

PGI-DSS - PsychoGeriatric Inventory of Disconcerting Symptoms and Syndromes (with risk of emotional exhaustion)
EPADE* Echelle d'évaluation, chez les Personnes Agées, des symptômes et des syndromes DEconcertants (avec risque d'épuisement émotionnel)

Scoring indications : the score selected will be the highest score observed.
 1 Before rating, it is helpful to hand out a scale sheet to each participant.
 2 The reader and the team assess in relation to a period of time (the last 7 days or the period since the last reading)
 3 The reader read aloud the blocks of words from the most severe to the least severe
 4 Stop reading and circle the score as soon as a participant recognizes a symptom (freehand and saying yes)
The result? The more severe the signs are, the faster the scoring (discussion takes place after scoring).

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NAME (or initial):
FIRST NAME (or initial) :
DATE of Birth :
Man Woman
Today's date :

Disconcerting VIOLENCE apprehension and fear of being attacked				
LOOKS				
very marked=4	marked = 3	moderate = 2	slight = 1	absent = 0
Looks of hatred or looks of fury	Angry looks or angry expressions	Black looks or grimaces	Hostile looks or hostile facial expression	Usual look and usual facial expression
VOICE, TONE				
very marked=4	marked = 3	moderate = 2	slight = 1	absent = 0
Yelling	Shouting	Groaning or grunting or moaning	Hostile voice	Usual voice
WORDS				
very marked=4	marked = 3	moderate = 2	slight = 1	absent = 0
Threats	Accusations or insults (personal insults)	Insults (not personal insults)	Reproaches or criticism	Absence of verbal aggression
GESTURES				
very marked=4	marked = 3	moderate = 2	slight = 1	absent = 0
Attacks people potentially dangerously (bites, punches)	Attacks people but non-dangerously (grabs, scratches slaps, spits)	Threatening gestures towards people (finger raised, clenched fist)	Steals, upsets, throws or destroys objects (e.g.stomal)	Absence of physical aggression

Disconcerting REFUSAL (refusal, opposition, passivity, apathy) embarrassment and guilt at being unable to gain acceptance for a proposal				
COMMUNICATION (spontaneous words, utterances, answers to questions and non-verbal communication)				
very marked=4	marked = 3	moderate = 2	slight = 1	absent = 0
Impossibility of any communication (pseudocoma)	Possibility of minimal communication with eyes	Some communication possible with negotiation	Starts to talk after a few simple words	Communicates as usual
MOBILIZATION (walking, standing, sitting, mobilisation in bed)				
very marked=4	marked = 3	moderate = 2	slight = 1	absent = 0
Impossibility of any mobilization (bed-ridden)	Possibility of minimal mobilization from bed to chair	Some mobilization possible with negotiation and assistance	Starts moving after a few simple words	Moves and allows mobilization as usual
EATING (food and drink)				
very marked=4	marked = 3	moderate = 2	slight = 1	absent = 0
Impossibility of any feeding (life-threatening)	Possibility of minimal feeding (spits back)	Some feeding possible with negotiation and assistance	Starts to eat and drink after a few simple words	Eats and drinks as usual
CARE (taking medication, routine measures, hygiene, toilet, activities)				
very marked=4	marked = 3	moderate = 2	slight = 1	absent = 0
Impossibility of any care procedure (life-threatening)	Possibility of minimal care procedures	Some care procedures possible with negotiation and assistance	Starts to agree to care procedures after a few simple words	Care procedures carried out as usual



