Managing Dementia Related Neuropsychiatric Symptoms

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Conflicts of Interest

- Speaker has no relationship to disclose
- Off label use of psychotropics will be discussed

Objectives

- Participants will be able to:

1. Identify at least two common triggers of dementia related neuropsychiatric symptoms
2. Recall at least two pharmacologic drug classes often used to treat dementia related agitation.
3. Name at least two considerations when using pharmacologic agents to manage neuropsychiatric symptoms associated with dementia.
4. Offer at least two non-pharmacologic interventions to reduce neuropsychiatric symptoms in clients with dementia.

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Neuropsychiatric Symptoms Associated with Dementia

- Medication Based Approach
- Root Cause Analysis

Antipsychotics Used Off Label

Historically wide spread

Data shows limited benefit with high mortality when used to manage dementia related "behaviors."

Common AE include: EPS, Parkinsons, CVAs, DM, Falls, Delirium...

Benzodiazepines

High risk of falls

Confusion

Increased morbidity and mortality

Alzheimer's Diagnosis

- DSM IV: Development of multiple cognitive deficits manifested by Memory impairment (amnesia), followed by one or more of the following:
  - aphasia (impaired language)
  - apraxia (inability to perform complex motor activities)
  - agnosia (failure to recognize or use familiar objects or utensils)
  - abulia (disturbances in executive functions, e.g., planning, organizing, sequencing, abstracting, problem-solving)

DSM V

Replaces the term "Dementia" with Neurocognitive Disorder (NCD)

Differentiates mild NCD and major NCD

Dementia is a Disease of Perception

How would you feel if you woke up on a park bench in Chicago?

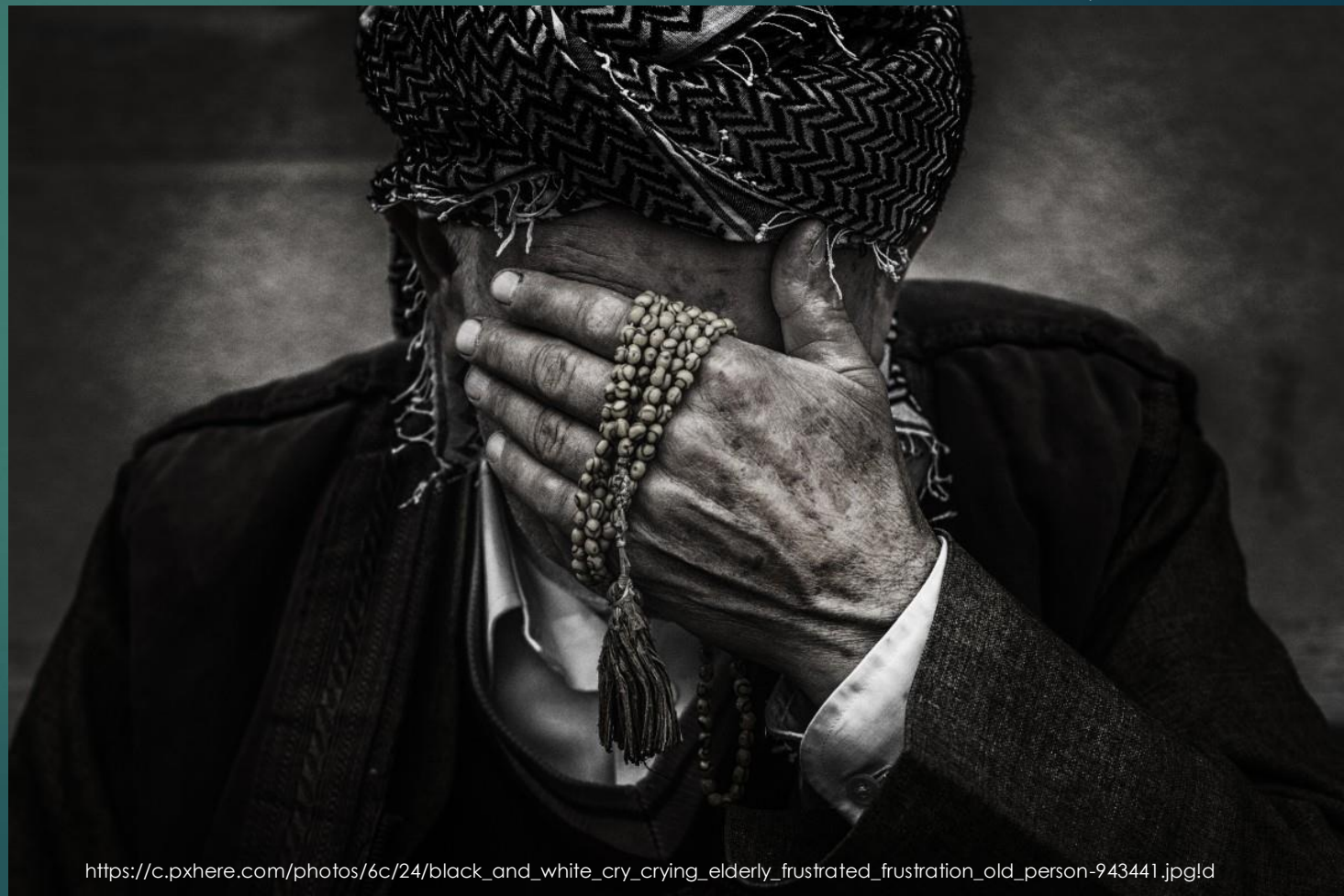
What questions might you ask to those around you?

