

| AAMI. See age-associated memory         | agitated delirium, 103              | risk factors for, 43–47 secondary psychotic disorders and, |
|---|-------------------------------------|--|
| impairment                              | agitation                           | 190  |
| ACBS. See Anticholinergic Cognitive     | during end-of-life care, 319        |  |
| Burden Scale                            | as expression of BPSD, 50, 70–71,   | severe, 51   |
| ACSH. See ambulatory care-sensitive     | 76, 83–85, 86, 383                  | stages of, 48–51   |
| hospitalization                         | agnosia, 47–48                      | Grossberg-Desai staging scale,                             |
| activities of daily living (ADLs)       | agoraphobia, 214–215                | 48-51  |
| functional assessment of, 35            | clinical case of, 214–215           | pre-MNCD, 48–50  |
| LTC and, 1                              | alcohol abuse                       | terminal, 51   |
| acute psychiatric illness. See          | assessment of, 27                   | treatment based on, 80-82                                  |
| psychiatric illness                     | CSDH and, 62                        | strength-based stages of, 366                              |
| AD. See Alzheimer disease               | MNCDs from, 60                      | treatment of   |
| addictive disorders, 242–247            | psychotic disorders and, 197        | with ChEIs, 80-82  |
| ADEs. See adverse drug events           | alcohol use disorder, 244           | with memantine, 80, 82–83                                  |
| adjustment disorder, 142–143            | Alzheimer disease (AD), 43-51       | by stage, 80-82  |
| with anxiety, 221                       | agnosia and, 47-48                  | variants of, 47  |
| ADLs. See activities of daily living    | anxiety and, 205-206                | ambulatory care-sensitive                                  |
| advance care planning, 312-313          | aphasia and, 47-48                  | hospitalization (ACSH), 314                                |
| loss of DMC and, 313                    | apraxia, 48                         | amlodipine, 261  |
| advance directives, 284                 | BEHAVE-AD, 36                       | ANH. See artificial nutrition and                          |
| adverse drug events (ADEs), 334         | biological factors for, 71          | hydration  |
| clinical case for, 349                  | biomarkers for, 49                  | animal-assisted approaches, in                             |
| prevention strategies for, 348–349      | clinical presentation of, 47        | wellness care plans, 377                                   |
| affective psychosis, 175–179            | delirium and, 115                   | anorexia, 260–261  |
| clinical case for, 177–178              | diagnosis of                        | of aging, 260  |
| mania with, 179                         | criteria for, 47                    | anoxic brain injury, 63                                    |
| MDD with, 175–177                       | genetic testing in, 70              | anticholinergic burden, 335–338                            |
| age-associated memory impairment        | with MRI, 47                        | Anticholinergic Cognitive Burden                           |
| , ,                                     | _                                   | Scale (ACBS), 335–338                                      |
| (AAMI), 64–65                           | testing as part of, 47              | anticholinergic drugs                                      |
| brain and memory wellness plans,        | DLB differentiated from, 52–53      | reduction strategies for, 334–343                          |
| 65, 66, 379                             | Down syndrome and, 47               |  |
| cognitive training strategies for, 66   | executive dysfunction and, 48       | safer alternatives to, 342–343                             |
| SCI and, 65                             | FTDs differentiated from, 52–53     | anticipatory prescriptions, 315                            |
| aggressive behaviors. See also violence | genetic factors for, 43–47          | anticonvulsants, 357                                       |
| during end-of-life care, 319            | incidence rates for, 43             | antidepressants  |
| psychosocial factors for, 76            | late-onset MDD and, 130             | for bipolar disorder, 154–155                              |
| psychotic disorders and, 165, 198-202   | in LTC populations, 5–6             | during end-of-life care, 323                               |
| assessment of, 198                      | MCI and, 65-67                      | for malnutrition, 271                                      |
| homicide and, 198                       | MDD as distinct from, 68            | for MDD, 132–136, 137–138, 139,                            |
| prevention strategies for, 198–202      | mild, 50                            | 140, 148   |
| protective factors for, 201             | MMSE for, 32–34                     | for MNCD with psychotic                                    |
| risk factors for, 199-200               | MNCD with psychotic symptoms        | symptoms, 191  |
| aging                                   | and, 190                            | SSRIs, 88  |
| anorexia of, 260                        | moderate, 50-51                     | for MDDs, 148  |
| with BPSD, 95                           | BPSD and, 50                        | for SIBs, 93   |
| MDD and, 95                             | EPS with, 50-51                     | antipsychotic medications. See also                        |
| with MNCDs, 95                          | MDD and, 50                         | deprescribing of medications;                              |
| personality disorders and, 235,         | nutritional disorders with, 269-270 | potentially inappropriate                                  |
| 236–237                                 | probable, 47                        | prescribing  |
| sleep-wake disorders and, 225           | psychotic disorder and, 172         | as high-risk, 346–347                                      |
|   |                                     |  |



Index

| for MNCD with psychotic         |
|---------------------------------|
| symptoms, 192                   |
| for psychotic disorders,        |
| 185–187                         |
| for schizophrenia, 180          |
| anxiety                         |
| AD and, 205–206                 |
| adjustment disorder with, 221   |
| defined, 205                    |
|                                 |
| delirium and, 218               |
| eczema and, 358                 |
| end-of-life care and,           |
| 321–324                         |
| fear and, 205                   |
| MDD with, 129, 205-206          |
| medications linked with, 207    |
| MNCD and, 205                   |
| PDD and, 205                    |
| prevalence rates for, 205-206   |
| psoriasis and, 358              |
| anxiety disorders, 205-213      |
| agoraphobia, 214-215            |
| clinical case of, 214–215       |
| common types of, 205            |
| complications of, 206           |
| consequences of, 206            |
| diagnosis of, 206               |
| differential, 206               |
| with GAI, 206                   |
| test workup for, 211            |
| GAD, 207–213                    |
| clinical case for, 211–213      |
|                                 |
| in LTC populations, 209–210     |
| medical conditions as cause of, |
| 217–218                         |
| hypoglycemia, 217               |
| medication-induced, 217         |
| MNCDs and, 215-217              |
| clinical case for, 216-217      |
| treatment for, 216              |
| panic disorder, 214-215         |
| causes of, 214                  |
| clinical case of, 214-215       |
| treatment of, 214               |
| premorbid, 216                  |
| social, 215                     |
| specific phobias, 215           |
| substance-induced, 218          |
| treatment of, 206-207           |
| benzodiazepines in, 213, 347    |
| evidence-based approaches in,   |
| 212                             |
| apathy syndrome, 149–151        |
| clinical case for, 150–151      |
| common causes of, 149           |
| symptoms of, 149–150            |
| treatment approaches            |
| to, 150                         |
| LUS 1.7V                        |

```
aripiprazole, 86-87
  for MNCD with psychotic
       symptoms, 191
  for PDP, 196
  for treatment-resistant MDD, 139
armodafinil, 230
artificial nutrition and hydration
       (ANH), 289
asenapine, 196
assessment processes, psychiatric
  for alcohol abuse, 27
  of allergies, 27
  of biological needs, 21-22
  for BNPS, 19-20, 26-27
     etiology of, 20
     excess disability, 20
     medical history and, 27-29
    protections from, 22
  for BPSD, 85-86
  caregiver environments and, 21-22
  by caregivers, 30
  for cognitive disorder, 123-125,
       173-174
  dehydration, 261
  for delirium, 104-111, 112
     for family caregivers during, 114
     standardized tools for, 106-107
     work-up in, 105-111
  developmental history as factor in,
  documentation of, 39-40
  elements of, 19
  of environmental needs, 21
  follow-up procedures, 38
  frailty, 263-265
  for FTDs, 57-58
  guidelines for, 38-39
  for illegal drug use, 27
  individual care plans in, 37-38
  through laboratory tests, 36-37
  legal history as factor in, 29
  in LTCs, 23-24
     psychiatric consultation
       initiation, 23-24
     through psychiatric rounds,
       efficiency of, 24
  for MDD, 123-125
     as distinct from MNCDs, 67-68
    by HCPs, 125-128
  through MDS review, 30
  of medical history, 27-29
     through examination of previous
       records, 30
  through mental status examination,
       31 - 32
  through neuroimaging, 37
  through neurological examination,
       31
  personal history as factor in, 25-29
    of current medications, 27
```

```
for medical history, 27-29
    for past psychiatric history, 27
    for present illness, 25-26
  through physical examination, 31
  of psychosocial needs, 21-22
    improvement of resident
       experiences through, 20-23
  for psychotic disorders, 173-174
  with RAIs, 30
  scales. See also cognitive assessment
       scales
    behavioral, 35-36
    for functional assessment, 35
    for pain assessment, 36
    for psychological symptoms, 35-36
    standardized, 32, 33-34
  screening questions, 20
  through screening tests, 37
  of SIBs, 26
  for sleep disturbance, 26-27
  social history as factor in, 29
  spiritual history as factor in, 29
  for SPMI, 37
  of strengths and skills, 30, 31
  of suicidality, 26
  for tobacco use, 27
  of violence, 26, 198
  for violence and aggressive
       behaviors, 198
assisted living facilities, LTC in, 1
attention training, 66, 380
autonomy, for LTC residents, 283-284
  beneficence and, 285
  through DMC, 283-284
  during end-of-life care, 288-289
  nonmaleficence and, 285
  restriction of, cultural traditions in,
       289-290
Barthel Index, 35
Basting, Anne, 382
bathing strategies, with MNCD
       patients, 395-397
Beers criteria, 330-333
BEHAVE-AD. See Behavioral
       Symptoms in Alzheimer
       Disease
behavioral, neurocognitive, and
       psychological symptoms
       (BNPS), 19-20, 26-27. See also
       assessment processes
  etiology of, 20
  excess disability, 20
  individual care plans for, 37-38
  medical history and, 27-29
  pharmacological principles for, 341
  protections from, 22
behavioral assessment scales, 35-36
Behavioral Symptoms in Alzheimer
       Disease (BEHAVE-AD), 36
```

