Dealing With Difficult Behaviors I

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Objectives

- Identify common behaviors associated with dementia
- Look at various approaches used to help with these behaviors
- Delineate current ideas on non-pharmacologic treatments for these behaviors

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Demographics

- Dementia
  - 360,000 new cases of Alzheimer's disease each yr.
  - Over 5.1 million with dementia in the USA in 2007
  - 15-20% of all over 65

Alliance for Aging Research Home Page: Alzheimer's Association
Alzheimer's Disease Facts and Figures 2007

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Demographics

- Nursing Homes
  - Over 1.5 million in nursing homes
  - 80% have psychiatric diagnoses
    - 80-90% of those are dementias
    - 50-90% of demented nursing home residents will have problem behaviors caused by cognitive impairment

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Demographics of Behavioral Problems in Dementia

Figure 1 Prevalence of Aggressive Behavioural Symptoms, Nova Scotia Nursing Homes, 2003–2004 to 2006–2007 (N = 699)

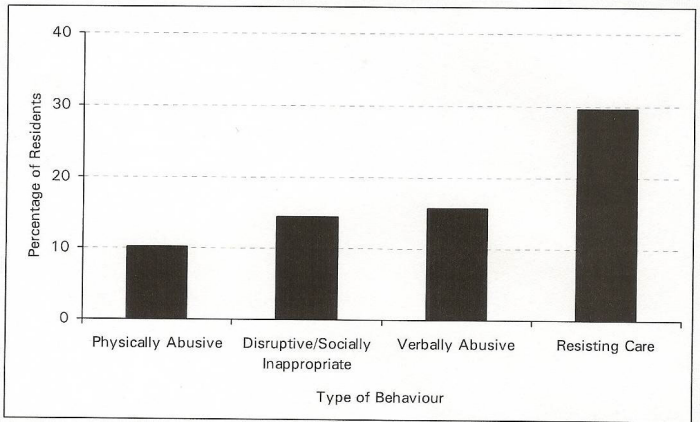

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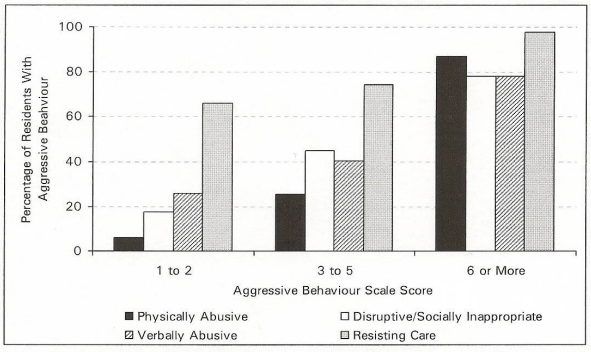
Figure 2 Prevalence of Behavioural Symptoms by Aggressive Behaviour Scale Score, Nova Scotia Nursing Homes, 2003–2004 to 2006–2007 (N = 280)



Source
Continuing Care Reporting System, 2003–2004 to 2006–2007, Canadian Institute for Health Information.

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Impact

- 50% of nursing home nurses have been physically abused by a patient in the past year
- 48% have suffered emotional abuse by a patient

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Findings from the 2005 National Survey of the Work and Health of Nurses (Ottawa:Statistics Canada, 2006)

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Types of Behavioral Problems

- Agitation
  - General restlessness
    - Near-constant, no cues noted
  - Specific restlessness
    - Such as with dressing, bathing, feeding
  - Disruptive vocalizations
    - Yelling, questioning, swearing
  - Disrobing
  - Hoarding/stealing
    - Especially new onset with the dementia
  - Wandering/pacing 20%

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Types of Behavioral Problems

- Other than Agitation
  - Aggression
    - Towards self, residents or staff
    - Focused or random
  - Hypersexuality
    - Verbal, physical or both
  - Resistance/noncompliance (30%)
    - With medications, meals, cares
  - Sleep difficulties
    - Up all night, asleep all day
    - Fragmented sleep

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What makes a behavior a problem?

