Difficult Behaviors: Managing without Antipsychotics

Provided by:

Great Lakes Caring
HOME HEALTH PALLIATIVE HOSPICE

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Session T01

Objectives

- Describe the factors that contribute to challenging behaviors
- Identify risks with utilization of antipsychotic medications for patients with dementia
- Summarize the general techniques for managing behaviors
- Identify the most common challenging behavior and ways to help

Purpose

- By attending this educational activity learners will be able to assess difficult behaviors and identify treatment options that are considered best practice. Clinicians will be able to provide practical, evidenced based non-pharmacological approaches to caring for dementia patients who exhibit challenging behaviors.

Dementia

- Dementia: The impairments of cognitive function accompanied by deterioration in emotional control, social behavior or motivation.
- Challenging Behaviors: The disruptive actions associated with this deterioration

OBRA

- The Federal Nursing Home Reform Act provided national minimal standards for nursing home care.
- The bill was embedded in the Omnibus Budget Reconciliation Act that was passed in 1987

OBRA

- Bans physical and chemical restraint use for discipline or convenience

Behavioral & Psychological Symptoms of Dementia (BPSD)

- Aggression
- Agitation or restlessness
- Screaming
- Anxiety
- Depression
- Psychosis, delusions, hallucinations
- Repetitive vocalizations, cursing, swearing
- Sleep disturbance
- Sundowning (behavior worsens after 5pm)
- Wandering

Behavioral & Psychological Symptoms of Dementia (BPSD)

- 61% of patients have one or more BPSD. Over ½ of the 61% were severe.
- Most common BPSD are apathy, depression, irritability, aggression/agitation, and delusions

Potential Treatment of BPSD

- Typical Antipsychotic Medications
- Atypical Antipsychotic Medications
- Non-Pharmacological Interventions

Antipsychotic Use

- We can pathologize dementia using a medical model and the treatment is likely to be a medication that may increase morbidity and mortality. Distinguish dementia from depression or delirium.
- OR we can look at the patient's actions as behaviors and psychological symptoms of humanity. Simple changes in the environment or removal of an aggravating factor are the more effective interventions.

Antipsychotic Use

- 30% of nursing home population on antipsychotic meds
- 21% do not have a psychosis
- Must rule out underlying infection (UTI) or current medication adverse effects

Antipsychotic Use

- Treatment with antipsychotic medications has not been shown to decrease BPSD behaviors and is an inappropriate first-line of defense to control behavior
- Most BPSD are transient and respond to non-pharmacological treatment
- Antipsychotics are only indicated as a "last resort" is aggression, agitation, or psychotic symptoms reflect an immediate risk of harm to patient or other or cause severe distress for the patient

Typical Antipsychotics

- Haloperidol, Chlorpromazine, Thioridazine
  - Increase morbidity and mortality in patients with dementia
  - Over-prescribed to patients with dementia

Atypical Antipsychotics

- Risperidone, Olanzapine
  - Less likely to cause extrapyramidal effects resembling Parkinson's disease
  - Effective for *some* BPSD but have increased risk of stroke, morbidity and mortality in patients with dementia

Non-Pharmacological Treatments

- 5 care goals
  1. Feel Safe
  2. Feel comfortable
  3. Experience a sense of control
  4. Experience minimal stress with adequate positive stimulation
  5. Experience pleasure

Non-Pharmacological Treatments Caregiver Related

- Educate caregivers to be relaxed and flexible
- Educate caregivers to smile and maintain eye contact
- Utilize “hand under hand” – caregiver place hand underneath the patient’s hand
- Educate caregiver not to argue or reason with patient
- Provide consistency in routine
- Provide consistency in staff assignments/caregivers

Non-Pharmacological Treatments

- Acknowledge the patient’s emotions and utilize distraction and redirection
- Respect patient’s preferences when possible
- Removal of aggravating factor

Non-Pharmacological Treatments Simple changes in environment

- Stimulated presence therapy
- Provide calming music and lighting
- 10 minute hand massages
- Calming decor

Assessment

- Obtain a detailed history and physical
- Uncover treatable medical illnesses
- Differentiate between depression, delirium, and dementia

Assessment -Rule out Delirium

- With delirium there is a quick or significant change in behavior
- Delirium may be caused by UTI, new medication, other infection or acute illnesses
- The patient may have hallucinations or delusions

Assessment

- Remember, pain and discomfort are not always reported by patient with dementia
- Pain may only be manifested by behaviors

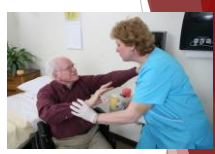
Assessing Behaviors

- Is the behavior harming the patient or others?
- Explore the meaning of the behavior-What does the patient need?
- What non pharmacologic interventions have been tried?

Assessing Behaviors

- Behaviors may be exacerbated by auditory, visual misinterpretations, medications, caregivers, damp skin due to incontinence, or even hunger
- Behaviors can be lessened by use of appropriate interventions

Assessing Behaviors

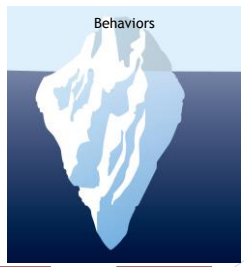


- What is the pattern?
- When does it happen?
- Where does it happen?
- Who is involved?
- What is said, done, attempted?
- What makes it better?

The Tip of the Iceberg

- Behaviors can be considered the tip of the iceberg. The behaviors are what we can see but many things are going on with the patient beneath the surface to contribute to the behaviors.