aphasia, 47-48

apraxia, 48



| behavioral variant FTD (bvFTD), 56                 |
|--|
| cognitive dysfunction with, 56-59                  |
| symptoms of, 56-59                                 |
| beneficence, 285                                   |
| benevolent deception, 374                          |
| benzodiazepines                                    |
| for anxiety disorders, 213                         |
| alternatives to, 347                               |
| with MNCDs, 216<br>for bipolar disorder, 155       |
| in DLB treatment, 55                               |
| for end-of-life delirium, 118                      |
| as high-risk medication, 347                       |
| for panic disorder, 214                            |
| in PDD treatment, 55                               |
| for schizophrenia, 180                             |
| for SUD, 244, 246–247                              |
| bereavement-related MDD, 143-144                   |
| best interest standards, 284                       |
| BIMS. See Brief Interview for Mental               |
| Status<br>biopsychosocial-environmental need       |
| 398–399  |
| biopsychosocial-spiritual distress                 |
| (BPSD), 50, 70–78                                  |
| aging and, 95                                      |
| assessment processes for, 85-86                    |
| biological factors for, 71-72                      |
| case studies for, 86                               |
| cognitive decline with, 78                         |
| defined, 70  |
| environmental factors for, 72                      |
| evidence-based approaches to,<br>73–75             |
| 73–73<br>mild, 70–71                               |
| moderate to severe, 70–71                          |
| pain with, 77–78                                   |
| common causes of, 78                               |
| prevalence of, 73–75                               |
| psychoactive medications for, 72                   |
| psychosocial factors for, 72-76                    |
| agitation and aggressive                           |
| behaviors, 76                                      |
| spiritual factors for, 76–77                       |
| symptoms of, 71<br>treatment for                   |
| with bright light therapy, 83–85                   |
| person-centered approaches in,                     |
| 83–85  |
| with psychotropic medications,                     |
| 86-88  |
| SPPEICE in, 83, 84-85                              |
| with STAR approach, 85-86                          |
| undercorrected health problems                     |
| with, 73   |
| wandering and, 77                                  |
| bipolar disorder, 151–156<br>age of onset for, 152 |
| clinical case for, 156                             |
| comorbidity with, 152                              |
| ,            |

| delirium and, 109   |
|---|
| MDD and, 152  |
| suicidality and, 155  |
| treatment strategies for, 152–156 with antidepressants, 154–155       |
| evidence-based approaches to,   |
| 153–154   |
| with lithium, 155   |
| pharmacotherapy approaches,   |
| 154–155<br>psychosocial approaches to,                                |
| 155–156   |
| BMI. See Body Mass Index  |
| BNPS. See behavioral, neurocognitive                                  |
| and psychological symptoms  |
| Body Mass Index (BMI), 249–250  |
| obesity and, 267<br>Boustani, Malaz, 335–338                          |
| BPSD. See biopsychosocial-spiritual                                   |
| distress  |
| brain and memory wellness plans, 65                                   |
| 66, 379   |
| attention training in, 380 brain-healthy nutrition, 381               |
| executive function improvement in                                     |
| 380   |
| resources for, 380  |
| brain-healthy nutritional care,                                       |
| 271–272<br>brexpiprazole  |
| for PDP, 196  |
| for treatment-resistant MDD, 139                                      |
| Brief Interview for Mental Status                                     |
| (BIMS), 34–35   |
| brief psychotic disorder, 189<br>bright light therapy, 83–85, 376–377 |
| buprenorphine, 140, 355   |
| buspirone, 216  |
| bvFTDs. See behavioral variant FTD                                    |
| 1 : 266 265   |
| cachexia, 266–267<br>CADASIL. See cerebral autosomal                  |
| dominant arteriopathy with  |
| subcortical infarct and   |
| leukoencephalopathy   |
| CAM. See Confusion Assessment   |
| Method cannabis use disorder, 244–245                                 |
| caregivers. See also family caregivers                                |
| assessments of, 30  |
| environments for, 21-22   |
| professional, 392   |
| spouses as, for MNCD patients, 96 cariprazine                         |
| for bipolar disorder, 155   |
| for PDP, 196  |
| CBD. See corticobasal degeneration                                    |
| CBT. See cognitive behavioral therapy                                 |
| CCRCs. See continuing care retiremen                                  |
| communities   |

| central obesity, 267                                  |
|---|
| cerebral autosomal dominant                           |
| arteriopathy with subcortical                         |
| infarct and   |
| leukoencephalopathy                                   |
| (CADASIL), 70<br>chaplain services, 373               |
| cholinesterase inhibitors (ChEIs),                    |
| 80–82   |
| adverse effects of, 80-82                             |
| for FTD, 83   |
| memantine and, 81                                     |
| for MNCD with psychotic symptoms, 191                 |
| chronic anxiety disorder, 109                         |
| chronic psychotic disorder, 109                       |
| chronic subdural hematoma (CSDH),                     |
| 62  |
| alcohol abuse and, 62                                 |
| chronic traumatic encephalopathy (CTE), 61            |
| citalopram, 86–87                                     |
| CJD. See Creutzfeldt-Jakob disease                    |
| clinical cases, for psychiatric disorders             |
| for ADEs, 349   |
| agoraphobia, 214–215                                  |
| apathy syndrome, 150–151<br>for bipolar disorder, 156 |
| delirium, 109–111, 116–118                            |
| DLB, 54–55  |
| FTDs, 59-60   |
| for GAD, 211–213                                      |
| MDD   |
| MNCD with, 145–147<br>after stroke, 147–148           |
| MNCDs, 94–95  |
| MDD with, 145-147                                     |
| with psychotic symptoms,                              |
| 193–194   |
| obesity, 269<br>panic disorder, 214–215               |
| PDD, 54–55  |
| personality disorders, 240                            |
| for PIP, 341-348                                      |
| PTSD, 220–221   |
| secondary mania, 157<br>spiritual care in, 311–312    |
| SPPEICE and, 369                                      |
| clonazepam, 86–87                                     |
| clozapine, 86–87                                      |
| for PDP, 196  |
| CMAI. See Cohen-Mansfield Agitation                   |
| Inventory cognitive assessment scales, 32–35          |
| BIMS, 34–35   |
| CAM, 35, 67   |
| COWAT, 35   |
| MMSE, 32–34   |
| MOCA, 34–35<br>SLUMS, 34–36                           |
| JLU1913, J4-JU  |



