



Understanding behavioural and psychological symptoms of dementia (BPSD): A guide for carers

This leaflet is for relatives and carers of people with dementia. It explains some of the distressing symptoms they may develop and what we, and you, can do to help.

What is BPSD?

Behavioural and psychological symptoms of dementia (BPSD) describe a range of symptoms that can affect a person living with dementia. They are common and may include:

- **Agitation or aggression:** For example, shouting, verbal aggression, physical resistance to essential care.
- **Psychological distress:** For example, anxiety, depression, or apathy (lack of interest).
- **Psychosis:** Hallucinations (seeing or hearing things) or delusions (strongly held false beliefs).
- **Motor behaviour:** Restlessness, pacing, wandering or 'sundowning', (where confusion increases in the late afternoon or evening).

Identifying other causes

When symptoms of BPSD suddenly occur or worsen, we first look for an underlying medical trigger. This may include infections, pain, constipation, urinary retention, or dehydration.

What can we do to help?

A person with dementia may be unable to understand or express their needs (e.g. pain, hunger, fear) and some of the symptoms of BPSD can be viewed as an attempt to communicate. At the Royal Berkshire Hospital, we prioritise person-centred care so that we can understand and support our patients with dementia and BPSD. Our approach includes:

- **Understanding the person:** Please complete the '**8 Things About Me**' form as it helps us understand your relative's life, likes, and dislikes to avoid triggers.
- **Identify triggers:** We look for non-verbal cues. For example, are they fidgeting or pacing because they need the toilet? We will also use behavioural charts to track distress and identify and remove the trigger.
- **Environment:** We try to ensure good lighting, minimise noise and remove clutter around the person to reduce confusion.
- **Familiarity:** Please bring in some personal items or photos to help the person feel more grounded.
- **Communication:** Try to keep instructions simple – for example, instead of asking "Do you want to wash?", try "Let's go to the sink now". We practice, 'retreat and return'. If a person is too distressed for a blood test, or a wash, we stop, wait, and try again later with a different approach.

- **Meaningful activities:** We use 'Dementia boxes', containing music, puzzles, or 'Twiddlemuffs' to provide sensory stimulation and reduce boredom or agitation.
- **Maintaining safety:** In some cases, we may use 'enhanced observation' to ensure your relative is safe from harm.

Medication: risks and decisions

Medication, usually from a class of drugs called antipsychotics, are only used when other methods have been exhausted and there is extreme distress or a risk of harm to the person or others.

- **The decision:** Any decision to start these medications will be discussed with you or the person's legal representative, unless it is an emergency and this is not possible. We will often seek specialist advice from our Psychological Medicine for Older Adults Team.
- **Risks:** Antipsychotics (e.g. Risperidone) can carry risks for people with dementia, including increased confusion, falls, or a higher risk of stroke. Our specialist doctors are experienced in the use of these medications and will only use them if the potential benefits outweigh the risks.
- **Review:** These medicines are used at the lowest dose for the shortest time possible. They must be reviewed and ideally discontinued within 6 weeks. Sometimes, people need to stay on these medications for longer but this kept under regular review.

Supporting you

Caring for someone with BPSD is physically and emotionally demanding.

- **Carers Support:** Please ask for a copy of our leaflet 'Information for carers' and ask for a Carers passport and Carers ID badge, which supports your presence to help care for the person on the ward. Visit our [Carers support page](#) for more information and resources.
- **Ask for help:** It is okay to feel overwhelmed. Speak to the clinical team, or ask to speak with the ward's Dementia Champion or our Dementia Specialist Nurse for support.

Further information

You can get further information and support around BPSD through the following:

- Alzheimer's Society – BPSD Guide: <https://www.alzheimers.org.uk/bpsdguide>
- Dementia Carers: <https://dementiacarers.org.uk/>
- Alzheimer's Society Dementia Advisor Service: Ask your clinical team to refer you, or self-refer through: 0333 150 3456 or dswberkshire@alzheimers.org.uk

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

Dr Aubretia McColl, Consultant in Elderly Care, RBFT Dementia Lead, May 2026.

Next review due: May 2028.