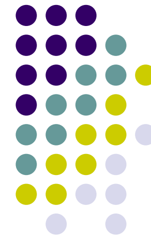
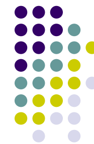
Dealing With Difficult Behaviors II

Thomas Magnuson, M.D.
Assistant Professor
Department of Psychiatry
UNMC



1

Objectives



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

2

General Principles

- 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.

3

Case 1

- Mr. X is an 76 y/o man with a 5 yr history of Alzheimer's disease. He has lived in the NF for 2 years. He initially had some aggression when he was admitted, but has been doing well for the past 18 months. The nurse calls the Dr. with a report that that he began wandering and yelling the past 2 days. He tried to hit a nurse when she was redirecting him down the hallway toward his new room. She would like him transferred to the hospital for evaluation.

4

Site of resident's previous room

5

Management Strategies

- Overstimulation
  - Decrease noise, commotion (few 90-year-old Bohemian women watch MTV)
  - Remove to a quiet area, outside, garden (old farmers do not like to be inside)
  - Use calm, quiet approach (your parents were right)
  - Speak slowly and clearly (especially if English is kind of your second language)
  - Avoid large group activity or congregate dining (NHs think this is a state requirement)
  - Create home-like settings and routines (but not like my home)

6

Management Strategies

- Overstimulation
  - Adapt personal care routines to reduce fear and agitation
    - Provide privacy
    - Use one versus many caregivers
    - Explain your purpose
    - Slow down
    - Use gentle touch
    - Stay in their visual field

7

Management strategies

- Understimulation
  - Involve in activities (especially monster truck rally)
  - Place near activities, traffic (nurses' station)
  - Increase environmental sounds (white noise, music)
  - Increase light, esp. natural light
  - Place in rocking chair
  - Use aroma or pet therapy (but not pet aroma therapy)
  - Dolls, blankets, stuffed animals
  - Maximize sensory function ("Yes, you have to find their hearing aid and glasses")

8

Management Strategies

- Immobility
  - Ambulate or wheel person regularly
  - Escort outdoors
  - Offer choices for positioning
  - Reposition and turn often (ask DON to define often)
  - Use alternative seating, recliners, e.g.
  - Position in a place the person enjoys
  - Reduce or eliminate restraints

9

Management Strategies

- Pain/discomfort
  - Treat underlying disease (Isn't that a DU?")
  - Schedule toileting, bowel protocols
  - Offer snacks and fluids
  - Employ exercises or ROM activities
  - Reposition, stand or change chairs
  - Schedule pain medications v. PRN
    - Titrate pain medications upward using alternate categories of pain relief
  - Assess, reassess pain level
    - Document nonverbal pain behaviors to justify medication adjustments

10

Management Strategies

- Fatigue
  - Regulate length of activities
  - Monitor number of appointments and visits
  - Adjust level of stimulation
  - Alternate high and low stimulus activities
  - Schedule quiet time
    - Rest in recliner
    - Time in room
    - Naps of short duration

11

Management Strategies

- Depression
  - Reduce or eliminate sources of stress and/or fear
  - Offer talking options to discuss fear, anxiety or grief
    - Family phone calls
    - Day-to-day staff
    - Chaplain services
    - Therapist, counselor
  - Slow down and listen to concerns

12

Management Strategies

- Depression
  - Provide specific reassurance
  - 1:1 to distract or redirect
  - Reminisce about positive experiences
  - Encourage involvement and socialization
  - Use antidepressants

13

Management Strategies

- Psychosis
  - Maximize sensory input
  - Simplify the environment
  - Use validation to reassure
  - Redirect or distract
  - Increase appropriate auditory or visual stimuli
  - Speak slowly and clearly

14

Management Strategies

- Psychosis
  - Provide specific reassurance
  - Review life history, reminisce
  - Avoid confrontation
  - Employ antipsychotic medication

15

Management Strategies

- General Interventions
  - Massage, comforting touch
  - Specific reassurance
  - Avoid generalities ("It's OK…")
  - Soft objects
  - Hot water bottle
  - Audiotapes of family
  - Rocking chairs

