

Dementia Behavioral Assessment Tool (DBAT)

STAGE 1 or NORMAL AGING	
☒	BEHAVIOR CHARACTERISTICS
☐	No cognitive changes evident. Normal aging, normal brain function.
STAGE 2 or EARLY STAGE or MILD COGNITIVE IMPAIRMENT (MCI)	
☒	BEHAVIOR CHARACTERISTICS
☐	Fleeting moments of cognitive loss
☐	Recovers relatively quickly from mistakes, may correct self
☐	Misplaces familiar objects
☐	Forgets names he/she knows well
☐	No problems completing tasks or at social functions
☐	Exhibits appropriate concern over memory function
☐	Vacillates between seeking medical care and ignoring symptoms
☐	Functions effectively at work and at home
☐	Highly functional social skills
☐	Requires complete cognitive testing to determine illness
☐	Responds to cognitive therapy
☐	Scores well on orientation test
☐	Amnesia ¹ beginning to be expressed
☐	May become defensive when questioned
☐	Easily irritable
☐	Easily frustrated by common tasks
STAGE 3 or MIDDLE STAGE or BEGINNING DEMENTIA	
Minimal brain tissue lost	
Stage thought to last 1-4 years	
Abilities equivalent of teenager to adulthood	
☒	BEHAVIOR CHARACTERISTICS
☐	Memory deficit evident in intensive interview
☐	Attempts to conceal deficits and denies any cognition difficulties
☐	Expresses concern regarding deficits (mild/moderate anxiety)
☐	Problems performing in demanding situations (work or social)
☐	Co-workers/family members beginning to be aware of increasing challenges
☐	Can get lost traveling to new areas
☐	Exhibits signs of cognition but may retain little new information
☐	Name/Word finding difficulty more frequent
☐	Challenged to remember new names
☐	May appear depressed
☐	Demonstrates high social skill level
☐	Uses humor to avoid answering questions
☐	No noticeable physical changes, but may begin stumbling or falling or sleeping excessively
☐	Beginning to skip steps in tasks

Dementia Behavioral Assessment Tool (DBAT), continued

☐	Able to score well on orientation test, but not on cognition exam
☐	At times appears befuddled or confused
☐	Amnesia ¹ and Aphasia ² present - needs new information repeated
☐	Increased episodes of sudden irritability
☐	Quickly agitated and defensive of memory
☐	Sundowning may begin
LBD	Accuses caregiver of theft
	Hallucinations: (common ones) 1) children, 2) bugs, spiders, rats, snakes, 3) bad people coming to hurt or kill him/her, 4) sees caregiver having sex with others
	Rapid onset of depression, suicide risk
	Loss of facial and vocal affect may begin
STAGE 4 or MIDDLE STAGE or MODERATE DEMENTIA	
Stage thought to last 1-4 years	
4 ounces brain tissue loss	
Abilities equivalent of adulthood to teenager	
☒	BEHAVIOR CHARACTERISTICS
☐	Decreased knowledge of current and recent events
☐	Memory deficits regarding personal history, may look to spouse to answer questions
☐	Decreased ability to perform serial subtractions (100-7, 93-7, 86-7, etc.)
☐	Difficulty with immediate recall – repeats statements or questions or calls without recognizing he or she has already done or asked these things multiple times
☐	Difficulty with complex tasks such as driving, finances, shopping, bathing
☐	Denial of deficits, with or without agitation or annoyance, but expect annoyance or anger
☐	Withdraws from challenging situations - refuses to complete tasks, may make excuses
☐	Increased anxiety/frustration abilities or loss of abilities
☐	Difficulty telling jokes, stories - starting to mix up stories (confabulation, not lying)
☐	Decreased facial affect (emotion on face)
☐	Increased depressive symptoms, possibly Atypical ⁸ : anxiety, anger, agitation, aggression
☐	May hesitate when trying to correctly identify family members or close friends
☐	Can have normal cognition for hours or days, then become quite confused
☐	May become lost in tasks, stuck on a step and unable to figure out the next step
☐	Greater language challenges, word-finding difficulty
☐	Begins to have stumbles or falls
☐	May begin to shadow caregiver
☐	Begins to have difficulty with (ADLS are lost last because humans learned these things first) ADLS ⁶ or (IADLS are lost first because they were learned as teenagers and young adults) IADLS ⁷
☐	May begin keeping lists of family names, phone numbers, etc.
☐	Exhibits greater desire for sweet foods
☐	May score well on orientation test, dementia evident on cognition exam
☐	Amnesia ¹ , Aphasia ² , Agnosia ³ , and Anosognosia ⁴ present, some paranoia present
Nursing:	Coordination beginning to be impaired Family Caregiver's Health beginning to be impacted by the care Family Caregiver is now performing IADLS and some ADLS

