Nonpharmacological Management of Behavioral Symptoms of Dementia

Session #W19

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Speaker Disclosures

- Dr. Elizabeth Baum has no relevant financial relationships to disclose

Objectives:

At the end of this presentation, the learner will be able:

1. To identify and manage behavioral symptoms that interfere with care with persons with dementia
2. To describe scales that can be used to help determine the stage and abilities of a person with dementia
3. To design simplified and improved behavioral charting for your staff for EMR or paper use
4. To explain the education and resources a nursing home staff can use to implement a nonpharmacologic behavioral management program
5. To formulate work schedules to better integrate the clinical and activities staff to enhance care and team communication
6. To explain the CMS recommended DICE tool for team meetings to address behavioral symptoms in persons with dementia

Bethany Behavior Management Care Team

- Beth Baum, LPN, Intervention Specialist
- Marge Todd, Co-Activity Director
- Trisha Ross, Co-Activity Director
- Nancy Engel, ADC, Activity Manager
- Abbey Baum-Beigie, Nurse Practitioner
- Elizabeth Baum M.D. , Medical Director

History of Management of Behavioral Symptoms for Persons with Dementia

- 1980: Restraints
- 1990: Antipsychotics
- 2014: Behavioral symptoms result from unmet needs. Use the persons type and stage of dementia, personal history, life experiences, habits and hobbies for developing their daily routines and meet that person's needs while remaining safe

DSM-IV vs. DSM-5 Criteria for Dementia

DSM-IV criteria for dementia	DSM-5 criteria for major neurocognitive disorder (previously dementia)
A1. Memory impairment	A. Evidence of significant cognitive decline from a previous level of performance in one or more cognitive domains*: - Learning and memory - Language - Executive function - Complex attention - Perceptual-motor - Social cognition
A2. At least one of the following: - Aphasia - Apraxia - Agnosia - Disturbance in executive functioning	
B. The cognitive deficits in A1 and A2 each cause significant impairment in social or occupational functioning and represent a significant decline from a previous level of functioning	B. The cognitive deficits interfere with independence in everyday activities. At a minimum, assistance should be required with complex instrumental activities of daily living, such as paying bills or managing medications.
C. The cognitive deficits do not occur exclusively during the course of delirium	C. The cognitive deficits do not occur exclusively in the context of a delirium
	D. The cognitive deficits are not better explained by another mental disorder (i.e. major depressive disorder, schizophrenia)

Characteristic	Delirium*	Dementia	Depression
Onset	Rapid, nocturnal	Insidious	Gradual, with or without history of depression
Duration	Hours, days	Months, years	Weeks, months
Course	Fluctuation over 24 hours	Little change over 24 hours	Little change over 24 hours
Level of consciousness	Hyperalert, lethargic	Normal	Normal
Attention	Poor	Normal until late stages	Normal, although poor concentration
Speech	Incoherent, hesitant, or rapid	Variable, difficulty in finding words	Normal, sad affect
Progression	No	Slow, over months	No

*Findings in delirious older adults are usually dampened, subtle.

Reprinted with permission from Sullivan GM, Korman LB. Drug-associated confusional states in older persons. Top Geriatr Rehabil. 1993;8:14-26. Copyright 1993, Aspen Publishers, Inc.

Delirium – Diagnostic Assessment Instruments

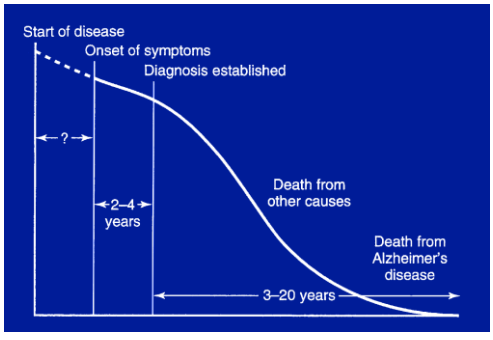
- Confusion Assessment Method (CAM)
- **Requires features (1) and (2) and either (3 or 4):**
  1. **Acute change in mental status and fluctuating course**
  2. **Inattention**
  3. **Disorganized Thinking**
  4. **Altered level of consciousness**

D	**Drugs, Dementia, Depression**
E	**Endocrine**
L	**Low O2; Lack of drugs**
I	**Ictal**
R	**Retention (Urinary/Fecal)**
I	**Infection, Injury, Acute Illness**
U	**Under-nutrition, Under-hydration, Uncontrolled Pain**
M	**Metabolic**
S	**Subdural, Strokes, ⇩Sensory Input**

Types of Dementia:

1. Alzheimer's Dementia 60%-80%
2. Vascular Dementia 10%-20%
3. Lewy Body Dementia 5%-20%
4. Frontotemporal Dementia 3%-20%
5. Mixed Alzheimer's and Vascular ?%
6. Other (Parkinson's Disease, Alcoholism, Head Trauma)