16

Management Strategies

- General Interventions
  - Make, play videos of loved ones
  - Audiotapes of familiar sounds
  - Play music with headphones
  - Engage in spiritual activities, if indicated
  - White noise
  - Use amplifier for feedback about their speech

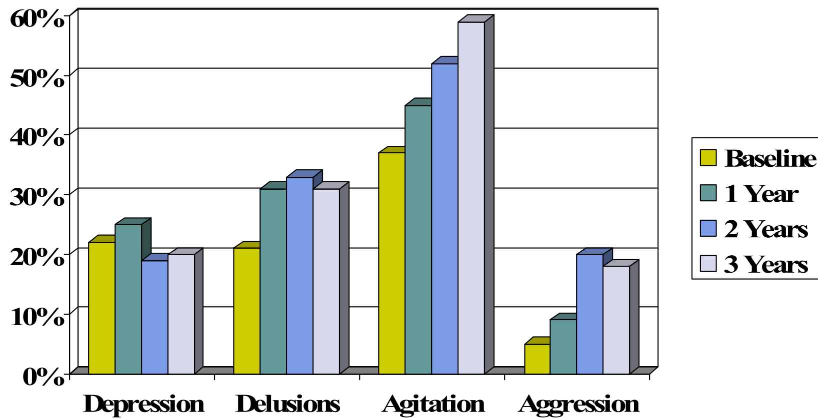
17

Specific Behaviors

- Wandering
- Disruptive Vocalizations
- Aggression

18

4-Year Prevalence of Psychiatric & Behavioral Symptoms in AD (Devanand et al., 1997)



19

Behaviors Typically Not Amenable To Pharmacologic Management

- Wandering
- Inappropriate Verbalizing
- Perseverative & Repetitive Activity
- Poor Self Care
- Willfullness & Demandingness
- Hoarding Materials
- Hiding & Misplacing Things
- Inappropriate Voiding
- Restlessness & Pacing
- Poor Social Skills

20

Wandering/Pacing

- What are they doing?
  - Slow or rapid pacing, no exit seeking to aggressive elopement attempts
- How long does it last?
  - Hours, minutes, until fatigued?
- When are they doing it?
  - Specific periods (shift change) or all day?
- Where do they do this behavior?
  - Only in a certain hallway, only outside, anywhere?
- What results from the behavior?
  - Transfer to a locked unit, falls, left the building

21

Wandering/Pacing

- Many possible causes
  - Anxiety
    - May be lifelong compensation
  - High energy at baseline
    - Always needing to be physically active
  - Elopement may be due to missing family
  - Cues of seeing doors, people leave, in impulsive patients
  - Akathisia
    - Due to antipsychotics, SSRIs

22

Wandering/Pacing

- Treatment
  - Treat medical, psychiatric problems if they contribute
    - Anxiolytics for anxiety, e.g.
    - Hyperthyroidism, lung meds
    - Akathisia—stop/reduce APs, beta blocker or benzo
  - Have a place to wander
    - Indoor and/or outdoor
  - Scheduled exercise or pacing in a group
    - Walking group of volunteers
  - Enhanced environments
    - Aquariums, flower beds
    - Areas to watch children play

23

Wandering/Pacing

- If exit seeking
  - Remove cues and prompts
    - Don't hang the keys by the door
  - Become involved in activities before the shift change
    - Sing-a-longs to polishing silverware
    - Finish after the commotion is done
  - Put pictures on an exit door
    - Toilet/tub, add stop signs, bright tape lines
    - Make a door a window
  - If they get outside
    - Pay attention to their emotion
    - Validate the need to leave
    - Transportation "not here yet"
      - Let's wait together

24

Disruptive Vocalization

- A disruptive vocalization (DV) is anything that disrupts me.
  - Some are loud, but infrequent
  - Some are continuous, but relatively quiet
  - Some yell only in certain circumstances
  - Some yell only when certain people are working
  - Some yell all the time
  - Not that you yell, but what happens when you yell
    - Disruptive to staff, residents, families
    - Medical ethics case about surgery

