Non-Pharmacological Interventions for Persons With Dementia

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Prevalence[3]

- 5.5 million people in the United States are aging with dementia and complex comorbidities (2017 AA)
- By 2050, it is anticipated that 16 million people in the United States will be afflicted.
- As many as 80-90% of patients with dementia develop at least one distressing symptom over the course of their illness
- Behavioral disturbances or psychotic symptoms in dementia often precipitate early nursing-home placement
- Disturbances are potentially treatable, so it is vital to anticipate and recognize them early.

Behavior Has Meaning

- Residents are trying to communicate something (fear, frustration, anger, etc.)
- Agitation is actually the resident communication distress
- Behaviors are a form of communication that something is not right **in the residents world.**
- We need to change how we think about a residents behavior and realize that we have control over the situation.
- Conceptualize behavioral symptoms as expressions of unmet needs (ie: vocalizations for auditory stimulation)
- Inadvertently reinforce behavior in response to environmental triggers (ie: resident learns that screaming attracts more attention)
- Are a consequence of mismatch between environment and residents' abilities to process, act upon cues, expectations and demands (ie: giving multiple step directions)

Psychiatric*/Behavioral Manifestations of Dementia

- Depression*
- Apathy*
- Agitation*
- Delusions*
- Hallucinations*
- Repetitive Vocalizations
- Shadowing
- Resistance to Care
- Wandering
- Argumentativeness

Behavioral Symptoms of Dementia

- Tend to occur in Clusters or Syndromes
  - Depression
  - Psychosis
  - Agitation
  - Aggression
  - Apathy
  - Sleep disturbances
  - Executive dysfunction

Timing of Behavioral Symptoms

- Mild Stage
  - Depression
  - Apathy
    - Most frequent and persistent symptom across all dementia stages
    - Diminished motivation for at least 4 weeks
    - Accompanied by any 2 of the following
      - Reduced goal directed behavior
      - Goal-directed cognitive activity and
      - Emotions
- Moderate to Severe Stage
  - Delusions
  - Hallucinations
  - Aggression

Agitation

- Agitation-
  - Chronic and Persistent
  - A Syndrome involving:
    - Emotional distress
    - Excessive psychomotor activity (pacing/rocking)
    - Wandering
    - Aggressive behaviors
    - Irritability
    - Disinhibition
    - And/or vocally disruptive
  - Occurs at all levels but particularly in mid to late stage (MMSE<20)

Agitation

- Reflects loss of ability to modulate behavior in a socially acceptable way
  - This is how the resident communicates distress
- Often occurs concomitantly with psychotic symptoms such as paranoia, delusional thinking or hallucinations.
- Varied Behaviors
  - Physical (hitting, pacing, biting, pushing)
  - Verbal (threats, screaming, attention-getting)
  - Passive (withdrawal, handwringing, blank stare)

Identify Underlying Cause

Patient-related

- Find the cause of the problem-more likely to be acute onset/changes in behavior
  - Medical illness
  - Pain
  - Medications
  - Depression(see resources)
    - Prevalence of depression in those with dementia was 30.3% in one study
    - Symptomatology: apathy; poor memory; poor concentration overlap with dementia symptoms.
    - Due to underlying Dementia, may have a decreased ability to convey symptoms ; lack insight

Identify Underlying Causes

Caregiver (staff/family) related

- Caregiver approaches are the most frequent causes of behaviors.
  - Take the behavior personally and react negatively
  - Forget the behavior is a symptom of a bigger problem
  - Focus on the results of the behavior rather than the cause
  - Try to correct, argue or reorient the resident
- As a result of the caregiver behavior, the resident may:
  - Feel rushed and pressured
  - Not feel like they don’t have choices
  - Have increased frustration
  - Become fearful or angry
  - Develop new behavioral symptoms
  - Have worsening behaviors
  - Have a catastrophic reaction

Identify Underlying Causes
Environmental-related

- Excessive Stimulation
  - Noise
  - Number of people
  - Clutter
- Under-stimulation
  - No objects to view or touch
  - Poor lighting
- Inappropriate Room Temperature
- Way Finding Challenges
  - Difficulty finding room, bathroom, dining room

Nonpharmacological Approaches

- Defined by what they are not: Not Medications
- Approaches involving some action with the resident and/or his physical and social environment
  - Generalized: behavior non-specific such as caregiver education & support.
  - Targeted: behavior-specific such as eliminating conditions contributing to a specific behavior.

