

Management of patients with dementia in a « Behavioural Network »: the French experience

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Summary

- Alzheimer's Acute Care Unit (AACU)
- Cognitive-Behavioural Unit (CBU)
- Evolution of dementia management in the French Health System: creation of a « Behavioural Network »
 - Behavioural Consultation
 - Nursing Home Mobile Behavioural Team
 - Behavioural Telemedicine
 - BPSD Hotline
- Conclusions

Alzheimer's Acute Care Unit Toulouse University Hospital



Alzheimer's Acute Care Unit

- ⦿ First AACU in France, created in 1992
- ⦿ 18 acute care beds (length of stay 7-10 days)
- ⦿ A multidisciplinary team:
 - 2 geriatricians specialized in dementia management,
 - trained nursing staff (5 nurses, 9 nursing assistants/day).
- ⦿ Access to specialized consultants :
 - psychiatrists and neurologists,
 - physiotherapists, occupational therapist, speech therapist, nutritionists,
 - neuropsychologists,
 - social workers

Alzheimer's Acute Care Unit

- ◎ 3 main missions:
 - **Diagnosis of complex neuro-degenerative diseases** and other related disorders
 - Management of **dementia complications**
 - Management of all type of **acute somatic conditions in patients with BPSD**
- ◎ Comprehensive psycho-geriatric assessment carried out for each patient
- ◎ Highly specialized trained nursing staff (disruptive behaviours, crisis management and family distress management)
- ◎ Information, training and support for caregivers

Alzheimer's Acute Care Unit: 1997-2007

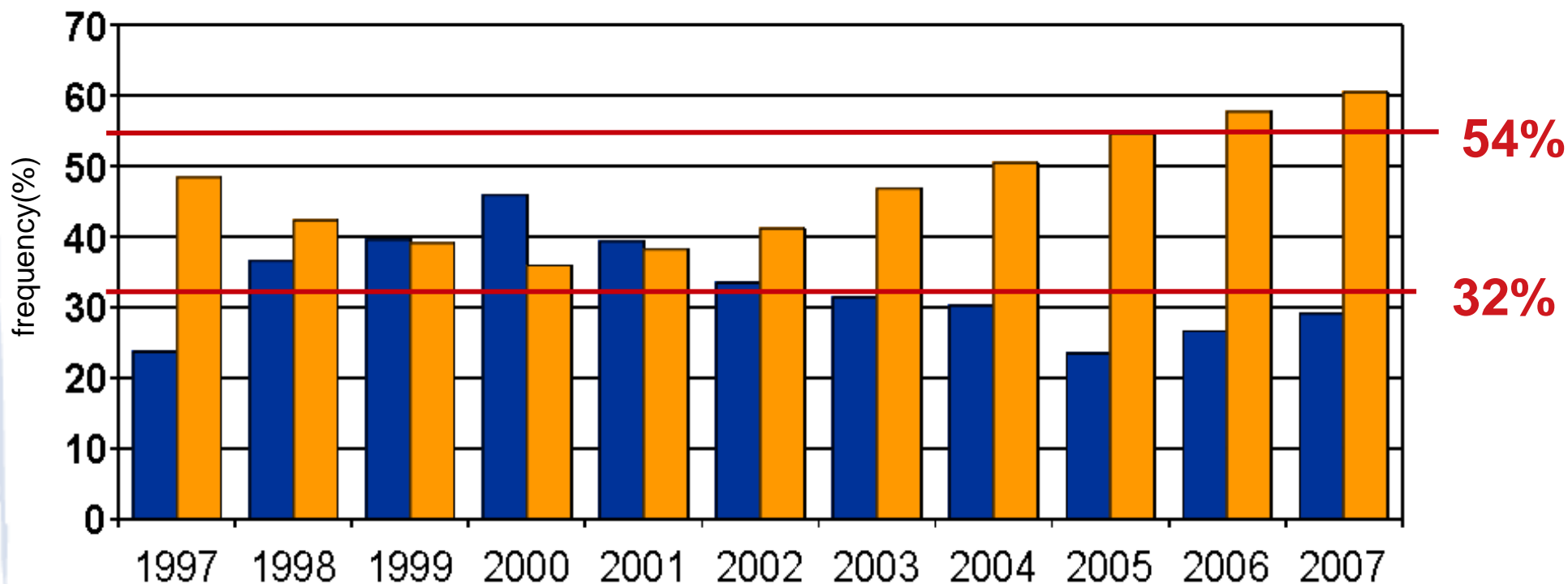
Females (n= 6434)	4109 (63.9%)
Age (n= 6434)	80.5 ± 7.9
ADL (n= 6433)	4 [2-5.25]
MMSE (n= 6428)	
mmse >21	1184 (18.4%)
mmse 15-21	1541 (24.0%)
mmse <15	3703 (57.6%)
MNA (n= 5755)	
well-nourished	830 (14.4%)
risk of denutrition	3090 (53.7%)
denutrition	1835 (31.9%)
Provenance (n= 6373)	
home	4359 (68.4%)
nursing-home	1669 (26.2%)
others	345 (5.4%)

Soto et al., *Improving Care of Older Adults With Dementia: Description of 6299 Hospitalizations over 11 Years in a Special Acute Care Unit*, JAMDA, 2012

