3-213 Differentiate dementia & schizophrenia

TIPS Question:

How do I effectively assess the difference between the effects of schizo-affective disorder and those of dementia?

Response:

It will be very important to gather as much information regarding this resident as possible. His or her life story, history of level of functioning, past behaviour and recent changes will all be needed to gather a better understanding of this resident's symptoms. What was the person's behaviour prior to the diagnosis of dementia and what symptoms were exhibited in the course of his psychotic/mood disorder? The section on Major Mental Health Disorders in the P.I.E.C.E.S. Resource manual on dementia; mood disorders and psychotic disorders may also be of some help.

Making use of the 6-question template will help identify what behaviours the resident is exhibiting at present. Some behaviours will be accommodated possibly by behavioural/environmental interventions and some others may be more attributable to a combination of behavioural and pharmacological interventions. Also, remember that the U-First! Wheel has been designed to help share problem solving and encourage dialogue with the care team. The wheel has arranged information in an easy-to-use system and helps staff visualize how the different frameworks relate to each other. The "Intellectual" and "Emotional" factors will be very useful in assisting the whole team in differentiating the symptoms and identifying the areas that need more investigation and information. Getting as much data on the person's life story will be crucial.

Observing this resident's responses to intervention and change over time will aid in differentiation of the causes of behaviour. Persons with depression and psychotic disorders may experience poor concentration, decreased interest in personal hygiene etc.but these symptoms generally improve with treatment. Conversely, with dementia we usually see a decline in functional abilities (IADL's or ADL's) over a period of time.

Though I understand why the question would be asked, I suggest that you and your care team remained focused on the behaviours themselves. It is important to acknowledge that different causes of the behaviours exist, but we may never really know which behaviours are caused by which diagnosis. It is great that you have attributed the behaviours to the schizo-affective disorder and dementia rather than inferring that the behaviours are purposeful and can be controlled.

The team may also consider getting input from mental health services to assist in your assessment and help the team better understand the complexity of this resident's psychiatric history and partner in developing the best care strategies.

Please note: *TIPS information should be used similar to the way you would use information from a text book! TIPS is not intended to serve as an individual consultation service! P.I.E.C.E.S. participants should use this information in context and always work closely with the family physician involved in the care of the resident or client and with other Partners In Care to find solutions to individual resident/client issues.*