

ST3-POA-AOP-EPA5 – Management of BPSD

Area of practice	Psychiatry of old age	EPA identification	ST3-POA-AOP-EPA5	
Stage of training	Stage 3 – Advanced	Version	v0.7 (EC-approved 10/04/15)	
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.				
Title	Management of behavioural and psychological symptoms of dementia.			
Description Maximum 150 words	The trainee demonstrates an understanding of the range and manifestations of behavioural and psychological symptoms of dementia (BPSD) and the current scientific understanding of these symptoms. The trainee completes a sophisticated assessment of the person with BPSD across a range of settings. A comprehensive care plan is developed and implemented. The trainee has an extensive understanding informed by recent research of the utility and limitations of pharmacological interventions. The trainee has an extensive understanding of non-pharmacological interventions for BPSD including individual, caregiver, institutional and environmental measures.			
Fellowship competencies	ME	1, 2, 3, 4, 5, 6, 7, 8	HA	1
	COM	1, 2	SCH	1, 2
	COL	1, 2, 3, 4	PROF	1, 2
	MAN	1, 4, 5		
Knowledge, skills and attitude required 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. Ability to apply an adequate knowledge base <ul style="list-style-type: none"> • Appreciates the most recent scientific understanding of the neurobiology of BPSD. • Appreciates the current state of knowledge about the various manifestations of BPSD, including mood changes, anxiety, agitation, aggression, psychosis, apathy and sleep disturbance. • Appreciates the current state of knowledge about specific BPSD issues such as calling out, wandering, inappropriate undressing and the sundowning syndrome. • Appreciates the role of comorbid medical conditions, sensory deficits, pain, medications in BPSD, premorbid personality and carer behaviour. 			

- Demonstrates a sophisticated, comprehensive and up-to-date knowledge of the issues surrounding the use of antipsychotic medication for BPSD including efficacy, risks, consent and the implementation and evaluation of individual treatment trials.
- Demonstrates a sophisticated, comprehensive and up-to-date knowledge of the use of other medications for BPSD including antidepressants, anti-anxiety agents, mood stabilisers and analgesics.
- Demonstrates a sophisticated, comprehensive and up-to-date knowledge of non-pharmacological management strategies for BPSD.
- Appreciates the issues with regard to physical restraint, seclusion and sedation.
- Appreciates the role of environmental and architectural factors in the management and accommodation of people with BPSD.
- Appreciates the local regulatory, legal, financial and resource issues in regard to the care of people with BPSD.

Skills

- Completes a comprehensive assessment including:
 - clarification of the presenting issue
 - history and mental state examination
 - collateral history from multiple sources
 - behavioural analysis including charting of behaviours
 - appropriate cognitive tests and/or rating scales
 - medical assessment including physical exam and investigations
 - review of past and current medications
 - review of past and current substance use, including alcohol, hypnotics and opioids
 - assessment of carers and the physical environment
 - a sophisticated formulation and differential diagnosis.
- Develops, implements and documents a comprehensive care plan including where appropriate:
 - identification and formulation of the target problem
 - education of carers
 - behavioural management techniques
 - modification of physical environment (or moving patient to a suitable environment)
 - medication interventions
 - management of medical and pain issues

	<ul style="list-style-type: none"> - risk issues - liaison with GP and other community organisations and services - consultations and referrals - legal issues including capacity and consent - assistive technology - follow-up plan - communicates and collaborates with institutional carers in the management of a person with BPSD. <p>Attitude</p> <ul style="list-style-type: none"> • Demonstrates an informed, compassionate and ethical understanding of the issues for family/friend carers of a person with BPSD.
Assessment method	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
Suggested assessment method details	<ul style="list-style-type: none"> • Case-based discussion. • Professional presentation. • Mini-Clinical Evaluation Exercise. • Direct Observation of Procedural Skills (DOPS). • Observed Clinical Activity (OCA).
<p>References</p> <p>DEMENTIA BEHAVIOUR MANAGEMENT ADVISORY SERVICES (ALZHEIMER'S AUSTRALIA). <i>ReBOC: Reducing behaviours of concern: a hands on guide. A resource to assist those caring for people living with dementia</i>. Glenside: Alzheimer's Australia, 2012. Viewed 14 June 2013, <http://dbmas.org.au/Want_to_know_more_/Resources1.aspx>.</p> <p>INTERNATIONAL PSYCHOGERIATRIC ASSOCIATION. <i>The IPA complete guides to behavioral and psychological symptoms of dementia (BPSD): Specialists guide</i>. Northfield: IPA, 2012. [Available at www.ipa-online.org/wordpress/publications/guides-to-bpsd]</p> <p>NSW MINISTRY OF HEALTH AND THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS. <i>Assessment and management of people with behavioural and psychological symptoms of dementia (BPSD): a handbook for NSW Health clinicians</i>. North Sydney: NSW Ministry of Health, May 2013. Viewed 13 November 2014, <www.ranzcp.org/Files/Publications/A-Handbook-for-NSW-Health-Clinicians-BPSD_June13_W.aspx>.</p>	

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