Dementia – Managing Symptoms & Coping with Behaviors

Nancy Joyner, RN, MS, APRN-CNS, ACHPN®
Clinical Nurse Specialist-Palliative Care
Altru Health System
njoyner@altru.org

Disclosures
Nancy Joyner has no real or perceived conflicts of interest that relate to this presentation.

Objectives
1. Clarify myths about dementia
2. Identify treatable symptoms in dementia
3. Describe interventions for behavior related to dementia
Myths about Dementia

- Memory loss – natural/inevitable part of aging
- Alzheimer’s is not fatal
- Only older people can get Alzheimer’s
- Dementia only happens to others
- Dementia only affects the person
- Dementia behavior – negative prior life experiences
- Dementia can be controlled – deliberate behavior

Neuro-Psychiatric Inventory in Dementia

- Aberrant motor behavior
- Aggression
- Agitation
- Anxiety, restlessness, pacing
- Apathy
- Appetite and eating changes
- Catastrophic reactions
- Confusion
- Decreased energy
- Delusions
- Depression
- Disinhibition
- Frustration and anger
- Euphoria
- Hallucinations

Neuro-Psychiatric Inventory in Dementia

- Hopelessness/helpless
- Irritability
- Losing, misplacing, hiding, stealing objects
- Mood changes
- Nighttime behaviors
- Outbursts
- Overstimulation
- Repetitive questions
- Sleep disturbance
- Suspicion
- Tearful, frequent crying
- Uncooperative
- Wandering
- Withdrawal
**Aggression**

**Possible Causes in Dementia**

- Physical discomfort
  - Inadequate rest or sleep?
  - Medications?
  - Pain?
  - Constipation?
  - Hunger or thirst?
- Environmental factors
  - Over-stimulated by loud noises?
  - Overactive environment?
  - Physical clutter?
- Poor communication
  - Too many questions?
  - Too much talking?
  - Instructions simple?
  - Is the person picking up on your own stress?
  - Are you being negative or critical?

**Interventions for Aggression**

- Focus on feelings, not facts
- Don’t get upset
- Limit distractions
- Try a relaxing activity
- Shift the focus to another activity
- Decrease level of danger
- Avoid using restraint or force

**Agitation**

**Causes of in Dementia**

- Medical conditions
- Medication interactions
- New residence or new to nursing home
- Changes in the environment/caregiver arrangements
- Misperceived threats
- Fear/fatigue while trying to make sense out
Assessing Agitation
- Medical checkup, if symptoms appear suddenly
- Find possible causes
- Behavioral treatments
  - Identify the behavior
  - Understand the cause
  - Know how to respond

Responding to Agitation
- Listen
- Provide reassurance
- Involve the person in activities
- Modify the environment
- Find outlets for the person's energy
- Give choices

Check Yourself with an Agitated Person
DO NOT:
- Raise your voice
- Show alarm or offense
- Corner, crowd, or restrain
- Criticize, ignore or argue
- Make sudden movements out of the person's view
### Anxiety Assessment and Interventions

- Observe for fidgeting, pacing, repeated questions
- Reduce distractions if fatigued
- Provide reassurance
- Provide non-verbal expressions of caring
- Do not attempt to reason
- Use medications sparingly

### Catastrophic Reaction

**Extreme anger, frustration of anxiety**

- Brought on by
  - Unfamiliar situations
  - Noises
  - Being part of a group
  - Having to think of several things at once
  - Frustration at being unable to do a task
  - Being rushed
  - Not understanding directions
  - Fatigue
  - Acute illness

### Catastrophic Reaction Prevention

- Maintain routine
- Avoid situations that escalate individual
- Break down tasks
- Avoid rushing
- Decrease fatigue
- Keep a log - patterns/triggers
Catastrophic Reaction
Interventions

• Restore calm
• Quietly remove the person from the situation
• Stop anything upsetting
• Do not argue or try to explain
• Slow down and relax

Confusion –
Responding to it in Dementia

• Stay calm
• Respond with brief explanation
• Show photos and other reminders
• Offer corrections / suggestions
• Do not take it personally

Differentiating the 3 “D”s

Delirium  Depression  Dementia
Delirium vs. Dementia

<table>
<thead>
<tr>
<th></th>
<th>Delirium</th>
<th>Dementia</th>
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<tbody>
<tr>
<td>Change in alertness</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Onset</td>
<td>Hours to days</td>
<td>Gradual</td>
</tr>
<tr>
<td>Fluctuation</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Delirium Prevention

- Maintain quiet environment
- Promote daytime activity
- Provide dark / quiet at night
- Utilize visual / hearing assistive devices
- Implement orientation devices
- Avoid restraints

Delirium Interventions

- Provide social activities
- Provide adequate sleep
- Adhere to a strict schedule
- Maintain proper level of stimulation (individualized)
- Provide adequate hydration
- Reformat task – involve occupation therapy
Delirium Interventions (cont.)

