

This is a **Sample** version of the
**Neuropsychiatric Inventory –
Nursing Home Version (NPI-NH)**

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Neuropsychiatric Inventory – Nursing Home Version

NPI---NH

INTRODUCTION

The NEUROPSYCHIATRIC INVENTORY – NURSING HOME VERSION (NPI-NH) was developed to help characterize the neuropsychiatric symptoms and psychopathology of patients with Alzheimer's disease and other dementias when the patients are residents in extended care facilities or other care settings where information is gathered from professional caregivers. The NPI-NH was derived from the Neuropsychiatric Inventory (NPI), which was originally developed for the assessment of neuropsychiatric symptoms and psychopathology in community-dwelling patients where information was obtained from family caregivers. The content of the questions of the NPI and NPI-NH are identical but have been rephrased appropriately. In addition, the caregiver distress scale of the NPI has been changed to an occupational disruptiveness scale for the NPI-NH to allow an assessment of the impact of behavioral disturbances on professional caregivers.

The NPI-NH has been used to characterize the psychopathology of patients in nursing homes as well as to measure the impact of antedementia and psychotropic drugs on behavioral changes in dementia patients dwelling in nursing homes.

This manual provides administration and scoring instructions for the NPI-NH. It contains the questions to be asked when performing the NPI-NH and it references the original article describing the psychometric properties of the NPI-NH. Master copies of the NPI-NH worksheets and scoring summary that can be copied for your convenience are also included. This manual can be used each time the NPI-NH is administered whereas worksheets and scoring summaries will be unique to each patient.

Thank you for your interest in the NPI-NH. We hope that the instrument, this manual and the related information proves to be helpful to you in characterizing behavioral and neuropsychiatric symptoms in your patients, understanding the disruptiveness experienced by caregivers, and following treatment related changes in behavior. Neuropsychiatric symptoms are a key manifestation of dementia and understanding and treating them is a major advance in improving the quality of lives of patients and their caregivers.

References:

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- Kaufner DI, Cummings JL, Christine D, Bray T, Castellon S, Masterman D, MacMillan A, Kelchel P, DeKosky ST. Assessing the impact of neuropsychiatric symptoms in Alzheimer's disease: the Neuropsychiatric Inventory Caregiver Distress Scale. *J Am Geriatr Soc* 1998; 46: 210-215.
- Wood S, Cummings JL, Hsu M-A, Barclay T, Wheatley MV, Yarema KT, Schnelle JF. The use of the Neuropsychiatric Inventory in nursing home residents, characterization and measurement. *Am J Geriatr Psychiatry* 2000; 8: 75-83.
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I. Purpose of the NPI -NH

The purpose of the Neuropsychiatric Inventory (NPI) is to characterize the psychopathology of patients with brain disorders in NPI (Cummings et al, 1994). The NPI-Nursing Home Version (NPI-NH) was developed for use in extended care facilities caring for residents with dementia (Wood et al, 2000). Ten behavioral areas and two types of neurovegetative changes are included in the NPI-NH:

Delusions
Hallucinations
Agitation/Aggression
Depression/Dysphoria
Anxiety
Elation/Euphoria
Apathy/Indifference

Disinhibition
Irritability/Lability
Aberrant Motor Behavior

Sleep and Nighttime Behavior Disorders
Appetite and Eating Disorders

II. NPI-NH Interview

The NPI-NH is based on responses from an informed professional caregiver involved in the daily care of the resident. The interview is best conducted in the absence of the resident to facilitate an open discussion of behaviors that may be difficult to describe with the resident present. Several points should be made when you introduce the NPI-NH interview to the caregiver:

- Purpose of the interview
- Ratings to be collected - frequency, severity, disruption (described below)
- Answers apply to behaviors that have been present for the past week or other defined period of time
- Questions can usually be answered with “Yes” or “No” and responses should be brief

Determine the amount of time that the caregiver spends with the resident. What shift do they work; are they always or usually assigned to take care of the resident; what is their role with the resident; how confident do they feel in providing information of the kind asked for with the NPI-NH? Record the medications regularly taken by the resident and any PRN medications administered in the past week.

When beginning the inventory, say to the caregiver “These questions are designed to evaluate the resident's behavior. They can usually be answered ‘Yes’ or ‘No’ so please try to be brief in your responses.” If the caregiver lapses into elaborate responses that provide little useful information, they may be reminded of the need to be brief.

Questions should be asked exactly as written. Clarification should be provided if the caregiver does not understand the question. Acceptable clarifications are restatements of the questions in alternate terms. Do not probe for information using your own questions.

The questions pertain to behaviors observed in the past week or other defined period of time (the period may vary with different applications of the NPI-NH).

III. Screening Questions

The screening question is asked to determine if the behavioral change is present or absent. If the answer to the screening question is negative, mark “No” and proceed to the next screening question without asking the subquestions. If the answer to the screening question is positive or if there are any uncertainties in the caregiver’s response or any inconsistencies between the response and other information known by the clinician (e.g., the caregiver responds negatively to the euphoria screening question but the resident appears euphoric to the clinician), the category is marked “Yes” and is explored in more depth with the subquestions. If the subquestions confirm the presence of the behavior, the severity and frequency of the behavior are determined according to the criteria provided with each behavior.

