

# Altered Responses

## Session 1

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Host and Moderator: Roslyn Compton

Presenters: Deb Schick and Erin Yakiwchuk

June 5, 2025



BY  
Pallium Canada



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# Territorial Honouring



# The Palliative Care ECHO Project

The Palliative Care ECHO Project is a 5-year national initiative to cultivate communities of practice and establish continuous professional development among health care providers across Canada who care for patients with life-limiting illness.

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The Palliative Care ECHO Project is supported by a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

# Welcome and Reminders

- Please introduce yourself in the chat!
- Your microphones are muted. There will be time during this session for questions and discussion.
- You are also welcome to use the Q&A function to ask questions
- Use the chat function if you have any comments or are having technical difficulties.
- This session is being recorded and will be emailed to registrants within the next week.
- Remember not to disclose any Personal Health Information (PHI) during the session

# Introductions

## Host and Moderator

**Roslyn Compton, PhD RN GNC (C)**  
Director of Education  
Canadian Gerontological Nurses Association

## Presenters

**Deb Schick, RN, MSN**  
Leader for Professional Practice, Sherbrooke  
Administrator, Central Haven  
Saskatoon, SK

**Erin Yakiwchuk, BSP, ACPR, MSc, BCGP**  
Assistant Professor  
College of Pharmacy and Nutrition  
University of Saskatchewan

# Learning Objectives

By the end of the session, participants will be able to:

Identify tools available  
to support individuals  
experiencing altered  
responses

Discuss limitations of  
medications

Discuss the benefits  
of a team approach



# Dementia

An umbrella term used to describe a collection of brain diseases and their symptoms, including memory loss, impaired judgement, personality changes, and difficulty performing daily tasks.

**ALZHEIMER**  
**CALGARY**

it's still **me** in here

## Alzheimer's Disease



**60-70%**  
of dementia cases

## Vascular Dementia



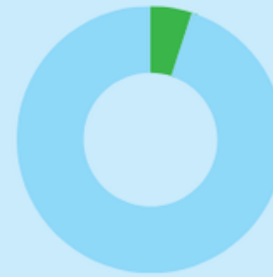
**10-20%**  
of dementia cases

## Frontotemporal Dementia



**10%**  
of dementia cases

## Lewy Body Dementia



**5%**  
of dementia cases

## Other Dementias



**5%**  
of dementia cases



# Altered Responses

- Non-cognitive symptoms of dementia, such as changes in behaviour and mood, that occur frequently in individuals living with dementia
- Also known as Behavioural and Psychological Symptoms of Dementia (BPSD), neuropsychiatric symptoms, responsive behaviours
- Choice of terminology for this presentation
  - All behaviour has meaning
  - Language is important
    - Describe without judgement



# Altered Responses

- Almost universal
  - 75% in community-dwelling individuals living with dementia
  - > 80% in individuals with dementia living in long-term care
- More common in advanced dementia
- May include:

Hallucinations	Delusions
Changes in appetite	Insomnia
Depression	Anxiety
Apathy	Irritability
Disinhibition	



# Altered Responses

- Associated with:
  - ↓ Mental health in individuals living with dementia
  - ↑ Caregiver stress, ↓ mental health among caregivers
  - ↑ Informal/formal healthcare costs
  - Earlier admission to long-term care
  - ↑ Mortality



# Altered Responses: Tools in the Toolbelt

*If the only tool you have is a hammer...*

- Psychosocial approaches
  - Exercise
  - Sensory approaches (e.g. massage, aromatherapy)
  - Music therapy
  - Pet therapy
- Gentle Persuasive Approaches (GPA)®
  - De-escalation
- PIECES™
- Medications



# Toolkit

- Gentle Persuasive Approaches (GPA)®
  - De-escalate the situation
  - Like a dance when working well



# Relationships trump tasks (Janine Possberg, OT SCC)

- Preserve the relationship
- Build trust
- Support for the resident and staff
- Stop and go approach
- Not forcing care





# PIECES™

- Another tool in the toolkit
  - Team approach
  - Three Questions
    - What are the priority concerns; is it a change for the Person?
    - What are the risks and possible contributing factors? (think PIECES)
    - What are the actions?