25

Assessing DV

- Acute versus chronic?
  - Delirium?
- Recent medication changes?
- Recent health changes?
  - Pain? Depression? Psychosis?
- Recent environmental changes?
  - Over or understimulation?
- Need based?
- History and physical
- Lab and X-ray

26

Nursing Home

- Agitation negatively effects staff members
  - High levels of caregiver distress reported (Everitt et al 1991)
- Influences the quality of staff-resident interactions
  - More antagonistic towards resident
  - Might lead to more yelling? (“You $%#$&*^%*&%”)
- Impact on quality of care (Block 1987)
  - Do the minimum of care, as fast as you can
  - Walk slower down that hallway
  - Boy who cried wolf…but really in pain now

27

Disruptive Vocalizations

- What are they doing?
  - Yelling, screaming, repeats “Help me”
- How long does it last?
  - Periods of time versus hours on end
- When are they doing it?
  - Mostly in the evening, after ADLs
- Where are they doing this behavior?
  - In bed, outside, everywhere
- What results from the behavior?
  - Peers aggressive, disruptive sleep

28

Disruptive Vocalizations

- Vocalizations of all types
  - Swearing to yelling and everything in between
- Causes
  - Anxiety
  - Hearing impairment
  - Impulsivity from frontal lobe degeneration
  - Needs
    - Pain
    - Hunger
    - Fatigue
    - Need for movement
    - More stimulation or less stimulation

29

Disruptive Vocalizations

- Interventions
  - Scheduled 1:1 time
  - Simulated presence
    - Family made audio/visual tape, CD
  - Music
    - The music they enjoyed in life
  - Tactile stimulation
    - Blankets, pillows, stuffed animals
  - White noise
    - Hairdresser phenomenon
  - Amplification of ambient noise
    - Can now hear what is going on

30

Aggression

- What is it?
  - Kicking , biting, swearing, hitting…
- How long does it last?
  - Rapidly completed, intermittent, focused
- When are they doing it?
  - After 3 o'clock, all day, only at night
- Where does this behavior occur?
  - Only in the bathroom, in private, outside
- What results from this behavior?
  - Loss of NH bed, injury, fear of peers

31

Aggression

- What is the context?
  - New or old?
    - Chronic pattern or new since dementia
  - Random or cued?
    - If cued, can we modify the cues?
    - Biggest cue is usually certain people, actions
  - Expression of need or condition?
    - Hunger, pain, need to be toileted, fear
  - Environmental changes?
    - Cause more confusion
  - Medical state or iatrogenic?
    - Delirium, frontal dementia, prednisone
  - Amenable to medication?
    - Antidepressants, mood stabilizers, antipsychotics

32

Aggression

- New or old?
  - If new, suspicious for delirium
    - CBC, BMP, UTI, medication list, drug levels
  - If ongoing, is it random or cued?
    - Random?
      - Less amenable to changes in environment
        - Safety of residents and staff
        - Medications
    - Cued
      - Try and find the cue
        - Overstimulating environment
        - Certain people, ADLs

33

Aggression

- If only during direct interaction
  - ADLs
    - Environmental issue
      - Use enough staff
      - Set a time for cares
      - Medication tends not to work and increases SE risks
  - Bathing
    - Some patients have been helped from low-dose short- to medium-acting benzodiazepines about 30 minutes before a bath or shower

34

Aggression

- Treatment approaches
  - Don't take verbal aggression personally
    - These people are ill
  - Don't argue
  - Reassure, try to distract
  - Try not to become emotional
  - Lessen stress
    - Reduce demands
    - Don't rush, calm routine

35

Aggression

- Watch out for warning signs
  - Remove from the situation
- Try physical exercise
- Medication
  - Mood stabilizers, antipsychotics
  - Cholinesterase inhibitors, Namenda
  - Use PRNs early
    - Too early not too late
    - Pain is similar

36

General Principles

- 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.