- Dysfunction
  - Changes in the day-to-day functioning of the resident and peers due to the behavior
    - Aggression towards others so severe that it puts their placement in jeopardy by harming others or themselves
    - Disruptive vocalizations so intense that their safety is at risk from the aggressive peers
    - Generalized restlessness so profound it leads to a fall and hip fracture in a resident with gait problems

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What makes a behavior a problem?

- "Antipsychotic drugs are commonly used to treat some of the behavioral complications of dementia, including delirium." But, "the problems underlying the need for such medications, behavioral problems such as aggression and agitation, are very real, and the alternatives to antipsychotics are limited." Nevertheless, "[m]any experts feel behavioral interventions should be tried first, and antipsychotics used as a last resort, 'when the behavior or the psychiatric symptoms are really out of control, and causing complete distress not only for the person suffering from Alzheimer's, but for caregivers all around them,'" said Maria Carrillo of the Alzheimer's Association.

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What makes a behavior a problem?

- The CONTEXT of the behavior is often what makes it a problem
  - At a physically small nursing home a person who walks constantly may be pacing whereas at a larger facility they are “walking the halls”
  - No men, likely no hypersexuality
  - Frail resident means little threat of injury to others if aggressive
  - Non-compliance with multivitamin vs. insulin
  - Continued soft spoken talking vs. yelling


vs


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What makes a behavior a problem?

- Dysfunction and Context
  - More Calls if:
    - Physical symptoms directed towards others
    - Verbal symptoms directed towards others
  - Fewer calls if:
    - The resident talks all the time but never raises their voice
    - The resident sleeps too much
    - The resident is too weak to hurt anyone when they are aggressive
    - These behaviors can be symptomatic of the same needs as the more disruptive behaviors

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Context

- The first step in addressing a behavior is to identify the context of the behavior
  - Mr. Smith is a bad driver.
    - How is he a bad driver?
  - Mr. Smith is having behavioral problems
    - What is the behavior?
    - When is it occurring?
    - Where is it occurring?
    - What happens before and after the behavior?
      - Aggravating factors? Mitigating factors?
    - What happens as a result of the behavior?

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Approach to Behavioral Problems

- Is it new or old?
  - Beginning last night or been there since they moved in six months ago?
    - Acute onset makes one more concerned about a medical etiology
    - If it has followed them from facility to facility **you** may need to adapt
- Assess if this is a symptom of an unmet need, a medical problem, or a psychiatric problem.

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Approach to Behavioral Problems

- Unmet need?
  - Hunger, thirst, mobility, relief of pain, boredom, loneliness
- An environmental trigger?
  - Overstimulation/Understimulation
  - Particular people
  - Light levels
  - Roommate, moved rooms

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Could it be 2º to a medical cause?

- New symptoms?
  - New pain from a fracture
  - UTI, hyponatremia, dehydration
- Exacerbation of old symptoms?
  - COPD-related Worsening congestive heart failure
  - hypoxia may appear like anxiety
- Medications?
  - Narcotics, muscle relaxants
  - Chemotherapy
  - Antidepressants, antipsychotics, benzodiazepines

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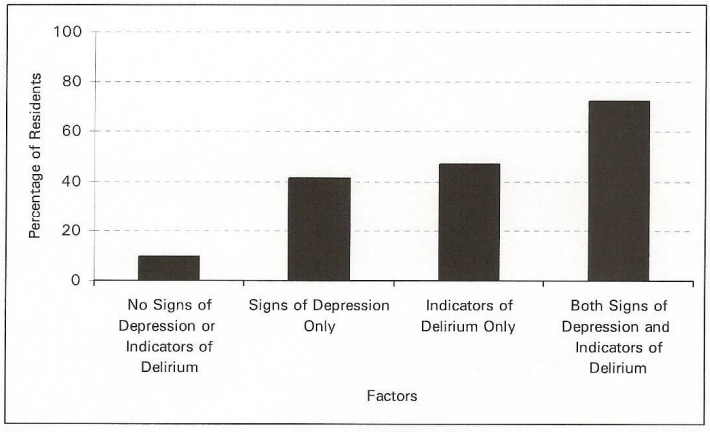
Behavior problems increase with delirium and depression

Figure 5 Prevalence of Aggressive Behaviour by Signs of Depression and Indicators of Delirium, Nova Scotia Nursing Homes, 2003–2004 to 2006–2007 (N = 699)



Source
Continuing Care Reporting System, 2003–2004 to 2006–2007, Canadian Institute for Health Information.

