GLENN SMITH: Hello. I'm Glenn Smith, a neuropsychologist with the Mayo Clinic Department of Psychiatry and Psychology. And I'm here today to tell you a little bit about our dementia behavioral assessment and response team. For the better part of 15 years now, myself, a psychiatrist, and other professionals have been working with local and statewide care centers and families living in their own homes, actually, whenever people with dementia have some form of behavioral challenge, that's complicating their lives and the quality of life of those folks around them. This issue has become especially salient in the past few years, now that we've recognized that there are certain classes of medications, specifically antipsychotic medications, that pose a threat or a danger to survival in dementia patients. This has created more demand for teams like ours that can bring a multidisciplinary approach to the management and care of patients with dementia.

We typically spend about an hour out in a facility. More recently, we've been using telemedicine as a way to extend our reach into facilities in the region, and actually, throughout the state. In this evaluation and intervention process, myself and a colleague, Dr. Bruce Sutor first evaluate the patient, their mental status, try and get an understanding of both how severe is their dementia, and also the etiology of dementia, because this can help us as we begin to formulate different forms of intervention. Dr. Sutor we'll often evaluate medical contributions, and psychological, and psychiatric contributions to the patient's dementia behavior problems.

I'm often focused on, what about the environment, and most importantly, what about the patient's history, might help us better understand their behavior problem? So for example, a patient that's wandering, trying to leave a facility every day at about the same time may have been a lifelong homemaker whose children came home at exactly that time. And as her dementia has progressed, and she's gotten more and more confused about her reality, she may be expressing some form of anxiety that she can't find her children, given her reality that it's the end of the school day.

Now one approach to that, historically, might have been to try and medicate away the patient's anxiety. But as I discussed earlier, medications, either antipsychotic medications or tranquilizing medications pose some risk for the patient. So Dr. Sutor and I, and our team try and identify other ways that we might engage in reassurance, things as simple as perhaps having a set of greeting cards signed by the children that deliver a reassuring message to that patient that they're fine, that they'll see her soon, that they love her immensely, and that she should be calm and continue to do her best in the setting that she's in.

Assessing the etiology of the patient's dementia behavior problems can be critical, because we expect certain forms of dementia to be associated with certain symptoms. So helping a facility understand that a patient who's having hallucinations might not be classically psychotic, but rather simply showing the manifestations of Lewy body disease, may help that facility be comfortable with the notion that as long as those hallucinations aren't distressing, they can be tolerated by the patient, or resident, the family, and even the facility. So understanding dementia severity, and understanding the patient's history, and understanding the patient's dementia etiology can all help our team contribute to an intervention plan that's not predicated solely on medications, but that uses a psychosocial biobehavioral approach to dementia behavior management in enhancing the quality of life of the resident or patient and providing tools and skills to the family and facility. Again, I'm Glenn Smith, a neuropsychologist with the Department of Psychiatry and Psychology at Mayo Clinic.