



# NATIONAL CLINICAL GUIDELINE FOR THE PREVENTION AND TREATMENT OF BEHAVIOURAL AND PSYCHOLOGICAL SYMPTOMS IN PERSONS WITH DEMENTIA

## Quick guide

### **Use systematic root-cause analysis in connection with recent-onset BPSD with regard to an individualised plan of action.**

#### Strong recommendation

In relation to systematic root-cause analysis, the working group has ascribed considerable value to the strong preferences of patients and relatives. Moreover, there are also serious ethical considerations that prevent deviation from systematic root-cause analysis in connection with recent-onset BPSD. Bearing this in mind, the working group has decided to formulate a strong recommendation, even though currently the quality of the evidence is low overall.

### **The principles of person-centred care should be used in the care and treatment of persons with dementia, in order to prevent BPSD.**

#### Strong recommendation

In relation to person-centred care, the working group has ascribed considerable value to the strong preferences of patients and relatives. Moreover, there are also serious ethical considerations that prevent deviation from person-centred care when caring for persons with dementia. Bearing this in mind, the working group has deemed it appropriate to formulate a strong recommendation, even though currently the quality of the evidence is low overall.

### **Consider offering supervised fitness training to prevent BPSD in persons with dementia.**

#### Weak recommendation

Fitness training should take into consideration individual needs, and be organised in such a way that the individual will experience security during training. Fitness training should be organised and supervised by professional staff who have knowledge about training methods and types of dementia.

### **Consider offering sleep hygiene to prevent BPSD in persons with dementia and sleep disorders.**

#### Weak recommendation

### **Consider offering reminiscence therapy to prevent BPSD in persons with dementia.**

#### Weak recommendation

Reminiscence therapy should be administered by staff with training in this approach. Reminiscence therapy can be applied individualised or in groups, and should be adapted to the individual person with dementia.

**In persons with dementia living at home, in order to prevent BPSD consider offering (a minimum of three sessions of) psychoeducation to relatives living together with them.**

Weak recommendation

The psychoeducation should meet the relatives' individual requirements and preferences.

**Consider offering music therapy for treatment of BPSD in persons with dementia.**

Weak recommendation

Music therapy should be planned, supervised and administered by staff who have received music-therapy training.

**Consider offering medication for dementia to persons with dementia (Alzheimer's disease, Dementia with Lewy bodies and Parkinson's disease dementia) and recent-onset BPSD in cases where the person with dementia is not already receiving drug treatment for the dementia.**

Weak recommendation

Pharmacological treatment should not be offered in the event of recent-onset BPSD before having sufficiently investigated whether there are any underlying causes, including somatic illness and adverse reactions to medication. Pharmacological treatment of BPSD should be preceded by non-pharmacological measures and only administered to persons with dementia in whom treatment with non-pharmacological measures alone has been unsatisfactory. Non-pharmacological measures should continue simultaneously with the pharmacological treatment. Drugs for dementia have been approved for the following types of dementia: Alzheimer's disease, Lewy Body Dementia and Parkinson's disease.

**Only after careful consideration should SSRI therapeutics be applied in the treatment of worsened BPSD in persons with dementia, as there is an increased risk of serious adverse reactions, and this treatment does not guarantee any beneficial effects.**

Weak recommendation **AGAINST**

Pharmacological treatment should not be offered in the event of recent-onset BPSD before having sufficiently investigated whether there are any underlying causes, including somatic illness and adverse reactions to medication. Pharmacological treatment should be preceded by non-pharmacological measures, and the latter should continue simultaneously with the pharmacological treatment.

**Do not use second-generation antipsychotics to treat BPSD in the form of aggressive or psychotic behaviour in persons with dementia.**

Strong recommendation **AGAINST**

Second-generation antipsychotics can be carefully considered for the few persons with dementia in whom psychotic symptoms are a torment for them, or if such persons represent a danger to themselves or others, e.g. if agitation and externalising behaviour necessitate rapid intervention.

## About the quick guide

This quick guide includes the key recommendations from the national clinical guideline for prevention and treatment of behavioural and psychological symptoms in persons with dementia. The guideline was prepared under the auspices of the Danish Health Authority.

Behavioural and psychological symptoms in persons with dementia include a number of behavioural and affective symptoms, including aggression, agitation, uninhibited behaviour, irritability, anxiety, depression, apathy, euphoria, appetite disorders, sleep disorders and psychotic symptoms such as hallucinations and delusions. During the course of the disease, BPSD occurs frequently in persons with dementia (up to 90%). The causes of BPSD often greatly differ, thus the prevention, investigation and treatment offered will vary depending on the situation and the individual person with dementia.

The national clinical guideline includes recommendations regarding selected parts of the area. It cannot stand alone, but must be seen in conjunction with other guidelines, process descriptions etc. in the area.

Further information is available at [sundhedsstyrelsen.dk](http://sundhedsstyrelsen.dk)

On the Danish Health Authority's website ([www.sst.dk](http://www.sst.dk)) the full version of the national clinical guideline is available, including a detailed review of the underlying evidence for the recommendations.

## About the national clinical guidelines

This national clinical guideline is one of the national clinical guidelines being prepared by the Danish Health Authority during the period 2017-2020.

Further material regarding the choice of subject, method and process is to be found at [www.sst.dk](http://www.sst.dk)