Dementia Behavioral Assessment Tool (DBAT), continued

	Family Caregiver is now at risk for Compassion Fatigue or Secondary Traumatic Stress Disorder Person With Dementia is not safe to drive Person With Dementia is becoming a risk to self for care (medications, foods, driving, finances, exploitation, etc.)
EARLY STAGE 5 or LATE STAGE or MODERATELY SEVERE DEMENTIA	
Stage thought to last 1-3 years	1/2 to 1 pound of brain tissue loss
Abilities equivalent of 12 - 8 year old – should be in Memory Care or a Skilled Facility	
☒	BEHAVIOR CHARACTERISTICS
☐	Disorientation to time (date, day of week, season, etc.) or place
☐	Immediate memory relatively intact - knows self and family
☐	May need assistance choosing and layering clothing, but denies need for IADL/ADL
☐	May crave sweets over other foods
☐	Begins to have falls
☐	Hunting and gathering stage, waders from room to room collecting items
☐	Urinary incontinence begins - monthly to weekly to daily
☐	Wears clothing appropriately (hearing aid, glasses, carries purse)
☐	*Feeds self (may need meal set-up)
☐	Sleep disturbances, excessive sleeping or napping
☐	Can score well on an orientation test, but not a cognition test
☐	Wanders looking for a way out (purposeful wandering/ Sundowning)
☐	Follows simple instructions for ADLs, verbal cues needed for tasks
☐	Unexplained tearfulness or extreme laughter (pseudo bulbar – see doctor ASAP)
☐	Catastrophic reactions - may be easily annoyed, agitated, verbally or physically aggressive if pushed to perform ADL or IADL or answer questions
☐	Hallucinations, accusatory behavior, excessive sleeping - report to doctor
☐	Amnesia ¹ , Aphasia ² , Agnosia ³ , and Anosognosia ⁴ and Apraxia ⁵ evident to outsiders
☐	May make comments about death
Nursing:	Vital signs should be stable
	Begin recording monthly body temperature and weight
	Begin PAINAD monitoring
	Family Caregiver grieving at Post Death Grief Levels
	Family Caregiver's health remains at risk
MIDDLE LATE STAGE 5 or LATE STAGE or MODERATELY SEVERE DEMENTIA	
Abilities equivalent of 8 - 4 year old – Should be in Memory Care or Skilled Care	
	BEHAVIOR CHARACTERISTICS
☐	May begin having chronic Urinary Tract Infections (UTIs)
☐	Appears severely depressed with increased loss of facial affect
☐	Increased fall risks, may not recognize severity of the fall especially to the head
☐	Coordinated movement/function beginning to be affected
	Can't start the social skill but response to the cue