Now consider how you would respond if you could not speak

What would you do if a stranger grabbed your arm?

Aphasia and Apraxia

Communicate you have an impaction assuming you have both aphasia and apraxia



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Agnosia and Abulia

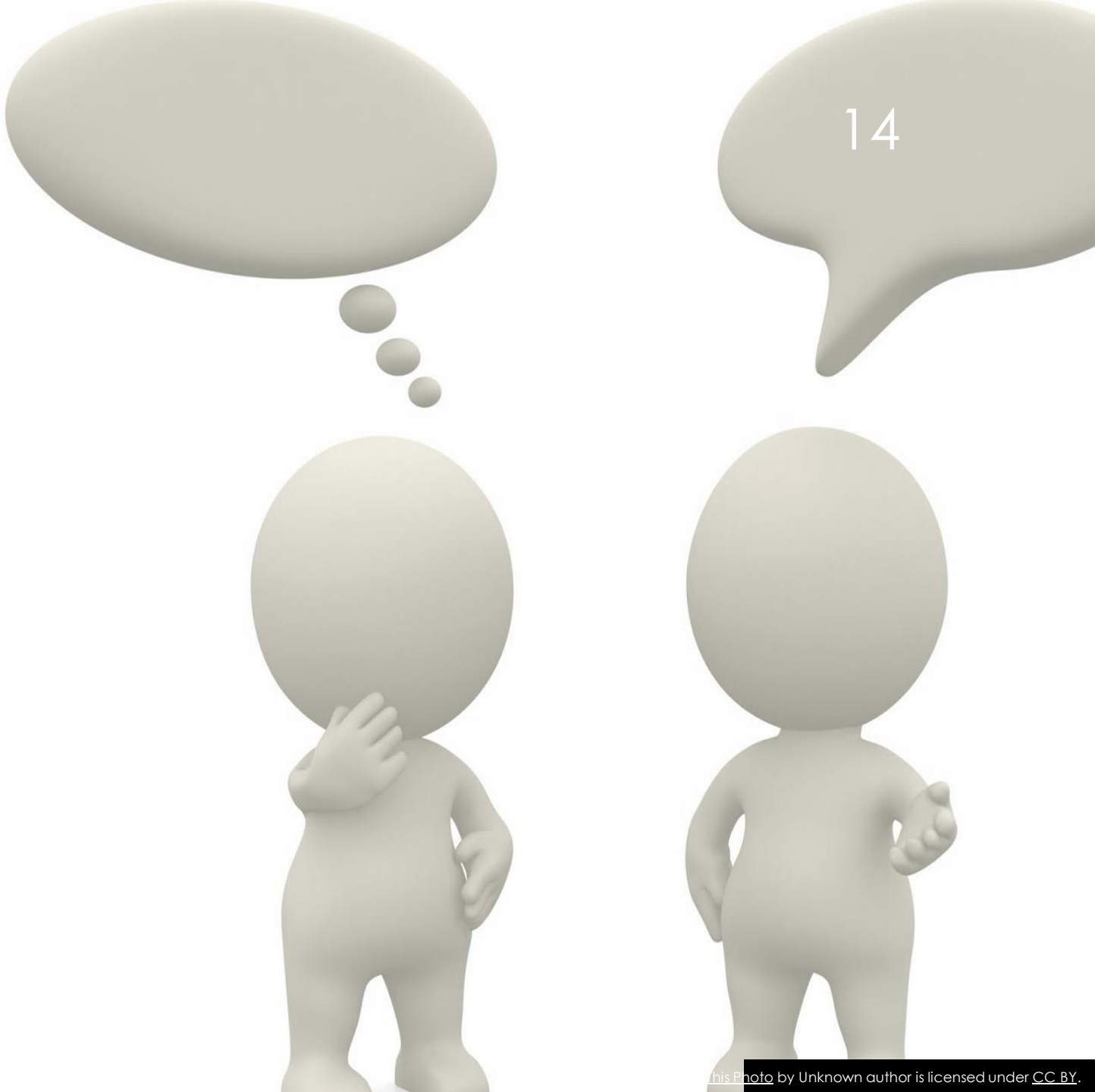
AGNOSIA (FAILURE TO RECOGNIZE OR USE FAMILIAR OBJECTS OR UTENSILS)

