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## Proposed new classification of behaviors in dementia

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**Objectives:** Currently, there is a vast heterogeneity in terminology and classification of behaviors used in dementia care, with no universally accepted classification system. This presentation will establish and discuss in detail clinically meaningful categories for the classification of behaviors, using a new behavioral scale called LuBAIR (Luthra's Behavioral Assessment and Intervention Response.) It is intended for audiences of all disciplines and backgrounds in geriatric psychiatry and dementia/NCD.

**Methods:** Criteria proposed by Davis, Buckwalter and Burgio (1997) were identified as the basis for classification of behaviors in dementia. A review of the literature was done to identify the "Specification of the Theoretical Construct" (STC) to justify aggregation of similar behavioral symptoms into clinically meaningful categories.

**Results:** STC identified are divided into four behavioral constructs used to categorize behaviors in dementia: Theories of information processing, theories based in motivation and needs, theories based in the regulation of emotions, and theories based in compliance and aggression. Each construct is subdivided into different categories: Theories of information processing (TIP): disorganized behaviors (DOB) and misidentification behaviors (MiB); motivational and needs-based theories: apathy behaviors (AB), goal-directed behaviors (GDB), motor behaviors (MB), and importuning behaviors (IB); theories on the regulation of emotions: emotional behaviors

(EB), fretful/trepidated behaviors (FTB), and vocal behaviors (VB); theories on compliance and aggression: oppositional behaviors (OB), and physically aggressive behaviors (PAB).

**Discussion:** The STC identified for these behavioral constructs result from alterations of the physiological and emotional statuses of patients with dementia. Physiologically, DOB and MiB occur due to fragmentation of information processing and, for MiB specifically, the breakdown of schema identification and pattern recognition. Motivational and needs-based behaviors stem from changes in motivational drives; while GDB and IB result from an increase in motivational drive in detection and fulfillment of needs of "belongingness" and physiological needs (respectively). Motor behaviors (MB) are due to varying degrees of changes in motivational drives, and are concomitants to other behavioral categories. EB and FTB are based in the expression of negative emotions; feelings of melancholy and discontentment give rise to EB to allow for catharsis and subsequent decompression from pain, and FTB express emotions of fear, illustrating insecurity needs to caregivers. VB can be based in both emotions of joy or anger, and highlight the "out of proportion" nature of patient responses. Finally, oppositional behaviors (OB) are determined by the degree of cognitive impairment of patients with dementia, and result from non-compliance with direction, where PAB occur due to a patient's perceived impediment in goal attainment.

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