More Information

| cognitive behavioral therapy (CBT)                          | DBS. See deep brain stimulation                       | acute, 102  |
|---|---|---|
| for MDD, 132  | death rattle, 320                                     | subacute, 102   |
| for SSRDs, 242  | decision-making capacity (DMC)                        | palliative care for, 118                                      |
| cognitive deficit   | advance care planning and, 313                        | persistent, 115   |
| with MNCDs, 80–97   | with MNCDs, 95–96                                     | prevalence of, 102  |
| with schizophrenia, 179–180                                 | cognitive abilities and, 95                           | prevention strategies, 115–118<br>Internet resources for, 117 |
| cognitive disorder. See also major neurocognitive disorders | concurrent proxy in, 96<br>key principles in, 95–96   | in LTC populations, 116                                       |
| assessment tools for, 123–125,                              | through psychosocial-spiritual                        | recovery period, 114–115                                      |
| 173–174   | wellness care plans, 394–395                          | outcomes after, 115   |
| cognitive rehabilitation (CR), 378–379                      | resident abuse and, 283                               | risk factors for, 103-104                                     |
| cognitive training strategies, 66                           | deep brain stimulation (DBS), 141                     | in LTC populations, 103, 104                                  |
| Cohen-Mansfield Agitation Inventory                         | deep transcranial magnetic                            | UTIs, 112   |
| (CMAI), 36  | stimulation, 140                                      | schizophrenia as distinct from, 172                           |
| computerized tomography (CT), 37                            | dehydration, 261-262                                  | subsyndromal, 111   |
| concurrent proxy, 96  | diagnosis and assessment of, 261                      | subtypes of, 103  |
| confidentiality of personal                                 | treatment strategies for, 261-262                     | agitated, 103   |
| information, 284-285  | delirium  | mixed, 103  |
| Confusion Assessment Method                                 | acute psychiatric illness and, 109                    | with normal psychomotor                                       |
| (CAM), 35   | AD and, 115   | activity, 103   |
| in delirium diagnosis, 67, 105–107                          | anxiety symptoms and, 218                             | quiet, 103  |
| constipation management, 352-353                            | assessment and management of,                         | treatment of, 111–114   |
| continuing care retirement                                  | 104–111, 112  | deprescribing of medications in,                              |
| communities (CCRCs), 12                                     | for family caregivers during, 114                     | 113   |
| continuous quality improvement                              | standardized tools for, 106–107                       | management of, 112  |
| (CQI), 410–411  | work-up in, 105–111                                   | through multimodal  |
| Controlled Oral Word Association                            | bipolar disorder and, 109                             | psychosocial-environmental                                    |
| Test (COWAT), 35  | chronic anxiety disorder and,                         | interventions, 113  |
| Cornell Scale for Depression in                             | exacerbation of, 109                                  | nondrug approaches in, 385                                    |
| Dementia (CSDD), 35–36, 37                                  | chronic psychotic disorder and,                       | through pharmacological interventions, 113–114                |
| for MDD, 123  | acute exacerbation of, 109                            | delirium with psychotic symptoms, 196                         |
| corticobasal degeneration (CBD), 56                         | clinical presentation of 102                          | delusional disorder, 189                                      |
| counseling, MNCD patients and for family caregivers of, 97  | clinical presentation of, 102 complications with, 111 | delusions   |
| for sexuality and sexual expression                         | diagnosis of, 102, 105–111                            | bizarre, 165  |
| of, 93-94   | with CAM, 67, 105–107                                 | defined, 165  |
| COWAT. See Controlled Oral Word                             | differential, 108–111                                 | with MNCD with psychotic                                      |
| Association Test  | misdiagnoses of, 102                                  | symptoms, 190–191   |
| CQI. See continuous quality                                 | screening tools in, 105–108                           | Dementia Care Mapping, 381, 414                               |
| improvement   | end-of-life, 118, 320                                 | dementia with Lewy Bodies (DLB),                              |
| CR. See cognitive rehabilitation                            | benzodiazepines for, 118                              | 51–55   |
| creative engagement, in wellness care                       | end-of-life care with, 301                            | AD differentiated from, 52-53                                 |
| plans, 377  | etiological factors for, 103-104                      | benzodiazepines for, 55                                       |
| Creutzfeldt-Jakob disease (CJD), 62-63                      | psychoactive medications, 104                         | biological factors for, 71                                    |
| CSDD. See Cornell Scale for                                 | reversible causes in, 104                             | clinical case, 54–55  |
| Depression in Dementia                                      | family caregivers and, 114                            | FTDs differentiated from, 52–53                               |
| CSDH. See chronic subdural                                  | in LTC populations                                    | incidence rates for, 52–53                                    |
| hematoma  | prevention strategies against, 116                    | RBD and, 53–54  |
| CT. See computerized tomography                             | risk factors for, 103, 104                            | SPPEICE and, 55   |
| CTE. See chronic traumatic                                  | manic episodes and, 109                               | symptoms of, 53–54  |
| encephalopathy  | MDD misdiagnosed as, 102,                             | treatment of, with ChEIs, 80<br>UTIs and, 55                  |
| culture   | 108–109   | demoralization syndrome, 144                                  |
| autonomy for LTC residents and,<br>289–290                  | misdiagnoses of, 102                                  | deprescribing of medications. See also                        |
| end-of-life care influenced by, 313                         | MNCDs and, 109  | potentially inappropriate                                     |
| cyproheptadine, 260   | accelerated cognitive decline with, 115               | prescribing   |
| oppronephamic, 200  | as cause of, 115                                      | for delirium, 113   |
| dance and movement therapy, 379                             | distinctions between, 67                              | rational, 333   |
| DASH. See Dietary Approaches to Stop                        | misdiagnosed as, 102, 108–109                         | depression. See major depressive                              |
| Hypertension  | onset of symptoms                                     | disorder; vascular depression                                 |



### Index

dermatologic conditions, 357-358. See also eczema; psoriasis dextromethorphan-quinidine, 86-87 Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM V), 47, 102 Dietary Approaches to Stop Hypertension (DASH), 249 dignity-conserving approaches, in wellness care plans, 373-374 benevolent deception in, 374 truth telling in, 374 dignity-conserving care, 309 elements of, 311 Diogenes syndrome (DS), 276-278 disinhibition syndromes, 156 distributive justice, 290 DLB. See dementia with Lewy Bodies DMC. See decision-making capacity DNH orders. See do not hospitalize DNI orders. See do not intubate orders DNR orders. See do not resuscitate orders do not hospitalize (DNH) orders, 89-90, 312-313 do not intubate (DNI) orders, 89-90, 312-313 do not resuscitate (DNR) orders, 89-90 ethical issues and, 286 donepezil, 81 for AD, 80 Down syndrome, 47 drug-drug interactions, 349-351 DS. See Diogenes syndrome DSM V. See Diagnostic and Statistical Manual of Mental Disorders Fifth Edition duloxetine, 355-356 dysphagia, 260 dyspnea, 319 dysthymic disorder. See persistent depressive disorder ECT. See electroconvulsive therapy

eczema, 358 Eden Alternative, 381-382 Edinburgh Feeding Evaluation in Dementia Questionnaire (EdFED-Q), 270 EDS. See excessive daytime sleepiness Ekbom syndrome. See restless leg syndrome

elder abuse, 274. See also resident abuse electrical deep-brain stimulation, for MDD, 140 electroconvulsive therapy (ECT), 130,

140

electrolyte imbalance, 261-262

end-of-life care, for LTC residents, 7, 294-304

aggressive behaviors during, 319 agitation during, 319

anticipatory prescriptions in, 315 antidepressant medications during, 323

anxiety and, 321-324 applicable measures for, 301

cultural influences on, 313 death rattle and, 320

with delirium, 301

DNH orders, 89-90, 312-313

DNI orders, 89-90, 312-313 DNR orders, 89-90

ethical issues and, 286

dyspnea and, 319

education and preparation as part of, 325-327

estimating life expectancy and, 313-314

ethical issues during, 287-289 ethnicity as factor in, 313 family caregivers during,

324-327

education and preparation of, 325 - 327

intervention approaches to, 324 PCT support for, 325-327

gender as possible influence on, 313

hospice care as, 301

life review in, 321-322 with MDD, 301, 321-324

with MNCDs, 303-304

nutritional issues during, 320-321

outcome measures for, 302-303 pain management in, 318-319 PCT during, 325-327

Positive Psychiatry during, 321 reminiscence therapy in,

321-322 review of appropriateness of medications, 314-315

SPPEICE in, 310 suicidality and, 321-324 symptom relief in, 315-317

terms for, 295-297 end-of-life delirium, 118, 320

benzodiazepines for, 118 Enriched Opportunities Program, 382

environmental approaches and initiatives, in wellness care plans, 375-376 bright light therapy, 376-377

design issues in, 375 environmental needs, 21

epilepsy management, 356-357 EPS. See extrapyramidal symptoms ethical issues, in long-term care, 283-291, 407

advance directives, 284

ANH and, withdrawal of, 289 autonomy and, 283-284

beneficence and, 285 through DMC, 283-284

during end-of-life care, 288-289 nonmaleficence and, 285

restriction of, cultural traditions

in, 289-290 best interest standards, 284

confidentiality of personal information, 284-285

distributive justice and, 290 DNR orders and, 286

during end-of-life care, 287-289

autonomy and, 288-289

euthanasia and, 288, 307-308 mechanisms of, 286

with MNCDs, 286-287

with palliative sedation, 307-308 with physician-assisted hastening of

death, 307-308

principles for, 407 reasonable person standard, 284

in research, 286-287

substituted judgment, 284 truthfulness, 287

in use of restraints, 290-291

valid consent, 283-284 ethnicity

end-of-life care and, 313 pharmacological treatments and, 334

euthanasia, 288, 307-308 family caregivers and, 308

evidence-based approach

for anxiety disorders, 212

to bipolar disorder, 153-154

to BPSD, 73-75 to insomnia, 226-227

to LTC, 2-4, 8-9

in MDD treatment, 134-136 to OCD, 222-223

for psychotic disorders, 181-182 with psychotropic medications, 14

to schizoaffective disorder, 183-185 to sleep-wake disorders, 228-230

to SUD, 245-246 excessive daytime sleepiness (EDS),

208, 225

excoriation disorder, 223 executive dysfunction

AD and, 48

cognitive assessment scales for, 35 executive function improvement, 380 extrapyramidal symptoms (EPS), 50 - 51



