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303 - Residential aged care staff's perception of and response to behavioral and psychological symptoms of dementia – a qualitative analysis of clinical care notes

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Topic: BPSD

Background: Behavioral and psychological symptoms of dementia (BPSD) are very prevalent among individuals with dementia living in residential aged care. The development and implementation of new non-pharmacological interventions to reduce BPSD requires knowledge on the current perception and clinical practice of the care staff. We analyzed clinical care notes to examine the way residential aged care staff reported and managed BPSD in their daily clinical practice.

Methods: We examined semi-structured care notes relating to the presentation and management of behaviors of 76 older residents (67% female; aged 67-101; 75% with formal dementia diagnosis) prior to participating in the Australian BPSDPLUS Program. As part of standard clinical practice in three residential aged care facilities, staff document the presentation and management of behaviors amongst residents. Using an inductive thematic analytical approach, we analyzed the reported data in the one and a half months prior to commencing participation in the BPSDPLUS Program. Care notes were coded and analyzed by two independent assessors and they discussed themes until consensus was reached.

Results: A total of 465 behavior charts were completed in the one and a half months prior to the commencement of the BPSDPLUS Program. The number of behavioral charts varied widely across residents (Mean=7.3, range 0–93). Behaviors such as refusal of care, repetitive verbal behaviors, and wandering were most often mentioned, while apathy and affective and psychotic symptoms were seldomly reported. When confronted with BPSD, the clinical care notes indicated that care staff tend to respond in a reactive manner by reassuring, redirecting, or distracting the resident. Furthermore, it seems that staff did not routinely investigate potential underlying causes of the BPSD.

Conclusions: These results suggest that the residential care staff primarily detected and responded to externalizing behaviors, while more internalizing behaviors were not reported. Potential underrecognition of internalizing behaviors, as well as the fact that the staff did not routinely examine causes of BPSD are vital observations for the development and implementation of nonpharmacological interventions and care programs targeting BPSD in residential aged care.

304 - Prevalence of and factors related to eating problems in people with dementia

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Background & aims: Eating-related problems are common in people with dementia, and may have many adverse consequences. To provide a comprehensive assessment and understanding of these issues, we validated the Chinese version of the Abnormal Eating Behavior Questionnaire (AEBQ), and investigated the prevalence of and factors related to eating-related problems in people with dementia.

Methods: A total of 129 people with dementia were recruited from a nursing home and a psychiatric hospital for a cross-sectional study. Internal consistency and test–retest reliability were tested using Cronbach’s α and intra-class correlation coefficient. Dimensionality was evaluated by principal component analysis. Concurrent validity was assessed using Spearman’s correlation coefficient to compare scores for AEBQ and the eating-related items in the Neuropsychiatric Inventory. Factors affecting the prevalence of eating-related problems were identified using logistic regression analysis.

Results: The Chinese version of the AEBQ showed acceptable internal consistency, time stability, dimensionality, and concurrent validity. Overall, 86.8% of the participants showed eating-related problems. “Needs supervision” was the most common one, followed by “swallowing problems”. History of stroke (OR: 12.62, 95% CI: 1.58–101.06) and Clinical Dementia Rating (OR: 1.82, 95% CI: 1.02–3.24) were risk factors for “swallowing problems”. Use of antipsychotics protected against “decline in table manners” (OR: 0.21, 95% CI: 0.06–0.74), but was a risk factor for “decrease in appetite” (OR: 3.15, 95% CI: 1.35–7.38). Clinical Dementia Rating (OR: 9.27, 95% CI: 4.13–20.79) independently predicted “needs supervision”.

Conclusion: The Chinese version of the AEBQ is a reliable and valid tool. People with dementia had a high prevalence of eating-related problems. Clinical assessment of eating-related problems in this group needs to screen for secondary causes or risk factors, such as psychotropic medications and comorbidities. Targeted interventions should be used to manage reversible eating-related problems among people with dementia.

Keywords: Appetite change, Abnormal Eating Behavior Questionnaire, Dementia, Dysphagia, Neuropsychiatric symptoms

305 - What happens before, during and after crisis for someone with dementia living at home

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Background:

Best practice in dementia care is support in the home. Yet, crisis is common and can result in hospital admission. Home-treatment of crisis is an alternative to hospital admission that can have better outcomes and is the preference of people living with dementia.

Purpose: