



Information about the

BPSD register

- a Swedish quality register

The BPSD register is a quality register

Quality registers are available in a wide range of fields and allow us to monitor and improve the quality of care so that we can make it as good as possible for the people we care for and their relatives.

The BPSD register is used by staff as a structure in their care work and is aimed at organisations that care for people with dementia and cognitive disorders. The BPSD register is used by municipal, regional and private healthcare and elderly care organisations in Sweden.

The BPSD register is based at Region Skåne and is compliant with the National Board of Health and Welfare's Nationella riktlinjer för vård och omsorg vid demenssjukdom (National guidelines for care and support in dementia).

Purpose of the BPSD register

The purpose of this register is primarily to improve well-being and quality of life for people with dementia by reducing behavioural and psychological symptoms of dementia (BPSD), but it also aims to provide quality assurance of care for people with dementia or cognitive disorders.

With the help of the BPSD register, a clearer structure is created in everyday life, where the nursing staff works with individually adapted measures and strategies for treatment and communication to reduce and prevent BPSD from occurring.

The BPSD register also contributes to research and development of healthcare and care services for people with dementia or cognitive disorders.



What does BPSD mean?

BPSD stands for Behavioural and Psychological Symptoms of Dementia, symptoms that affect about 90% of all people with dementia and cognitive disorders at some point during their illness.

BPSD can include anxiety, aggression, worry, depression, apathy, eating and sleeping disorders or motor restlessness. These symptoms impair well-being, so it is important to come up with tailored responses to help improve each individual's own personal situation.

Disorders alter our life situations and make us dependent on other people

If carers are to be able to provide good, safe care, it is important for them to have a knowledge of the disorders and a good understanding of the person they are caring for.

Who is the person?

What does he or she like, what does he or she dislike?

What makes him or her happy, worried, angry or sad?

Has anything in particular happened in the person's life that could affect their well-being?

We are all unique individuals, so the care provided must also be unique to each individual so that all recipients of care can feel as positive as possible about the situation.





How do we work with the BPSD register?

Work on the BPSD register is based on cooperation among the members of the multi-professional team working with the person with dementia or a cognitive disorder.

Firstly, an assessment is performed using a rating scale (the NPI-NH scale) to assess whether the person with dementia has behavioural and psychological symptoms of dementia (BPSD).

If the person is presenting these symptoms, the team will try to find the cause of them; there may perhaps be other disorders or past life experiences that are adversely affecting the person's well-being. They may perhaps be a reaction to and part of the person's dementia/cognitive disorder. Or there may perhaps be something in the environment and the way they are treated by staff that causes the symptoms. There can be many different causes.

The team working with the person devises a personalised plan describing how they can best interact and communicate with the person with dementia/a cognitive disorder.

The team also devises a strategy involving specific actions that carers work with in their day-to-day care so that they can help the person feel better and alleviate their behavioural and psychological symptoms of dementia (BPSD).



This work is evaluated by repeating the entire process.

It is sometimes necessary to try different measures and approaches before finding the right one, and that is why it is important for the work to be carried out continuously and evaluated regularly.



Examples of measures in the BPSD register

Someone who always feels anxious in the afternoons may need to have a rest in the middle of the day so that they do not end up more anxious and confused in the afternoon on account of fatigue ...

... Or maybe a short stroll with staff can reduce anxiety and prevent them feeling anxious later in the day.

Someone who is verbally and physically aggressive needs a personalised approach with specific strategies to prevent them getting into situations that make them even more irritated ...

... Or maybe their aggression is a response to something in the environment at the unit. Maybe they are finding it too noisy, or perhaps there are too many people and stimuli around them.

An apathetic or depressed person may feel better if they listen to quiet music that they recognize ...

... and/or if a member of staff sits down with them for a while and holds their hand.





Results are used to improve care

All data in the BPSD register is entered into a web-based system, where organisations can print statistics relating to their results. These results are to be used to help at an individual level, but the unit can also use the results in its improvement work.

Data entered in the BPSD register is also used for research and to develop healthcare and care services for people with dementia or cognitive disorders.

Outstanding results for the BPSD register!

Units working with the help of the register have noted greater well-being and more meaningful lives for the people receiving care, and personalised care has helped to bring about a reduction in BPSD issues.

The results show that the use of inappropriate medications has decreased and that nursing staff have become better at detecting pain, which is a common cause of BPSD. Many units describe how the environment has become much calmer and more pleasant for the people living there.

**Welcome to visit and read more
about the BPSD register on our website.**

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