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Is it due to a psychiatric problem?

- Mood
  - 20-50% of all demented patients will suffer with depression
    - Mania can also occur as a result of dementia
  - 50% of all nursing home patients have some type of depression
- Anxiety
  - 25-40% of demented patients will display anxiety
- Psychosis
  - Delusions and hallucinations are common in dementia
    - 25-45% of all demented patients will experience psychosis

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Behavioral Problems

- REMEMBER:
  - The patient can only have motivations ascribed to them **only** if they have enough cognitive capacity left to have a motive,

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THEREFORE:

- Apathetic people are not trying to irritate you by taking longer to do ADLs
- Forgetful people do not want to lead you on a wild goose chase when they cannot remember where they put their dentures
- Frightened patients with no insight into their situation are not trying to hurt you, they are trying to defend themselves.

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Behavioral Problems

- Patients are in nursing homes for a reason
  - Which mainly neuropsychiatric (dementia), yet
  - Historically, most nursing homes embraced medical caregiving, not psychiatric caregiving
    - Many NH workers have been trained in medical, not psychiatric, environments
    - Better information and instruction is now available about psychiatric problems in the nursing home
    - When the paradigm of psychiatric care is embraced, the way the caregivers look at patients changes dramatically
    - This approach is now expected in long-term care environments

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Why Not Just Give Them A Pill?

- Often it does not work
  - Antipsychotics in dementias provide modest benefit
    - Same with mood stabilizers, antidepressants
    - Often used to treat behavioral symptoms, yet there is no FDA-approved agent for this issue
  - Some behavioral problems do not respond well to medications
    - Wandering/pacing
    - Restlessness/fidgeting
    - Poor self care
    - Disrobing
    - Pulling/picking at dressings, devices
    - Hoarding/stealing

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General Strategies

- Not every intervention works with every resident
- Not every intervention works every time
- The key is flexibility
- Often the environment triggers the behavior
- Look around to see what is happening on the unit

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General Strategies

- Minimize environmental change
  - Stability is essential
    - Limit number of caregivers
      - Reward caregivers that work well with a resident
      - Videotape successful staff during difficult encounters to educate other staff
    - Minimize the number of room changes
    - Structure breeds improvement
    - Addition of medications within the first 4 weeks after a change in environment not likely to be helpful.

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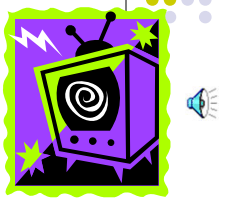
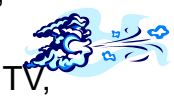
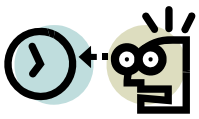
Control the amount of stimulation

- Too much commonly sets off patients
  - Shift change, dining room, activities, bright lights
  - The big screen TV, heat and cooling vents







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Control the amount of stimulation

- Too little can lead to feelings of
  - Isolation
  - Loneliness
  - Desire to be where the action is!

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Just the right stimulation…..

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Or is this better?

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Enhance communication

- Residents with dementia have aphasias
  - Use visual cues to communicate
  - Slow, brief clear instructions
  - Booklets with visual cues for toileting, dressing, bathing, eating

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Enhance communication

- Many residents are sensory impaired
- Loss of hearing-
  - approach from the front,
  - don't assume they hear your quiet greeting from behind
  - Assistive listening devices can enhance communication
- Visually impaired-
  - announce your name each time,
  - tell them what you will be doing before you touch them

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- Do not hurry the patient
  - Give them five seconds to respond
- Break a task into small parts
  - One instruction given at a time

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Let's Go to the Bathroom.

- Stand up
- Turn
- Walk
- Turn
- I'm going to help you with your pants.
- Sit
- I will wait for you to finish.

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Calming Interludes

- Outside-
- Sunshine
- Walks,
  - burns energy, relieves anxiety
- gardening

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Water

- warm bath, shower,
- Water fountains

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Auditory Enhancements

- Music-sing a longs, karaoke

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Enhanced environment

- Comfortable living room
- Aquarium
- Aviary

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Namaste

- *Namaste* is a Hindi greeting honoring the spirit within a person
- Blends nursing care and meaningful activities
- promotes peaceful and relaxing end-of-life experiences
- Sensory-based practices emphasize comfort and pleasure.
  - comfortable armchairs,
  - soothing music,
  - gentle massage
- Personal information is used to individualize the experiences, making them as enjoyable as possible for participants.

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Snoezelen

- The word ‘Snoezelen’ is taken from two Dutch words:
- “snufflen” meaning to seek out or to explore,
- “doezelen” meaning to relax or to be in a wonderful place.

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Timeslips

- Storytelling project based on interpretation of photoimages.

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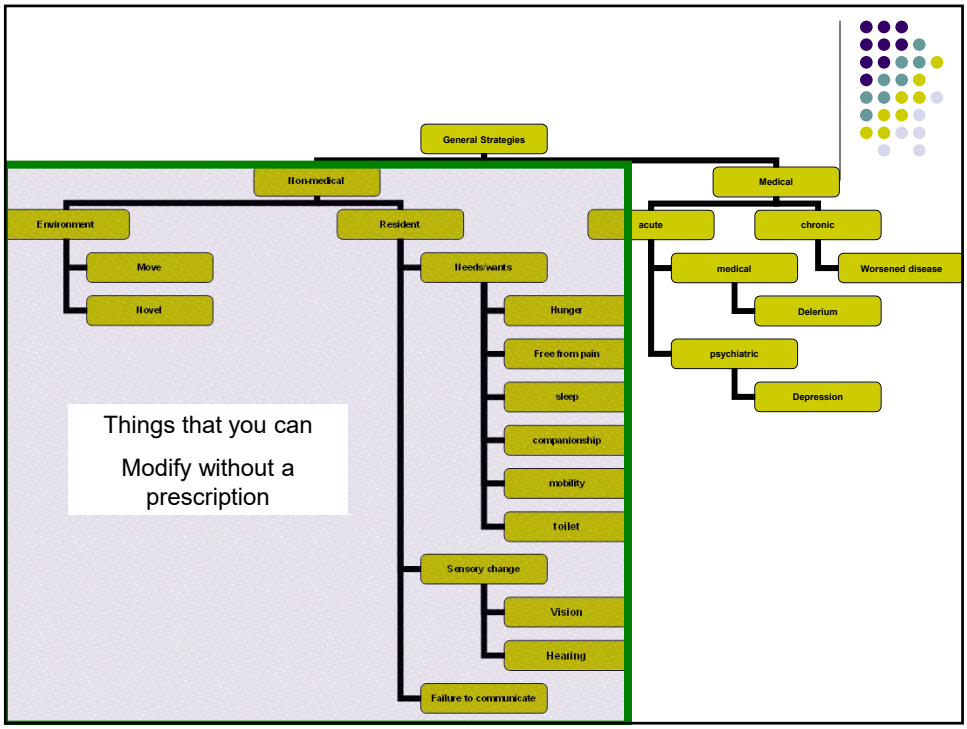

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Where to get more information

- UNMC Geriatrics Website
  - http://www.unmc.edu/nebgec/
- Long Term Care Mental Health Forum
  - http://ltcmentalhealth.forumcircle.com

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Post Quiz Question 1

- Which of the following indicators are consistent with dysfunctional behaviors?
  1. Aggression towards others so severe that it puts their placement in jeopardy by harming others or themselves
  2. Disruptive vocalizations so intense that their safety is at risk from the aggressive peers
  3. Generalized restlessness so profound it leads to a fall and hip fracture in a resident with gait problems
  4. All of the above.

