

## Appendix 2: Summary of the final items included in the tool

<b>PAIN</b>
1. Assess the presence of pain and its intensity : <ul style="list-style-type: none"> <li>○ in verbal patients : locate pain and evaluate intensity on a pain scale</li> <li>○ in non-verbal patients :               <ul style="list-style-type: none"> <li>▪ evaluate the presence of pain with the help of the EDAAP scale [22]</li> <li>▪ have the pain intensity rated on a numerical pain scale by two caregivers who know the patient well</li> </ul> </li> </ul>
2. Assess the presence of pain and its intensity : <ul style="list-style-type: none"> <li>○ in verbal patient : locate pain and evaluate intensity on a pain scale</li> <li>○ in non-verbal patients :               <ul style="list-style-type: none"> <li>▪ evaluate the presence of pain with the help of the EDAAP scale [22]</li> <li>▪ have the pain intensity rated on a numerical pain scale by two caregivers who know the patient well</li> </ul> </li> </ul>
3. Identify the origin of pain : evaluate the presence of comorbidities, neuropathic pain and painful medical interventions
4. Analgesic treatment : <ul style="list-style-type: none"> <li>○ Etiological treatment of pain</li> <li>○ Mild pain : paracetamol and/or ibuprofen</li> <li>○ Moderate pain: tramadol or tapentadol if the patient is taking a CYP2D6 inhibitor drug or is at risk of a serotonergic interaction.</li> <li>○ Severe pain : morphine</li> <li>○ Neuropathic pain : Discuss with a specialist the introduction of pregabalin or duloxetine depending on co-morbidities and co-medications</li> <li>○ Topical treatment : lidocaine</li> <li>○ Non-pharmacological treatments</li> </ul>
5. Reassessment of pain and treatment efficacy
<b>SLEEP DISORDERS</b>
1. Characterize and categorize the sleep disorder (insomnia, diurnal somnolence, nocturnal respiratory disorder, nocturnal motor disorder, other)
2. Identify the origin of the sleep disorder : evaluate life changes, drugs and comorbidities
3. Sleep disorder treatment : <ul style="list-style-type: none"> <li>○ Etiological treatment</li> <li>○ Behavioural treatment</li> <li>○ Restless leg syndrome : iron supplementation if indicated, pregabalin</li> <li>○ Circadian rhythm disorder : chronotherapy and luminotherapy, melatonin</li> <li>○ Insomnia : melatonin</li> <li>○ Transient insomnia : zolpidem or oxazepam</li> <li>○ Insomnia related to depression or anxiety : mirtazapine or trazodone</li> </ul>

4. Reassessment of sleep and treatment efficacy : fill in a sleep journal
<b>GASTRO-INTESTINAL DISORDERS</b>
1. Characterize and categorize the disorder (constipation, regurgitation, nausea, vomiting, diarrhea)
2. Identify the origin of the disorder : evaluate drugs and comorbidities, fill in a feeding table and/or a stool table if necessary
3. Gastro-intestinal disorders treatments <ul style="list-style-type: none"> <li>○ Etiological treatment</li> <li>○ Dietary adaptation</li> <li>○ Constipation: macrogol or bisacodyl. If no efficacy after 6 months, prucalopride.</li> <li>○ Gastro-esophageal reflux : esomeprazole</li> <li>○ Vomiting : domperidone</li> <li>○ Diarrhea : Enterococcus faecium, loperamide</li> <li>○ Spasmodic gastro-intestinal pain : butylscopolamine</li> </ul>
4. Reassess the disorder and treatment efficacy
<b>CHALLENGING BEHAVIOUR</b>
1. Characterize the challenging behaviour : <ul style="list-style-type: none"> <li>○ Type of behaviour (stereotypy, aggression, automutilation, agitation, withdrawal, other),</li> <li>○ Description of the behaviour</li> <li>○ Severity and intensity scores</li> <li>○ Risks associated</li> </ul>
2. Identify the origin of the behaviour : evaluate somatic problems, drugs and psychiatric comorbidities
3. Treatment of a challenging behaviour : fill in an ABC scale [52] before treatment initiation <ul style="list-style-type: none"> <li>○ Etiological treatment</li> <li>○ Non-pharmacological interventions</li> <li>○ Severe aggression, agitation or stereotypy requiring sedation : risperidone and lorazepam, or olanzapine</li> <li>○ Severe aggression, agitation or stereotypy not requiring sedation : risperidone</li> <li>○ If risperidone or olanzapine are not well tolerated or not efficacious : valproate</li> </ul>
4. Reassess the behaviour and the treatment efficacy
<b>DEPRESCRIPTION</b>
Evaluate the necessity of a deprescription if the patient takes : <ul style="list-style-type: none"> <li>- 3 psychotropic drugs or more</li> <li>- 2 or more psychotropic drugs of the same class</li> <li>- 2 or more psychotropic drugs for the same indication</li> <li>- 2 or more analgesic drugs</li> </ul>