Causes of admission

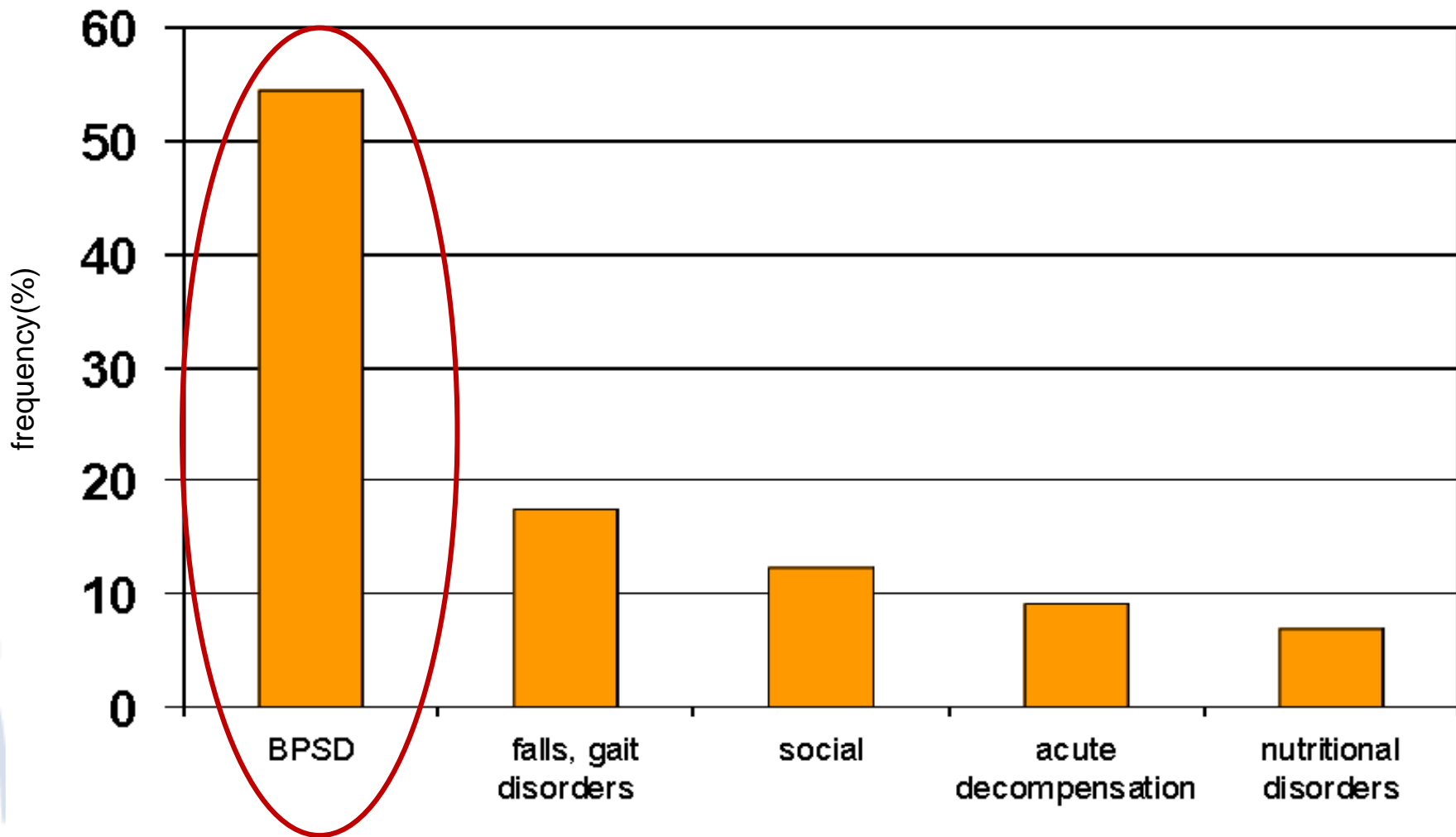
1997-2007

■ diagnosis ■ complications



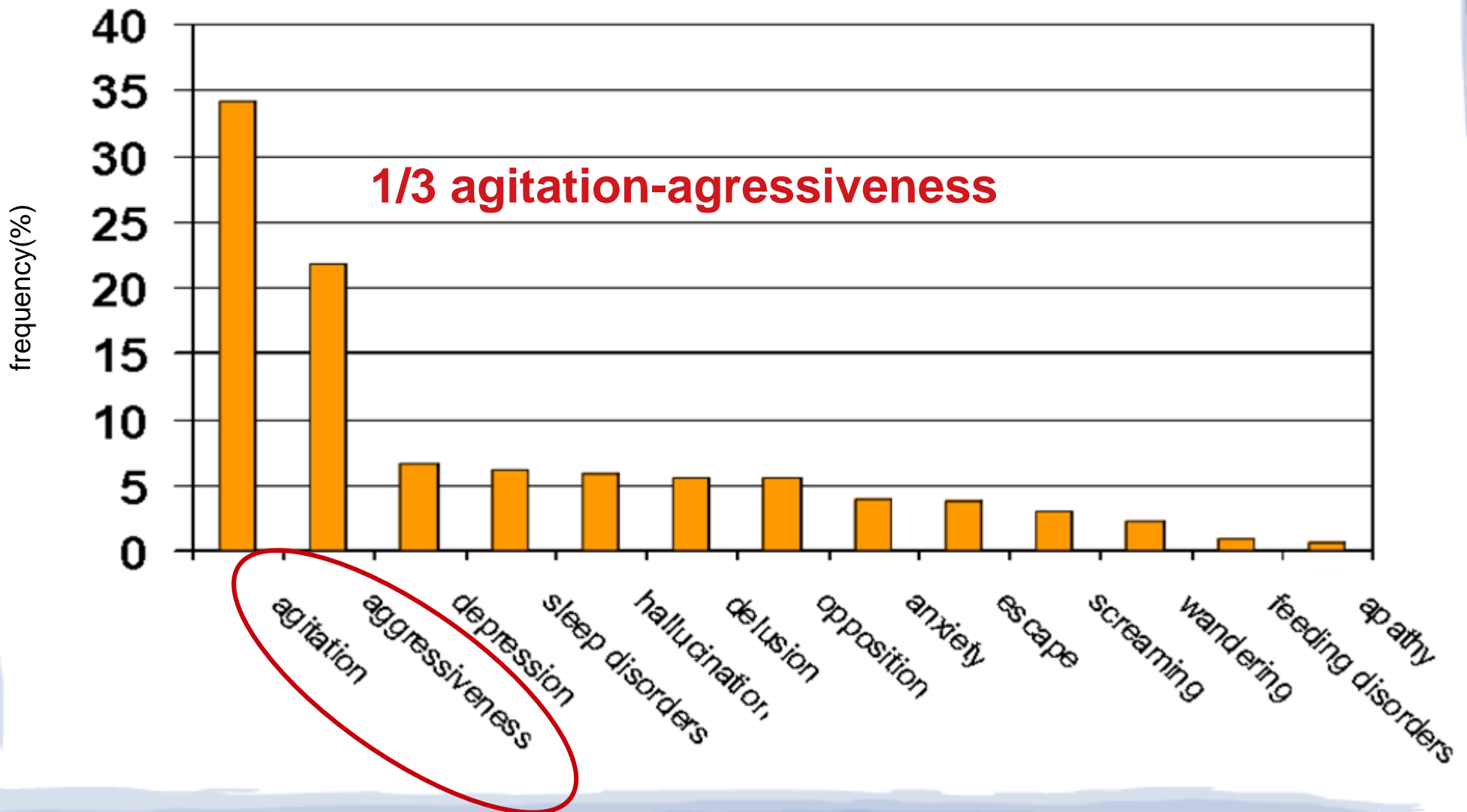
Causes of admission : which complications?