| family caregivers                                      | gender. See also women  | Huntington disease (HD), 61-62             |
|--|---|--|
| delirium and, 114                                      | end-of-life care and, 313   | hydrocodone, 354                           |
| during end-of-life care, 324–327                       | LTC populations by, 6   | hypersomnia, 208                           |
| education and preparation of,                          | generalized anxiety disorder (GAD),   | hyperthyroidism, 63–64                     |
| 325–327  | 207–213   | hypnagogic hallucinations, 165             |
| intervention approaches to, 324                        | clinical case for, 211–213  | hypnopompic hallucinations, 165            |
| PCT support for, 325–327                               | GERD. See gastroesophageal reflux   | hypoactive delirium. See quiet             |
| euthanasia and, 308                                    | disease   | delirium                                   |
| for MNCD patients, 96–97<br>after death of patient, 97 | Geriatric Anxiety Inventory (GAI), 206<br>Geriatric Depression Scale (GDS), | hypoglycemia, 217<br>hypothyroidism, 63–64 |
| education and counseling for, 97                       | 35–36, 37   | nypotnyroidism, 63–64                      |
| spouses as, 96   | for MDD, 123  | IADLs. See instrumental activities of      |
| physician-assisted hastening of                        | geriatric scalpel. See rational   | daily living                               |
| death and, 308   | deprescribing   | IED. See intermittent explosive            |
| in psychosocial-spiritual wellness                     | 1 0   | disorder                                   |
| care plans, 388  | HAART. See highly active  | illegal drug use, 27                       |
| FDA. See Food and Drug                                 | antiretroviral therapy  | iloperidone, 196                           |
| Administration   | HAD. See HIV-associated dementia  | individual care plans, 37-38               |
| fear, anxiety and, 205                                 | hallucination during bereavement, 189                                       | Individual Pleasant Activity Schedule      |
| feeding skills training program,                       | hallucinations, 165   | (IPAS), 16                                 |
| 253–255  | hypnagogic, 165   | inner exploration, 373                     |
| Fleetwood Model, 348                                   | hypnopompic, 165  | insomnia, 230                              |
| fluoxetine, 139  | with MNCD with psychotic  | evidence-based approaches to,              |
| folate deficiency, 262                                 | symptoms, 190   | 226–227                                    |
| Food and Drug Administration (FDA),                    | with PDP, 194–195   | in LTC populations, 6                      |
| 86–88  | with previous medical conditions,   | medications linked with, 207               |
| SIBs and, drug treatment approval for, 93              | 196 with secondary psychotic disorders,                                     | nondrug approaches in treatment of 385–386 |
| frailty  | 189–190   | persistent distressing, 225                |
| MDD and, 149   | haloperidol, for delirium, 113–114  | instrumental activities of daily living    |
| nutritional care and, 263–266                          | HATCh model. See Holistic Approach  | (IADLs)                                    |
| assessment of, 263–265                                 | to Transformational Change  | functional assessment of, 1                |
| causes of, 265-266                                     | model   | LTC and, 1                                 |
| prevention and management of,                          | HCPs. See health care providers   | intermittent explosive disorder (IED),     |
| 266  | HD. See Huntington disease  | 247  |
| testosterone replacement therapy                       | health care providers (HCPs)  | Internet resources, for delirium           |
| for, 266   | MDD assessment by, 125-128  | prevention, 117                            |
| frontotemporal dementias (FTDs)                        | patient sexuality and, 92   | IPAS. See Individual Pleasant Activity     |
| AD differentiated from, 52–53                          | health care team members, in MNCD   | Schedule                                   |
| assessment tools for, 57–58                            | treatment, 79   |  |
| bvFTD, 56  | highly active antiretroviral therapy  | Katz Index, 35                             |
| cognitive dysfunction with,                            | (HAART), 61   | ketamine, 140                              |
| 56–59  | high-risk medications, 341–347. See   | Kitwood, Tom, 414                          |
| symptoms of, 56–59<br>clinical cases for, 59–60        | also opioid medications anticonvulsants as, 357                             | Korsakoff syndrome, 63–64                  |
| clinical groups of, 56                                 | antipsychotics as, 346–347  | lamotrigine, 155                           |
| DLB differentiated from, 52–53                         | benzodiazepines as, 347   | late-onset MDD, 130                        |
| genetic components of, 59                              | opioids as, 354   | lesbian, gay, bisexual, transgender, and   |
| symptoms of, 56  | HIV-associated dementia (HAD), 61   | queer (LGBTQ) community                    |
| treatment for, ChEIs in, 83                            | hoarding disorder, 221–223  | among LTC residents, 12                    |
| functional assessment scales, 35                       | Holistic Approach to  | MNCDs among, 92                            |
| ,  | Transformational Change   | levetiracetam, 357                         |
| gabapentin, 355-356                                    | (HATCh) model, 409-410  | levodopa, 78–80                            |
| GAD. See generalized anxiety disorder                  | holistic suffering, 311   | LGBTQ community. See lesbian, gay,         |
| GAI. See Geriatric Anxiety Inventory                   | homicide, 198   | bisexual, transgender, and                 |
| galantamine, 81  | hospice care, 301-303   | queer community                            |
| for AD, 80   | defined, 303  | lidocaine, 355-356                         |
| gastroesophageal reflux disease                        | as end-of-life care, 301  | life review, 321–322                       |
| (GERD), 29   | hospitalization, psychiatric aspects of,                                    | lithium, 139                               |
| GDS. See Geriatric Depression Scale                    | 314   | for bipolar disorder, 155                  |



### Index

Long-Term Care Ombudsman Program, 282 long-term care (LTC) residents. See also end-of-life care; ethical issues, in long-term care; palliative care; resident abuse AD and, 5-6 ADLs and, 1 admittance factors for, 8 aging populations, 12 anxiety disorders in, 209-210 assessment processes in, 23-24 psychiatric consultation initiation, 23-24 through psychiatric rounds, efficiency of, 24 delirium in prevention strategies against, 116 risk factors for, 103, 104 ethnicity for, 12 evidence-based approaches to, 2-4, 8-9 facilities for, 1 assisted living facilities, 1 nursing homes, 1 future research on, 12-16 health problems and common, 8 multiple opioid medication prescriptions for, 7 untreated and undercorrected, 6-7 IADLs and, 1 insomnia and, 6 key concerns in, 2-4 for MCNDs, 1, 11, 25, 43 epidemiology of, 1-6 MDD and, 5 medical complexity of, 6-8 mood disorders in, 120 common causes of, 121 medications as cause of, 122 MS among, 62 nursing assistants and, 11 on-site mental health services for, 9-11 palliative care and, 7 PCTs for, 298-300 population demographics and, 1 gender in, 6 prevalence of, 2-4 psychosocial complexity of, 6-8 psychosocial environmental approaches to, 13 psychosocial well-being of, 9-11 psychotropic medication use and, 5, PTSD and, 5-6 resident-to-resident aggression in, 6 sex and sexuality among, 90-95

sexual orientation for, 12 spectrum of, 1, 2-4 standards of care for, 290-292 state-of-the-science care for, 290-292 trends in characteristics of, 11-12 for couples, 11 demographic changes, 12 wellness strategies in, 15-16 loss of appetite, 260-261 low-dose steroids, 356 LTC. See long-term care residents lurasidone for bipolar disorder, 155 for PDP, 196 magnetic resonance imaging (MRI), 37 for AD, 47 MAI. See Medication Appropriateness Index major depressive disorder (MDD) AD as distinct from, 68

adjustment disorder with, 142-143 affective psychosis with, 175-177 aging and, 95 anxiety with, 129, 205-206 assessment tools for, 123-125 by HCPs, 125-128 MNCDs as distinct from, 67-68, 127 with atypical features, 129 bereavement-related, 143-144 bipolar disorder and, 152 cachexia as distinct from, 266-267 CBT for, 132 CSDD for, 123 DBS for, 141 delirium misdiagnosed as, 102, 108-109 demoralization syndrome and, 144 diagnosis of, 125-128 symptoms in, 125 workup and, 130-132 ECT for, 130, 140 eczema and, 358 end-of-life care with, 301, 321-324 frailty and, 149 GDS for, 123 late-onset, 130 among LTC populations, 5 main features of, 128 major types of, 129 malnutrition and, 270-271 antidepressants for, 271 MCI and, 130 medical conditions as cause of, 148-149

with melancholic features, 129

with mixed features, 129

mild, 129

MNCD with, 145-147 clinical cases for, 145-147 MNCDs as distinct from, 67 assessment tools for, 67-68, 127 neuropsychological testing for, 69 symptoms of, 67 moderate, 129 moderate AD and, 50 neurological conditions as cause of, 148-149 neuromodulation therapies for, 140 with PD, 148 persistent depressive disorder, 144 personality disorders and, 240 PHO for, 123 prevalence rates for, 122 prevention strategies, 132-142 types of, 133-134 psoriasis and, 358 psychosocial approaches to, 141 - 142psychotherapy approaches to, 141-142 with psychotic symptoms, 129, 130 ECT for, 130 recurrent, 129 risk factors for, 122, 125, 126 screening for, 123, 130 severe, 129 with significant anxiety symptoms, 129 single episode, 129 SSRIs for, 148 after stroke, 147-148 clinical case for, 147-148 suicide and, myths about, 130 symptoms of MNCDs as distinct from, 67 as reaction to loss, 142 TMS for, 140-141 treatment for, 132-142 with antidepressants, 132-136, 137-138, 139, 140 complementary and alternative options in, 142 evidence-based approaches to, 134-136 with nutraceuticals, 140 "serotonin syndrome" after, 139 treatment-refractory, 139-140 treatment-resistant, 139-140 undernutrition and, 130-132 vascular depression and, 147-148 VNS for, 140, 141 major neurocognitive disorders (MNCDs). See also MNCD with psychotic symptoms AAMI as distinct from, 64-65 brain and memory wellness plans,