Dementia Behavioral Assessment Tool (DBAT), continued

LATE STAGE 5 or LATE STAGE or MODERATELY SEVERE DEMENTIA continued	
☐	Begins to be lost in current time
☐	Difficulty recognizing self in a mirror
☐	Challenged to recall family members, may confuse daughter with mother, etc
	Accuses family members, caregivers of theft, infidelity, lying, increased paranoia possible
☐	Automatic "yes/no" speech functions, but without understanding
☐	May begin using curse words as temporal lobes become damaged
☐	Changes in visual perception increasing, bumps into objects, peripheral vision damaged
☐	Difficulty interpreting background noise
☐	Challenged to perform rehab for injuries, may appear stubborn to therapist/family
☐	Cannot give accurate information, verbal skills damaged
☐	Caregivers may confuse behavior for purposeful active - lying, etc.
☐	Physical Appearance beginning to be affected
☐	Pilling or rubbing hand motions common, may enjoy folding items
Nursing:	Hyperoral behavior may begin
	UTIs require culture and sensitivity (C&S) orders
	Continue monthly body, temperature, and weight checks
	Sleep disturbance beginning
STAGE 6 or LATE STAGE or SEVERE DEMENTIA	
Stage thought to last 1-3 years	1 to 1 1/2 pounds of brain tissue loss
Abilities equivalent of 4 - 2 year old	
☒	BEHAVIOR CHARACTERISTICS
☐	Unable to recall most recent events
☐	Repetitiveness in motion or speech or memory
☐	May be in constant motion, wanders/walks for hours
☐	Removes/won't wear clothing appropriately
☐	Disregards eyeglasses, dentures, hearing aids (Agnosia ³) - may throw them away
☐	Refuses to change clothing, unable to complete IADLs and a few ADLs
☐	*Feeds self with set-up, cues and assistance
☐	Bowel incontinence begins
☐	Sleep disturbances - may increase sleep, may require little sleep
☐	Catastrophic reactions may occur - great resistance to care giving, bathing
☐	Purposeless wandering/Sun-downing (wandering without an agenda)
☐	Cannot complete a two-stage command, such as pick up a piece of paper and fold it
☐	Apraxia ⁵ advanced, gait altered (small shuffling steps)
☐	Weight loss beginning, may lose 1/3 or more of body weight
☐	Difficult to engage with caregiver, challenged to initiate conversation
☐	Disheveled appearance
☐	Fall risk continues to increase until wheelchair bound, risk for fractured bones increases
☐	Difficult to perform rehab for injuries
☐	Almost total loss of facial affect

Dementia Behavioral Assessment Tool (DBAT), continued

	May suddenly use complete sentence, then only words or sounds
	Ability to taste sweets drives appetite
Extensive brain tissue loss and/or damage	
Nurses Care plan:	Begins weight loss of 1/3 to 1/2 body weight
	Add high calorie snacks and finger foods
	Spiral fracture of hip (6x more likely to break bones)
	Full set vitals and weight monthly
	Occipital blindness - left eye doesn't function
	Speech Therapist evaluation ordered when pocketing, choking, swallowing issues noted with food or liquid
	Falls now directly linked to pre-motor cortex damage
	Hyperoral possibility
	Routine performance of Braden Scale for Predicting Pressure Sore Risk
	Monthly PAINAD review - pulse increases with pain
	Battle's Sign ear bruising
	Monitor clothing for warmth as body temperature drops
STAGE 7 or LATE STAGE or VERY SEVERE DEMENTIA	
Stage thought to last 1-2 years	1 1/2 - 2 pounds of brain tissue loss
Abilities equivalent of 2 year old to infant	
☒	BEHAVIOR CHARACTERISTICS
☐	Frequently no speech at all - mostly grunting or word sounds
☐	*Cannot feed self --- chipmunking or holding food in cheeks, high risk for choking
☐	Unable to sit up independently, unable to hold head up
☐	Loss of basic psychomotor skills (unable to walk w/o assistance)
☐	Hyperoral (may put everything in mouth)
☐	Displays great muscular flexation, hands curl, arms and legs pull up
☐	Extreme risk for skin breakdown leading to wounds (Braden Scale*)
☐	Spends majority of day asleep or semi-alert, but understands tone of caregiver
☐	Extreme weight loss
☐	Loss of ability to smile -- indicates death is near
☐	Total care required
Nursing	PAINAD review monthly
	Braden Scale - weekly then daily as skin integrity is threatened
ACTIVELY DYING ASSESSMENT TOOL (ADAT)	
The Final Months	
	Significant change in health Should be stable and isn't
	Clear and vivid dreams are reported
	Talks about missing a loved one
	Adult Failure to Thrive diagnosis may be made
	Withdraw from social/family activities