Typical Progression with Time to Dx of Alzheimer's Dementia



Four Components of Clinical Assessment for Dementia

I. History
   - Patient
   - Family Member

II. Physical Examination

III. Functional Evaluation

IV. Formal Mental Status Evaluation

Clinical Assessment: **Functional Assessment**
Activities of Daily Living (ADLs)

- **D**ressing
- **E**ating
- **A**mbulation
- **T**oileting
- **H**ygiene

Clinical Assessment: **Functional Assessment**
Independent Activities of Daily Living (IADLs)

- **S**hopping
- **H**ousekeeping
- **A**ccounting
- **F**ood Preparation
- **T**ransportation/Telephone
- Medications

Clinical Assessment:
Formal Mental Status Evaluation

I. Mini Mental Status Exam (MMSE)
II. Mini-Cog Assessment
III. Montreal Cognitive Assessment (MoCA)
IV. St. Louis University Mental Status (SLUMS)
V. BIMS (Brief Interview for Mental Status)

SCREENING INSTRUMENTS FOR EVALUATING COGNITION

Name	Items/ Scoring	Domains assessed	Web link (accessed Oct 2012)
Mini-Cog	2 items Score = 5	Visuospatial, executive function, recall	http://geriatrics.uthscsa.edu/tools/MINICog.pdf
SLUMS	11 items Score = 30	Orientation, recall, calculation, naming, attention, executive function	http://medschool.slu.edu/agingsuccessfully/pdfsurveys/slumsexam_05.pdf
MoCA	12 items Score = 30	Orientation, recall, attention, naming, repetition, verbal fluency, abstraction, executive function, visuospatial	www.mocatest.org
Folstein MMSE	19 items Score = 30	Orientation, registration, attention, recall, naming, repetition, 3-step command, language, visuospatial	For purchase: www.minimental.com

Dementia: Stages
Global Deterioration Scale (GDS)

Stage 1: No cognitive impairment

Unimpaired individuals experience no memory problems, and none is evident to a health care professional during a medical interview.

Stage 2: Very mild cognitive decline

Individuals at this stage feel as if they have memory lapses, especially in forgetting familiar words or names or the location of keys, eyeglasses, or other everyday objects. However, these problems are not evident during a medical examination or apparent to friends, family, or coworkers.

Stage 3: Mild cognitive decline

Early-stage Alzheimer disease can be diagnosed in some, but not all, individuals. Friends, family, or coworkers begin to notice deficiencies. Problems with memory or concentration may be measurable in clinical testing or discernible during a detailed medical interview.

Stage 4: Moderate cognitive decline (mild or early-stage Alzheimer disease)

At this stage, a careful medical interview detects clear-cut deficiencies. The affected individual may seem subdued and withdrawn, especially in socially or mentally challenging situations.

Dementia: Stages

Stage 5: Moderately severe cognitive decline (moderate or mid-stage Alzheimer disease)

Major gaps in memory and deficits in cognitive function emerge. Some assistance with day-to-day activities becomes essential.

Stage 6: Severe cognitive decline (moderately severe or mid-stage Alzheimer disease)

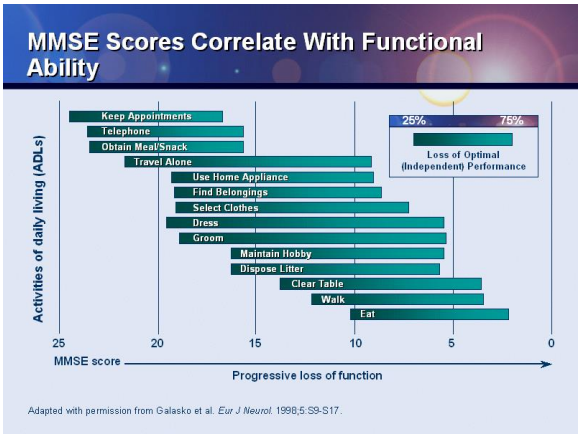
Memory difficulties continue to worsen, significant personality changes may emerge, and affected individuals need extensive help with customary daily activities.

Stage 7: Very severe cognitive decline (severe or late-stage Alzheimer disease)

This is the final stage of the disease when individuals lose the ability to respond to their environment, to speak, and ultimately to control movement.