Disconcerting WORDS worries and anticipatory anxiety requiring presence and vigilance				
Excessive or pointless TALK or repeated DEMANDS				
very marked=4	marked = 3	moderate = 2	slight = 1	absent = 0
Contradictory orders or demands that cannot be responded to	Incessant demands that cannot be met	Incessantly repeats words or phrases (echolalia)	Excessive talking (logorrhoea)	Usual level of talk
ANXIOUS TALK, bodily complaints and repeated calls				
very marked=4	marked = 3	moderate = 2	slight = 1	absent = 0
Anxious talk or bodily complaints with panic attacks	Anxious talk or bodily complaints with frequent calls	Anxious talk or bodily complaints with episodic calls	Anxious talk or bod. complaints without call	Absence of anxious talk or bod. compl.
DEPRESSIVE TALK about life and death				
very marked=4	marked = 3	moderate = 2	slight = 1	absent = 0
Suicide attempts or equivalent behaviour	Expresses intention to commit suicide "I am going to kill myself"	Expresses desire for death "I want to die"	Expresses loss of desire to live "I don't want to go on living"	Usual talk about life and death
WORDS outside reality or hallucinations				
very marked=4	marked = 3	moderate = 2	slight = 1	absent = 0
Delirious talk or hallucinations with acting-out	Delirious talk or hallucinations without acting-out (certainty)	Delirious talk or hallucinations or lies or fabrications (probable)	Delirious talk or hallucinations or lies or fabrications (possible)	Absence of lies or fabrication of delir. talk or hallucinations

Disconcerting ACTS worries and anticipatory anxiety requiring presence and vigilance				
ACTS and loss of control of OVERALL locomotor sphere				
very marked=4	marked = 3	moderate = 2	slight = 1	absent = 0
Disappearances "escapes" self-mutilation (crushed finger, falls)	Moving around with intrusions in other rooms	Moving around with caregivers following	Agitation (moves arms and legs, shifts to and fro)	Usual locomotor behaviour
ACTS and loss of control of ORAL and eating sphere				
very marked=4	marked = 3	moderate = 2	slight = 1	absent = 0
Eats toxic or non-edible substances (e.g.household cleaners)	Eats unpleasant substances (e.g.excrement)	Eats too much and too fast with risk of choking (gluttony)	Eats too much (bulimia)	Usual eating behaviour
ACTS and loss of control of ANAL and urinary sphere				
very marked=4	marked = 3	moderate = 2	slight = 1	absent = 0
Daubs excrement	Inappropriate defecation or refusal to wear diapers	Constant inappropriate micturition	Episodic inappropriate micturition	Usual sphincter function
ACTS and loss of control of GENITAL and sexual sphere				
very marked=4	marked = 3	moderate = 2	slight = 1	absent = 0
Sexual aggression (sex with vulnerable person) or traumatic	Sexual contact (groping and touching)	Sexual gestures or masturbation in public or sexual exhibition	Eroticism or excessive sexual preoccupations or demands	Sexuality without any peculiarity

Violence score + **Refusal score** + **Words score** + **Acts score** = **Total score**
 + + + =
 Disconcerting violence syndrome + Disconcerting refusals syndrome + Disconcerting words syndrome + Disconcerting acts syndrome = **Cut-off >17**
 apprehension, fear + repeated worries + Emotional exhaustion
 embarrassment, guilt + anticipatory anxiety

2018. Special Jury Prize SF3PA (Société Francophone de Psychogériatrie et de Psychiatrie de la Personne Agée)
 2019. Favorite Prize SF TelMed (Société Française de Télémedecine) et Formatic Santé
 2020. Publication. International Psychogeriatrics (On line & Open Access since April 24, 2020)
 Risk of 4 spontaneous inappropriate relational attitudes
 Opportunity for 4 relational attitudes to be co-built within the team
 Look for reversible causes, with 4 priorities : pain, emergency, iatrogenic side-effects, psychological distress
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Syndrome Disconcerting VIOLENCE
(violence, aggression)

Sub-syndromes (cluster of symptoms):

 stupid little idiot

Apprehension and Fear (of being attacked)

Risk = Inappropriate Attitude
Mirror response
Increasing tension

Opportunity = Psychosocial interventions
Understanding, Defusing, Soothing :
 > Understanding that there are reasons for a violent behavior that can be sought
 > Attempting to "go along" with it:
 > Sustaining the insult without taking it for one's own account
 > Gently setting boundaries

Syndrome Disconcerting REFUSALS
(refusal/ opposition, passivity, apathy)

Sub-syndromes (cluster of symptoms):
 ...well ... (no)

 Embarrassment and Guilt at being unable to gain acceptance for a proposal

 Risk = Inappropriate Attitude
Stimulate Coerce

Opportunity = Psychosocial interventions
Understanding, Defusing, Soothing :
 > Accepting the right to consent means:
 > Accepting the right to refuse
 > Accepting that the person who refuses may be right
 > Withdrawing and then returning to negotiate

