

Summary of the PhD Thesis

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Curriculum Vitae

Claudia Ortoleva Bucher has a dual background in nursing and psychology and holds an advanced master's degree in clinical neuropsychology as well as a doctorate in nursing. After working as a research manager at the Institute of Higher Education and Research in Healthcare (IUFERS, UNIL) and as a clinical nurse specialist in the Service of Old Age Psychiatry (Department of Psychiatry, Lausanne University Hospital), she has been an HES full professor at University of Applied Sciences and Arts, Western Switzerland (HES-SO), School of Nursing Sciences La Source, since September 1, 2017.



Description of the project

Development and validation of clinical profiles of aged patients hospitalized due to behavioral and psychological symptoms of dementia and identification of associated nursing intervention

In a healthcare system with limited resources, inpatients presenting behavioral and psychological symptoms of dementia (BPSD) are vulnerable and care optimization, according to their needs, is essential. However, the description of the different profile of somatic, psychiatric and socio-relational issues of these patients, their clinical trajectories during hospitalization and the associated nursing interventions remains poorly described in the literature to date. The study included four sequential nested studies whose objectives were respectively: i) to develop, validate and describe the clinical profiles of aged people with BPSD at admission; ii) to describe their trajectories between the admission and dis-charge according to the profiles and predict their destination after discharge; iii) to describe the nature and the intensity of the nursing interventions related to the identified clinical profiles; iv) to reach an experts consensus on relevant interventions per profile. In the first study, on a sample of 542 aged inpatients presenting dementia, who were hospitalized in psychogeriatric wards in French-speaking Switzerland between January 1st, 2011, and June 30th, 2014, a solution consisted of four clinically distinct profiles was developed using the French version of the HoNOS65+, called the Lausanne classification for psychogeriatric inpatients (LCPI). They were labeled according to their predominant features (1) BPSD-affective, (2) BPSD-functional, (3) BPSD-somatic and (4) BPSD-psychotic. These profiles

were obtained using combination of one hierarchical and one non-hierarchical clustering technique and the solution stability was demonstrated using a cross-validation process based on the split-sample method. A different clustering method, consisting of multiple k-means procedures, was performed with convergent results. For the second study, 397/542 patients had an evaluation at discharge and therefore included for the trajectories analysis. Those classified as BPSD-functional or BPSD-affective on admission, 70.18% and 73.48%, respectively had the same membership at discharge. However, 45.74% of those classified as BPSD-somatic on admission were discharged with a BPSD-functional profile, and 46.15% of those classified as BPSD-psychotic on admission were discharged as BPSD-affective ($\chi^2(9) = 128.8299$; $p < 0.000$). At discharge, 64.99% ($n = 258$) of all patients were admitted to a nursing home. The significant predictors for go back home were the following: being male (OR = 0.96; 95% CI: 0.93–0.99) and BPSD-affective profile at discharge (OR = 1.95; 95% CI: 1.08–3.54). Significant predictors of transfer to acute care unit or death were: BPSD-somatic at discharge (OR = 12.98; 95% CI: 1.96–85.91) or BPSD-psychotic profile at discharge (OR = 13.53; 95% CI: 1.65–111.05). For the third study, a content analysis of nurses' notes on 10 patients per profile was performed. Current reported practices were generally similar for all patients. However, in the fourth study, according to expert consensus, appropriate interventions varied depending on the profile. Also, some issues remained poorly investigated, such as screening, assessment and treatment of depressive symptoms and the maintenance of functional autonomy as well. The LCPI developed in the present thesis allowed to determine four valid profiles, highlighting the population's heterogeneity, with each profile showing distinctive characteristics that may allow clinicians to develop more patient-centered care plans. Since most interventions were generally similar for all patients, the development of studies to test interventions tailored to each profile and to acute psychogeriatric environment and the implementation of evidence-based practices are needed.