

+ Nursing Interventions for Managing Behavioral Disturbances in Dementia: the DICE model

Developed by a team of multidisciplinary dementia experts in 2011

Based upon the best available research evidence

Defines a four-step approach to using nonpharmacological strategies to treat noncognitive neuropsychiatric symptoms (NPS) of dementia

Step 1: DESCRIBE the behavior

- Assess the context in which the behavior occurred or occurs (who, what, when, where) & the social/physical environment.
- Obtain the patient’s perspective regarding the behavior if possible.
- Be specific. Noting that a patient became physically aggressive, wandered the halls, or asked repetitive questions is more useful than generalizing a patient’s behavior as “agitated” or “anxious.”

Step 2: INVESTIGATE the behavior

- Many possible reasons – ranging from an over-stimulating physical environment to inadequate pain control – could exacerbate NPS. All possible contributing factors must be investigated to treat NPS through nonpharmacological means. Examine the following possibilities:

PATIENT FACTORS	CAREGIVER FACTORS	ENVIRONMENTAL FACTORS
<ul style="list-style-type: none"> •Recent medication changes •Inadequate pain control •Functional limitations •Acute medical conditions (e.g. infection) •Underlying psychiatric condition •Cognitive impairment •Poor sleep hygiene •Changes in sensory perception (e.g. vision, hearing) •Fear, sense of losing control, boredom 	<ul style="list-style-type: none"> •Inadequate understanding of dementia and normal disease progression •Poor communication (caregiver offers too many choices, uses complex questions, overly critical/confrontational) •Expectations not realistic for patient (e.g. under- or overestimating abilities) •Feeling stressed, overworked, unable to cope with job demands 	<ul style="list-style-type: none"> •Over-stimulating (e.g. clutter, noise, people) or under-stimulating (e.g. poor lighting) environment •Physical environment difficult to navigate/lack of visual aid-finding clues •Lack of predictable daily routines •Lack of enjoyable activities that draw upon patient’s prior life experiences and interests

Table adapted from Kales, Gitlin, & Lyketsos (2014)

Step 3: CREATE a treatment plan

- Work with all levels of the healthcare team to create a treatment plan based upon the investigation outcome.
- Respond to immediate physical, caregiver, and environmental factors with your staff. Consider instituting the following as applicable:
 - Provide PRN pain or constipation medications.
 - Contact relevant healthcare providers to evaluate and treat suspected infections or psychiatric issues.
 - Establish a sleep hygiene plan.
 - Address any hearing or vision changes by locating assistive devices or consulting with specialists.
 - Educate direct caregivers regarding the clinical course of dementia, how the disease affects patients, and techniques for creating positive interactions with people with dementia [*link to another relevant page here?*].
 - Address relevant environmental issues through establishing or enforcing relevant policies, creating way-finding visual cues, and working with support staff to develop predictable routines and enrichment activities for residents.

Step 4: ASSESS the efficacy of the developed plan.

- If the plan was not instituted as intended, examine why not and adjust accordingly.
- If it was instituted, was it effective? Did it have any unintended side effects or negative consequences? If so, brainstorm with the treatment team and adjust as needed.

Information adapted from:

Kales, H. C., Gitlin, L. N., & Lyketsos, C. G. (2014). Management of neuropsychiatric symptoms of dementia in clinical settings: Recommendations from a multidisciplinary expert panel. *Journal of the American Geriatrics Society* 62(4): 762-769.