1997-2007



Complications: which BPSD ?

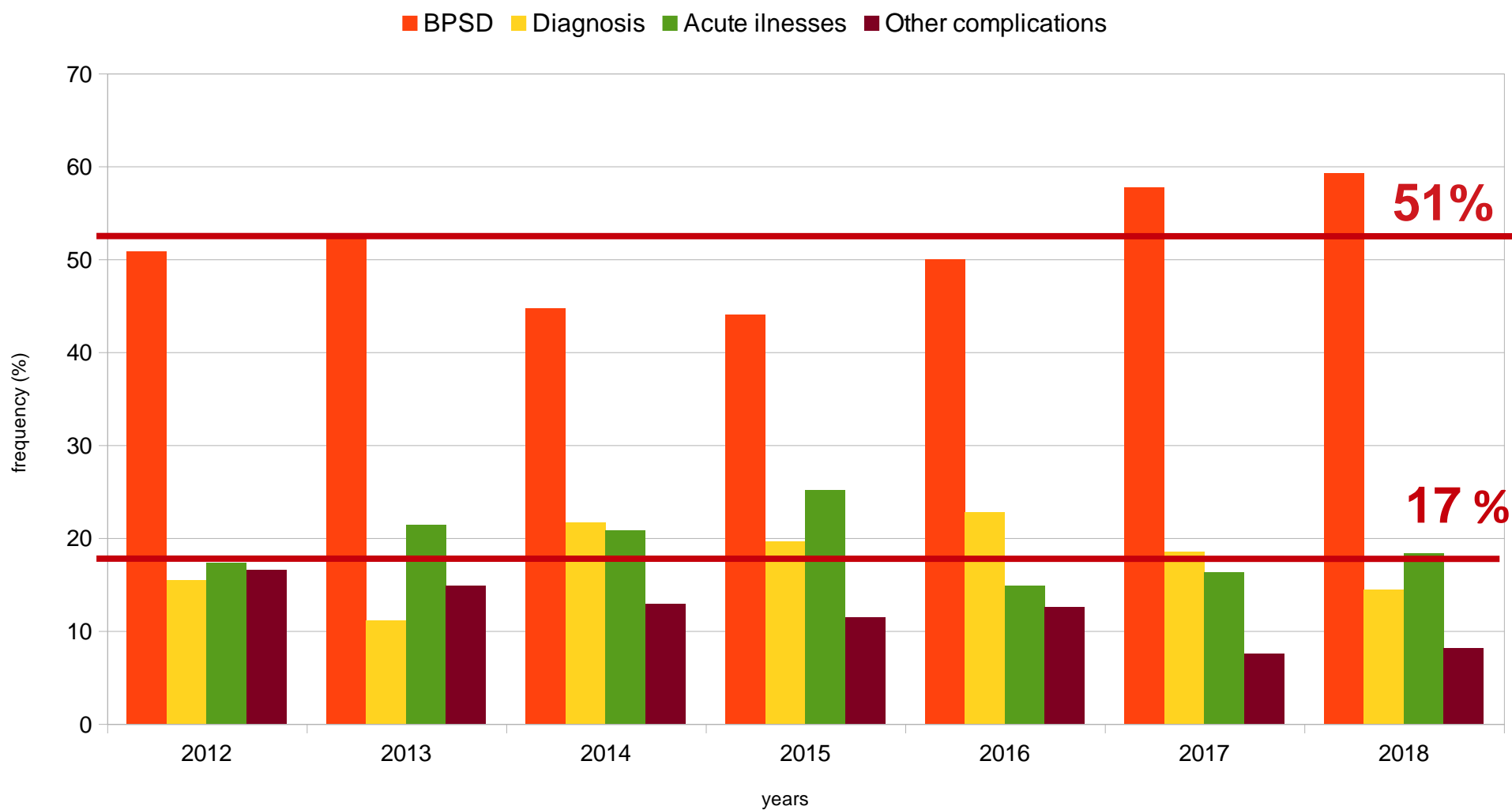
1997-2007



Alzheimer's Acute Care Unit: 2012-2018

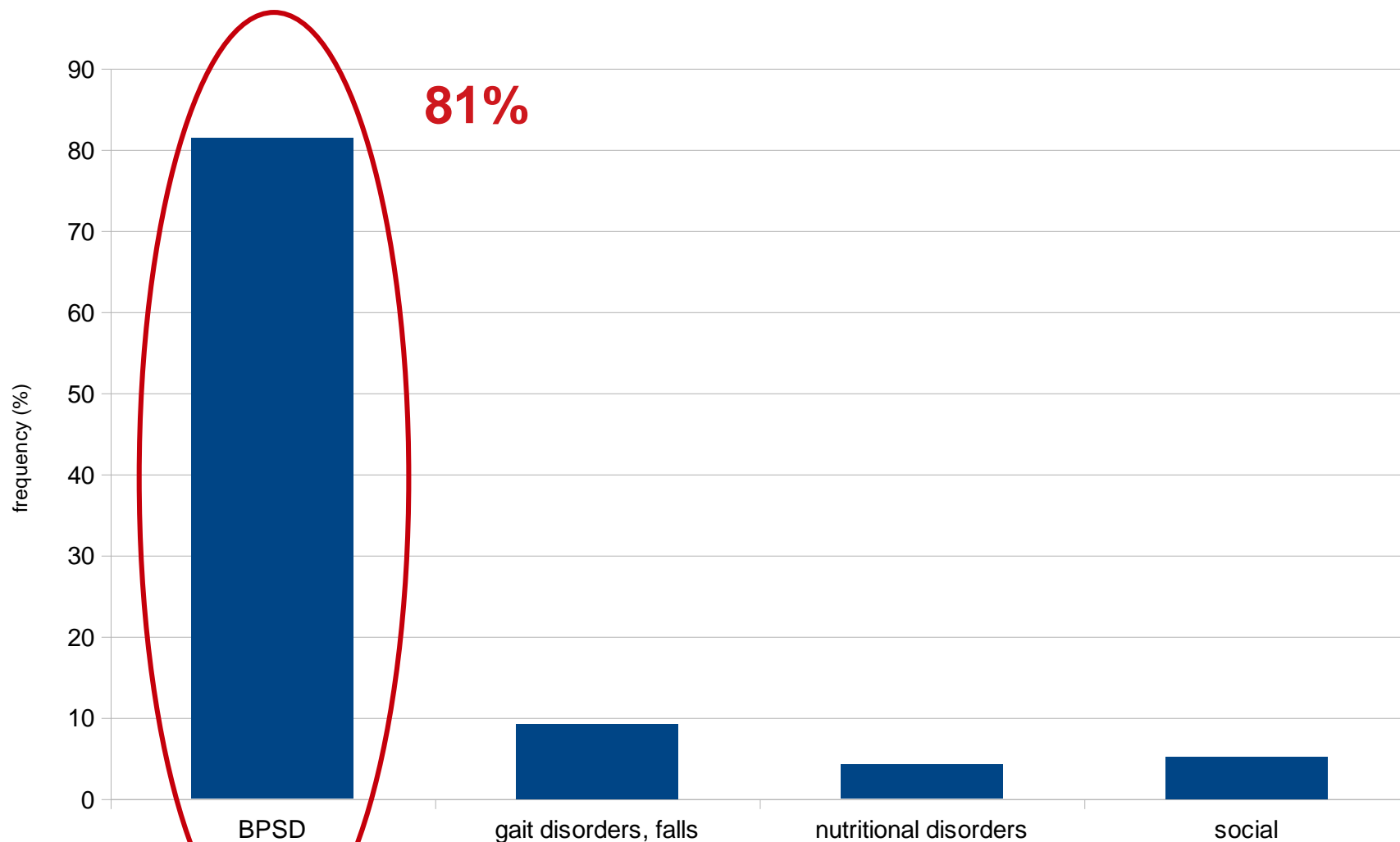
Characteristics	All consecutive hospitalizations (N=3880)
Age (years), mean (SD)	81.8 (+/-0.4)
Gender, female, n (%)	2017 (54.3)
Living accommodation, n (%)	
Home	2534 (65.3)
Institution	1292 (33.3)
<i>missing data</i>	54 (1.4)
MMSE, mean (SD)	10.6 (+/-4.3)
Nutritional status, n (%)	
Well nourished	238 (6.1)
Risk of malnutrition	1406 (36.2)
Malnutrition	1391 (35.9)
ADL, median [p25-p75]	3.75 [2-5]
<i>missing data</i>	105 (2.7)
Fall in previous trimester, n (%)	1642 (42.3)

Causes of admission 2012-2018



Causes of admission: which complications ?

