Improved Quality of Life by active intervention with the Swedish BPSD registry.

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Background: Behavioural and psychological symptoms of dementia (BPSD) are common among individuals with dementia, particularly in nursing homes. BPSD is a major source of distress for the patients and implies a decrease in the quality of life. Despite the awareness that non-pharmacological interventions should be prioritized in the management of BPSD, psychotropic medication is still widely used. The Swedish BPSD registry was initiated in 2010 and uses the Neuropsychiatric Inventory (NPI) for repeated measurements of the incidence and severity of BPSD. The registry is a working tool for the staff focusing on non-pharmacological interventions but also on adjustment of psychotropic treatment. The aim of this study was to investigate the effect of active intervention with the BPSD registry on the patients' quality of life by reducing BPSD and improving the management of the patients. Methods: We performed an 18-month longitudinal study at five nursing homes, specialised on dementia care. In the intervention group (n=56) the BPSD registry was used together with supervision of the staff and repeated survey of the patients medication. Beyond this Quality of Life in Late-Stage Dementia(QUALID) was registered together with the NPI. In the control group (n=42), only NPI and QUALID were performed by telephone with members of the staff at the nursing homes. All measurements were repeated every three months. Results: There were strong positive correlations (r>0.68, p < 0.001) between NPI and QUALID scores in both groups (fig). Preliminary data showed a significant reduction of NPI scores after six months in the intervention group. The reduction was stable throughout the study (p<0.05). This effect could not be reproduced in the control group. More results on specific NPI-items and psychotropic medication will be presented. Conclusions: Using the Swedish BPSD registry as an active intervention tool resulted in a significant and stable reduction of BPSD as well as an improvement in the quality of life. In the management of patients with severe dementia and BPSD, it is favourable to implement a routine of non-pharmacological interventions prior to the use of psychotropic medication.