Alzheimer's Disease: Stages

Early	Noticeable deficits in demanding job situations	Mild cognitive decline
Mild	Deficit associated with complicated tasks	Moderate cognitive decline Denial and withdrawal from challenging situations
Moderate	Deficit associated with choosing proper attire	Moderate to severe cognitive decline
Moderately Severe	Deficits during ADLs	Severe cognitive decline with total dependence
Severe	Declined speech ability, loss of ability to walk, sit up, smile, hold head up	Severe cognitive decline with no verbal or self care abilities



Mental Status Tests most helpful with staging dementia

- MMSE (Mini Mental Status Exam)
- CDR (Clinical Dementia Rating) Scale
  - scoring at: www.biostat.wustl.edu/adrc/
- Brief Cognitive Rating Scale (to score GDS)
- Functional Assessment Staging (FAST)
- Claudia Allen

Which of the following is false regarding Rx for Dementia?

A. Cholinesterase inhibitors (donepezil) prevent the progression of Alzheimer's dementia

B. 80%-90% of patients with dementia will develop at least 1 behavioral symptom over time

C. Data supports physical exercise improving functional and cognitive performance

D. Managing behavioral symptoms appropriately can improve the patient's quality of life

Treatment of Behavioral Symptoms Associated with Dementia

- 80% - 90% of people with dementia develop behavioral problems within the first 6 to 7 years of the illness.
- The most common behavioral disturbances are:
  - Agitation
  - Depression
  - Anxiety
  - Psychosis (hallucinations, delusions, paranoia)

Case Study: Mr. T.

- An 80 yo man with mid stage Alzheimer's disease, spinal stenosis, BPH and CAD
- Meds: donepezil 10mg, tamsulosin 0.4mg, aspirin 81mg, metoprolol XL 50mg, tylenol PRN
- The NA reports to the nurse he did not sleep well last night and he has been yelling. This is unusual for him.

Which of the following should be done before calling the health care provider??

A. Check for urinary retention and last BM
B. Evaluate for pain
C. Check vitals to evaluate for medical problems
D. Check if any new meds recently started
E. All of the above

Agitated Behaviors Etiology

- Delirium…Delirium…Delirium!!!
- Physiologic Triggers
- Environmental Triggers
- Caregiver Communication Triggers

Agitated Behaviors: **Physiologic Triggers**

- Toileting needs
- Pain
- Hunger, thirst, dehydration
- Sensory deficits
- Nausea, Constipation, Urinary retention
- Sleep disturbance
- Medical (Hypoxia, Infections, CV, Metabolic)
- Lack of exercise

Mr. T. did well for the last 6 months, now on a Saturday PM the NA reports he is agitated. Medical and physiologic triggers have been r/o. What is the most appropriate next step?

A. Call the health care provider for medication
B. Clarify exactly what the behavior is and what was occurring before the behavior started
C. Turn all lights out in the room and try to let him rest
D. Bring patient out to the nurses station to provide more stimulation

Organizational Goal for Behavioral Communication and Charting

- Simple and efficient, but gather key information
- For reporting have button words to prompt and aid in proper description
- Logical format for description

Most Common Behavioral Symptoms Associated with Dementia

- Agitation
- Depression
- Anxiety
- Psychosis (hallucinations, delusions, paranoia)

Types of Agitated Behaviors in Dementia

Syndrome Type	Examples of Agitated Behaviors
Physically aggressive	Pushing, biting, hitting, scratching, grabbing, throwing objects, spitting, kicking
Physically nonaggressive	Wandering, pacing, elopement, intruding on others' rooms, constant searching, inappropriate disrobing, inappropriate voiding, repetitious mannerisms
Verbally aggressive	Screaming, yelling, cursing, swearing, making strange noises, temper outbursts
Verbally nonaggressive	Constant requests for attention, complaining, whining, negativism, repetitive questioning, repetitively calling out, rambling disjointed sentences.

Adapted from: Cohen-Mansfield J et al. J Am Geriatr Soc 1986.

Information to be collected on the agitated patient prior to asking for healthcare provider input:

A. Time of day
B. Circumstances
   - Provoked (during care patient didn't want) vs unprovoked.
   - Concern of any over or under environmental stimulation
C. How caregiver responded (behavioral intervention tried?)

Information to be collected on the agitated patient prior to asking for health care provider input.

D. Exact description of what patient did or said.
   - Crying
   - Delusions
   - Hallucinations (Visual/Auditory)
   - Anxiety
   - Aggression
   - Apathy
   - Sexual
   - Wandering/Pacing

ABCs of Behavior Evaluation

- Antecedents (i.e. dressing, bathing)
- Behaviors
- Consequences

Addressing Environmental and Communication Triggers

- Identify appropriate activities and environment for each individual with dementia, especially mid stage or later
- Training staff on unique needs and ways to approach persons with more advanced dementia

Agitated Behaviors Etiology

- Delirium…Delirium…Delirium!!!
- Physiologic Triggers
- Environmental Triggers
- Caregiver Communication Triggers

Environmental Triggers

- Disruption to routine
- Unfamiliar or new environment
- Unfamiliar or new caregiver
- Overstimulation
- Understimulation