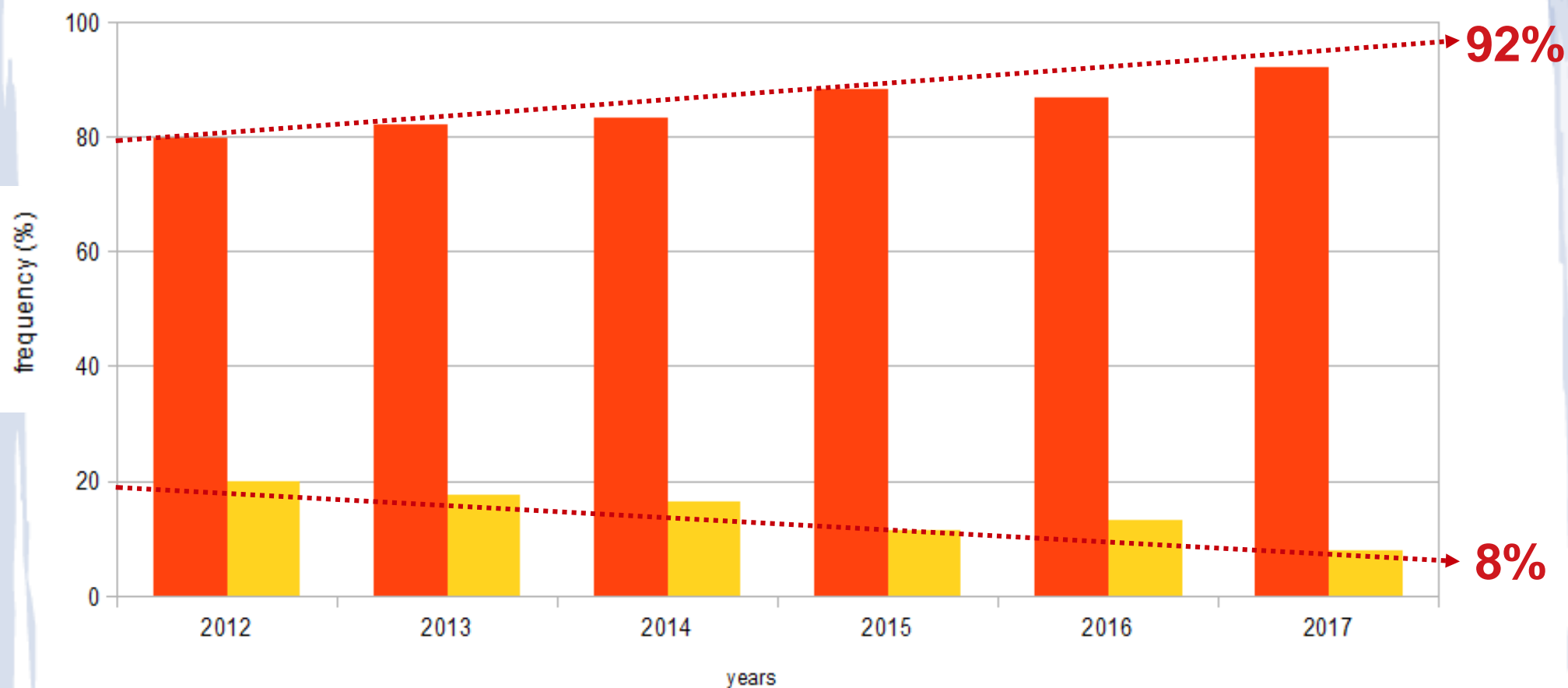
2012-2018



Complications: evolution of BPSD

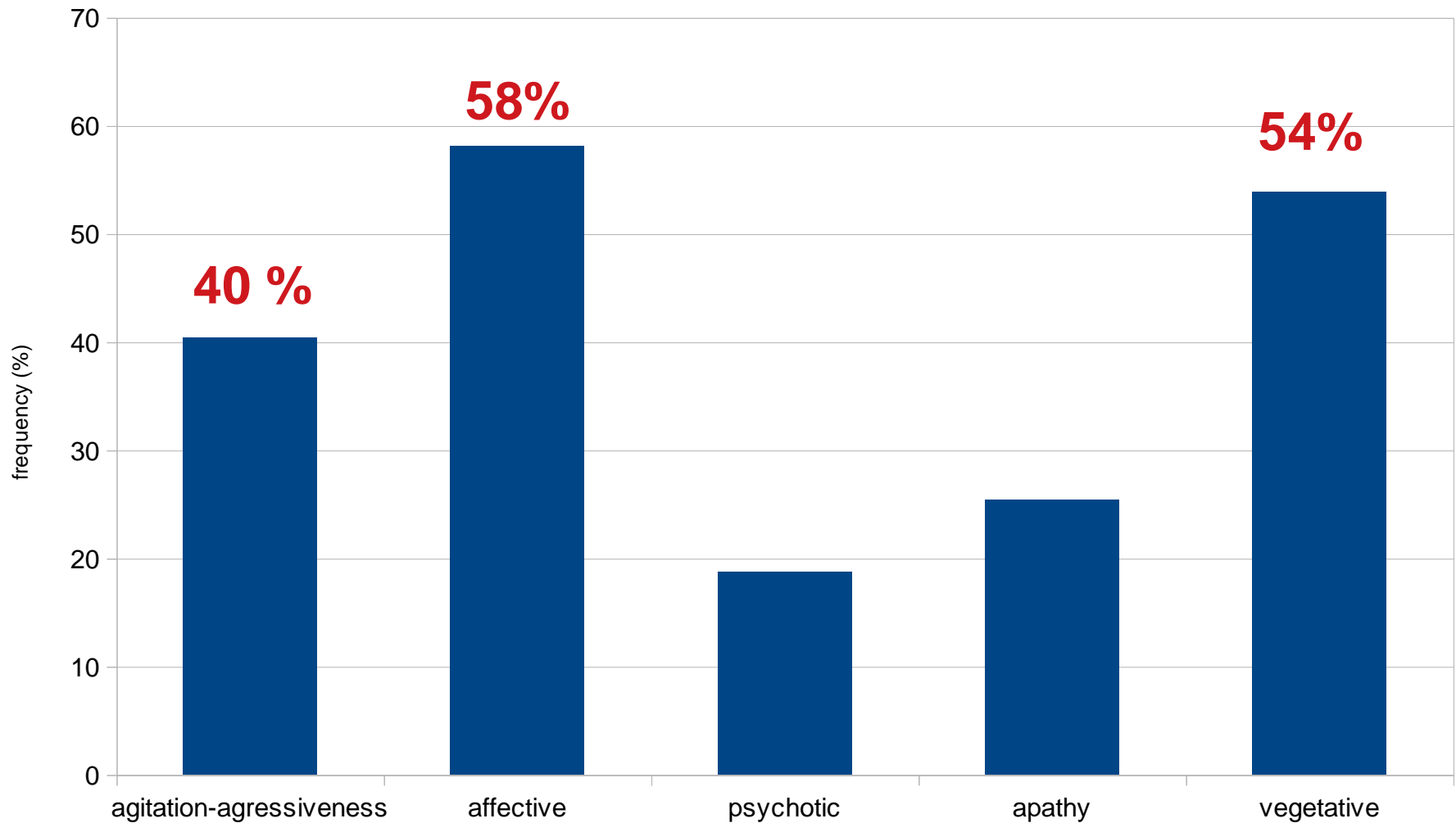
2012-2018

■ BPSD ■ no BPSD



Complications: which BPSD ?

