

IMPLEMENTING BEST PRACTICES IN PHARMACOLOGICAL AND NON-PHARMACOLOGICAL INTERVENTIONS FOR BEHAVIORAL SYMPTOMS OF DEMENTIA IN LONG-TERM CARE

Dallas Seitz¹, Nathan Herrmann², Krista Lanctot². ¹Providence Care Mental Health Services, ²Sunnybrook Health Sciences Centre.

Contact: seitzd@providencecare.ca

Brief Description of Research or Project: Presently, 45% of all individuals with dementia in Canada are living in long-term care (LTC) environments. This population is estimated to number 180,000 and will more than double in the next 30 years. Older adults with dementia in LTC represent one of the frailest, most vulnerable populations and are heavy consumers of health care services. A key factor contributing to both frailty and vulnerability are neuropsychiatric symptoms (NPS) such as agitation, aggression, apathy, anxiety, depression, and psychosis. Best-practices in the management of these neuropsychiatric symptoms can include both pharmacological and non-pharmacological interventions. There has been an expanding body of evidence for the both the pharmacological and non-pharmacological interventions for the management of NPS in LTC settings. Our panel of researchers will present established and emerging evidence on the safety and efficacy of medication treatment options for NPS in LTC including evidence from recent reviews and clinical practice guidelines. Recent reviews of the efficacy and feasibility of non-pharmacological interventions for NPS will also be presented along with results from ongoing research projects in non-pharmacological interventions. Finally, an overview of the Canadian Consortium on Neurodegeneration in Aging (CCNA) will be presented including proposed plans for a team focused on non-pharmacological and pharmacological interventions to prevent and treat NPS in LTC will be presented. **Why is this research important to profile at the Research Day 2014?** NPS affect 80% of all LTC residents with dementia and are also a major risk factor for LTC admission. These NPS not only cause suffering for the individual, but are a major source of stress for professional and family caregivers, are associated with poorer prognosis, increased psychotropic drug use, and greater health care utilization and costs. Despite this documented importance, there are major gaps in knowledge: the etiology and triggers for the occurrence and maintenance of NPS are poorly understood and, as noted in numerous reviews, there is a marked paucity of high-quality evidence-based interventions to prevent and treat these disturbances. There is also a paucity of research on the management of NPS derived from the Ontario LTC context where resources and and culture of care may differ significantly from that in other settings. NPS present one of the most difficult clinical challenges for LTC administrators, managers, and front-line staff and a better understanding and appreciation of safe and effective strategies to prevent and treat NPS would help to optimize care and reduce staff and family stress for the growing number of individuals affected by NPS in LTC settings.

