

QUESTIONNAIRE: Poland

1. Assessment of behavioural disorders

1.1 Please specify the different kinds of behavioural disorders which in your opinion need to be assessed:

Behavioural disorders accompanying Alzheimer's disease (AD) and other types of dementia are often called behavioural and psychological symptoms of dementia, BPSD. These symptoms are the most troublesome and frustrating events for the caregivers of AD patients and include: anxiety, agitation, psychomotor disorders, wandering, aggressive behaviour, apathy, depression, mood disorders, delusions, hallucinations, sleep disorders and changes in day-night activity pattern (e.g. hyperactivity at night), changes in eating patterns (e.g. hyperphagia, hypophagia), inappropriate sexual behaviours, misuse of objects, tools, potentially dangerous behaviours due to lack of understanding of the situation, social withdrawal.

It is worth noting that BPSD in demented patients may also be augmented by medication use, e.g. medications used in the treatment of AD, antipsychotic agents, agents with anticholinergic properties, sedative agents (iatrogenic effects).

Somatic disorders may also trigger or exacerbate BPSD in demented patients.

1.2 Describe the most appropriate approach for this assessment:

It needs to be stressed that the assessment of behavioural disorders should always be combined with the process of comprehensive geriatric assessment. Comprehensive geriatric assessment includes examining somatic (physical) status, mental status, functional status and social participation of the patient. When mental status is assessed, the presence of behavioural disorders should be assessed together with cognitive status, mood disorders, and delirium.

An appropriate approach to the assessment of behavioural disorders combines many methods including: thorough history given by a caregiver or family member, written reports by caregivers and family members (diary), direct observation by medical staff, thorough assessment of accompanying diseases and current medication profile, detailed medical examination with testing of hearing and vision, as well as use of specific tools, e.g. clinical scales assessing presence and severity of symptoms.

1.3 Describe the most used measurement / assessment tools for these symptoms:

Tools for assessment of behavioural disorders in patients with dementia include:

- NPI – Neuropsychiatric Inventory
- CMAI – Cohen-Mansfield Agitation Inventory
- FAS – Functional Assessment Staging

The clinical tools listed above are used in some clinical centres in Poland, but have not been yet adopted as standard procedures performed with every patient with dementia.

2. Types of home care provision provided by professional carers

2.1 Please describe different approaches to supporting and caring for people with dementia who live at home related to behavioural disorders:

Care for patients with dementia with behavioural disorders living at home includes a number of interventions conducted by professionals in cooperation with family members and caregivers. An appropriate approach to BPSD includes:

- Modification of the environment, adjustment of the living environment to the patient's needs
- Adequate level of stimulation (not too low, not too high)
- Adequate space
- Providing feeling of privacy
- Applying specific practical skills, e.g. redirecting attention in patients with compulsive wandering or anxiety
- Reorganization of the life schedule of the caregiver
- Introduction of additional carers
- Facilitating contacts with local Alzheimer's disease organizations
- Applying new technology: e.g. alarm systems, fall detectors, tele-medicine
- Providing temporary care in day centres, nursing homes (the number of day care centres for patients with dementia is inadequate in Poland)
- Introducing long term / terminal care at the right moment

2.2 Describe the appropriate non-drug treatment or measures used:

It needs to be underlined that therapy should always be adjusted to the needs of an individual patient, taking into account the severity of dementia, level of behavioural disorders, general health status and physical fitness, as well as other individually determined factors.

Specific non-drug interventions to be introduced at home include, among others:

- Multisensory stimulation
- Correction of visual and hearing disorders
- Dance and movement therapeutic methods
- Animal-assisted therapy
- Massage techniques
- Aromatherapy

2.3 In what circumstances is residential / institutional (including hospital) care required?

Residential / institutional care is required due to a number of circumstances including health status of the patient, as well as the carer/carers:

- Severe level of behavioural disorders not well controlled by medication and non-drug interventions
- Quick onset and progression of behavioural disorders, especially when somatic disorders are suspected and diagnostic procedures are needed

- Unstable health status due to coexisting diseases
- Lack of appropriate care at home or lack of appropriate environment/space to provide adequate care.

3. Training programmes / information

3.1 Which kind of information, training and education do exist for people with dementia and their carers?

Sources of information and training for people with dementia existing in Poland include:

- Polish Association for Support of Persons with Alzheimer's Disease (member of Alzheimer Europe and Alzheimer Disease International)
 - Monthly meetings
 - Support groups
 - Counselling
 - Green tel. line
 - Web page (www.alzheimer.pl)
 - Bulletin
 - Workshops
 - Special events: "A week of knowledge on Alzheimer's disease"
 - Summer rehabilitation camps for AD patients
- Memory clinics affiliated with neurology or psychiatry hospital departments
- Long term care centres
- Publications

3.2 Which are the most efficient dissemination tools for sharing information (for targeting the patients / the carers) and why?

The most efficient dissemination tools include:

- Internet (easy access at any time, different levels of knowledge, free of charge or low prize)
- Support groups and counselling (face to face contact, direct exchange of ideas and solutions, empathy)
- Information given directly by medical staff

3.3 What training and education programmes do exist for professionals?

Training programs for health care professionals include:

- Obligatory classes in geriatrics and geriatric nursing for nursing students of all medical higher education institutions in Poland

- Obligatory classes in geriatrics for medical students in four out of 11 medical universities in Poland
- Postgraduate courses for medical doctors specializing in geriatrics
- Training courses for nurses and carers
- Periodic activity, e.g.: "Lodzkie Warsztaty Psychogeriatryczne" (Psychogeriatric workshop in Lodz) (yearly) – for medical doctors
- Conferences and training courses organized by Psychogeriatrics clinics
- Webpage: www.alzheimer.pl providing articles for health care professionals.
- Journals: Psychogeriatrya Polska, Psychiatria, Psychiatria Polska, Psychiatria i Psychoterapia, Psychoterapia, Archives of Psychiatry and Psychoterapy, Psychiatria w Praktyce Klinicznej.
- Scientific associations: Section of Psychogeriatrics and Alzheimer's Disease, Polish Psychiatric Association; Polish Association of Old Age Psychiatry.