2012-2018



Alzheimer Acute Care Unit: the evolution

- ◎ Evolution of our missions over the course of 20 years:
 - Reverse tendency in causes of admission **from diagnosis to dementia complications**
 - **Increasing behavioural** causes of admission (from 31% to 51%)

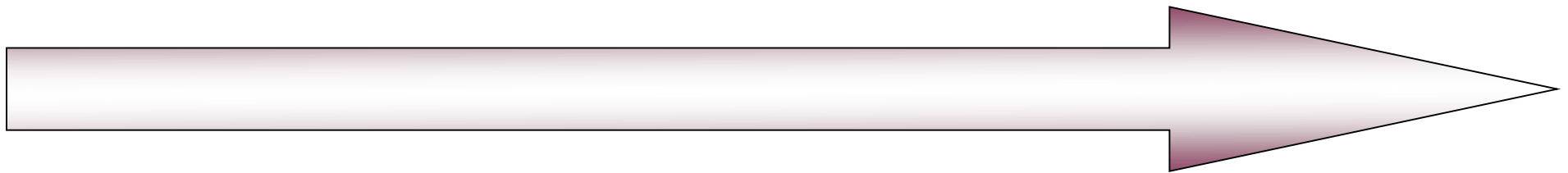
- ◎ Inpatients had become:
 - More **physically dependent**
 - More **cognitively severe** (58% to 80%)
 - More **malnourished** (32 to 47%)
 - More **intricated psychiatric illnesses**
 - Growing **demand from the NH setting** (26% to 33%)

Evolution of AD management in France over the last 15 years....

Alzheimer's
Acute Care Unit

Alzheimer French
gouvernement plans in
2001, 2008, 2012

Special Care Units
(nursing homes, Day-
care facilities)



Set up of national expert
memory clinics and research
centers, Day hospitals...

DIAGNOSIS

Changing role of the Alzheimer's
Acute Care Unit: most severe patients
with the most challenging
complications

**MANAGEMENT OF DEMENTIA
COMPLICATIONS**

What changes to be done at the AACU ?

- In light of the **evolving inpatients characteristics**:
 - increased number of beds dedicated to disruptive BPSD int the AACU
 - isolation room fitted-out in the unit
 - weekly intervention of gerontopsychiatrists
 - security electronic devices installed
 - more male staff
 - architectural improvements (therapeutic garden)

- The **Cognitive-Behavioural Unit** was opened in June 2009, dedicated to the management of particularly disruptive BPSD over longer lengths of stay

Cognitive-Behavioural Unit Toulouse University Hospital



Cognitive-Behavioural Unit

- First CBU in France, created in 2009
- 12 behavioural rehabilitation beds (length of stay 3-4 weeks)
- A multidisciplinary team:
 - 2 geriatricians specialized in behavioural management,
 - trained nursing staff,
 - physiotherapist, occupational therapist,
 - nutritionist,
 - art therapist
- In collaboration with:
 - animation hospital team
 - cultural associations (La compagnie du bout du nez, Les blouses roses..)

Cognitive-Behavioural Unit

◎ 5 missions:

- **Cognitive and Behavioural Rehabilitation**
- **Decrease** of psychotropic/restraint use
- Implementation of **personalized non-pharmacological interventions**
- **Functional Rehabilitation**
- Information, education and support for caregivers

◎ Behavioural tools:

- NeuroPsychiatric Inventory-ES
- Cohen-Mansfield Agitation Inventory

Before, during, after CBU

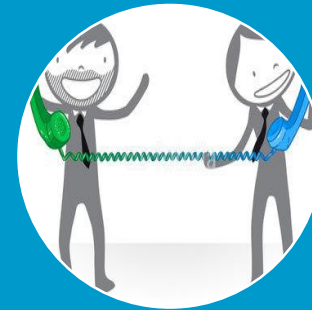


Memory consults
Hospital units
Nursing homes
Home
Other



Personalized therapeutic
project for each patients
discussed in a
multidisciplinary team