**P**hysical  
**I**ntellect  
**E**mootional  
**C**apabilities  
**E**nvironment  
**S**ocial

# Medications and Altered Responses

- Medications can be a helpful tool to mitigate certain **symptoms**:
  - **PAIN** → Pain medication
  - Depression
  - Anxiety
  - Hallucinations
  - Delusions

Antidepressant

Psychosis → Antipsychotic
- First step: Clarify what symptom you are managing by using a medication!
- Have a low threshold for a trial of a scheduled pain reliever if pain may be a contributor
  - Use validated tools to assess (e.g. PAINAD, PACSLACII)

# Antipsychotics

Typical	Atypical
Haloperidol (Haldol®)	Risperidone (Risperdal®)
Chlorpromazine	Quetiapine (Seroquel®)
	Olanzapine (Zyprexa®)
	Aripiprazole (Abilify®)
	Brexpiprazole (Rexulti®)

- Typical antipsychotics only for short-term use (2-3 days)
- Atypical antipsychotics for longer treatment duration
- CCSMH 2024 BPSD Guidelines recommend risperidone or aripiprazole preferentially for psychosis
  - Recommend **against** the use of olanzapine or multiple antipsychotics concurrently (polypharmacy)

# Antipsychotics



Generally effective for:

- Hallucinations
- Delusions
- Major depressive disorder (adjunct treatment)



Potentially effective for:

- “Agitation”/”aggression”
  - Number needed to treat **5-7**



Ineffective for:

- Calling out
- Wandering, exit-seeking
- Hiding, hoarding items
- Sexual inhibition
- Insomnia
- Eating inedibles (e.g. soap)
- Fidgeting, tapping, clapping
- Inappropriate elimination

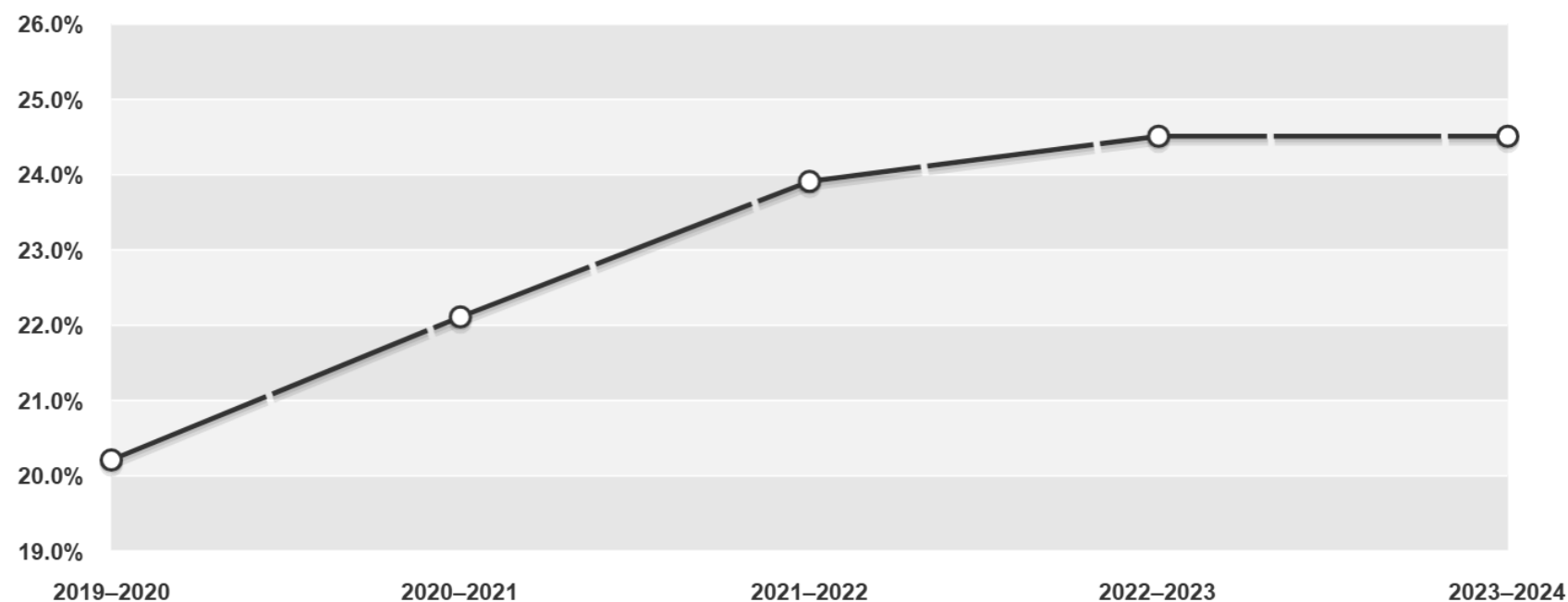
In Canadian long-term  
care homes,

**1** in **4** 

residents are taking  
antipsychotic drugs  
without a diagnosis  
of psychosis

(Source: CIHI, 2023)

