

Dementia – Managing Symptoms & Coping with Behaviors

Volunteer Annual Review 2017



Objectives

- Clarify myths about dementia.
- Identify treatable symptoms in dementia.
- 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
- Confusion
- Decreased energy
- Delusions
- Depression
- Apathy
- Appetite and eating changes
- Catastrophic reactions
- Disinhibition
- Frustration and anger
- Euphoria
- Hallucinations

Neuro-Psychiatric Inventory in Dementia (cont.)

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

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 & 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

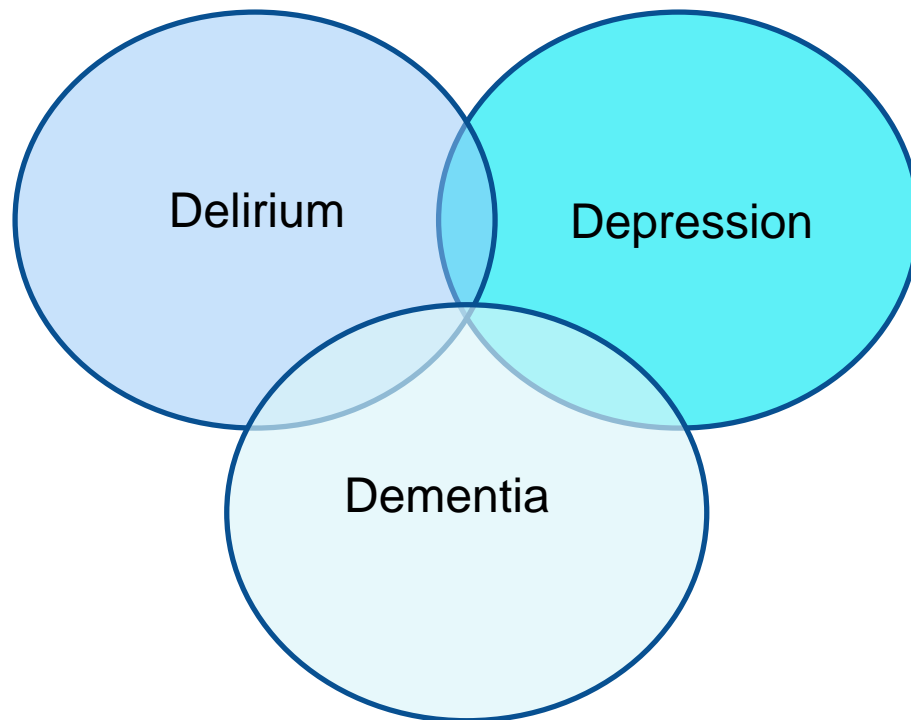
Catastrophic Reaction Interventions

- 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 to take it personally

Differentiating the 3 “D”s



Delirium vs. Dementia

	Delirium	Dementia
Change in Alertness:	Yes	No
Onset:	Hours to Days	Gradual
Fluctuation:	Yes	No

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 belongings – 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 slow
- Confused and disoriented; becomes lost in familiar locations
- Short-term memory difficulty
- 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 – contributes to sundowner's 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”

Resources/References

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