Psychiatry of old age

ST2-POA-EPA1 – Behavioural and psychological symptoms in dementia

Area of practice	Psychiatry of Old Age	***EPA identification***	ST2-POA-EPA1
Stage of training	Stage 2 – Proficient	***Version***	v0.7 (BOE-approved 12/07/12)

The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.

Title	***Behavioural and psychological symptoms in dementia (BPSD).***			
Description Maximum 150 words	The trainee can perform a comprehensive assessment of an older person with dementia presenting with behavioural and psychological symptoms and develop a comprehensive care plan.			
Fellowship competencies	**ME**	1, 2, 3, 4, 5, 6, 7, 8	**HA**	1
	COM	1, 2	**SCH**	2
	COL	1, 2, 3, 4	**PROF**	1, 2, 3
	MAN	1, 2		
Knowledge, skills and attitude required The following lists are neither exhaustive nor prescriptive.	Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below. **Ability to apply an adequate knowledge base** • Size of the problem (epidemiology), impact on carers and services. • Access and availability of services. • Clinical manifestations of BPSD. • Contributing and aetiological factors (eg. biological, psychological, social, environmental and cultural). • Biopsychosocial treatment of BPSD (eg. identification and management of delirium, infection, pain, constipation, sensory impairment, fatigue, care needs, psychiatric symptoms, carer stress and restraint). • Interventions for patients, family and carers, including staff of residential aged care facilities. • Environmental approaches to management (dementia friendly unit design), role of activity, music, etc.			

	• Role and risk–benefit of antidepressants, antipsychotics (including in dementia with Lewy bodies and Parkinson's dementia), mood stabilisers, sedatives, cholinesterase inhibitors. Note the poor response of some behaviours (wandering, calling out) to medication. • Knowledge of time course of BPSD; stopping rules for medication. • Issues of consent in cognitively-impaired persons. • Awareness of objective measures to assess severity and response to treatment. **Skills** • Clarify the questions/concerns from the referring agency. • Collecting collateral information from multiple sources including carers, family and GP. • Comprehensive biopsychosocial assessment and management, including: – mental state assessment – behavioural analysis including, where relevant, charting behaviours – appropriate cognitive tests – physical assessment and appropriate lab tests – auditing current and past medication – assessing physical environment – assessing carer's ability to cope – differential diagnosis (including delirium) – risk assessment (risk of harm to self and others including falls, fire, driving, exploitation, misadventure, malnutrition) – psychoeducation of family and carers (including paid staff) – modifying the physical environment (to address BPSD) – arrange appropriate consultations and referrals, eg. dental, eyes, hearing, podiatry, dietician, etc. – institute behavioural management strategy, including modifying carer behaviour, in collaboration with the multidisciplinary team – liaise with the GP and other healthcare providers – engage appropriately with primary carers and substitute decision makers – consider any necessary legal implications, eg. decision making, guardianship, financial administration – describe appropriate follow-up plan. **Attitude** • Empathic, respectful and professional approach to patient, carers and others involved in patient care.

	• Appreciates circumstances of carers and values their opinions. • Willingness to educate others either formally or informally. • Ethical principles. • Recognising when a palliative care approach is appropriate in dementia. • Person-centred care. • Recognising limitations of medications and their place within a broader treatment approach.
Assessment method	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
Suggested assessment method details	• Case-based discussion. • Mini-Clinical Evaluation Exercise. • Observed Clinical Activity (OCA). • Professional presentation.
References INTERNATIONAL PSYCHOGERIATRIC ASSOCIATION. The *IPA complete guides to behavioral and psychological symptoms of dementia (BPSD): Specialists guide*. Northfield: IPA, 2012.	

COL, Collaborator; COM, Communicator; HA, Health Advocate; MA, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar

ST2-POA-EPA2 – Medication in patients 75 and over

Area of practice	Psychiatry of Old Age	***EPA identification***	ST2-POA-EPA2
Stage of training	Stage 2 – Proficient	***Version***	v0.4 (BOE-approved 04/05/12)

The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.

Title	***The appropriate use of antidepressants and antipsychotics in patients aged 75 years and over (or under 75 with excessive frailty).***
Description Maximum 150 words	The trainee can use antidepressants and antipsychotics to provide quality care for those elderly patients at high risk of drug interactions and adverse effects. They have a comprehensive understanding of the problem and can apply it to this group; they can engage the patient and relevant others, providing an explanation of the rationale, risk–benefits and relevant side effects. Medication is used, where appropriate, as part of a comprehensive biopsychosocial management plan. They display an ethical and professional approach to the patient and others involved in the patient's care.

Fellowship competencies				
	ME	1, 2, 3, 4, 5, 6, 7, 8	**HA**	2
	COM	1, 2	**SCH**	1, 2
	COL	2, 3, 4	**PROF**	1, 5
	MAN	1, 2, 4, 5		

Knowledge, skills and attitude required

The following lists are neither exhaustive nor prescriptive.

Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.

Ability to apply an adequate knowledge base

- Implications of a patient's advancing age and physical disease on prescribing practice.
- Poor adherence not uncommon (under-/overuse, hoarding old medications, sharing).
- Risk of polypharmacy with age, problems with cognition, vision and dexterity.
- Knowledge of common side effects, eg. sedation, falls, confusion, hyponatraemia, parkinsonism, CVA and mortality risk, hypotension.

Skills

- Assess
  - psychiatric and medical diagnoses

	– capacity to consent to treatment – other current medications – past history of drug response – risk benefit. • Plan; tailor drug to the patient – consider interactions with other drugs and general medical diagnosis – consider evidence base – consider potential adverse affects – consider duration and possible sequential treatments or augmentation strategies – situate prescribing within the context of the broader treatment plan. • Implement – educate patients, carers and families – consider route administration and adherence/supervision – consider health service requirements and resource implications – monitor the patient for toxicity, efficacy and side effects – modify drug dose appropriately. • Evaluate – evaluation of outcome from an appropriate range of perspectives, eg. patient report, objective measures, carer report, mental state exam – plan for long term follow up – treatment resistance. **Attitude** • Professional and ethical attitude towards patient, their supports and others involved in the care of the patient. • Willingness to educate others formally and informally as required. • Avoiding ageist stereotypes and therapeutic nihilism.
Assessment method	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
Suggested assessment method details	• Case-based discussion. • Mini-Clinical Evaluation Exercise. • Professional presentation.

References

COL, Collaborator; COM, Communicator; HA, Health Advocate; MA, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar