LTC Recommendations for Assessing and Managing BPSD

Refer to the Canadian Clinical Practice Guidelines for Assessing and Managing Behavioural and Psychological Symptoms of Dementia (BPSD): https://ccsmh.ca/areas-of-focus/dementia/clinical-guidelines/ for specific details on each recommendation

Contents

AGITATION

Agitation: Diagnosis & Assessment

Recommendation	*GRADE[1] Assessment*
Diagnosis	
#1 International Psychogeriatrics Association (IPA) consensus criteria for agitation in cognitive disorders to diagnose agitation in dementia	**Strong** recommendation Moderate-quality evidence
Detection and Assessment	
#2 For detecting agitation in dementia in long-term care: • Neurobehavioral Rating Scale (NBRS) • Empirical Behavioral Rating Scale (E-BEHAVE-AD) Neuropsychiatric Inventory-Agitation (NPI-Agitation) • Rating Scale for Aggressive Behaviour in the Elderly (F-RAGE) • Cohen Mansfield Agitation Inventory (CMAI) • Psychogeriatric Assessment Scale (PAS)	Conditional recommendation Very low-quality evidence

Agitation: Non-pharmacological Management

Recommendation	*GRADE[1] Assessment*
#3 Interdisciplinary approaches to dementia care incorporating health care provider education on BPSD, structured approaches to assessment, individualized care plans, and personalized meaningful activities	**Strong** recommendation Moderate-level evidence
#7 Music-based interventions using preferred music	**Strong** recommendation Moderate-quality evidence
#4 Robotic pets	Conditional recommendation Moderate-quality evidence
#8 Massage	Conditional recommendation Moderate-quality evidence
#9 Aromatherapy	Conditional recommendation Low-quality evidence
#5 Animal-assisted therapy	Conditional recommendation Very low quality evidence
#6 Physical exercise	Conditional recommendation Very low quality evidence

Agitation: Pharmacological

Recommendation	*GRADE[1] Assessment*
#23 **Against** valproic acid or sodium divalproex for the treatment of agitation	**Strong** recommendation Moderate-quality evidence
#13 Citalopram for the treatment of moderate severity agitation	**Strong** recommendation Low-quality evidence
#18 **Against** using olanzapine for the treatment of agitation except for potential use as short-term emergency treatment of severe agitation	**Strong** recommendation Low-quality evidence
#29 **Against** using polypharmacy to treat agitation in dementia.	**Strong** recommendation Low-quality evidence
#30 **Against** using long-acting injectable antipsychotics for the treatment of behavioural and psychological symptoms of dementia unless there is a co-occurring chronic psychotic illness that requires treatment with a long-acting injectable antipsychotic	**Strong** recommendation Low-quality evidence
#16 Aripiprazole, brexpiprazole or risperidone (1st) for the treatment of severe agitation	Conditional recommendation Moderate-quality evidence
#12 **Against** initiating memantine specifically for the treatment of moderate-to-severe agitation	Conditional recommendation Moderate-quality evidence
#17 Quetiapine for the treatment of severe agitation if symptoms are refractory to other pharmacological treatments, or in cases where other treatments are not tolerated due to extrapyramidal side-effects	Conditional recommendation Low-quality evidence
#20 Synthetic cannabinoids for the treatment of severe agitation if symptoms are refractory to other pharmacological treatments	Conditional recommendation Low-quality evidence
#22 ***Neither for nor against*** prazosin to treat agitation	Conditional recommendation Low-quality evidence
#11 **Against** initiating cholinesterase inhibitors specifically for the treatment of moderate-to-severe agitation	Conditional recommendation Low-quality evidence
#15 **Against** using trazodone, sertraline, mirtazapine, and fluoxetine in the management of agitation	Conditional recommendation Low-quality evidence
#28 Pharmacological intervention for agitation is ineffective after 8 weeks of treatment, including at least two weeks at a therapeutic dose, then the treatment should be discontinued	Conditional recommendation Low-quality evidence
#10 Cholinesterase inhibitors and memantine should be optimized for the pharmacological treatment of Alzheimer's disease and related dementia	Conditional recommendation Very low-quality evidence
#14 Citalopram for severe agitation in circumstances where the risks and benefits of other pharmacological treatments for severe agitation (e.g., antipsychotics) preclude the use of alternative medications	Conditional recommendation Very low-quality evidence
#19 Typical antipsychotics could be considered for the treatment of agitation if symptoms are refractory to other pharmacological treatments including aripiprazole, brexpiprazole and risperidone	Conditional recommendation Very low quality evidence
#21 Carbamazepine for the treatment of severe agitation if symptoms are refractory to other pharmacological treatments	Conditional recommendation Very low quality evidence
#26 Short-acting antipsychotics that are available in both oral and intramuscular formulations for the emergency treatment of severe agitation that is associated with imminent risk of physical harm towards self or others on a short-term basis	Conditional recommendation Very low-quality evidence
#27 Short-acting benzodiazepines that are available in both oral and intramuscular formulations for the emergency treatment of severe agitation	Conditional recommendation Very low-quality evidence