IV. Subquestions

When the screening questions are answered “Yes”, then the subquestions are asked. In some cases, the caregiver will provide a positive response to the screening question and a negative reply to all subquestions. If this happens, ask the caregiver to expand on why they responded affirmatively to the screen. If they provide information relevant to the behavioral domain but in different terms, the behavior should be scored for severity and frequency as usual. If the original affirmative response was erroneous, leading to a failure to endorse any subquestions, then the behavior is changed to “No” on the screening question.

Some sections such as the questions pertaining to appetite are framed so as to capture whether there is an increase or decrease in the behavior (increased or decreased appetite or weight). If the caregiver answers “Yes” to the first member of the paired questions (such as has the resident's weight decreased?), do not ask the second question (has the resident's weight increased?) since the answer to the second question is provided by the answer to the first. If the caregiver answers “No” to the first member of the pair of questions, then the second question must be asked.

This is the end of the NPI-NH Training Guide sample version. The complete version has nine training segments.

Neuropsychiatric (Nursing Home Version) Inventory Questions

A. DELUSIONS

(NA)

Does the resident have beliefs that you know are not true? For example, saying that people are trying to harm him/her or steal from him/her. Has he/she said that family members or staff are not who they say they are or that his/her spouse is having an affair? Has the resident had any other unusual beliefs?

- Yes (if yes, please proceed to subquestions)
 No (if no, please proceed to next screening question) N/A

1. Does the resident believe that he/her is in danger – that others are planning to hurt him/her or have been hurting him/her? Yes No
2. Does the resident believe that others are stealing from him/her? Yes No
3. Does the resident believe that his/her spouse is having an affair? Yes No
4. Does the resident believe that his/her family, staff members or others are not who they say they are? Yes No
5. Does the resident believe that television or magazine figures are actually present in the room? (Does he/she try to talk or interact with them?) Yes No
6. Does he/she believe any other unusual things that I haven't asked about? Yes No

Comments: _____

If the screening question is confirmed, determine the frequency and severity of the delusions.

Frequency:

1. Rarely – less than once per week
 2. Sometimes – about once per week
 3. Often – several times per week but less than every day
 4. Very often – once or more per day

Severity:

1. Mild – delusions present but seem harmless and does not upset the resident that much.
 2. Moderate – delusions are stressful and upsetting to the resident and cause unusual or strange behavior.
 3. Severe – delusions are very stressful and upsetting to the resident and cause a major amount of unusual or strange behavior.

Occupational Disruptiveness: How much does this behavior upset you and/or create more work for you?

0. Not at all
 1. Minimally (almost no change in work routine)
 2. Mildly (some change in work routine but little time rebudgeting required)
 3. Moderately (disrupts work routine, requires time rebudgeting)
 4. Severely (disruptive, upsetting to staff and other residents, major time infringement)
 5. Very Severely or Extremely (very disruptive, major source of distress for staff and other residents, requires time usually devoted to other residents or activities)

B. HALLUCINAIONS**(NA)**

Does the resident have hallucinations – meaning, does he/she see, hear, or experience things that are not present? (If “Yes,” ask for an example to determine if in fact it is a hallucination). Does the resident talk to people who are not there?

- Yes (if yes, please proceed to subquestions)
 No (if no, please proceed to next screening question)
 N/A

- | | | |
|--|------------------------------|-----------------------------|
| 1. Does the resident act as if he/she hears voices or describe hearing voices? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does the resident talk to people who are not there? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Does the resident see things that are not present or act like he/she sees things that are not present (people, animals, lights, etc)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Does the resident smell things that others cannot smell? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Does the resident describe feeling things on his/her skin or act like he/she is feeling things crawling or touching him/her? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Does the resident say or act like he/she tastes things that are not present? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Does the resident describe any other unusual sensory experiences? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Comments: _____

If the screening question is confirmed, determine the frequency and severity of the hallucinations.

Frequency:

1. Rarely – less than once per week
 2. Sometimes – about once per week
 3. Often – several times per week but less than every day
 4. Very often – once or more per day

Severity:

1. Mild – hallucinations are present but seem harmless and does not upset the resident that much.
 2. Moderate – hallucinations are stressful and upsetting to the resident and cause unusual or strange behavior.
 3. Severe – hallucinations are very stressful and upsetting to the resident and cause a major amount of unusual or strange behavior. (PRN medications may be required to control them).

Occupational Disruptiveness: How much does this behavior upset you and/or create more work for you?

0. Not at all
 1. Minimally (almost no change in work routine)
 2. Mildly (some change in work routine but little time rebudgeting required)
 3. Moderately (disrupts work routine, requires time rebudgeting)
 4. Severely (disruptive, upsetting to staff and other residents, major time infringement)
 5. Very Severely or Extremely (very disruptive, major source of distress for staff and other residents, requires time usually devoted to other residents or activities)

This is the end of the NPI-NH question inventory sample version. The complete version has 12 question segments.