Dementia Behavioral Assessment Tool (DBAT), continued

The Final Weeks - Skin breakdown risk increases. Especially buttocks, hips, and heels.	
	Less eye contact, more withdrawn
	Looking and/or reaching beyond and above
	Reports seeing/talking to favorite persons
	Increased risk of falling
	Less interest in food or drink
	Conversations with people not there
	Reports people are telling him/her to "Come on"
	May report strange feelings in limbs
	Tires easily
	Voice Weakens easily
The Final Days	
	May have fever followed by sweats
	May speak to family members who have already died

	Even less interest in food or drink
	General restlessness displayed
	Leg tremors may occur
	Pulse and breathing start to slow
	Kidney and liver function start to slow
	Circulation slowing - reposition every 2 hours
	May begin breathing through mouth
	Respiration will pick up and slow down repeatedly

****May Have Sudden Alert Time and Ravenous Hunger****

The Final Hours	
	Fever may come and go
	Overall calmness, but may pick at covers or PJ's
	May not respond to sound or speech
	Eyes may not follow movement around room
	Exhibits "doll's eyes"
	Trembling/twitching in limbs/sometimes violent
	Gurgling in throat ("Death Rattle")
	Bruising from blood clotting system failing
	Semi-comatose appearance
	Breathing through mouth
	Kidney function very slow, urine becomes dark
	Mottling - blue/purple color in feet or hands
	Pressure wounds may open (bed sores) in hours
	Heart rate slows
	Respiration slows to <14 breaths per minute and may rise and fall for hours
	Odor may be present
	Apnea begins (stops breathing between breaths)

Dementia Behavioral Assessment Tool (DBAT), continued

	Cheyne-Stokes (Chain-Stokes) breathing Death is now minutes or hours away
	Final Breath
	May make a "pa" sound or spittle/foam at mouth
Death	
	Body appears to shrink almost immediately
	Body becomes pale, cool, and gray
	Eyes and mouth typically remain open
	Eyes flatten from loss of blood pressure
	Body may have slight settling movement
	Body may release urine or stool

Amnesia¹ - the inability to use or retain short-term or long-term memory

Aphasia² - the inability to use or understand language

Agnosia³ - the inability to use or recognize common objects or people

Anosognosia⁴ - the inability to recognize impaired function (not denial) in memory, general thinking skills, emotions and body functions

Apraxia⁵ - the inability to use coordinated and purposeful muscle movement

ADLs⁶ - Katz's Index of Independence in Activities of Daily Living - bathing, dressing, toileting, transferring, continence and feeding

IADLs⁷ - Lawton-Brody Instrumental Activities of Daily Living - the ability to use a telephone, shopping, food preparation, housekeeping, laundry, mode of transportation, responsibility for own medication

Atypical Depression⁸ - is a form of depression more commonly seen in dementia. Person appear aggressive - either verbally or physically or both, angry, anxious, agitated and/or annoyed

Braden Scale for Predicting Pressure Sore Risk* - developed to foster early identification of patients at risk for forming pressure sores. The scale is composed of six subscales that reflect sensory perception, skin moisture, activity, mobility, friction and shear, and nutritional status

*Food preparation moves from regular to mechanically chopped to finger foods to pureed. Your doctor will write an order for a speech therapist to evaluate your loved one's ability to chew and swallow foods and liquids