Consider how you would feel if someone asked you how you liked your coffee and you didn't even know if you liked coffee.

ABULIA (DISTURBANCES IN EXECUTIVE FUNCTIONS, E.G., PLANNING, ORGANIZING, SEQUENCING, ABSTRACTING, PROBLEM-SOLVING)

Consider how you would feel if you couldn't discern if the violence you saw on TV was real or not.

Write down or share with a neighbor emotions you imagine you would feel if you had Alzheimer's Dementia



Neuropsychiatric Symptoms of Dementia

- Occur in most residents with dementia
- Aggressive behaviors may be harmful
- Often an expression of distress
- Can cause great suffering in the resident and caregiver

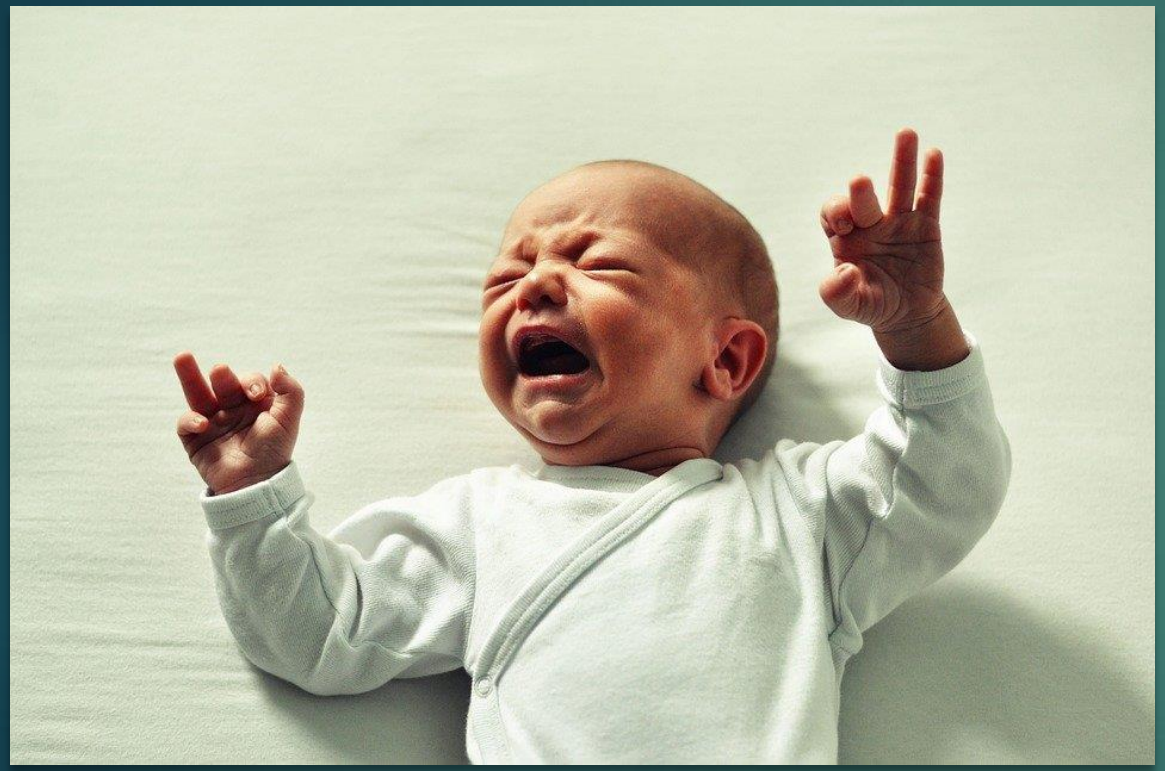
Neuropsychiatric Symptom Categories

- Categories of neuropsychiatric symptoms related to causation:
  - ***Primary***- from the neurochemical changes in the brain
  - ***Secondary***- comorbid medical conditions, delirium, medications, pain, personal need, or environment;
  - ***Mixed***

Neuropsychiatric Symptoms Associated with Dementia

- Wandering
- Agitation
- Anxiety
- Verbal Aggression
- Hallucinations and Delusions
- Physical Aggression
- Apathy / withdrawn
- Sleep Disturbance
- Sundowning
- Appetite disturbance
- Repetitive Verbal Vocalization
- Depression

Neuropsychiatric Models



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- Progressively Lowered Stress Threshold (PLST)
- Need-Driven Dementia-compromised Behavior (NDB)
- "Behavior" is used to communicate or express unmet needs and/or difficulty managing stress

Dettmore D, Kolanowski A, Boustani M. Aggression in persons with dementia: use of nursing theory to guide clinical practice. Geriatric Nursing. 2009; 30 (1): 8-17

Become a Detective

- Behavior in the form of ~
  - Fecal impaction
  - Urge to urinate
  - Hunger/Dysphagia
  - Discomfort
  - Fear in an unfamiliar environment
  - Loneliness
  - Longing for the security of ‘home’
  - Search for Significance
  - Boredom

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A	Antecedents	What happened prior to the unwanted behavior?
B	Behavior	Describe in detail the exact events as they happened.
C	Consequences	What did we do in response to the behavior and did it escalate or de-escalate the client?
D	Decision/ Debrief	What did we learn from this encounter that can shape our future responses?

Neuropsychiatric Assessment

- Rule out medical and environmental problems like pneumonia, dehydration, impaction, infection/sepsis, depression as a cause…
  - Thorough history
  - Physical assessment
  - Behavioral observation log over a 2-3 day period
  - Review of meds
  - Review of environment