Caregiver Communication Triggers

- Domineering communication style
- Complex instructions
- Frequent corrections
- Tense or rushed body language

Developing a Daily Routine for Individuals with Dementia

- Use the person's stage of dementia, personal history, life experiences, habits and hobbies for developing their safe daily routines
- HCP or Behavioral Management Team will provide the staff with periodic updates on the persons stage of dementia
- Plan closer collaboration between medical and activities staff to identify the types of activities that can be trialed for certain individuals

Planning Appropriate Activities for Later Dementia Stages

- GDS 4-5, Mid Stage Dementia
- Attention span → 5-20 minutes
- Usually lacks understanding of activity purpose, but may be aware of object or goal, keep simple
- Does best with activities that involve sorting, identifying or categorizing
- Tasks that use procedural memory, ex. Folding laundry, setting the table
- Ask choice questions, not open ended

Planning Appropriate activities for Later Dementia Stages

- GDS 6-7, Late Dementia
- Attention span → needs constant cues
- May be able to follow 1 step directions
- May respond to ball toss, card sort, music therapy, photo albums with large bright pictures, thing to fidget with and manipulate with hands
- Ask more yes or no questions

Videos/Web Sites for Training Staff on Care of Persons with Dementia

- www.amda-training.com
- http://www..nursinghometoolkit.com/
- http://www.nia.nih.gov/alzheimers
- www.teepasnow.com

Major Brain Areas and Dementia

- Frontal Lobe: decision making, multitasking, executive control
- Temporal Lobe: speech, memory, hearing, behavior
- Parietal Lobe: Intelligence, language, reading, sensation
- Occipital Lobe: vision

Brain Changes Impact on Care

- Left temporal lobe usually deteriorates quicker than right, may hear speech but not understand
- Right temporal lobe retained longer, for learned chit chat, prayers, music
- Peripheral vision declines more rapidly than central, mid stage dementia look out with binoculars, late stage monocular

Advice to Family and Caregivers of Patients with Dementia

Establish a Routine to their level of ability

- Give ample time
- Split task into small steps
- Allow participation as much as able
- Grooming, eating at same time of day; use same sequence

Positive Physical Approach

- Incorporate all the senses
- Visual, Verbal, Touch, approach in that order
- Visual Approach:
  - mid stage dementia: as close as 14 in.
  - late stage dementia: as close as 8 in.
- Verbal Approach:
  - can explain, but also cue or mirror what saying to do since may not understand

The 3 "R's" of Redirection

- Repeat
- Reassure
- Redirect

Therapeutic Activity Examples

TACTILE COMFORT:

stuffed animals and dolls
small fleece blankets
Hot water bottle with fleece cover
Hand lotion smells

COGNITIVE ACTION:

puzzles small to medium include both picture and shapes made from wood
word find, crosswords, maze, connect the dot
calendar work – mark in dates family birthdays etc.
coloring book / crayons
map work – USA map can write or color in states they have visited, lived, or where family members live
playing cards ,simple card games either play or sort by pic or color, Pictionary
Phone book , provide names to look up
Sand wood, use tape measure

www.ConsultGeriRN.org

DEXTERITY WORK/ Busy work

sorting various items beads for women , fold laundry, sort and match colored socks, clothes pins, coins

etch-a-sketch

peg board for peg placement, could be various shapes or just golf tees

Cones to stack or golf green

Missing tile game number or letter

Nuts /bolts to screw together or small board to put bolts thru and add nut, or ratchet on board for men

Some type of ball or toy for squeezing stress relief, busy hands

Yarn for threading, or wrapping in balls, rope for spindle

Magazines for cutting out pictures with blunt scissors

Family albums

Purse or Fishing tackle box with items to rummage

What is Music & Memory?

- An individualized music program created for each resident based on their personal music preference. This list is created with input from the resident and their loved ones .

Music & Memory: Goals

- Increased verbalization
- Showing signs of enjoyment
- Decrease in behaviors
- Decrease in medications to control behaviors
- Increased engagement with staff and families

Integration of Clinical and Activities Staff

- Nurse champion was assigned to team to conduct baseline assessments
- Hours were redistributed for the activities staff to better cover into early evening and weekends
- More small group activities were developed for persons with more advanced dementia
- Activities carts were expanded with more supplies appropriate for persons with advanced dementia

Case Examples of Common Challenging Behaviors

- Paranoid/delusional thinking
- Physical Agitation during care
- Help me, help me, help me
- Unsteady gait, trying to walk
- Difficulty initiating walking
- Wandering

DICE Approach for Team Meetings

- Describe
- Investigate
- Create
- Evaluate

JAGS 62:762-769,2014

References

- Additional handouts and references will be provided at the session

Contact Information

- Thank you
- Contact: ebaum@aultman.com