65, 66, 379



| cognitive training strategies for,  | medication-induced, 60              | clinical case of, 157                |
|-------------------------------------|-------------------------------------|--------------------------------------|
| 66                                  | mental health prevention for, 82    | disinhibition syndromes and, 156     |
| SCI and, 65                         | mild, 365                           | treatment of, 156–157                |
| alcohol-induced, 60                 | mixed, 60                           | types of, 151                        |
| anoxic brain injury and, 63         | MS and, 62                          | manic episodes, delirium and, 109    |
| anxiety and, 205                    | nutritional disorders with, 269-270 | MCI. See mild cognitive impairment   |
| anxiety disorders and, 215–217      | symptoms of, 270                    | MDD. See major depressive disorder   |
| clinical case for, 216-217          | treatment of, 270                   | MDS. See minimum data set            |
| treatment for, 216                  | palliative care for, 89-90, 303-304 | Medication Appropriateness Index     |
| bathing strategies with, 395–397    | differences in care for, 305–307    | (MAI), 330–333                       |
| biopsychosocial-environmental       | key concerns regarding, 308         | medication burden, 351–352           |
| needs with, 398-399                 | personality disorders as result of, | medication errors, minimization of,  |
| CJD, 62-63                          | 237                                 | 341-348                              |
| common causes of, 44–46             | resident abuse with, 282            | medication-induced anxiety disorder, |
| counseling for                      | reversible causes of, 63-64         | 217                                  |
| for family caregivers, 97           | clinical presentation of, 64        | medication-induced MNCDs, 60         |
| for sexuality and sexual            | common, 63                          | medication-induced psychotic         |
| expression of, 93–94                | RPDs, 62–63                         | disorders, 197                       |
| CSDH, 62                            | schizophrenia as distinct from, 69  | medication-induced sleep-wake        |
| delirium and, 109                   | sexuality and, 90-95                | disorder, 232–233                    |
| accelerated cognitive decline with, | approaches to, 92–93                | megestrol, 260                       |
| 115                                 | clinical cases, 94–95               | melancholic features, MDD with, 129  |
| as cause of, 115                    | family education and counseling     | memantine, 80, 82–83                 |
| distinctions between, 67            | for, 93–94                          | memory                               |
| misdiagnosed as, 102, 108-109       | HCPs and, 92                        | AAMI, 64–65                          |
| diagnosis of, 43                    | interventions for, 92–93            | brain and memory wellness plans,     |
| clarification tests in, 69–70       | among LGBTQ patients, 92            | 65, 66, 379                          |
| differential, 64–70                 | SIBs with, 91                       | cognitive training strategies for,   |
| tools for, 69–70                    | sleep disorders with, 232           | 66                                   |
| distress caused by, models to       | "Sundowner syndrome", 232           | SCI and, 65                          |
| facilitate, 397–398                 | SPPEICE and, 367–368                | brain and memory wellness plans,     |
| DMC with, 95–96                     | in clinical cases, 369              | 65, 66, 379                          |
| cognitive abilities and, 95         | cultural expression promoted        | attention training in, 380           |
| concurrent proxy in, 96             | through, 369–370                    | brain-healthy nutrition, 381         |
| key principles in, 95–96            | hearing and listening to resident,  | executive function improvement       |
| end-of-life care with, 303-304      | 367                                 | in, 380                              |
| ethical issues with, 286–287        | meaningful activities promotion     | resources for, 380                   |
| family caregivers and, caring for,  | through, 365, 367–368               | repetition and relaxation strategies |
| 96–97                               | sexual expression promoted          | for, 66                              |
| after death of patient, 97          | through, 368-369                    | mental health navigator (MHN), 24    |
| education and counseling            | substance abuse-induced, 60         | mental health prevention             |
| for, 97                             | from methamphetamines, 60           | for MNCDs, 82                        |
| spouses as, 96                      | from TBI, 60–61                     | nutritional care and, 271            |
| HAD, 61                             | treatment of, 78–83                 | mental health professionals (MHPs).  |
| HD, 61–62                           | for cognitive and functional        | See also assessment processes        |
| hospitalization for psychiatric     | deficits, 80–97                     | examination of previous medical      |
| emergency for, 90                   | goals of, 80                        | records, 30                          |
| incidence rates for, 43             | by health care team members, 79     | psychosocial assessments by, 20–23   |
| LTC for, 1, 11, 25, 43              | with psychotropic medications,      | of SIBs, 26                          |
| epidemiology of, 1–6                | 86-88                               | of sleep disturbance, 26–27          |
| MCI as distinct from, 65–67         | in specialized care units, 78–80    | of suicidality, 26                   |
| MDD as distinct from, 67            | wellness strategies for, 82         | of violence, 26                      |
| assessment tools for, 67-68         | malnutrition, MDD and, 270–271      | mental health services               |
| neuropsychological testing for, 69  | antidepressants for, 271            | evidence-based psychotropic          |
| symptoms of, 67                     | mania, 151                          | medication therapy in, 14            |
| MDD with, 145–147                   | with affective psychosis, 179       | funding for, 12–16                   |
| clinical cases for, 145–147         | affective psychosis with, 179       | future research priorities           |
| meaningful activities with, 365,    | mixed, 151                          | for, 12–16                           |
| 367–368                             | primary, 151                        | for LTC residents, 9–11              |
| medical comorbidity with 88-89      | secondary 151 156-157               | prevention strategies 15-16          |



### Index

| mental health services (cont.)  |
|---|
| psychosocial environmental  |
| approaches to, 13   |
| reasons for seeking, 10   |
| team members in, 10   |
| mental status examinations, 31–32                                       |
| methadone, 354–355  |
| methamphetamines, MNCDs from, 60  |
| methylphenidate, 230  |
| MHN. See mental health navigator  |
| MHPs. See mental health professionals micronutrient deficiency, 262–263 |
| causes of, 262  |
| folate deficiency, 262  |
| risk factors for, 262   |
| testing for, 263  |
| treatment for, 263  |
| Mild AD, 50   |
| mild BPSD, 70-71  |
| mild cognitive impairment (MCI),  |
| 65–67   |
| MDD and, 130  |
| mild MDD, 129   |
| mild MNCDs, meaningful activities                                       |
| with, 365 Mild Neurocognitive Disorder (Mild                            |
| Mild Neurocognitive Disorder (Mild NCD), 48–50                          |
| milnacipran, 355–356  |
| Mini-Mental State Examination   |
| (MMSE), 32–34, 37   |
| minimum data set (MDS), 30  |
| Mini-Nutritional Assessment (MNA),                                      |
| 249-250   |
| mixed delirium, 103   |
| mixed major neurocognitive disorders                                    |
| 60  |
| mixed mania, 151  |
| mixed psychotic disorders, 197–198                                      |
| MMSE. See Mini-Mental State   |
| Examination MNA. See Mini-Nutritional                                   |
| Assessment  |
| MNCD with psychotic symptoms,   |
| 190–194   |
| AD and, 190   |
| antipsychotic medications for, 192                                      |
| clinical case for, 193-194  |
| delusions with, 190-191   |
| hallucinations with, 190  |
| treatment of, 191–193   |
| MNCDs. See major neurocognitive   |
| disorders   |
| MOCA. See Montreal Cognitive  |
| Assessment  |
| modafinil, 230<br>moderate AD, 50–51                                    |
| BPSD and, 50  |
| EPS with, 50–51   |
|   |

| activities with, 365                  |
|---------------------------------------|
| Montessori method, 382                |
| Montreal Cognitive Assessment         |
| (MOCA), 34–35                         |
| mood disorders. See also major        |
| depressive disorder; suicide          |
|                                       |
| apathy syndrome, 149–151              |
| clinical case for, 150–151            |
| common causes of, 149                 |
| symptoms of, 149–150                  |
| treatment approaches to, 150          |
| complications of, 122                 |
| consequences of, 122                  |
| in LTC populations, 120               |
| common causes of, 121                 |
| medications as cause of, 122          |
| mania, 151                            |
|                                       |
| with affective psychosis, 179         |
| mixed, 151                            |
| primary, 151                          |
| secondary, 151, 156-157               |
| types of, 151                         |
| personality disorders and, 237        |
| prevalence of, 120-121                |
| SSRDs and, 241                        |
| morphine, 354–355                     |
| MRI. See magnetic resonance imaging   |
| MS. See multiple sclerosis            |
| MSA. See multiple system atrophy      |
| multicomponent psychosocial           |
|                                       |
| environmental approach, 227           |
| multimodal psychosocial-              |
| environmental interventions,          |
| for delirium, 113                     |
| multiple sclerosis (MS), 62           |
| multiple system atrophy (MSA), 51, 54 |
|                                       |
| naloxone, 355                         |
| naturally occurring retirement        |
| communities (NORCs), 12               |
| neighborhood model, for PCLTCCs,      |
| 410                                   |
| neuroimaging                          |
|                                       |
| assessment through, 37                |
| with CT, 37                           |
| with MRI, 37                          |
| neuromodulation therapies, for MDD    |
| 140                                   |
| neuropathic pain, 355-356             |
| Neuropsychiatric Inventory - Nursing  |
| Home (NPI – NH) version, 36           |
| neuroticism, 241                      |
| nicotine use disorder, 244            |
| nightmare disorder, 231               |
| nociceptive pain, 353                 |
| Nolan, Mike, 382                      |
|                                       |
| non-24-hour sleep-wake disorder,      |