## Use of Antipsychotics without Psychosis in Canadian Long-Term Care Homes



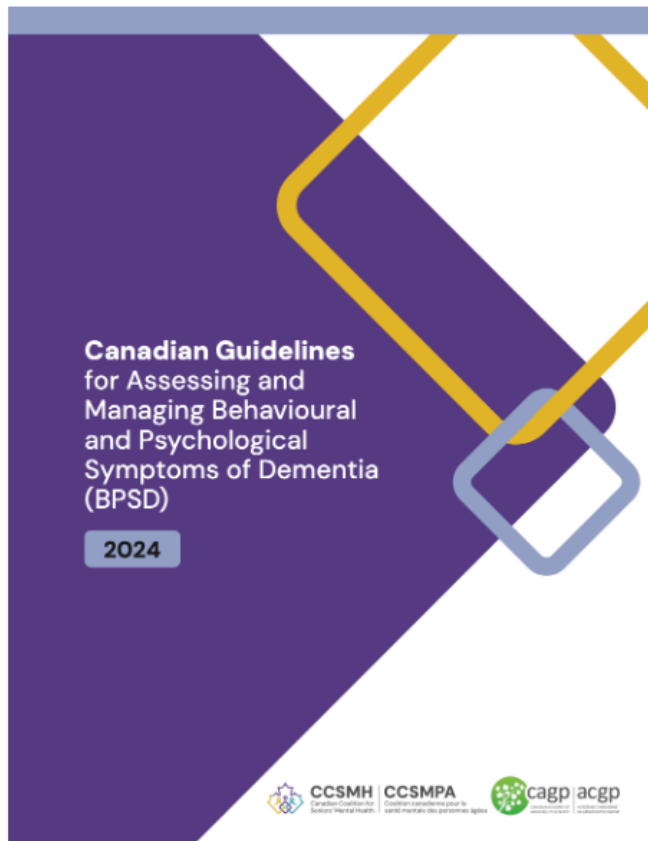
# Antipsychotics – the Downsides

- Health Canada warnings/FDA “Black box” warnings regarding use in individuals with dementia:
  - ↑ risk of death (1.5x)
  - ↑ risk for stroke
  - ↑ risk for pneumonia
- Informed consent
- Other important adverse effects:
  - ↑ fall risk
  - restlessness
  - drowsiness, dizziness
  - extrapyramidal symptoms
  - weight gain
  - ↑ blood pressure
  - ↑ cholesterol
  - ↑ blood glucose
  - postural hypotension
  - tardive dyskinesia



# Resources

- Canadian Coalition for Seniors Mental Health
  - <https://ccsmh.ca/areas-of-focus/dementia/>
  - Behaviours in Dementia Toolkit: <https://behavioursindementia.ca/>



# Resources

- Centre for Effective Practice
  - [CEP Providers | Antipsychotics and Dementia](#)
- RNAO LTC Toolkit
  - <https://ltctoolkit.rnao.ca/clinical-topics/delirium-dementia-depression>
- RxFiles.ca
- Choosing Wisely Canada: When Psychosis isn't the Diagnosis Toolkit
  - <https://choosingwiselycanada.org/toolkit/when-psychosis-isnt-the-diagnosis/>
- Canadian Deprescribing Network
  - <https://www.deprescribingnetwork.ca/>
- Books:
  - Allen Power, MD. Dementia Beyond Drugs: Changing the Culture of Care. 2<sup>nd</sup> ed, 2016
  - Allen Power, MD. Dementia Beyond Disease: Enhancing Well-being, 2014.
  - Ira Byock, MD. The Best Possible Care: A Physician's Quest to Transform Care Through the End of Life, 2012.

# Ms. K

- Grew up on a farm until around 13 when her father died suddenly (one sister)
- School Secretary
- Faith is important to Ms K
- Lived with Mother until her death 18 months ago
- Dealt with depression and anxiety, but managed well with her mother
- Increase in suicidal ideation
- Voicing persecution ideation
- Difficulty with relationship with sister and care staff



More about Ms K's story next week!

# Session Wrap Up

- Please fill out our feedback survey, a link has been added into the chat.
- A recording of this session will be emailed to registrants within the next week.
- Thank you for your participation!
- Save the date for the next session which is set to take place on June 12, 2025 at 11:00am CST

# Thank You



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Q & A





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