Evaluate the Environm

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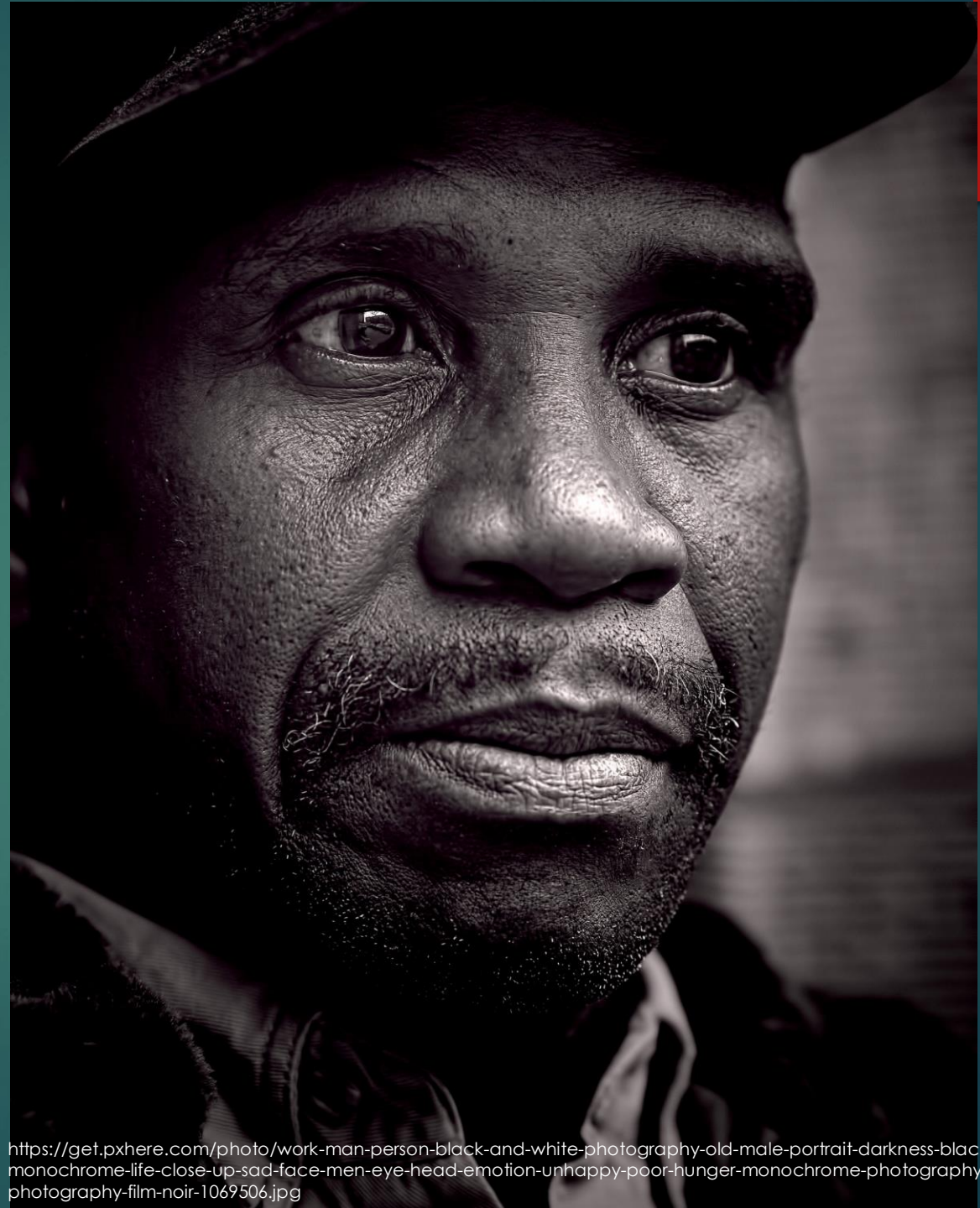
Check

Behaviors Related to Pain

- Pain may exacerbate cognitive and behavioral symptoms
- Pain is not normal for older adults
- Consider pain if there is a report of agitation

More About Joe



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"Resistance to Care"

- 'Resistance to care' due to:
  - Arthritic pain on movement
  - Exposure to cold air and water with bathing
  - Perceived intrusiveness on privacy
- Attention to making the caregiver approach and environment more responsive to the personal needs of the elder has been shown to result in much more 'cooperation'.