Geriatric evaluation
adapted to
neurodegenerative disease



Nurse follow-up D+3

Medical follow-up
D+15 / D+21

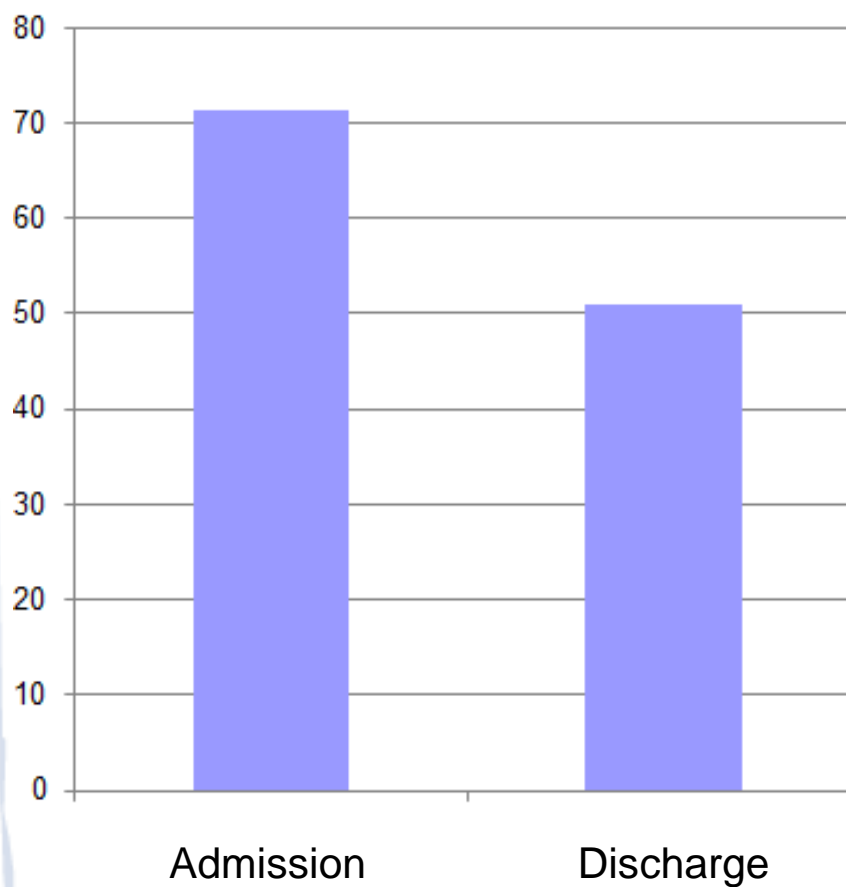
Non-pharmacological interventions

“Is an act requiring the active participation of the patient, whether or not interacting with a specialized professional, and is the subject of recommendations for good practice whose validity is recognized” ()*

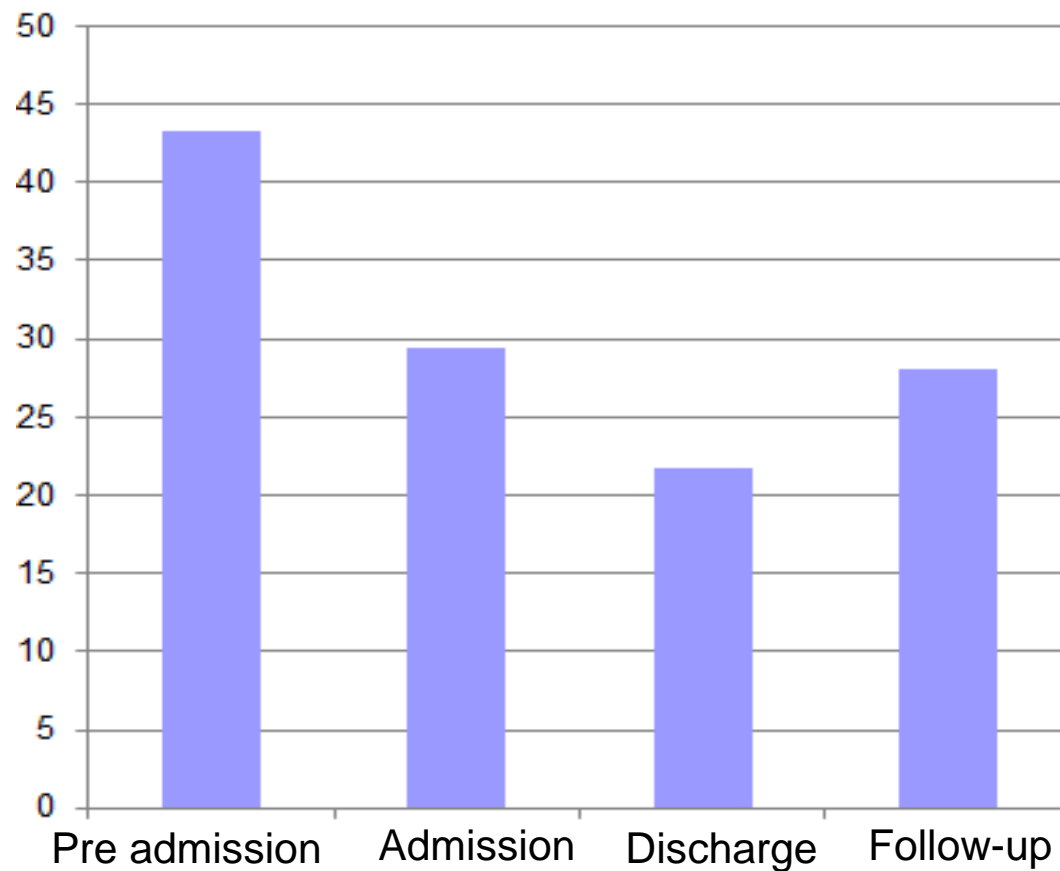
- ➔ Psychological therapy (cognitive-behavioural therapies)
- ➔ Physical therapy (physiotherapist, occupational therapist, psychomotor therapist)
- ➔ « Flash » activities

CBU... does it work ?

Antipsychotic use



NPI score



Evolution of dementia management in the French Health System: the creation of a « Behavioural Network » in Toulouse

Current statement in the AACU-CBU

- ⦿ Practice based on the **hospital setting**,
 - ➔ little/challenging access for the GPs or the families !

- ⦿ Most patients already at the stage of **severe dementia** and **dementia complications**
 - ➔ BPSD care management **too late** !

- ⦿ « **Super specialization** » for the management of the most challenging BPSD
 - ➔ need for **regular follow-up** outside the hospital !

