



Providing input to care homes for patients with behavioural and psychological symptoms of dementia or BPSD in Torbay, Devon

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Abstract

Introduction: This work details the outcomes following a 6 month review point of the community care homes project looking to provide support for people with BPSD. Referrals received for patients with BPSD residing in care homes equated to 30% of total referrals received by the community mental health team in the Torquay area. We looked at 239 referrals received in the 6 month period.

Aim: To provide specialist support to people with BPSD in care homes whilst managing financial pressures, to develop assessment and treatment pathways that are clinically effective around early intervention and formulation of BPSD in the community. To achieve a reduction in the frequency of staff visits as well as minimize pharmacological input via adoption of a more holistic approach leading to a reduction in medication use. The main aim is to educate care home employees around the non-pharmacological management of BPSD and many issues experienced by patients with BPSD as they are unable to communicate. To look at pain management, life history and interests to combat boredom, physical health issues and reviews their prescribed medication along with General Practitioners (GPs). Also work alongside social workers in order to reduce admissions to hospital and avoidable transitions into alternative care settings.

Conclusion: No financial investment was needed as all resources were drawn from the existing older people's mental health staffing. 6.6% of all cases required consultant input beyond the 2 hour weekly MDT attendance. 20.5% of cases were re-referred to the team. 2 patients were admitted to hospital and 5 patients were transferred to another facility. The use of medication was reduced with medication only being prescribed for 20% of the patients. Feedback from the care homes was favourable with regards to the teaching input and recommendations made by the team. 50% of patients with BPSD were found to not have had adequate pain relief. Most pain relief was given on as required basis. When pain assessments were done regularly and GPs involved in prescribing analgesia, a marked improvement was seen when patients were given pain relief regularly.

Biography

Angela Ambrose is Consultant Psychiatrist specializing in adult and old age psychiatry and mental health. She also serves as an expert witness in psychiatry. She was trained in all aspects of the mental capacity. With over 10 years at consultancy level, she brings strong clinical supervision skills to unify teams together to the vision of excellence and to meet the increasing demands on mental health services and expert witness testimonies.



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