230-231

nonmaleficence, 285

moderate MNCD, meaningful

```
nonsteroidal anti-inflammatory drugs
       (NSAIDS), 353-354
NORCs. See naturally occurring
       retirement communities
normal psychomotor activity, delirium
       with, 103
norquetiapine, 113-114
nortriptyline, 140, 355-356
NPI - NH version. See
       Neuropsychiatric Inventory -
       Nursing Home version
NSAIDS. See nonsteroidal anti-
       inflammatory drugs
nursing assistants, in LTC facilities, 11
nursing homes, LTC in, 1
nutraceuticals, in MDD treatment, 140
nutritional care. See also
       undernutrition
  ANH, 289
  anorexia and, 260-261
     of aging, 260
  brain-healthy, 271-272
  cachexia, 266-267
  dehydration and, 261-262
     diagnosis and assessment of, 261
     treatment strategies for, 261-262
  electrolyte imbalance, 261–262
  during end-of-life care, 320-321
  frailty and, 263-266
     assessment of, 263-265
     causes of, 265-266
    prevention and management of,
     testosterone replacement therapy
       for, 266
  loss of appetite and, 260-261
  medications and, 271
  mental health and, 271
  micronutrient deficiency, 262-263
     causes of, 262
     folate deficiency, 262
     risk factors for, 262
     testing for, 263
     treatment for, 263
  sarcopenia, 266
  vitamin deficiency and, 263
nutritional disorders. See also
       malnutrition; undernutrition
  with MNCDs, 269-270
     symptoms of, 270
     treatment of, 270
obesity, 267-269
  BMI and, 267
  causes of, 267-268
  central, 267
  clinical cases for, 269
  defined, 267
  prevalence of, 267
```

quality of life and, 268-269

MDD and, 50

moderate MDD, 129



More Information

Cambridge University Press 978-1-107-16422-2 — Psychiatric Consultation in Long-Term Care 2nd Edition Index

Index

risk factors for, 268 opioid medications for, 318-319 patient-controlled analgesia (PCA) treatment for, 268 alternatives to, 345-346 pump, 355 obsessive-compulsive and related with PCA pump, 355 PCLTCCs. See person-centered longdisorders psychiatric aspects of, 353-356 term care communities common types of, 205 through scheduled dosing, 353 PCT. See palliative care team complications of, 206 with tramadol, 318-319, 354 PD. See Parkinson disease consequences of, 206 palliative care, 294-304. See also PDD. See Parkinson diseases dementia end-of-life care hoarding disorder, 221-223 PDP. See Parkinson disease psychosis obsessive-compulsive disorder (OCD), applicable measures for, 301 periodic limb movement disorder 221 assessment of need for, 297-301 (PLMD), 26-27 persistent complex bereavement evidence-based approach to, components of, 304, 308 defined, 294 222-223 disorder, 325 obstructive sleep apnea/hypopnea for delirium, 118 persistent delirium, 115 DNH orders, 89-90 syndrome (OSAHS), 26-27, 29, persistent depressive disorder, 144 DNI orders, 89-90 232 persistent distressing insomnia, 225 OCD. See obsessive-compulsive DNR orders, 89-90 personality disorders, 235-240 disorder education and training for, 311, 327 aging and, 235, 236-237 olanzapine, 86-87 goal of, 294-297 clinical case for, 240 for LTC residents, 7 for bipolar disorder, 155 MDD and, 240 for delirium, 113-114 for MNCDs, 89-90, 303-304 MNCDs as cause of, 237 for PDP, 196 differences in care for, 305-307 mood disorders and, 237 for treatment-resistant MDD, 139 key concerns for, 308 prevalence of, 235-237 opioid medications. See also outcome measures for, 302-303 symptoms of, 235-237, 238 terms for, 295-297 deprescribing of medications; treatment strategies for, 237-240 potentially inappropriate palliative care team (PCT), 297, 298-300 person-centered care. See also spiritual prescribing education and training for, 311, 327 sensory environmental adverse effects of, 354 during end-of-life care, interventions and creative as high-risk medication, 354 325-327 engagement in LTC populations, multiple palliative sedation, 307-308 components of, 361 prescriptions for, 7 panic disorder, 214-215 defined, 361-362 causes of, 214 in pain management, 318-319, person-centered long-term care 354-355 clinical case of, 214-215 communities (PCLTCCs), alternatives to, for chronic pain, treatment of, 214 361-362, 404 345-346 parenteral nutrition, 260 action stage of, 407-414 opioid use disorder, 245 Parkinson disease (PD) activity programming in, 407 opioid-phobia, 353 anxiety and, 205 contemplation stage, 405 CQI in, 410-411 oral nutritional supplements, anxiety disorder and, 217 256-260 Parkinson disease psychosis (PDP), culture change in, 409-410 OSAHS. See obstructive sleep apnea/ HATCh model for, 409-410 194-196 hypopnea syndrome hallucinations with, 194-195 neighborhood model for, 410 OTC medications. See over-thetreatment strategies for, 195-196 regenerative care model for, 410 counter medications pharmacologic therapies in, facility design for, 407 otic disorders, violence and aggressive 195-196 future residents of, 415 behavior and, prevention Parkinson diseases dementia (PDD), high-quality health care in, strategies for, 202 51 - 55411-412 initiatives in, 412 over-the-counter (OTC) medications, benzodiazepines for, 55 hypersomnia and, 208 biological factors for, 71 key characteristics of, 406-407 clinical case, 54-55 leadership teams in, 406, 412-413 pain assessment scales, 36 incidence rates for, 54 maintenance stage in, 414-415 pain management MDD with, 148 organizational partnerships with, with BPSD, 77-78 MSA as cause of, 51, 54 407, 414 SPPEICE and, 55 common causes of, 78 precontemplation stage, 404-405 in end-of-life care, 318-319 treatment of preparation stage, 405 of nociceptive pain, 353 with ChEIs, 80 prevention programs in, 411 with levodopa, 78-80 nondrug approaches to, 384 primary goals of, 405 with NSAIDs, 353-354 UTIs and, 55 psychosocial spiritual care in, 406 with opioid medications, 318-319, PAS. See Pittsburgh Agitation Scale quality of care in, 406 354-355 Patient Health Questionnaire (PHQ), resident families in, 406 alternatives to, for chronic pain, 35 - 36resident leadership in, 412-413

for MDD, 123

345-346

resources for, 408-409



#### Index

PCLTCCs (cont.) staff in, 406-407 leadership in, 412-413 technology use in, 407, 413-414 value of work in, 413 pharmacological treatments basic principles of, 335 for BNPS symptoms, 341 for bipolar disorder, 154-155 for delirium, 113-114 ethnic factors for, 334 for PDP, 195-196 risk factors with, 334 for sleep-wake disorders, 227-230 for undernutrition, 260 PHQ. See Patient Health Questionnaire physical examinations, assessment processes through, 31 Physical Self-Maintenance Scale (PSMS), 35 physician-assisted hastening of death, 307-308. See also euthanasia family caregivers and, 308 pimavanserin, 86-87 for PDP, 196 PIP. See potentially inappropriate prescribing Pittsburgh Agitation Scale (PAS), 36 PLMD. See periodic limb movement disorder polypharmacy, 314-315 PIP and, 330-333 Positive Psychiatry, 321 post-traumatic stress disorder (PTSD), 218-221 causes of, 218-219 clinical case for, 220-221 evidence-based approaches to, 219 - 220in LTC populations, 5-6 risk factors for, 218-219 subsyndromal, 218 symptoms of, 218 potentially inappropriate prescribing (PIP), 330 ADEs from, 334 clinical case for, 349 prevention and treatment of, 348-349 of anticholinergic drugs reduction strategies for, 334-343 safer alternatives to, 342-343 clinical case for, 341-348 complications from, 334 drug-drug interactions and, 349-351 Fleetwood Model and, 348 of high-risk medications, 341-347 for antipsychotics, 346-347 for benzodiazepines, 347

key forms of, 331-333 minimization strategies for, 341-348 polypharmacy and, 330-333 prescribing cascade and, 350 psychiatric aspects of, 352-358 for constipation management, 352 - 353for dermatologic conditions, 357-358 for pain management, 353-356 for seizure disorder/epilepsy management, 356-357 reduction strategies for, 336-338, 348, 351-352 pramipexole, 140 pregabalin, 355-356 premorbid anxiety disorders, 216 GAD, 207-213 clinical case for, 211-213 prescribing cascade, 350 pressure ulcers, nondrug approaches to, 384 prevention strategies, for psychiatric disorders ADEs and, 348-349 for delirium, 115-118 Internet resources for, 117 in LTC populations, 116 for MDD, 132-142 types of, 133-134 mental health services in, 15-16 nutritional care, 266 resident abuse, 276, 278-282 with MNCDs, 282 for suicide, 161 for undernutrition, 254-255 for violence and aggressive behavior and, 198-202 primary mania, 151 primary psychotic disorders. See also schizophrenia affective psychosis, 175-179 clinical case for, 177-178 mania with, 179 MDD with, 175-177 delusional disorder, 189 schizoaffective disorder, 180-189 clinical case for, 188-189 treatment strategies for, evidencebased approaches in, 183-185 primary RLS, 231 probable AD, 47 professional caregivers, 392 progressive supranuclear palsy (PSP), Progressively Lowered Stress Threshold Model, 397-398 PSMS. See Physical Self-Maintenance Scale psoriasis, 358