Treatment of Neuropsychiatric Symptoms

- Can be challenging due to complex etiopathogenesis
- Treatment must be guided by a comprehensive etiopathogenic assessment
- Non-pharmacological approaches should be considered a mainstay of therapy
- Complemented by psychotropic medication only if unavoidable and with indication and/or strong evidence

Goal of behavioral intervention is to make the "behavior" less disruptive to the patient and/or other residents.

Behavioral Elimination is not typically realistic

Cause and Effect

- Guides behavior in society
- Clients with dementia cannot typically learn new information
- Cause and effect can guide caregiver responses
- **Equipping the healthcare team is our most effective strategy**
- Many report feeling ill prepared and often lean on psychotropic agents

Non-pharmacologic Interventions

Know your Clients

- Trauma history
- Interests/what is important to them
- Talents/Past work history
- How they find purpose/meaning
- Irritants

Repetitive Behaviors/phrases/questions

- Feedback loop
- Feel free to parrot back
- “Tell me about it”
- Our goal is not to convey information. Our goal is preserve relationships

Sundowning

- Increased neuropsychiatric symptoms late afternoon and evening
- May be related to: unmet needs, tired, hunger, pain, not enough exposure to light, side effects of meds, overstimulation during the day….
- Remain calm and try to determine the unmet need
- Redirect by engaging in an activity they enjoy, go outside, play calming music….

Hallucinations

- Avoid arguing
- Repeat back what you are hearing in the form of a question
  - You see children in your room?
- Determine if this is frightening or a pleasant hallucination
  - Do the kids seem to be having fun? Do you enjoy watching them play?
- Engage the brain in a different sensation
  - What songs are the kids singing or what are they wearing? As they search for this they may not notice the hallucination
  - You feel like a bug is on your leg? Let me brush that off for you. This tactile sensation gives the brain something else to focus on
  - Consider turning on more light – Charles Bonnet syndrome

- Pharmacologic agents may need to be considered only if hallucinations are frightening or distressing the resident and non pharm interventions have failed

Delusions

- A delusions is a fixed, false belief
- Repeat back what you are hearing in the form of a question so they know they have been heard
  - You are looking for your mother?
  - You feel like you need to take care of your patients (retired nurse)?
- Avoid arguing
- Use your creativity to mitigate the situation
  - "Didn't you tell me your mom volunteers to help a lot at the church? Let's go see if we have any cookies in the kitchen while we wait for her." Then distract with other conversations
  - For the retired nurse find some ace wraps she can roll up or bandages she can sort.

Anxiety and Agitation

- Lower your voice and tone
- Look for the unmet need
- Often times our interactions with residents leads to their agitation
- Calm relaxed demeanor
- Explore the antecedents
  - Too much or too little stimulation
  - Side effects from meds
  - Fear
- Note how our interactions ether escalated or de-escalated the situation and learn from this

