

DICE APPROACH TO BEHAVIORAL AND PSYCHOLOGICAL SIGNS AND SYMPTOMS OF DEMENTIA

DESCRIBE

Caregiver describes behavioral factors:

- Social & physical environment
- Patient perspective
- Degree of distress to patient and caregiver

Look for:

- Antecedents
- Context
- Patterns
- Co-occurring events

INVESTIGATE (ASSESS)

Investigate possible causes of behavior:

- Medication side effects
- Pain
- Functional limitations
- Medical conditions
- Psychiatric comorbidity
- Severity of cog impairment
- Degree of executive dysfunction
- Poor sleep
- Sensory changes
- Emotional triggers: ie., fear, abandonment
- Lack of physical activity
- Suboptimal exposure to bright light

CREATE (TREATMENT)

Provider, caregivers, clinical team collaborate to create and implement a treatment plan

Address physical problems and medical issues first

Employ behavioral interventions

- Provide caregiver interventions
- Enhance communication
- Create meaningful activities
- Simplify tasks

Ensure that the environment is safe

Increase or decrease the amount of stimulation in the environment

If behavioral interventions not effective/partially effective, employ pharmacological management, selecting a class of psychotropic medication based on psychobehavioral "Assume/Assess/Align" model, as below

ASSUME patient does not have dementia

ASSESS psychiatric signs and symptoms

ALIGN symptoms to best fit psychiatric syndrome
eg., major depression, paranoid psychosis, mania, etc.

EVALUATE (AND RE-EVALUATE)

Evaluate whether "CREATE" interventions implemented by caregiver(s) have been safe/effective

- Make modifications as needed and continue to look for possible underlying causes
- Re-evaluate periodically
- If intervention not effective or if patient or caregiver are in danger, consider referring to neurologist or psychiatrist