- Provide familiar caregivers and support them
- Optimize environment – what makes them comfortable?
- Provide personal belonging – photographs
- Enforce quiet environment
- Implement a sitter if necessary

Is it Depression or Dementia?

- Symptoms of Depression
  - Mental decline rapid
  - Knows time, date, and location
  - Difficulty concentrating
  - Language and motor skills slow, but normal
  - Notices / worries about memory problems

- Symptoms of Dementia
  - Mental decline slowly
  - Confused and disoriented; becomes lost in familiar locations
  - Short-term memory difficult
  - Impaired writing, speaking, and motor skills
  - Doesn’t notice memory problems/seem to care

Defining Disinhibition

- A lack of restraint – disregard for social conventions, impulsivity
  - Hypersexuality
  - Hyperphagia (abnormally increased appetite for and consumption of food), and aggressive outbursts are indicative of disinhibited instinctual drives
- Difficulty in controlling urges /impulses - speaking, acting or showing emotions
### Disinhibition Management

- Ignore behavior if not risky or unsafe
- Refrain from arguing
- Reward positive behaviors
- Limit outings in crowded settings
- Be mindful of your stress and frustration level

### Repetition - Responding to it

- Look for reason
- Focus on emotion, not behavior
- Turn the action / behavior into activity
- Stay calm, be patient
- Provide an answer
- Engage the person in an activity
- Use memory aids
- Accept the behavior – work with it

### Sleep Disturbance/
Sundowner’s Syndrome

- Depression in elderly – contribute to sundowners syndrome
- Develop routine / daytime activities
- Develop good sleep habits / routine
- Reduce agitation
- Consider light therapy
- Treat underlying pain

**Natural sleep remedy**
1 cup hot milk, 1 Tbs. honey, 1 tsp vanilla.
Complementary/Alternative Therapies

- Aromatherapy
- Deep breathing exercises
- Diet-based/nutrition therapies
- Distraction
- Light therapy
- Massage
- Meditation
- Pet therapy
- Prayer/pastoral counseling
- Relaxation
- Repositioning/bracing
- Therapeutic touch
- Warm bath

Managing Refusal to Eat in Dementia

- Encourage exercise
- Make mealtimes pleasing
- Feed like a infant
- Monitor chewing / swallowing
- Transition into puréed / soft foods
- End stage dementia
  - Organ systems begin to shut down
  - Lack of desire to eat /drink is normal
  - Decreased or no intake is normal
  - Treat dry lips and mouth

Caregiving in the Final Stages of Alzheimer’s Disease

- Manage pain
  - Touch, massage, music, fragrance, a loving voice
- Managing other comfort needs
  - Stay calm / attentive
  - Provide contacts with pets / therapy animals
  - Provide pictures / mementos
  - Read aloud from treasured books
  - Playing favorite music
  - Reminisce / recall life stories
  - promote dignity, respect through life’s final moments
Don’t Forget the Family

• Emotional drain
• Financial drain
• Ethical considerations
• Palliative concerns
• Respite from “Overprotection”

Caregiver’s Mantra

• Calmness
• Patience
• Distraction
• Flexibility
• Creativity
• Humor
• Therapeutic “white lies”

Dementia – A Poem
(author unknown)

I can hear you. I know you said my name. My mind may not know how to answer, but don’t ignore me just the same.

I am trapped inside this blank slate, fleeting memories floating by. I know that they were part of me, but I cannot tell you why.

I see and hear and touch and taste, a scent can tug at the edges of my thoughts. I know that at sometime I was more but all of that is lost, is lost.

Who are you? Who am I? I don’t remember . . .
Even enough to cry . . .
Resources/References


Resources/References (continued)


Resources/References (continued)


Resources/References (continued)


HPNA Teaching Sheets

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