Environment

- Lighting
- Aroma Therapy
- Pet Therapy
- Music Therapy
- Doll Therapy

Cognitive interventions

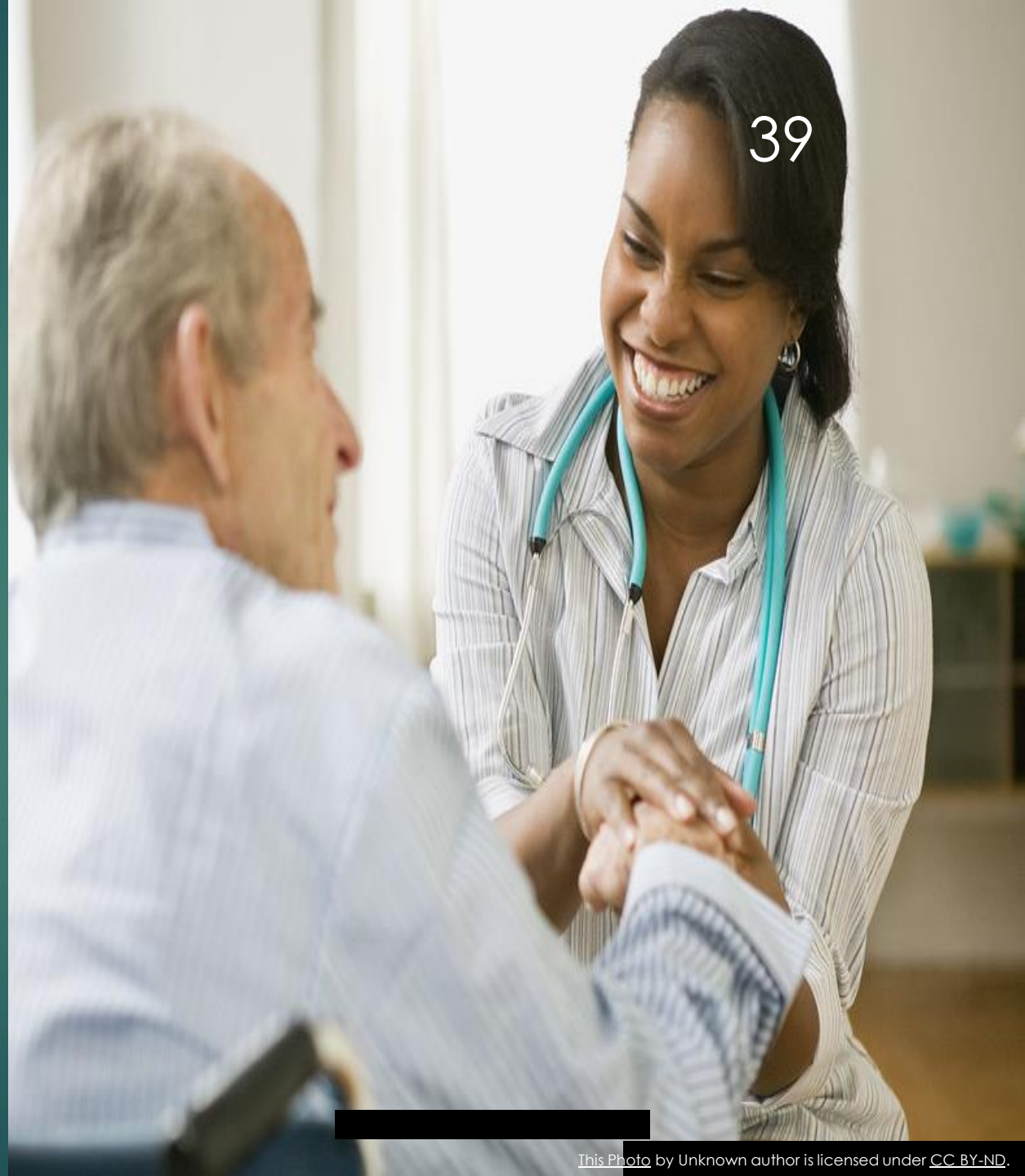
- Validation therapy
- Reminders
- Cues
  - Capitalize on visual as speech is lost in AD. Opposite with PDD
- Task sequencing
- Prompts
  - Clocks/calendars
  - Pictures
  - Familiar objects

Interpersonal approaches

- simplified language
- use/avoidance of touch
- eye contact
- smiling
- Focus on wishes, interests, strengths & concerns

