

TABLE 2: GENERAL NONPHARMACOLOGIC STRATEGIES FOR MANAGING BEHAVIORAL SYMPTOMS*

Domain	Key Strategies ^a
Activities	<ul style="list-style-type: none"> Introduce activities that tap into preserved capabilities and previous interests Introduce activities involving repetitive motion (washing windows, folding towels, putting coins in container) Set up the activity and help patient initiate participation if necessary
Caregiver education and support	<ul style="list-style-type: none"> Understand that behaviors are not intentional Relax the rules (eg, no right or wrong in performing activities/tasks as long as patient and caregiver are safe) Consider that with disease progression, patient may have difficulty initiating, sequencing, organizing, and completing tasks without guidance and cueing Concur with patient's view of what is true and avoid arguing or trying to reason or convince Take care of self; find opportunities for respite; practice healthy behaviors and attend preventive physician visits Identify and draw upon a support network
Communication	<ul style="list-style-type: none"> Allow patient sufficient time to respond to a question Provide 1- to 2-step simple verbal commands Use a calm, reassuring tone Offer simple choices (no more than 2 at a time) Avoid negative words and tone Lightly touch to reassure, calm, or redirect Identify self and others if patient does not remember names Help patient find words for self-expression
Simplify environment	<ul style="list-style-type: none"> Remove clutter or unnecessary objects Use labeling or other visual cues Eliminate noise and distractions when communicating or when patient is engaging in an activity Use simple visual reminders (arrows pointing to bathroom)
Simplify tasks	<ul style="list-style-type: none"> Break each task into very simple steps Use verbal or tactile prompt for each step Provide structured daily routines that are predictable

^aStrategies are potential approaches used in randomized clinical trials but are not exhaustive. A suggested strategy may be effective for one patient but not another. Any single strategy may not have been evaluated for effectiveness for use with all dementia patients with the same presenting behavior. These strategies should only be considered once a thorough assessment has been completed (Figure, steps 2 and 3).

*Table from Gitlin LN, Kales, HC, Lyketsos CG. Nonpharmacologic management of behavioral symptoms in dementia. *JAMA*. 2012; 308(19):2020-2029. Used by permission. © 2012 American Medical Association. All rights reserved.