



Editor's remarks: *I am back from maternity leave and look forward to reconnecting with all of you in my role as Psychogeriatric Resource Consultant for Primary Care (PRC-PC). I would like to extend a heartfelt thanks to Jordanne Holland, who filled in while I was away. This is the sixth issue of the PRC-PC Newsletter, providing quick tips and useful information to fit your fast-paced work environment and to help you in the care of patients with dementia. This issue focuses on atypical presentation of symptoms that may often occur in patients with dementia. (Einat Danieli – OT.Reg. Ont; PRC-PC)*

GOOD TO KNOW ABOUT

A new outpatient clinic was opened at Bridgepoint Hospital. Please see more details in our [psychogeriatric Outpatient clinics directory](#)

TIP OF THE MONTH

Patients with dementia often demonstrate physical symptoms in an atypical manner. In many cases a change in behaviour such as increased agitation, pacing, aggression, resisting care, etc. can be due to a physical pain or discomfort they are unable to communicate. When encountering a change in behaviour or mood symptoms:

1. Monitor for any possible physical cause
2. Explore what has changed for the person recently
3. Observe closely for body language and non-verbal Clues

OUR DEMENTIA 'TOOLBOX'

To explore possible causes and solutions for specific behavioural and psychological symptoms check out our [Behaviours, meanings and solutions in Dementia Inventory](#)

Refer to this list of [recommended lab tests](#) to rule out physical causes for change of mood, behaviours and cognition.

WORKSHOPS, CONFERENCES AND ARTICLES OF INTEREST:

Webinar recording about pain management in older adults and how you can help – [Link](#)

Registration for the “5 Weekend Care of The Elderly Course” is now open – [Link](#)

For many other educational opportunities in September follow this [Link](#)

STORIES FROM THE PRC-PC CONSULT LINE

Situation: *A Patient with dementia has recently become extremely agitated and anxious. The first cause of concern was a complaint of penile bleeding without evidence of actual bleeding. The patient has become increasingly agitated and on two occasions pushed his wife and daughter and yelled that they don't believe him and are ignoring his bleeding. The family turned to the family doctor reporting that the patient is experiencing hallucinations about bleeding and requested assistance.*

Family physician's main concern: *How can I support this family and what can be done about the agitation and physical aggression?*

Background: *Patient is in his 80's suffering from atrial fibrillation and dementia, the latter of two years duration. He lives with his wife, daughter son in law and a 2 year old grandson.*

Assessment: Things to consider:

- Safety of family members, their awareness of safety issues and their capacity to take appropriate precautions
- Any recent changes such as medications or social situation.
- An underlying cause such as UTI or depression as these are often atypical in the context of dementia
- Clarify the understanding of symptom based communications between the patient and family and the patients thoughts regarding the cause of the symptoms.

Recommendations:

- Discuss safety issues
- Understand frequency, timing and context for symptom presentation
- Conduct physical and psychiatric assessment
- Discuss communication strategies such as avoiding rationalizing or arguing with the patient about his complaints while validating his sense of distress.
- Family members will be referred to [Alzheimer's Society of Toronto](#) and the Reitman Centre [CARERS Program](#) for additional support and training in communication strategies to use with the patient.
- If no physical cause is found, consider referral to [Geriatric psychiatry](#) and [community Behaviour Support Outreach Team](#).

For additional information, support, resources or case-based consultation, please contact your PRC-PC directly at: 416-586-4800 ext. 5251 or edanieli@mtsinai.on.ca