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Post Quiz Question 2

- Which of the following regarding nursing home nurses?
  1. 5% have been physically abused by a patient in the past year
  2. 80% have suffered emotional abuse by a patient in the past year
  3. 50% have been physically abused by a patient in the past year.
  4. 8% have suffered emotional abuse by a patient in the past year.

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Post Quiz Question 3

- Behavioral symptoms are most common in which of the following groups?
  1. Those without depression or delirium
  2. Those with depression
  3. Those with delirium
  4. Those with depression and delerium

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Post Quiz Question 4

- Which of the following is associated with increased aggression?
  1. Pain
  2. Hunger
  3. Overstimulation
  4. All of the Above

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Post Quiz Question 5

- You can enhance communication with which of the following techniques?
  1. Approaching the patient from the rear
  2. Snozelen
  3. Namaste
  4. Providing slow, brief, clear instructions

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The Aggressive Man

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Mr. S

- Mr. S is an 84 y/o gentleman with moderate Alzheimer's disease. He had difficulty with agitation when he first moved to his long term care facility 1 year ago, but has been doing well for the past 6 months. Over the past week, however, he developed increasing aggression toward staff and other residents of the nursing facility. The aggression occurs independently of his daily cares. He has attempted to elope from the facility, and stands near a door at the end of the hall at all times. Attempts to redirect him from this area have resulted in striking a nursing aide. His behavior escalates to the point where the nursing staff does not feel safe keeping the resident in the facility.

Medical Evaluation

- The patient is hospitalized for mental status change where he undergoes complete delirium workup. Lab work, CT of the head, chest x-ray, and urinalysis is all negative. Psychiatric evaluation does not reveal new diagnosis. He remains in the hospital for 3 days without any further displays in aggression and is dismissed back to the facility.

The Return

- Within 10 minutes of returning to the facility the resident's behaviors resume. The resident's physician is called to make a visit to the facility to deal with the behaviors. In the mean time, what should you do to evaluate the situation?

- Proper evaluation of the situation is essential to developing an individualized care plan. Using this month's tip sheet "Dementia Behaviors, General Management Strategies" we can develop a plan of action for Mr. S

Assessment

- **<u>Identify the behavior and its context</u>**.
  - **Explicitly describe the behavior.** The resident strikes out at staff when they attempt to move him away from the hallway doors.
  - **At what time of day is the behavior exhibited?** Generally between 8 and 5 Monday through Friday, no behaviors noted on weekends.
  - **What is happening before and after the behavior occurs?** Nursing staff are attempting to move patient back toward the commons area.
  - **What happens as a result of the behavior?** Nursing staff is less likely to interact with the resident for fear of injury.

Assessment

- **Is there an environmental trigger?** Construction workers have been present for the past week renovating the unit. They are using jackhammers to modify the floor and other loud equipment to remove walls to make the unit more open to allow for ease in ambulation.
- **Does the resident have a new medical or psychiatric illness?** Recent hospitalization did not reveal new medical or psychiatric illness.

Assessment

- **<u>Does the resident have an unmet need?</u>**
  No.
- **<u>Minimize Environmental Change</u>**
  - **Limit the number of caregivers and reward caregivers that work well with a resident.** Familiarity with the residents likes and dislikes helps to facilitate interactions and avoid conflict.
  - **Minimize room and roommate changes.** Resident has had recent room change due to the construction. When he is at the end of the hall, attempting to elope, he is standing his usual pathway to his old room.

Assessment

- **Control the amount of stimulation**-too little or too much can precipitate behaviors. Obviously, the construction provides too much stimulation.
- **Enhance communication** Now that the staff recognizes the issues involved in the resident's aggression, they are more sympathetic to his need to be away from the noise.

Treatment Plan

- Daily activities away from the construction site for the duration of the renovation.
- He was provided with a chair to rest in at the end of the hall and sound muffling headphones to decrease the irritation from noise.
- Nursing staff reduced their demands on him to return to the commons area near the construction activity.

Outcome

- Mr. S. had a dramatic decrease in his aggression during construction and returned to his baseline after completion of construction.
- He required no medications to control his symptoms.
- No nursing injuries occurred after the interventions.
- Recognition of the environmental factors earlier may have prevented his hospitalization.