

Behaviours That Are Likely to Respond to Medications¹

*Behavioural and Psychological Symptoms That May Respond to Medications**

- Anxiety
- Depressive symptoms
- Sleep disturbance
- Manic-like symptoms
- Delusions and/or hallucinations
- Verbal aggression
- Physical aggression
- Sexually inappropriate behaviours

* Behaviour is persistent, dangerous, distressing, disturbing, and/or damaging to social relationships.

Remember that prescribing and administering any health care treatment including pharmacological interventions for BPSD requires careful consideration and planning:

- Carefully weighing the potential benefits of pharmacological intervention versus the potential for harm;
- Engaging the resident or substitute decision-maker in the care planning and decision-making process;
- Obtaining consent for health care treatment from the appropriate decision-maker; and
- Regularly reviewing the need (or not) for ongoing pharmacological therapy for BPSD and trial withdrawal.

The capable resident/family, or the incapable resident's substitute decision maker, should be informed of **the benefits and risks** of the recommended treatment, the clinical implications of refusing treatment, and be given the opportunity to ask questions of the health care provider (and have them answered) before providing a decision. Information should be provided in a language or method that the resident/family/substitute decision maker can understand, be culturally appropriate, and be accessible to persons with disabilities such as hearing loss. Providing written information may be useful so that all are aware of what to expect.

¹ Adapted from CCCDTD4(2012), BC BPSD Best Practice Guideline (2012), and PIECES Manual, with permission.