### DICE Approach to Behavioral and Psychological Signs and Symptoms of Dementia

#### DESCRIBE

**Caregiver describes behavioral factors:**
- Social & physical environment
- Patient perspective
- Degree of distress to patient and caregiver

**Look for:**
- Antecedents
- Patterns
- Context
- Co-occurring events

#### INVESTIGATE (ASSESS)

**Investigate possible causes of behavior:**
- Medication side effects
- Pain
- Functional limitations
- Medical conditions
- Psychiatric comorbidity
- Severity of cog impairment
- Degree of executive dysfunction
- Poor sleep
- Sensory changes
- Emotional triggers: i.e., fear, abandonment
- Lack of physical activity
- Suboptimal exposure to bright light

#### CREATE (TREATMENT)

**Provider, caregivers, clinical team collaborate to create and implement a treatment plan**

- Address physical problems and medical issues first
- Employ behavioral interventions
  - Provide caregiver interventions
  - Enhance communication
  - Create meaningful activities
  - Simplify tasks
- Ensure that the environment is safe
  - Increase or decrease the amount of stimulation in the environment
  - If behavioral interventions not effective/partially effective, employ pharmacological management, selecting a class of psychotropic medication based on psychobehavioral “Assume/Assess/Align” model, as below

- **ASSUME** patient does not have dementia
- **ASSESS** psychiatric signs and symptoms
- **ALIGN** symptoms to best fit psychiatric syndrome e.g., major depression, paranoid psychosis, mania, etc.

#### EVALUATE (AND RE-EVALUATE)

**Evaluate whether “CREATE” interventions implemented by caregiver(s) have been safe/effective**
- Make modifications as needed and continue to look for possible underlying causes
- Re-evaluate periodically
- If intervention not effective or if patient or caregiver are in danger, consider referring to neurologist or psychiatrist