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Behavioral and Psychological Symptoms of Dementia Management in Nursing Homes: Results from a Training Program

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BACKGROUND

Behavioral and psychological symptoms of dementia (BPSD) exacerbate the suffering of the person with cognitive impairment and their social and family environment, being to this day one of the leading causes of institutionalization of an elderly person. Every day, more professionals emphasize the importance of non-pharmacological methods as first-line treatment to intervene in this type of behavior disorders. However, when working in a residential area, one of the problems we usually find in applying such methods is that most professionals of the institution have little training in behavioral disturbances and such kind of interventions.

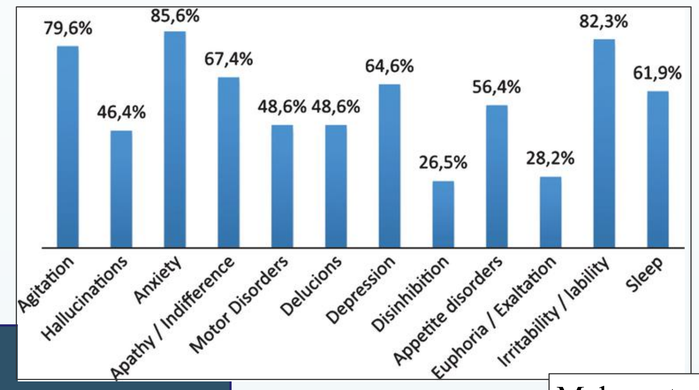
BPSD are one of leading causes of stress and burnout syndrome of direct care professionals (nurses), above other symptoms of dementia such as cognitive impairment or loss of autonomy in activities of daily living (Kales, Gitlin and Lyketsos, 2015).

Since high rates of these symptoms in residential centers (Malara et al. 2016) the training in BPSD to workers is necessary.

OBJETIVES

Design and implement a specific training course in psychological and behavioral aspects of dementia, as a complement to the health training received by professionals working in residential centers.

Evaluate theoretical knowledge about BPSD before and after intervention.



Malara et al. 2016

METHOD

1 PHASE. DETECTION OF TRAINING NEEDS. A study on training needs has been carried out in a residential center (Pinazo and Pinazo-Hernandis, 2017) to know which points should be treated. The study showed gaps and confusion in the detection and management of BPSD.

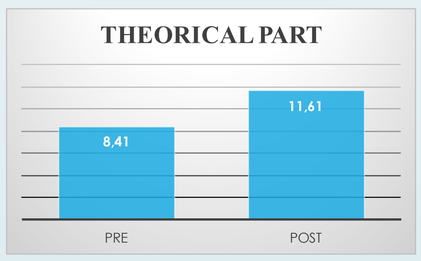
2 PHASE. DESIGN OF THE TRAINING PROGRAM. The design of the training program was based on the main theoretical and practical aspects to intervene on the most prevalent BPSD. The training was divided into three sessions of two hours each.

3 PHASE. START-UP OF THE TRAINING PROGRAM. The project has been given over three years to a total of 173 people in 14 different centers.

4 PHASE. EVALUATION. In order to evaluate the theoretical and practical knowledge about the BPSD, two ad hoc questionnaires were designed with three response alternatives and two cases. One of them was passed in the pre-test phase and a parallel test was passed in the post-test phase, with similar but not equal responses.

RESULTS

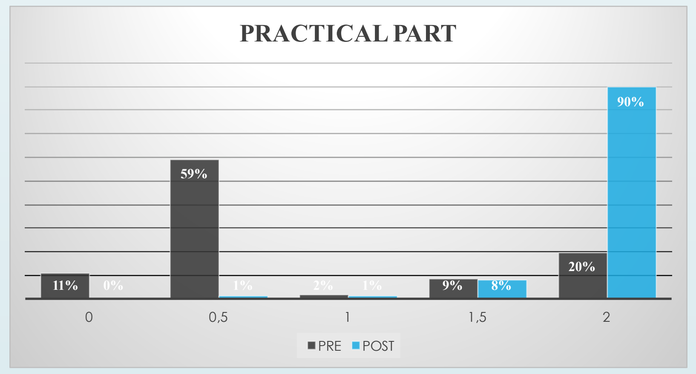
The theorical part was evaluated with a questionary of fifteen questions.



The practical part was evaluated with a case in which the participants had to recognize the BPSD. The scores ranged from 0 to 2.

0: It means that they do not collect any BPSD.

2: Corresponds to the maximum score.



CONCLUSIONS

-The heterogeneity of aging people requires the continuous training of professionals.

-This work serves to put into place an efficient and well-run training in a residential environment adapted to the real needs of workers.

-The results show that training improves the professional's knowledge.

- Direct care professionals (nurses), who spend the most time with older people. Therefore is very important that they detect BPSD and know how to act.

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