hours of transfer</td>
</tr>
<tr>
<td>Shorter-term case management</td>
<td>Longer-term case management</td>
</tr>
</tbody>
</table>
Dementia Support Australia: An integrated service

Adapted from Brodaty, Draper, Low 2003
Behavioural and psychological symptoms of dementia: a seven tiered model of service delivery
SBRT client pathway

BEHAVIOURAL interventions and DEPRESCRIPTION are prioritised
Referrals to Dementia Support Australia

**DBMAS**

- NSW: 1836
- VIC: 1470
- QLD: 698
- SA: 711
- WA: 666
- ACT: 130
- NT: 163
- TAS: 252

**SBRT**

- NSW: 91
- VIC: 112
- QLD: 116
- SA: 114
- WA: 110
- ACT: 14
- NT: 8
- TAS: 30
Where has Dementia Support Australia been?
Where are the services delivered?

DBMAS

- Residential Aged Care Facility: 75.0%
- Acute care health facility: 20.8%
- Home of person with dementia: 1.9%
- Other: 2.3%

SBRT

- Residential Aged Care Facility: 99.7%
- Multi-Purpose Service: 0.3%
NPI domains (DSA)

- Agitation/Aggression
- Irritability/Lability
- Depression/Dysphoria
- Anxiety
- Nighttime Behaviour
- Apathy/Indifference
- Aberrant Motor Behaviour
- Disinhibition
- Delusions
- Appetite and Easting
- Hallucinations
- Elation/Euphoria

Percentage of cases

- DBMAS
- SBRT
- Lyketsos et al. 2002
Number of contributing factors

7.1

Top 10 factors contributing to BPSD (SBRT)

- Pain: 58%
- Carer approach: 46%
- Over/under stimulation: 39%
- Memory Impairment: 33%
- Loneliness/Boredom: 31%
- Communication difficulties: 28%
- Carer knowledge: 28%
- Noise: 23%
- Frontal/Executive Impairment: 21%
- Mood disorders: 21%

Top 10 factors contributing to BPSD (DBMAS)

- Pain: 41%
- Carer approach: 33%
- Memory Impairment: 31%
- Over/under stimulation: 27%
- Loneliness/Boredom: 26%
- Carer knowledge: 22%
- Communication difficulties: 20%
- Mood disorders: 17%
- Anxiety disorder: 15%
- Habits/routines: 14%
Medication and Medication reviews

On average, clients have medications recorded in three of the categories shown, e.g. antipsychotics, analgesia and anticonvulsants.

Some clients were receiving medications in up to five of these categories.

*BASED ON A SUBSET OF SBRT DATA
Clinical Associates in the DSA Service

- **SBRT**: Prompt access to senior specialist medical staff is invaluable to the assessment and management process.
- **SBRT**: Multiple Associate staff on a 7/365 roster
- **DBMAS**: On the ground specialist medical staff for case review and advice
- Associates provide a detailed knowledge of psychopharmacology and of the interplay between general medical conditions and behavioural disturbance
- **Consultants and Associate staff operate to ensure that their presence does not cause the withdrawal of other services.**

  Experience thus far reflects importance of **deprescription**
## SBRT Behaviour Outcomes (n=173)

<table>
<thead>
<tr>
<th></th>
<th>Intake (mean)</th>
<th>Discharge (Mean)</th>
<th>Reduction (%)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total NPI Domains affected</td>
<td>5.74</td>
<td>2.85</td>
<td>50.35</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>NPI Severity Score</td>
<td>13.23</td>
<td>4.38</td>
<td>66.89</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>NPI Distress Score</td>
<td>18.72</td>
<td>5.57</td>
<td>70.25</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>NPI Frequency Score</td>
<td>16.09</td>
<td>6.30</td>
<td>60.85</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>
## SBRT Medication Outcomes (n=89)

<table>
<thead>
<tr>
<th>Category</th>
<th>Intake Mean</th>
<th>Discharge Mean</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular Antipsychotics</td>
<td>74.58</td>
<td>63.9</td>
<td>0.405</td>
</tr>
<tr>
<td>(Chlorpromazine mg)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regular Anxiolytics</td>
<td>4.5</td>
<td>4.26</td>
<td>0.239</td>
</tr>
<tr>
<td>(Diazepam mg)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regular Opiates</td>
<td>3.58</td>
<td>5.76</td>
<td><strong>0.005</strong>*</td>
</tr>
<tr>
<td>(Morphine mg)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regular Paracetamol</td>
<td>1868</td>
<td>1937</td>
<td>0.748</td>
</tr>
<tr>
<td>(mg)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Referrals: 1800 699 799
www.dementia.com.au