Non-Pharmacological Interventions for Persons With Dementia

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• 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

Behavioral Disturbances in Dementia. ppt presented by American Geriatrics Society (2016). GRS Teaching Slides. [www.GeriatricsCareOnline.org](http://www.GeriatricsCareOnline.org)

Harris, Erin. 3 simple ways to improve dementia care immediately. CPI website: [https://www.crisisprevention.com/Blog/March-2016/3-Simple-Ways-to-Improve-Dementia-Care](https://www.crisisprevention.com/Blog/March-2016/3-Simple-Ways-to-Improve-Dementia-Care) accessed 7/14/17.

10 communication tips for dementia caregivers. CPI website: [https://www.crisisprevention.com/Resources/Knowledge-Base/Dementia-Care-Training](https://www.crisisprevention.com/Resources/Knowledge-Base/Dementia-Care-Training) accessed 7/14/17


Behavior Management in Dementia. PPT presented by Robert Sonntag, MD, CMD. Healthcare Academy webinar on 9/22/16.