

LGBTI fact sheet 3 - LGBTI peoples & BPSD

Behavioural and psychological symptoms of dementia (BPSD) are among the core symptoms of dementia, together with cognitive deficits and a deteriorating course.

Because terms previously used to describe BPSD were considered too general and difficult to define, a consensus group of 60 experts in the field from 16 countries developed this definition of BPSD: "symptoms of disturbed perception, thought content, mood, or behavior that frequently occur in patients with dementia" (1).

BPSD are common

- BPSD occur in up to 90% of people with dementia during the course of the condition, regardless of the type of dementia. BPSD are common amongst people with dementia in acute, community, primary and residential care and are associated with poor outcomes for the person with dementia and their carers (2).
- In residential care 40 - 90% of residents with dementia experience BPSD
- Of those living in the community at least 2 in 3 people with dementia experience BPSD

- BPSD are influenced by a wide range of factors including the person's history, environment, physical health, personal interactions and background (3, 4).
- Typically it is a combination of these factors that result in BPSD (5). Comprehensive assessment of the person and the situation is essential to determine the best approach.

Most commonly presenting BPSD

- Aggressive behaviours
- Agitation
- Anxiety
- Apathy
- Depression
- Disinhibited behaviours (social and sexual)
- Nocturnal disruption (sleep problems)
- Psychotic symptoms (delusions and hallucinations)
- Vocally disruptive behaviours (calling out)
- Wandering behaviours

Principles of caring for those who present with BPSD

While the fundamental principles of managing BPSD are applicable to all those with dementia, person-centred care requires that additional considerations must be taken into account when LGBTI peoples present with BPSD. The goal is always to relieve the person with dementia's distress.

1. Assess the immediate risk to the person with dementia and those around them

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2. Conduct a comprehensive person-centred assessment including:
 - o an objective observation of the presenting BPSD
 - o the individual person and their history
 - o their physical and mental health
 - o their interpersonal and physical environment, including others' communication
3. Exclude and/or treat any reversible causes of the BPSD
4. Professional guidelines recommend trialling tailored psychosocial (non-drug) interventions first unless medication is indicated for severe distress or immediate risk of harm (6)
5. Where non-drug interventions are unsuccessful discuss the possible short term use of targeted medication (with appropriate consent), in combination with psychosocial interventions, with their doctor
6. **REVIEW**

Person-centred assessment & care

The principles of person-centred care reinforce good dementia practice. These principles assert:

- the value of all people with dementia and those who care for them
- the individuality of people with dementia and the influence of their unique personality and life experiences on their response to the dementia
- the importance of the perspective of the person with dementia
- the importance of relationships and interactions with others and their potential to promote the person with dementia's well-being (6-8).

- Ensuring a service is culturally safe and inclusive is central to person-centred care for LGBTI people living with dementia. This includes a focus on supporting relationships and communication (7), emphasising the importance of carers in dementia care.
- Relationships include family of origin, family of choice, friends and professional carers of the person with dementia who is L, G, B, T or I. A service that is culturally safe and inclusive supports awareness of the lived experience and historical factors that affect LGBTI health and care needs (9).
- Cultural sensitivity allows LGBTI peoples to feel comfortable to disclose their experiences, care needs and relationships or to make the choice not to disclose.
- An awareness of the individual lived experience of the person with dementia who is L, G, B, T or I is essential to adopting a person-centred approach to managing BPSD.
- Rather than focusing solely on the BPSD, a person-centred approach provides a holistic framework for understanding the BPSD in the context of the person with dementia (7, 8).
- A person-centred approach to dementia care and culturally appropriate assessment of BPSD incorporates all aspects of LGBTI peoples, including their history, physical health and environment as well as the BPSD to ensure interventions are tailored and appropriate for the individual (10).

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See *Fact sheet 1 – Overview* for details.