PSP. See progressive supranuclear palsy psychiatric disorders. See major neurocognitive disorders; mood disorders; psychotic disorders psychiatric illness, acute, 109 psychoactive medications. See also deprescribing of medications; potentially inappropriate prescribing delirium as result of, 104 psychological symptoms, assessment of, 35-36 psychosocial approaches and initiatives, in SPPEICE, 365-371 through companionship, 370 through friendships, 370 through intergenerational connections, 370 promotion of sense of purpose, 368 through sexual expression, 368-369 staff-initiated positive relationships, 365-367 psychosocial needs, 21-22 psychosocial-spiritual wellness care plans. See also spiritual sensory environmental interventions and creative engagement for adjustments to new home, 392-394 animal-assisted approaches, 377 biopsychosocial-environmental needs under, 398-399 brain and memory wellness plans, 65, 66, 379 attention training in, 380 brain-healthy nutrition, 381 executive function improvement in, 380 resources for, 380 components of, 362-363 CR approach, 378-379 through creative engagement, 377 dance and movement therapy, 379 decision-making through, 394-395 dignity-conserving approaches in, 373-374 benevolent deception in, 374 truth telling in, 374 environmental approaches and initiatives in, 375-376 bright light therapy, 376-377 design issues in, 375 family caregivers as part of, 388 family education as part of, 387 family visits as part of, 386-387 high-tech approaches, 378 inner exploration as part of, 373

innovative approaches to, 381-382



More Information

| 271 272                                  | t   | DC 1 276 279                                 |
|--|---|--|
| sensory approaches to, 371–372           | types of, 166–167, 168                    | DS and, 276–278                              |
| through aromas, 372                      | violence and aggressive behavior          | interpersonal violence in, 274               |
| through music, 371                       | and, 165, 198–202                         | Long-Term Care Ombudsman                     |
| through physical activity and            | assessment of, 198                        | Program for, 282                             |
| exercise, 371                            | homicide and, 198                         | management of, 280–281                       |
| through touch, 372                       | prevention strategies for, 198–202        | neglect as, 274                              |
| simulated presence, 377                  | protective factors for, 201               | prevalence of, 276                           |
| for special populations, activities for, | risk factors for, 199-200                 | prevention strategies for, 276,              |
| 379–381                                  | psychotropic medications. See also        | 278-282                                      |
| specialists in, 383-386                  | deprescribing of medications;             | with MNCDs, 282                              |
| spiritual approaches to, 372-373         | potentially inappropriate                 | risk factors for, 277–278                    |
| chaplain services, 373                   | prescribing                               | screening questions for, 279                 |
| through nonreligious activities,         | appropriate indications for               | SIBs and, 274                                |
| 373                                      | prescriptions, 339–340                    | treatment for, 282-283                       |
| through organized religious              | for BPSD, 86-88                           | types of, 275–276                            |
| activities, 372–373                      | evidence-based approaches to, 14          | verbal abuse, 274                            |
| through spontaneous religious            | FDA approval of, 86–88                    | resident assessment instrument (RAI),        |
| experiences, 373                         | in LTC populations, 5, 6                  | 30   |
| strengths-based approach, 364            | for MNCDs, 86–88                          | restless leg syndrome (RLS), 26-27,          |
| for AD, 366                              | with renal impairment, 338–344            | 231–232                                      |
| for retained skills, 364                 | PTSD. See post-traumatic stress           | primary, 231                                 |
| psychotic disorders. See also primary    | disorder                                  | secondary, 231                               |
| psychotic disorders;                     | district                                  | treatment for, 231–232                       |
| schizophrenia; secondary                 | quality of life, obesity and, 268-269     | restraints, use of, 290–291                  |
| psychotic disorders                      | quetiapine, 86–87                         | reversible causes of MNCDs, 63–64            |
| AD and, 172                              | for bipolar disorder, 155                 | clinical presentation of, 64                 |
| with alcohol use disorder, 197           | for delirium, 113–114                     | common, 63                                   |
| assessment tools for, 173–174            |   |  |
| brief, 189                               | for MNCD with psychotic                   | risperidone, 61, 86–87 for delirium, 113–114 |
|  | symptoms, 191                             | •  |
| complications of, 171                    | for PDP, 196                              | rivastigmine, 81                             |
| consequences of, 171                     | for treatment-resistant MDD, 139          | for AD, 80                                   |
| delusions                                | quiet delirium, 103                       | RLS. See restless leg syndrome               |
| bizarre, 165                             | DAY 0 11                                  | RPDs. See rapidly progressive                |
| defined, 165                             | RAIs. See resident assessment             | dementias                                    |
| diagnosis of, 167–169                    | instrument                                |  |
| test workup in, 176–177                  | ramelteon, 86–87                          | Saint Louis University Mental State          |
| hallucinations, 165                      | rapidly progressive dementias (RPDs),     | Exam (SLUMS), 34–36                          |
| during bereavement, 189                  | 62-63                                     | sarcopenia, 266                              |
| hypnagogic, 165                          | rational deprescribing, 333               | schizoaffective disorder, 180–189            |
| hypnopompic, 165                         | RBD. See REM sleep behavior disorder      | clinical case for, 188–189                   |
| with previous medical conditions,        | reasonable person standard,               | treatment strategies for, evidence-          |
| 196                                      | 284                                       | based approaches in, 183-185                 |
| medication-induced, 197                  | recovery period, after delirium,          | schizophrenia, 69, 179-187                   |
| medications as causes of,                | 114–115                                   | age of onset for, 179                        |
| 168–169                                  | outcomes during, 115                      | cognitive deficit with, 179-180              |
| mixed, 197-198                           | recurrent MDD, 129                        | delirium as distinct from, 172               |
| prevalence of, 165                       | regenerative care model, for PCLTCCs,     | prevalence of, 179                           |
| previous medical conditions as           | 410                                       | suicide risks and, 180                       |
| cause of, 196–197                        | REM sleep behavior disorder (RBD),        | symptoms of, 170, 171, 179                   |
| hallucinations with, 196                 | 26–27, 231                                | treatment strategies for, 180-187            |
| treatment strategies for, 197            | DLB and, 53-54                            | with antipsychotic medications,              |
| risk factors for, 170                    | reminiscence therapy, 321-322             | 180  |
| substance-induced, 197                   | renal impairment, psychotropic            | with benzodiazepines, 180                    |
| treatment strategies for                 | medications with, 338-344                 | evidence-based approaches in,                |
| with antipsychotic medications,          | repetition and relaxation strategies, for | 183–185                                      |
| 185–187                                  | memory, 66                                | undernutrition and, 175                      |
| evidence-based approaches in,            | resident abuse, 274–283                   | SCI. See subjective cognitive                |
| 181–182                                  | defined, 274                              | impairment                                   |
| with previous medical conditions,        | differential diagnosis of, 276–278        | screening tests, 37                          |
| 197                                      | DMC and, 283                              | CSDD, 37                                     |
|  |   |  |



## Index

| screening tests (cont.)  |
|--|
| GDS, 37  |
| MMSE, 37   |
| SLUMS, 37  |
| Screening Tool of Older Person's   |
| Potentially inappropriate  |
| Prescription (STOPP), 330-333  |
| Screening Tool to Alert doctors for the                                      |
| Right Treatment (START),   |
| 330–333  |
| SD. See semantic dementia  |
| secondary mania, 151, 156–157<br>clinical case of, 157                       |
| disinhibition syndromes and, 156   |
| treatment of, 156–157  |
| secondary psychotic disorders,   |
| 189–196. See also MNCD with  |
| psychotic symptoms   |
| delirium with psychotic symptoms,  |
| 196  |
| hallucinations with, 189-190   |
| PDP, 194-196   |
| pharmacologic therapies in,  |
| 195–196  |
| treatment strategies for, 195-196  |
| symptoms of, 189–190   |
| treatment of, 190  |
| secondary RLS, 231   |
| sedation. See palliative sedation  |
| seizure disorder management, 356–357 selective serotonin reuptake inhibitors |
| (SSRIs), 88  |
| for MDDs, 148  |
| for SIBs, 93   |
| selegiline, 140  |
| semantic dementia (SD), 56   |
| sensory approaches, in wellness care   |
| plans, 371–372   |
| through aromas, 372  |
| through music, 371   |
| through physical activity and  |
| exercise, 371  |
| through touch, 372   |
| "serotonin syndrome," 139  |
| severe AD, 51  |
| severe and persistent mental illness   |
| (SPMI), 37   |
| severe MDD, 129<br>severe MNCD, meaningful activities                        |
| with, 365  |
| sexuality  |
| in LTCs, 90–95   |
| MNCDs and, 90–95   |
| approaches to, 92–93   |
| clinical cases, 94–95  |
| family education and counseling  |
| for, 93-94   |
| HCPs and, 92   |
| interventions for, 92–93   |
| among LGBTQ patients, 92   |