that is associated with imminent risk of physical harm towards self or others on a short-term basis if other medications are unavailable or contraindicated	
#15 **Against** using paroxetine, fluvoxamine, and tricyclic antidepressants in the management of agitation	Conditional recommendation Very-low quality evidence

Agitation: Additional Recommendations

Recommendation	*GRADE[1] Assessment*
#25 **Against** using seclusion and physical restraint	**Strong** recommendation Moderate-quality evidence
#24 ***Neither for nor against*** the use of electroconvulsive therapy in the management of severe agitation	Conditional recommendation Very low-quality evidence

PSYCHOSIS

Psychosis: Diagnosis & Assessment

Recommendation	*GRADE[1] Assessment*
Diagnosis	
#31 International Psychogeriatric Association criteria for psychosis in major neurocognitive disorders for the diagnosis of psychosis in dementia	**Strong** recommendation Moderate-quality evidence
Detection and Assessment	
#32 Psychosis subscale of the Neuropsychiatric Inventory be considered for detecting symptoms of psychosis in dementia in long term care	Conditional recommendation Very low-quality evidence

Psychosis: Non-Pharmacological Management

Recommendation	*GRADE[1] Assessment*
#33 Psychosocial interventions found to be effective for other BPSD (e.g., interdisciplinary approaches to care, music)	Conditional recommendation Very low quality evidence

Psychosis: Pharmacological Management

Recommendation	*GRADE[1] Assessment*
#34 Citalopram for the treatment of psychotic symptoms of moderate severity	Conditional recommendation Low-quality evidence
#35 Aripiprazole or risperidone for the treatment of symptoms of psychosis if symptoms are severe or have not responded to other treatments	Conditional recommendation Low-quality evidence

DEPRESSION

Depression: Diagnosis & Assessment

Recommendation	*GRADE[1] Assessment*
Diagnosis	
#36 National Institutes of Mental Health - depression in Alzheimer's disease criteria to diagnose depression in dementia	**Strong** recommendation Low quality evidence
Detection and Assessment	
#37 Cornell Scale for Depression in Dementia (CSDD) for detecting depressive symptoms in dementia in long-term care homes	Conditional recommendation Moderate-quality evidence

Depressive Symptoms: Non-pharmacological Management

Recommendation	*GRADE[1] Assessment*
#41 Cognitive stimulation therapy for the management of depressive symptoms in mild-to-moderate dementia	**Strong** recommendation Moderate-quality evidence
#42 Massage and touch therapy for management of depressive symptoms in mild-to-moderate dementia	**Strong** recommendation Moderate-quality evidence
#43 Physical exercise	**Strong** recommendation Moderate quality evidence
#44 Reminiscence therapy	**Strong** recommendation Moderate-quality evidence
#40 Robotic pets	Conditional recommendation Moderate quality evidence
#38 Interdisciplinary approaches to dementia care incorporating health care provider education, structured approaches to assessment, individualized care plans and personalized meaningful activities for the treatment of depressive symptoms in dementia in LTC settings.	Conditional recommendation Low-quality evidence
#39 Animal therapy	Conditional recommendation Low-quality evidence
#42 Massage and touch therapy for the management of depressive symptoms in severe dementia	Conditional recommendation Low-quality evidence
#45 Occupational therapy	Conditional recommendation Low quality evidence

Depressive Symptoms and Depressive Diagnosis: Pharmacological Management

Recommendation	*GRADE[1] Assessment*
#46 **Against** using pharmacologic interventions for the treatment of depressive symptoms in dementia who do not have a concurrent diagnosis of depression	**Strong** recommendation Low-quality evidence
#48 Antidepressants for the treatment of moderate-to-severe depression in dementia that has not responded to psychosocial interventions	Conditional recommendation Low-quality evidence
Refer to ***CCMSH Depression Guideline*** for additional options: https://ccsmh.ca/areas-of-focus/depression/	

