

# Dementia

- **Stage of Severity**
- **Behavioral and Psychological Symptoms**

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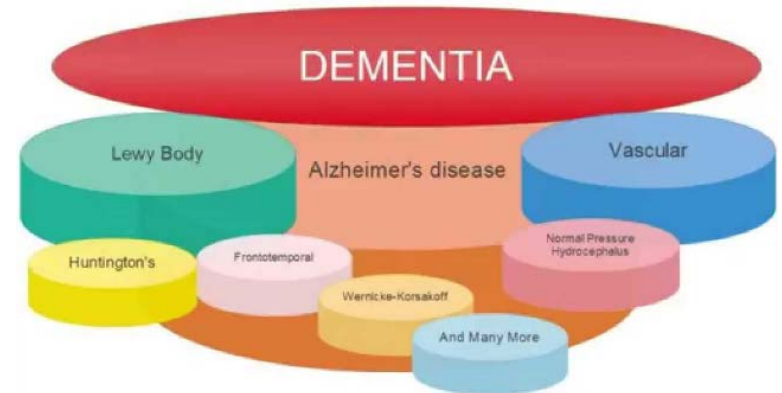
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# Nature of Dementia

Dementia is a neurocognitive disorder which significantly affects quality of life and provision of healthcare services.

- Dementia is characterized by a meaningful decline in cognition and daily functioning.
- It is usually due to an underlying physiological condition.
- In some cases, an underlying disorder cannot be identified.
- The major factors in patient management are severity and behavioral and psychological disturbances.



# Severity : Levels

Dementia is always progressive. There is broad clinical consensus in the literature and in practice for three characteristic levels of severity.

## 1 ***Mild dementia***

Impact on daily function. No longer fully independent, requires occasional assistance with daily life activities.

## 2 ***Moderate dementia***

Extensive impact on daily function. Not independent, requires frequent assistance with daily life activities.

## 3 ***Severe dementia***

Complete dependency with impairment in basic activities, including basic self-care.

Together with clinical observation, level of severity can also be assigned through quantitative tests.



# Severity : Impact

- How quickly dementia progresses varies considerably with each individual, but progression is inevitable.
- The stages of severity apply to all types of dementia, including known and unknown etiology.
- Severity is a key factor in patient management:
  - ✓ Coping skills are established in mild dementia with medication for symptom management.
  - ✓ Other medications are introduced as symptoms progress.
  - ✓ Aides and other caregivers are often needed as severity increases and dependency worsens.
  - ✓ Institutional care may be required in severe dementia.
- Healthcare needs and resources increase with severity.



# Behavioral and Psychological Disturbances

Dementia is associated with particular disturbances in behavior and psychological traits.

- Collectively, the disturbances are called behavioral and psychological symptoms of dementia (BPSD), non-cognitive behavioral changes (NCBC), or neuropsychiatric symptoms (NPS).
- At some point in the progression of dementia, most patients with dementia are afflicted with a form of BPSD.
- There are several different categories of BPSD, and patients may have more than one type.



# BPSD : Categories

## ① Behavioral Disturbances

- Agitation stands out as the most disruptive behavioral disturbance, due to correlation with institutionalization.
- Agitation in dementia includes:
  - ✓ Aggression (physical, verbal)
  - ✓ Combativeness
  - ✓ Violent behavior
  - ✓ Anger
  - ✓ Aberrant motor behavior, eg, rocking, pacing, restlessness, exit-seeking
- Other behavioral disturbances in dementia include:
  - ✓ Sleep disturbance
  - ✓ Social disinhibition, eg, intrusiveness
  - ✓ Sexual disinhibition

# BPSD : Categories

## ② Psychotic Disorders

- Psychotic disorders include:
  - ✓ Hallucinations
  - ✓ Suspiciousness
  - ✓ Paranoia
  - ✓ Delusional state

## ③ Mood (Affective) Disorders

- Mood disorders include:
  - ✓ Depression
  - ✓ Anhedonia
  - ✓ Apathy
  - ✓ Euphoria
- Anxiety is a common BPSD and some literature includes it with mood disorders.

# BPSD : Impact

Behavioral and psychological symptoms of dementia are significant clinical problems in their own right.

- BPSD are often what bring patients to the attention of clinicians.
  - ✓ Agitation is the symptom that very commonly drives visits to the Emergency Department.
- Because dementia itself is not directly treatable at this time, BPSD are actually the focus of the care provided.
  - ✓ Dementia with delusions and hallucinations creates a need for intervention, ie, psychosocial +/- medication.

The presence of BPSD links to patient outcomes, including quality of life, institutionalization, and accelerated mortality.



# Data Needs

Identifying level of severity and categories of behavioral and psychological disturbances in the data will advance key interests.

- Link patient presentation with patient management for analysis and review.
- Provide longitudinal data to identify and track disease progression.
- Establish when, in the course of the illness, disturbances are most likely to occur to enable appropriate treatment strategies.
- Support CMS initiatives including the National Partnership to Improve Dementia Care and data models for post-acute care programs.

***Questions?***

