

Improving Troubling Behaviors Related to Dementia

By Dr. Anthony Braus, Agrace Palliative Care Physician

Perhaps the biggest challenge we encounter caring for people with dementia is managing behavioral problems that develop, usually as the disease progresses through the moderate to severe stages. Here is an all-too-common example:

Mary has Alzheimer's disease. She wanders about her memory care unit, sometimes entering other residents' rooms, looking for her husband. By the late afternoon, she is calling out for him. She is verbally abusive and pushes staff away as they try to redirect her. At supper, unable to sit still, she paces, grabs food from others' plates and sometimes throws it. Later she struggles with staff as they help her get ready for bed.

As a member of the Agrace Palliative Care Team and a geriatric psychiatrist, I would like to share how I approach these situations and offer some helpful suggestions.

My first step is a behavioral analysis. What is the context for the behavior? Does it have any purpose or meaning? What is the sequence of causes, behaviors and responses?

Second, what influences the behavior? Is the person in pain or uncomfortable for another reason? Constipated? Infected? Needing something?

Third, what is the person's psychological state? Are they bored, lonely, frightened, anxious, depressed, elated, curious, frantic, confused, a combination of these—or something else?

Finally, are they delirious, clinically depressed or psychotic? Do they have sleep disturbances, any other clinical syndrome or a new medical illness? I weigh these issues in relation to their history, illness course, medical problems, medications, prior personality and social relationships.



Dr. Tony Braus

Behavior problems related to dementia almost always cause the resident significant suffering—and may present safety issues. The most common ways to intervene are behavioral modification, environmental modification and medications.

Behavioral and environmental modification aim to make things easier, more comfortable and more gratifying for the resident. Any situation that stresses the resident should be changed. Studies have shown that flexibility with schedule and routines often leads to reduction in behaviors.

Here are some useful approaches you can try:

- Remove the things that aggravate or confuse
- Address pain, hunger, boredom, etc.
- Distract, using any of the senses, through movement activity or music
- Give pleasure through music, touch, snack, etc.

Continued

Dementia-related Behaviors, continued

- Dissimulate (conceal upsetting information), role-play, mimic, reframe
- Don't teach, repeat, pressure, raise voice, etc.

The biggest behavior modification, I believe, is in us. We caregivers (and our facilities) need to adopt positive, flexible, creative approaches.

Pharmacological interventions should almost never be the first step. Medications should support behavioral and environmental changes, rather than being stand-alone interventions.

In the case above, Mary responded well to being told her husband called to say he would be late (dissimulating). Meals were served in her room (to reduce stimulation), but she still needed frequent checks or 1:1 assistance to complete eating. I prescribed Seroquel 25mg in the early afternoon, before her restlessness escalated. While not a *perfect* solution, this combination of interventions was helpful!

If you would like to consult with Agrace about a resident's dementia-related behaviors, please call our referral line: (800) 930-2770.

Now Serving Richland Center & Eastern Richland County

On February 1, Agrace began serving patients in Richland Center and eastern Richland County (green shaded area on map below), including Lone Rock, Cazenovia and Ithaca. We're working to establish contracts with long-term care facilities in the eastern half of the county, and have contracted with Richland Center Hospital to provide general inpatient (GIP) hospice care locally.



Saving Paper: Plan of Care Updates Not Routinely Faxed

When Agrace transitioned to Epic as our electronic health record in 2015, you may have begun to get very long faxes from us that were plan-of-care updates for residents on hospice. We quickly heard feedback that sending the **full care plan every two weeks** used an awful lot of paper and wasn't always necessary, since the new information had already been communicated by Agrace staff.

Although we stopped faxing those plan-of-care updates every two weeks, **we continue to ensure that we are providing you updates so changes can be made to your residents' care plans in real time.** Questions? Please ask your Agrace outreach liaison.

Support Services Offered for Patients' Pets

Pets are part of the family, and uncertainty about pet care can be very upsetting for a person who's on hospice care. To help lessen this stress, Agrace has begun to partner with Underdog Pet Rescue to help find care for our patients' pets when no other care is available.

Although we cannot guarantee help for every animal, we try to arrange **short-term care, foster care, rehoming, and pet food and supplies** for patients who are struggling financially. It's a huge relief for many patients and their families!



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For more information about any topic in this newsletter, please contact your Agrace outreach liaison or email karri.kelliher@agrace.org

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