| sexually inappropriate behaviors (SIBs)             |
|---|
| assessment of, 26                                   |
| with MNCDs, 91                                      |
| resident abuse and, 274                             |
| SSRIs for, 93                                       |
| simulated presence, 377                             |
| single episode MDD, 129                             |
| Six Senses Program, 382                             |
| sleep disorders, 26–27. See also sleep-             |
| wake disorders                                      |
| with MNCDs, 232 "Sundowner syndrome," 232           |
| sleep disturbances, assessment of,                  |
| 26–27   |
| sleep-wake disorders, 206, 223–231                  |
| aging and, 225                                      |
| complications of, 206                               |
| consequences of, 206                                |
| diagnosis of, 224                                   |
| EDS, 208, 225                                       |
| environmental factors for, 225                      |
| etiology of, 223, 225                               |
| hypersomnia, OTC medications                        |
| linked with, 208<br>insomnia, 230                   |
| evidence-based approaches to,                       |
| 226–227   |
| in LTC populations, 6                               |
| medications linked with, 207                        |
| persistent distressing, 225                         |
| medication-induced, 232-233                         |
| nightmare disorder, 231                             |
| non-24-hour, 230-231                                |
| OSAHS, 26–27, 29, 232                               |
| prevalence of, 223                                  |
| prior medical conditions as cause of,               |
| 233   |
| psychosocial factors for, 225<br>RBD, 26–27, 231    |
| DLB and, 53–54                                      |
| RLS, 26–27, 231–232                                 |
| primary, 231  |
| secondary, 231                                      |
| treatment for, 231–232                              |
| treatment for, 225-230                              |
| evidence-based approach in,                         |
| 228-230   |
| multicomponent psychosocial                         |
| environmental approach in,                          |
| 227   |
| pharmacological approach in,                        |
| 227–230<br>SLUMS. <i>See</i> Saint Louis University |
| Mental State Exam                                   |
| Snoezelen program, 382                              |
| social anxiety disorders, 215                       |
| somatic symptom and related                         |
| disorders (SSRDs), 240–242                          |
| mood disorders as distinct from, 241                |

neuroticism and, 241

| risk factors for, 241   |
|---|
| treatment strategies for, 242<br>with CBT, 242                |
| Spark of Life Approach program, 382                           |
| specific phobias, 215   |
| spiritual approaches, in wellness care                        |
| plans, 372-373  |
| chaplain services, 373  |
| through nonreligious activities, 373                          |
| through organized religious activities, 372–373               |
| through spontaneous religious                                 |
| experiences, 373  |
| spiritual care, 309–312                                       |
| clinical case for, 311–312                                    |
| spiritual sensory environmental                               |
| interventions and creative                                    |
| engagement (SPPEICE), 9,                                      |
| 362–364. See also psychosocial                                |
| approaches and initiatives barriers to implementation of, 383 |
| key strategies to, 386  |
| for BPSD, 83, 84–85   |
| through community promotion, 370                              |
| distress reduction through, 398–399                           |
| de-escalation strategies for, 401                             |
| for DLB, 55   |
| in end-of-life care, 310                                      |
| individualized approach to, 364–365                           |
| for MNCD with psychotic                                       |
| symptoms, 191<br>for PDD, 55                                  |
| professional caregivers, 392                                  |
| for residents with MNCD,                                      |
| 367–368   |
| in clinical cases, 369  |
| cultural expression, 369-370                                  |
| hearing and listening to resident,                            |
| 367   |
| meaningful activities for, 365, 367–368                       |
| sexual expression, 368-369                                    |
| specialists in, 383-386                                       |
| staff education and training for,                             |
| 388–391   |
| for staff-family relationship                                 |
| improvement, 391<br>SPMI. See severe and persistent mental    |
| illness   |
| spontaneous religious experiences, 373                        |
| spouses, as caregivers, 96                                    |
| SPPEICE. See spiritual sensory                                |
| environmental interventions                                   |
| and creative engagement                                       |
| SSRDs. See somatic symptom and                                |
| related disorders   |
| SSRIs. <i>See</i> selective serotonin reuptake inhibitors     |
| standardized assessment scales, 32,                           |
| standardized assessificial scales, 32,                        |

33-34



More Information

|                                       |                                       | _                                   |
|---------------------------------------|---------------------------------------|-------------------------------------|
| standards of care, for LTC residents, | Taylor, Richard, 361                  | prevention strategies for,          |
| 290–292                               | TBI. See traumatic brain injury       | 254-255                             |
| STAR approach, to BPSD, 85–86         | technology use, in PCLTCCs, 407,      | schizophrenia and, 175              |
| START. See Screening Tool to Alert    | 413–414                               | treatment strategies for, 253,      |
| doctors for the Right                 | telehealth, 286                       | 254–255                             |
| Treatment                             | terminal-stage AD, 51                 | with feeding skills training        |
| state-of-the-science care, for LTC    | testosterone replacement therapy, 266 | program, 253–255                    |
| residents, 290–292                    | tetrabenazine, 61                     | oral nutritional supplements in,    |
| STOPP. See Screening Tool of Older    | TimeSlips, 382                        | 256–260                             |
| Person's Potentially                  | tizanidine, 356                       | parenteral nutrition, 260           |
| inappropriate Prescription            | TMS. See transcranial magnetic        | with pharmacological therapies,     |
| strengths-based approach, in wellness | stimulation                           | 260                                 |
| care plans, 364                       | tobacco use, 27                       | through various diets, 256–259      |
| for AD, 366                           | training                              | Universal Transfer Form (UTF), 30   |
| for retained skills, 364              | for attention, 66, 380                | urinary tract infections (UTIs), 55 |
| stroke, MDD after, 147-148            | cognitive training strategies, 66     | delirium and, 112                   |
| clinical case for, 147–148            | feeding skills training program,      | UTF. See Universal Transfer Form    |
| subjective cognitive impairment       | 253–255                               | UTIs. See urinary tract infections  |
| (SCI), 65                             | for palliative care staff, 311, 327   |                                     |
| substance abuse                       | for SPPEICE, 388–391                  | VaD. See vascular dementia          |
| anxiety disorders and, 218            | for staff-family relationship         | vagal nerve stimulation (VNS), for  |
| MNCDs from, 60                        | improvement, 391                      | MDD, 140, 141                       |
| psychotic disorders and, 197          | tramadol, 318-319, 354                | valid consent, 283-284              |
| substance use disorders (SUD),        | transcranial magnetic stimulation     | vascular dementia (VaD), 55         |
| 242-244                               | (TMS), 140–141                        | biological factors for, 71          |
| treatment strategies for, 245-247     | transmucosal fentanyl, 319            | causes of                           |
| with benzodiazepines, 244,            | trauma and stress-related disorders,  | cerebrovascular disease, 55         |
| 246-247                               | 218-221. See also post-               | strokes, 55                         |
| evidence-based approach to,           | traumatic stress disorder             | symptoms of, 55                     |
| 245-246                               | common types of, 205                  | vascular depression, 147-148        |
| substance-induced psychotic disorder, | complications of, 206                 | verbal abuse, 274                   |
| 197                                   | consequences of, 206                  | violence                            |
| substance-related and addictive       | excoriation disorder, 223             | assessment of, 26, 198              |
| disorders, 242-247. See also          | traumatic brain injury (TBI)          | psychotic disorders and, 165,       |
| alcohol abuse; substance abuse        | CTE, 61                               | 198–202                             |
| alcohol use disorder, 244             | MNCDs from, 60-61                     | assessment of, 198                  |
| cannabis use disorder, 244-245        | treatment-refractory MDD,             | homicide and, 198                   |
| nicotine use disorder, 244            | 139–140                               | prevention strategies for, 198-202  |
| opioid use disorder, 245              | treatment-resistant MDD, 139-140      | protective factors for, 201         |
| SUD, 242–244                          | trospium, 115                         | risk factors for, 199–200           |
| treatment strategies for, 244,        | truthfulness                          | in resident abuse, 274              |
| 245-247                               | in long-term care, 287                | vitamin deficiency, 263             |
| substituted judgment, 284             | in psychosocial-spiritual wellness    | VNS. See vagal nerve stimulation    |
| subsyndromal delirium, 111            | care plans, 374                       | -                                   |
| subsyndromal PTSD, 218                | •                                     | wandering, 77                       |
| SUD. See substance use disorders      | undernutrition, 249-260               | wasting disease. See cachexia       |
| suicide, suicidality and, 158-161     | assessment of                         | wellness strategies. See also       |
| assessment of, 26, 161                | with MNA, 249-250                     | psychosocial-spiritual wellness     |
| bipolar disorder and, 155             | tests and measurements for, 253       | care plans                          |
| during end-of-life care, 321–324      | BMI and, 249-250                      | for AAMI, 65, 66, 379               |
| MDD and, myths about, 130             | common causes of, 252                 | in LTC residents, 15-16             |
| prevalence of, 160–161                | complications of, 249                 | for MNCDs, 82                       |
| prevention strategies for, 161        | defined, 249–250                      | Wernicke encephalopathy, 63–64      |
| protective factors for, 160           | dysphagia and, 260                    | women, in LTC populations, 6        |
| risk factors for, 158–159, 160, 161   | manifestations of, 250–253            | i i                                 |
| "Sundowner syndrome," 232             | MDD and, 130–132                      | ziprasidone, 196                    |
| o <sub>j</sub> narome, 202            | , 100 102                             | 1                                   |