Communication Style

- Keep it Short and Simple
  - Give one step directives: state what you want the person to do, show him/her at the same time.
  - Allow extra time for the person to process and respond-Responses from persons with dementia can be delayed by up to 30 seconds
- Don't argue with the Resident
  - Try to identify and acknowledge the feeling the resident is experiencing (confusion, fear, fatigue, pain)
    - Don't use all your energy trying to change what you can't
    - Back off and come back later
    - Don't correct or shame
- Be Flexible
  - Offer choices when possible
  - Remember personal choices
  - When there is resistance, try a different approach

Communication Style

- Gain Attention & Trust
  - Ask permission before doing something
- Approach from the Front
  - Make eye contact (if culturally appropriate)
  - Stand/sit in front of person at eye level
  - Pay attention to "personal space"- agitation may increase if you are too close to the resident.
- Minimize Distractions (Sight & Sound-unnecessary Stimulation)
- Lead with the person's name and introduce yourself
  - Avoid causing frustration and agitation by asking the resident to identify you
- Redirect with a positive approach
- Distract and Divert
- Avoid Pronouns (it, he, his, she, her, them, they, those etc.)

Communication Style

- Use visual or tactile cues
  - Florence, please brush your hair (demonstrate the movement of hair brushing)
- Watch Your Nonverbal (Paraverbal)Messages
  - Tone of voice, volume and rate- normal calm, normal volume and steady, not rushed rate
  - body language- avoid crossing arms that can be interpreted as being impatient
  - facial expressions-Smile reassuringly
- Gentle touch to calm the resident.
  - Before touching a resident, tell him/her what you are going to do
- Be patient, supportive and friendly

Environmental Changes

- Quiet the area
  - Loud noises can be upsetting to residents
- Ensure they have their assistive devices
  - Glasses; hearing aids;
- If the resident yells when the TV is turned on try to determine:
  - Is it too loud; is it too soft; does he want a different channel
- Remove clutter or unnecessary objects
- Use labeling or other visual cues
- Simple visual reminders (arrows pointing to bathroom)
- Structured daily routines that are predictable
- Activities that tap into preserved capabilities and previous interests.
- Repetitive motion activities (washing windows, folding towels, putting coins in container)
- Set up an activity and help initiate if needed

Behavior Specific Interventions

General Forgetfulness/disorientation	Use memory aides (calendars, white board with date. Simplify daily routines
Hearing voices or noises	Evaluate hearing and adjust amplification of hearing aids. Evaluate the need for antipsychotic treatment.
Nighttime waking/restlessness	Evaluate sleep routines. Eliminate Caffeine stating in the afternoon. Exercise and Activity throughout the day. Use a night light. Evaluate room temp/noise, light, shadows or other disturbances. Create a structured day and quiet bed time routine. Use calming music. Increase physical activity and engagement during the day.

Behavior Specific Interventions

Repetitive questioning	Use calm, reassuring voice. Use calm touch for reassurance. Inform resident of events as they occur (vs what will happen in the future). Structure daily routines. Provide meaningful activities during the day to engage resident. Use distractions.
Falls and Poor Balance	Reminders/Ques to ask for help Remove tripping hazards Minimize ETOH PT referral for simple balance exercise
Disorientation/confusion recognizing Objects	Label needed objects. Remove unnecessary objects for a task to reduce confusion. Lay out one object at a time as needed. Keep all objects for a task in a labeled container (ie: grooming).

Changing our Behavior

- Accept the resident's reality
- Use social graces and communicate as if the resident was not confused
- Remove time constraints and task oriented goals
- Find opportunities for the resident to succeed
- Find the path of least resistance
- Go With The Flow

Resources

- Tools to assess for depression
  - Tools that incorporate collateral histories as well as a clinician interview have higher sensitivity for detecting depression
  - CSDD-Cornell Scale for Depression in Dementia
    - http://www.scalesandmeasures.net/files/files/The%20Cornell%20Scale%20for%20Depression%20in%20Dementia.pdf
  - HDRS- Hamilton Depression Rating Scale
    - http://www.assessmentpsychology.com/HAM-D.pdf
- Psychosocial Assessment
  - https://www.crisisprevention.com/CPI/media/Media/Specialties/dcs/Life-Story-Questionnaire.pdf

Citations

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