Do	Indifference / Interest	Boredom / Astonishment	Like / Dislike	Seduction / Repulsion, disgust
Ré	Apprehension, Fear / Security	Worry, Anxiety / Peace of mind	Tense / Calm	
Mi	Sadness/Happiness	Pleasure/Displeasure	Pleasant/Unpleasant	Satisfaction/Deception, Frustration
Fa	Hope / Dispair	Shame / Pride	Guilt / Peace of mind	
Sol	Suspiciousness / complete confidence	Familiarity / Strangeness	Embarrassment / Easiness	
La	Anger, Annoyance, Irritation / Appeasement	Sollicitude / Aversion	Affection / Contempt	
Si	Compassion, Piteousness, Solidarity / Dismissing-Abandoning	Powerlessness, Disarray / Ability-		

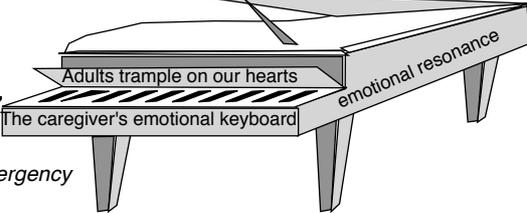
LOOK FOR a CAUSE

discomfort, ...
bodily pain, ...
active delirium
drug withdrawal, ...
hypoglycemia, ...
epilepsy, ...
hostile depression, ...
hypomania, ...
fear of being treated badly,
borderline personality,
Violence
Refusal
Words
Acts

Medical or surgical emergency or other causes

LOOK FOR a CAUSE

discomfort, ...
bodily pain, ...
hypoactive delirium
« acute apathy »
drug overdose,
sleep apnea, ...
infection, ...
depression
with motor retardation, ...
schizophrenic deficit,
dominant personality,
Iatrogenic side-effect or others causes



Syndrome Disconcerting WORDS
requiring presence and vigilance
Leaving the room and entering the next room are both rendered difficult by the mental burden - half of you is still with the other person -

Sub-syndromes (cluster of symptoms):
 I want
 i'm frightened
 i'm hurting
 I want to die
 someone stole my...

Repeated worries, Anticipatory anxiety
 What is he going to say next?
 What will be my answer ?
 What can be said ?
 What should not be said ?

Risk = Inappropriate attitude
saying «for godness sake be quiet! »

Opportunity = Psychosocial interventions
Understanding, Defusing, Soothing :
 > Remaining silent, solicitude
 > Listening, hearing the hidden meaning
 > Clarifying
 > Rewording in empathetic manner

Syndrome Disconcerting ACTS
requiring presence and vigilance
Leaving the room and entering the next room are both rendered difficult by the mental burden - half of you is still with the other person -

Sub-syndromes (cluster of symptoms):
 1944

 Global

 Oral

 Anal

 Génital

Repeated worries, Anticipatory anxiety
 What is going to happen next?
 What will I do?°
 What can be done ?
 What should not be done?

Risk = Inappropriate attitude
saying: "will you just stop that!" »

Opportunity = Psychosocial interventions
Understanding, Defusing, Soothing :
 Responding to acts by activities:
 > Creating diversion
 > Using mediations
 > Art-therapy, recreational activities

LOOK FOR a CAUSE

discomfort, ...
bodily pain, ...
delirium with anxiety,
drug withdrawal,
fear of death, ...
separation anxiety, ...
insecure childhood, ...
manic episode
adaptative delusions, ...
hypochondriac,
obsessive personality,
Attachment disorders
« Glischroidie »
or others causes

The ability to exhaust caregivers by triggering emotions with :
 > the risk of inappropriate relational attitudes
 > the opportunity for appropriate relational attitudes, discussed in the team
 > the opportunity to start looking for a reversible co-factor with the team

Archaïc Regression or other causes

LOOK FOR a CAUSE

discomfort, ...
bodily pain, ...
boredom, ...
delirium with disinhibition, ...
drug withdrawal
fear of death, ...
traumatic memories, ...
manic episode
impulsive personality,
Archaïc Regression or other causes