Creation of the « Behavioural Network »

- Created in 2017 to answer the growing **need for an ambulatory care setting for BPSD management**

- Various devices developed:
 - Creation of the **Behavioural Consultation**
 - Extension of the **Nursing Home Mobile Behavioural Team**
 - Extension of the **Behavioural Telemedicine**
 - Creation of a **BPSD Hotline**

Behavioural Consultation

- ⦿ Dedicated to the couple patient-caregiver living at home
 - ⦿ Evaluation by nurse and physician of:
 - patient (personality, life history, hobbies)
 - BPSD (what, when, aggravating/calming factors)
 - caregiver (burden, comprehension of the disease/BPSD, reaction towards BPSD)
 - ⦿ Training for the caregiver on communication techniques, anticipation anti-crisis skills
- ➔ **Personalized care plan** (mostly non pharmacological measures)

Nursing Home Mobile Behavioural Team

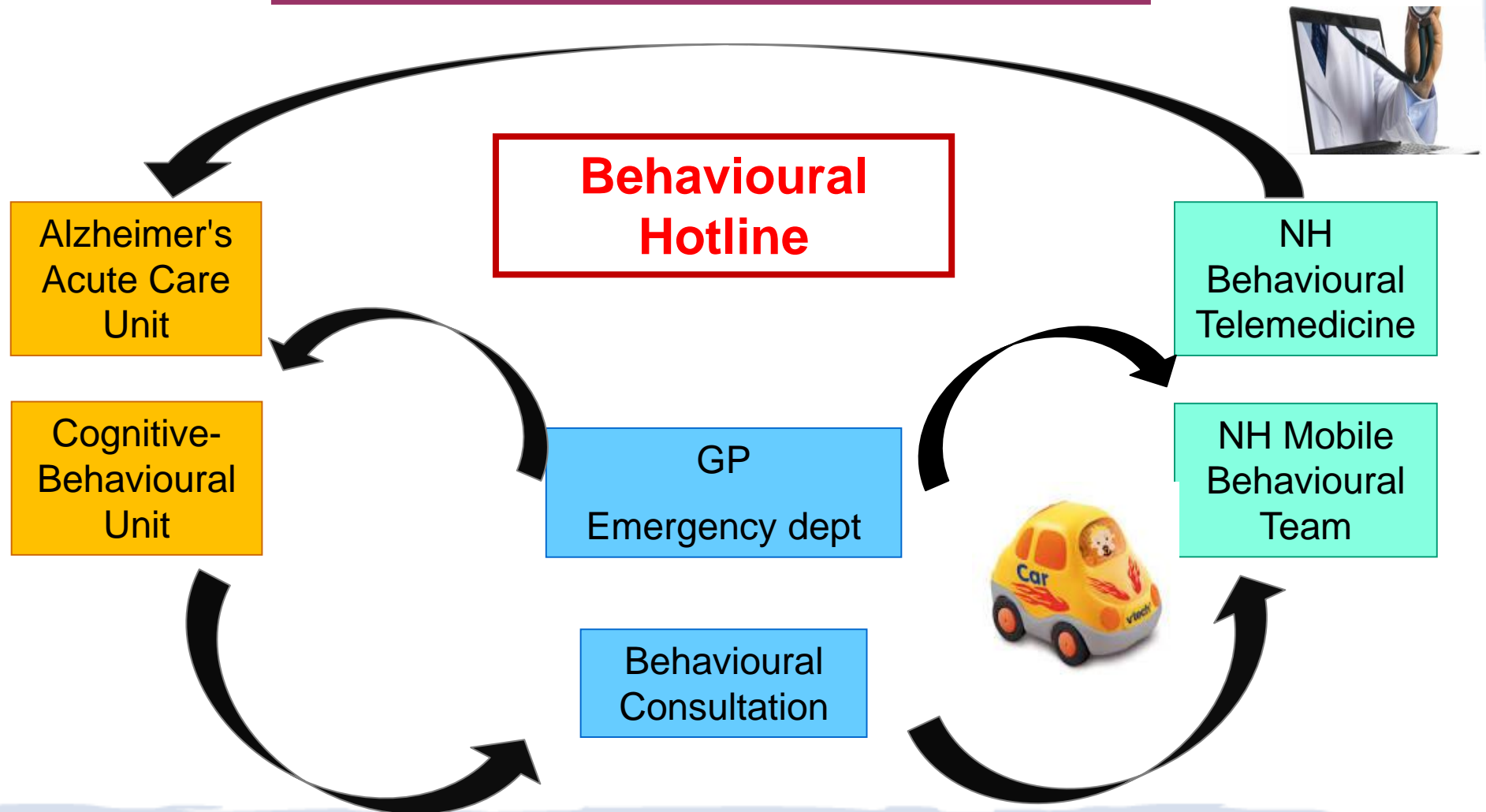
- Mobile team (nurse+physician) dedicated to the global care of NH/LTCF residents presenting with BPSD
- At the GP's / coordinating physician's request (with family agreement)
- First evaluation or Post hospitalization/telemedicine follow-up
- Systematic phone follow-up at 4 weeks by the nurse

Behavioural Telemedicine

- For all NH residents with BPSD living in a NH equipped with the Telemedicine software
- Tele-consultation or Tele-expertise
- At the GP's / coordinating physician's request (with family agreement)
- First evaluation or Post behavioural hospitalization follow-up (1 month)

A new pathway for BPSD Care: towards a better coordination

The Behavioural Pathway



Conclusions

- ◎ The improvement and development of the management of AD and related disorders in France:
 - an « ambulatory setting shift »
 - « super specialization » in BPSD management

- ◎ Consequently to this improvement, the role played by the « Alzheimer Network » is not what is used to be...

- ◎ The evolution of the Alzheimer Care and the creation of a pathway in the « Behavioural Network » is the answer to the needs and demands of the GPs, nursing-homes, families and emergency departments, which have to deal with a disease presenting with very difficult complications, mainly BPSD.

**THANK YOU FOR YOUR
ATTENTION**