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A paradigm shift in treating the behavioral and psychological symptoms of dementia

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More than 55 million people across the world suffer from dementia and the number is expected to balloon to nearly 153 million by 2050.

These individuals have led normal lives that included careers, families and retirement. But once they developed dementia, they began to change. Instead of being happy and relaxed, they slowly became more confused



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— ARIF NAZIR, MD, AMERICAN SENIOR COMMUNITIES

and anxious. Eventually, their brain disease affected them so significantly that they are unfamiliar due to their behaviors and outbursts as it robs more than just their memories, but their identities, as well.



After decades of treating dementia from a psychiatric perspective, though, that's beginning to change. Providers previously may have treated some behaviors borne of a suffering brain with antipsychotics rather than a clinical approach that focuses on the neurological.

Long-term care leaders are at the forefront of a shift in treatment, however, recognizing that the root cause of many of these symptoms is neurological and should be treated as such.

GETTING TO THE ROOT OF THE PROBLEM

The paradigm shift is that neurology leads the treatment and pharmacology for these dementia residents. Forty years ago, the clinical field did not recognize the behavioral and psychological symptoms of dementia (BPSD) as a neurologic issue. These patients present with psychiatric challenges — anxiety, hallucinations, delusions, inappropriate behaviors.

The research and knowledge for understanding and treating dementia was incredibly limited. The standard model of care in long-term care facilities sought the psychiatrist to treat these residents. The fact is, though, when an individual has dementia, even if they are exhibiting psychiatric symptoms, the treatment should be in



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light of that neurological condition, not as if the individual is truly psychiatrically impaired.

In 2023, science has progressed to a more thorough understanding of dementia and its related symptoms. There are now emerging therapeutic approaches including medication. The key to unlocking effective treatment is by leading with neurology to treat this neurocognitive condition. From there, the psychiatric treatment becomes much more straightforward and effective. This model does not replace the psychiatric. It precedes and blazes the trail for it.

That approach, noted in a June 2021 article in *Practical Neurology*, can involve a neurologic examination, an objective neurocognitive assessment, neuropsychological evaluation and neuroimaging. The care is continual, beginning with earlier, accurate diagnosis, ensuring there aren't any causes that could be treatable, and following through to treating patients and their caregivers throughout the disease about behavioral modification techniques.

The United States has tried for decades to reduce reliance on antipsychotic use in eldercare. First, in 1987, it

discouraged physical and chemical restraints in nursing facilities through federal and state oversight. Later on, the Food and Drug Administration required warnings on certain medication that informed of an increased risk of death for elderly patients with dementia.



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Any progress, though, was reversed during the late 1990s and 2000s, when second-generation antipsychotics emerged. By the end of 2011, nearly 24% of all nursing home residents were taking antipsychotic medication despite the risks, according to a 2020 article in *Innovation in Aging* from The Gerontological Society of America.

In 2012, the US launched the National Partnership to Improve Dementia Care in Nursing Homes. By mid-2020, the group's campaign for more conservative prescribing practices and more regulatory scrutiny contributed to antipsychotic use rate falling to 14% by the middle of 2019, according to the 2020 article in *Innovation in Aging*.

"Results suggest that substantial change in prescribing is achievable through sustained, data-informed quality improvement initiatives integrating educational and regulatory interventions, supported by public quality reporting," the article suggested. It notes that barriers to success include, "provider-level inertia; perceptions that alternatives are not available; and family and staff resistance."

The percentage of antipsychotic use has remained largely unchanged, though, for several years while the industry has faced other steep challenges, not the least of which includes severe staff shortages.

INNOVATING AN INTERDISCIPLINARY APPROACH

GuideStar Eldercare has pioneered this neurology forward approach, bringing the science to the bedside in LTC facilities, while embracing original research to further the mission of reducing suffering in this population.

"Any new approach that is evidence-based should be welcomed as we have such need for fresh strategies.



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Nonpharmacological approaches to dementia care take the patient, caregiver and environment more into account.



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Otherwise, we will remain stuck with traditional approaches that circle around few and unproven pharmacological approaches,” said Arif Nazir, MD, chief medical officer for American Senior Communities as well as CMO for primary care for BrightSpring Health Services. Nazir, past-president of AMDA (now the Society for Post-Acute and Long-Term Care Medicine), also leads the Society’s Drive to Deprescribe Initiative.

“Generally, a focus on neurological approaches is ignored in day-to-day nursing care and addressing that gap can be an important tool,” he said.

Nazir said he has seen anecdotal evidence of success from facilities where GuideStar Eldercare, an Indiana-based provider of onsite behavioral health services, has been taking a neurological focus.

“I believe that any approach that brings more experts in our long-term care settings so that we can address

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— JANEAN KINZIE, AMERICAN SENIOR COMMUNITIES

the gaps in healthcare, will minimize the need for unnecessary prescriptions,” he said.

“I appreciate GuideStar’s approach in that regard as they set protocols for more consistency and better cadence of visitation of residents with dementia. This kind of proactive approach can improve trust and result in better outcomes and prevent reactive use of unnecessary and potentially harmful medications.”

Better care provided by a shift to high-quality behavioral health assessments and treatments at the forefront is also likely to lead to higher, ethical profits for operators.

A BETTER QUALITY OF LIFE

Janean Kinzie, vice president of social wellness and enrichment for American Senior Communities, has already witnessed improved clinical outcomes at her facilities.

“A neurological focus has helped us reduce our antipsychotic use, has reduced catastrophic behavioral expressions and helped avoid transitions to outside appointments or hospitalizations,” she said. The result has been a more positive and calm environment for residents and staff, less costly hospitalizations and overall improvement in quality of care, she said.

Individual high-frequency assessments and treatments have driven GuideStar’s particularly proactive approach.

In early 2021, GuideStar — working with Kinzie — launched a neurology-focused assessment and treatment protocol in three of her company’s buildings where 32%, 18% and 14% of residents with dementia were taking antipsychotic medication. After assessments and treatments from January through July, just 9.6%, 6.3% and 4.2% were still taking antipsychotics. There were no noted clinical declines or harm, according to a poster presentation GuideStar made at the 2022 Alzheimer’s Association International Conference.

“The entire field of dementia care has evolved significantly over the past several years,” Kinzie said. For her, this coming paradigm shift is simply the next logical step.

“Realizing that dementia is a neurological disorder with potential mood and behavioral expressions, it makes sense to approach dementia care with that assessment and treatment focus,” Kinzie said.

There is a golden opportunity to improve care for this historically underserved population by a refinement of the current psychiatric care model in long-term care facilities.

Neurology-driven care can make an incredible difference in the clinical status of these patients. This not only reduces unnecessary suffering, but also brings hope and help to their loved ones and the facility staff caring for them. The new approach also reduces reliance upon antipsychotic usage to manage their symptoms. ■