The Tip of the Iceberg



Tip of the Iceberg

- Many drug treatments focus on the behavior rather than the underlying cause

Underlying Emotional Causes of Behavior

- **Anxiety**-environment is chaotic and they will not be able to cope
- **Anger**-feel their rights are infringed upon
- **Depression**-thoughts of worthlessness and hopelessness.

Underlying Emotional Causes of Behavior

- Knowing that anxiety is greatest when people feel they cannot cope or their environment is chaotic, how could we relieve anxiety?
- How can we make people feel that we are not infringing on their rights
- How can we make them feel more worthy and hopeful

Time Shift

- In early stages of dementia, cues can help the patient to stay oriented to the present.

Time Shift

- Early stages-photographs, memorabilia and newspapers can aid in time orientation
- Disease progresses- cues may not work as well
- Time Shift- patients begin to spend more time and finally all their time in the past

Quote From a Caregiver

- "I go along with the things my husband thinks about all aspects of business. Sadly, he was a man who worked so hard, since youth. Took his role as a provider seriously and got his self, who he was, through his work, and how he was able to provide. You can never change what they believe to be real, so you change how you respond."

Underlying Physical Changes

- Sensory Changes

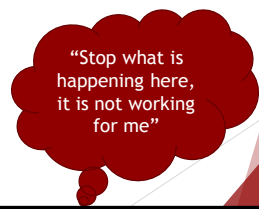
http://www.youtube.com/watch?v=LL_Gq7Shc-Y

Pain

- http://www.youtube.com/watch?v=-na0bx0KGAo&src_vid=9kSjHtHSJCw&feature=iv&annotation_id=annotation_412240

Behaviors

- Behaviors are a form of communication for people with dementia



Behaviors

- Imagine waking up to find a stranger undressing you
- Would you scream hit or kick?

Behaviors

- Shift thinking

How can I stop the behaviors?

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What is the patient trying to tell me?

Validation Therapy

- Validation therapy recognizes the things that are below the tip of the iceberg
- Requires a caregiver to recognize the deeper issue
- Allows the patient to reminisce or to vent feelings

Validation Therapy

- One patient was driving her caregiver crazy on a car trip one day by continually repeating, "Do we have enough gas?"

Validation Therapy

- After answering yes five times, the caregiver realized that her mother was hurting over her loss of control of her life
- "Mom, it must be so hard to be the passenger rather than the driver."
- Together, they reminisced about how her mother had once enjoyed driving well and chauffeuring the family around, and she immediately relaxed and became happier.

Validation Therapy

- http://www.youtube.com/watch?v=NPsTZUTqUFw

Steps of Validations

- Center self-take a deep breath
- Reminisce- “What was your wife like?”
- Use Extremes- “What do you miss most”
- Match and Express the emotion
- Rephrase
- Use Senses

Video Simulated Presence

- Caregivers voice encouraging patient to get dressed in the am etc.
- Video of family, places and pets to soothe an agitated patient
- Reduces resistance to care and improves participation

Music

- http://www.youtube.com/watch?v=fyZQf0p73QM

Memory Books

- Have family or staff create a memory book for the patient
- Can be used to distract the patient during episodes of agitation or wandering

Scenario

- John has dementia and lives in a care home.

  He repeatedly asks for his wife who died 5 years ago, following a long illness.

Scenario

Step	Communication Strategy	Outcome
1	Use photographs and other cues, to gently remind him about his wife's death	This produces a great deal of distress, and he often did not believe the news, stating "I wouldn't have forgotten something like that
2	Attempt to determine what may be underlying the person's communication or request	Clarify some of the reasons why John want to see his wife-company, companionship or family contact. Attempt to provide some of these things including a simulation presence DVD made by the family
3	Attempt to distract, using information about current or previous interests	Anticipate the times when he asks for his wife (e.g., late evening or after lunch). At such times occupy him with a favorite activity or game.
4	Attempt to use a therapeutic lie. The lie must have consent from the family and be monitored for therapeutic benefit.	May calm the patient for the moment.

James, I. & Hope, A.(2013). Relevance of emotions and beliefs in the treatment of behaviors that challenge in dementia patients Neurodegenerative Disease Management 3(6), 575-588.

Wandering Interventions

- Minimize noise
- Place mirrors near doors and exits to serve as distraction
- Disguise doors with posters and murals
- Place activity boxes near doorways
- Wander guards
- Music, massage
- Secure walking area

Sundowning

- In general, sundown syndrome is characterized by the emergence of neuropsychiatric symptoms such as agitation, confusion, anxiety, and aggressiveness in late afternoon, in the evening, or at night.
- Sundowning is highly prevalent among individuals with dementia. It is thought to be associated with impaired circadian rhythmicity, environmental and social factors, and impaired cognition.

Sundowning Interventions

- Daytime stimulation
- Daytime light
- Bedtime routine and rituals
- Discourage stimulant beverages or smoking near bedtime
- Give laxative early in day
- Expose to late afternoon sun

Agitation During Stop-Start Scenarios (SSS)

- Starting and stopping events like those below are often trigger points for behavior
  - Getting up in the morning
  - Toileting
  - Taking meds
  - Going to bed
  - Preventing leaving

Stop-Start Scenarios

- http://www.youtube.com/watch?v=IxwJgDg3bYU

Summary

- Do a thorough assessment of the behavior
- Explore the meaning of the behavior
- Address the possibility of pain
- Try non pharmacological interventions

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