37

Post Test Question 1

- In regard to interventions for behavioral disturbance which of the following is true?
  1. Every intervention works with every resident
  2. Every intervention works every time
  3. The key is flexibility
  4. All of the above.

38

Post test Question 2

- Techniques for improving overstimulation include:
  1. Increase noise
  2. Speak rapidly
  3. Encourage group activities
  4. Remove to a quiet area

39

Post Test Question 3

- Which of the following management strategies are effective for the depressed patient?
  1. Reduce sources of stress
  2. Provide specific reassurance
  3. Reminisce about positive experiences
  4. All of the above

40

Post Test Question 4

- Which of the following is true about wandering?
  1. Wandering is always dangerous.
  2. It is improved with exercise
  3. It is more common among low energy individuals.

41

Post test Question 5

- Which of the following is associated with disruptive behaviors due to medical illness?
  1. New changes in medication
  2. Chronic pattern
  3. Associated with specific environmental cues
  4. Improved with exercise

42

Wandering Around

Brenda K. Keller, MD, CMD
Thomas M. Magnuson, MD

1

Pt is an 86 y/o white man with 5 year history of dementia of the Alzheimer's type. He has been in the NH for 3 years, as his wife was unable to care for him at home. He spends his day wandering the halls of the nursing facility. He also pushes the wheelchairs of other residents around the unit. This is received with both pleasure and anger among the other residents. He also wanders into the rooms of other residents, sits in their chairs and looks out the window. In the dining area, he wipes off the tables, picks in the trash cans and moves the chairs around. When he is forcefully asked to stop these activities, he becomes frustrated, and makes a fist, shaking it in the air. He has occasionally swung out at staff members. At resident's council meeting today, the group states that something must be done to stop the wandering. What do you do?

2

Wandering

- Walk or exercise the patient several times a day on a scheduled basis. Not only may this lower the need to wander or pace, but regular walking will maintain the strength of the patient. Scheduled walking or lower body exercise helps make wandering or pacing physically safer while providing an outlet for the resident's need to ambulate.
  - The resident was scheduled for daily walks off of the Alzheimer's unit, and when weather permitted, outside on the walking trail. The resident was accompanied alternately by CNAs, Activities personnel, and trained volunteers.

3

Controlled Wandering Space

- Provide a controlled place to wander to both allow the resident to lower anxiety or meet a need to be active as well as establish an area to ambulate that ensures resident safety.
  - Hallways were freed of clutter and the resident was allowed to walk without restriction during the day.
  - Other residents were encouraged to close their doors when they were not in their rooms.
  - Velcro strips were applied to the doorways of residents who did not wish to close their doors.

4

Redirection

- Redirect the resident towards enhanced environments, like aquariums, bird enclosures, atriums or areas that allow the resident to be involved in activities, even as a spectator.
  - Redirection to enhanced environments was provided by all staff. This was truly an interdisciplinary endeavor and included nursing, activities, building services, laundry and housekeeping.
  - To redirect the resident from pushing other's wheelchairs, the resident was given a shopping cart, which he loaded and unloaded with supplies.

5

Activities

- Involve in activities. Repetitive simple tasks, such as folding towels or polishing silverware, are helpful. Sing-a-longs and other more active interventions help maintain the interest of the resident and redirect them from wandering or pacing.
  - Resident was encouraged to participate in all activities, however, he often wandered in and out of the area of the activity.
  - The resident was given a polishing cloth and spent hours cleaning off the kitchen tables.
  - Activity packets were provided for staff to use during "off " hours.

6

- Use a simulated presence videotape or CD. This is a ten-minute production of family or friends recounting recent or remote stories about the patient's life.
  - This residents wanderings did not appear to be related to missing family members or searching for home, so this step was not taken.

7

Outcome

- The resident continued to wander, but his actions were less bothersome to other residents.
- He had fewer episodes of wandering into other's rooms, and when this did happen, a staff member quickly redirected him to a safe place. This was the result of all staff participation.
- The frequent walks relieved his need to pace during meals, and markedly decreased his aggressive outbursts with staff.

8