

Acute outpatient treatment of demented patients with BPSD

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Background: Behavioral and psychological symptoms of dementia (BPSD) are a heterogeneous group of noncognitive symptoms and behaviors in demented patients. Clinically significant BPSD is seen in nearly 80% of patients living in nursing homes. Treatment for BPSD includes various non-pharmacological and pharmacological approaches. The symptoms are very distressing and demand for prompt intervention. **Methods:** All consecutive demented patients with BPSD referred to the "acute team for dementia with BPSD" at the Department of Psychiatry in Odense, Denmark, from January 2008 to January 2013 were included. The team consisted of a geriatric psychiatrist and a skilled nurse. Within 48 hours the team contacted the family and/or nursing home staff. A plan for relevant observations by caregivers and a visit to the patient's home was scheduled. At the first visit a medical history was recorded, and the patient was evaluated using the Neuropsychiatric Inventory (items for psychosis, hallucinations and agitation/aggression) and the Mini Mental State Examination. Based on all the information obtained a plan was made including behavioral interventions and pharmacological treatment. Depending on the course this plan could be adjusted. **Results:** 319 patients (75% living in nursing homes) were included. 68 % had Alzheimer's disease (AD), 8 % vascular dementia, 6 % mixed dementia, and 18 % other forms or unspecified dementia. The score for the three NPI items was 13.2 at the first visit and reduced to 4.5 at the final visit. At the first visit 39 % of the patients with AD or Lewy Body were treated with a cholinesterase inhibitor and 27 % with memantine. At the final visit these figures were 24 % and 64 %, respectively. 48 % were in treatment with antipsychotics at the beginning and 30 % at the termination. 17 % deceased. Only 4 % were admitted to psychiatric department. **Conclusions:** It is possible to treat demented patients with BPSD by an outgoing team. Nearly 1/3 of the patients were still in antipsychotic treatment at the termination. This makes demands on the general practitioners to try to withdraw antipsychotics.