ANXIETY

Anxiety: Diagnosis & Assessment

Recommendation	*GRADE[1] Assessment*
Diagnosis	
#49 Diagnostic and Statistical Manual of Mental Disorders –5-Text Revision (DSM-5-TR) criteria for anxiety disorders to diagnose anxiety in dementia	Conditional recommendation Very low-quality evidence
Detection and Assessment	
#50 Rating Anxiety in Dementia (RAID) scale for detecting anxiety symptoms in dementia in long-term care settings	Conditional recommendation Low-quality evidence

Anxiety: Non-Pharmacological Management

Recommendation	*GRADE[1] Assessment*
#53 Music therapy with preferred music	**Strong** recommendation Moderate-quality evidence
#51 Education and training programs for caregivers of people with dementia for the management of anxiety	Conditional recommendation Low-quality evidence

#52 Cognitive behavioral therapy, adapted for individuals with dementia, for anxiety in mild-to-moderate dementia	Conditional recommendation Low quality evidence

Anxiety: Pharmacological Management

Recommendation	*GRADE[1] Assessment*
#54 Citalopram for the management of moderate-to-severe anxiety	Conditional recommendation Very low-quality evidence
Refer to ***CCMSH Anxiety Guideline*** for additional options: https://ccsmh.ca/areas-of-focus/anxiety/	

SEXUAL EXPRESSION

Sexual Expressions: Diagnosis & Assessment

Recommendation	*GRADE[1] Assessment*
Diagnosis	
#55 Sexual expressions of potential risk defined as a disruptive verbal or physical act of an explicit or perceived sexual nature, which is either intrusive or engaged in without the consent of those around the person living with dementia	Conditional recommendation Very low-quality evidence
Detection and Assessment	
#56 St. Andrew's Sexual Behaviour Assessment Scale (SASBA Scale) for detecting sexual expressions of potential risk in dementia	Conditional recommendation Very low-quality evidence

Sexual Expressions: Non-Pharmacological Management

Recommendation	*GRADE[1] Assessment*
#57 Psychosocial approaches such as patient and caregiver education, removal of environmental triggers, changes in environment, and strategies to engage people living with dementia in other activities for reducing sexual expressions of potential risk in dementia	Conditional recommendation Very low-quality evidence

Sexual Expressions: Pharmacological Management

Recommendation	*GRADE[1] Assessment*
#58 ***Neither for nor against*** the use of pharmacologic interventions for reducing sexual expressions of potential risk in dementia	Conditional recommendation Very low-quality evidence

DEPRESCRIBING

Deprescribing in BPSD: Antipsychotics

Recommendation	*GRADE[1] Assessment*
#59 Deprescribing antipsychotics in people living with dementia who do not have a history of severe agitation or psychosis or another potentially appropriate indication for antipsychotics such as a history of serious mental illness	**Strong** recommendation Low quality evidence
#60 Deprescribing antipsychotics in people living with dementia who initially had severe agitation or psychosis, after considering their current symptoms, the total duration of antipsychotic treatment, dosage of medication required to stabilize BPSD, and initial severity of symptoms	Conditional recommendation Low-quality evidence

#61 Deprescribing antipsychotics by decreasing the dose by 25-50% every 1-2 weeks until discontinued, and that dosage reduction be stopped at the lowest effective dose if BPSD worsen	Conditional recommendation Low-quality evidence

Deprescribing in BPSD: Other Recommendations

Recommendation	*GRADE[1] Assessment*
#63 Interdisciplinary education interventions, interdisciplinary medication reviews, educational interventions for family physicians, and pharmacist-led medication reviews to facilitate antipsychotic deprescribing in people with dementia at the organizational level in long-term care	Conditional recommendation Low-quality evidence
#62 Other psychotropic medications be reviewed routinely for potential discontinuation in people with dementia including benzodiazepines and antidepressants	Conditional recommendation Very low-quality evidence

[1]*GRADE = Grading of Recommendations, Assessment, Development, and Evaluations*
https://www.gradeworkinggroup.org/
https://bestpractice.bmj.com/info/toolkit/learn-ebm/what-is-grade/