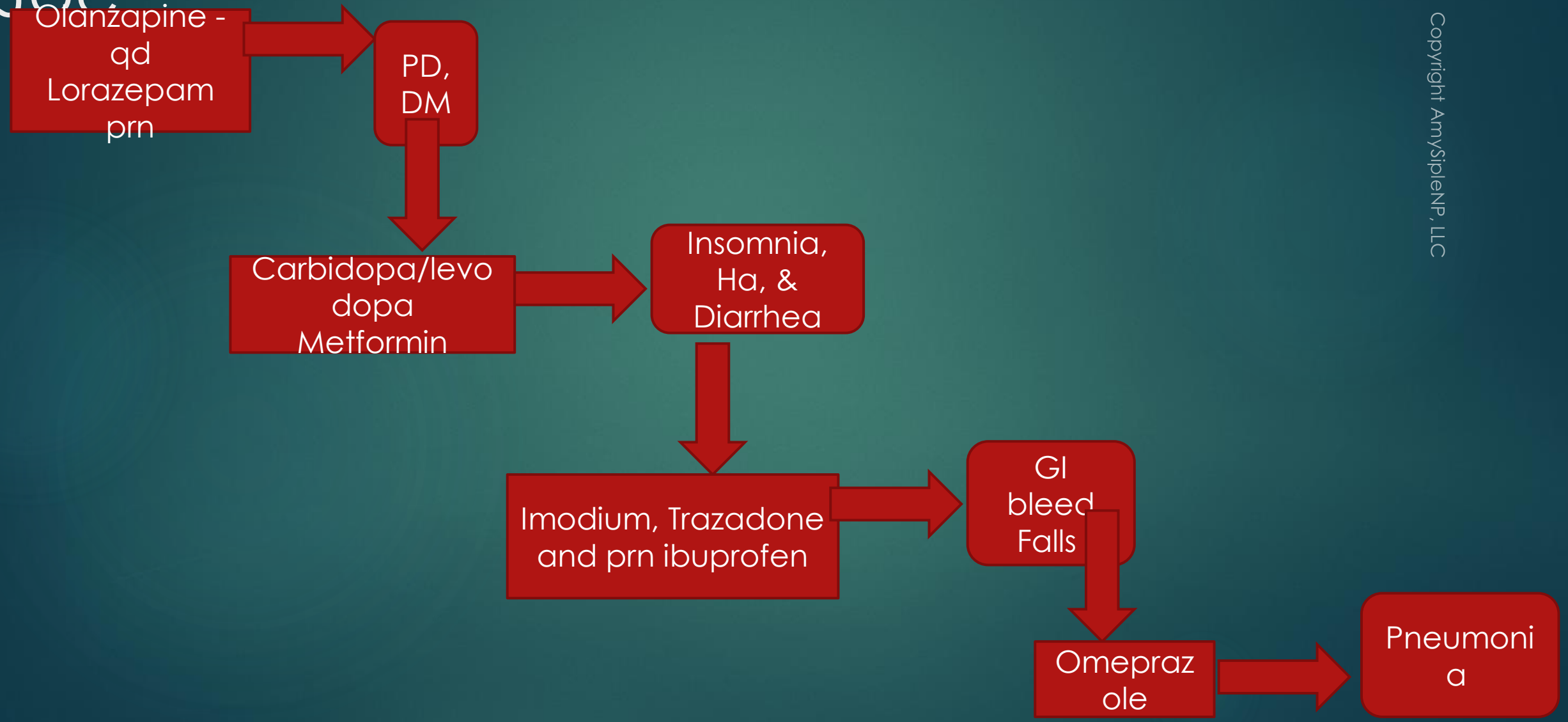
Approach from the front then to the side down to eye level

Offer your hand and then move to a hand under hand position



- You have the non-impaired brain- use it
- Environmental and Cognitive interventions are key
- The best way to manage "behaviors" is to educate caregivers in problem solving strategies
- Do not take insults personally
- Find ways to make meaningful connections

Polypharmacy and Comorbidities – Joe



Case Study

- 65 bed facility in Kansas
- Majority of Clients Older Adults with Dementia

CASPER REPORT	Comparison Group National Percentile
Antipsych Meds	61%
Antianxiety/Hypnotic	90%
Behav Sx affect Others	85%

Approach

- Get buy in from administration and DON
- Make rounds with nursing staff members individually
- Provide handouts of the BEERS list and other pertinent literature
- Engage with the social worker, therapy, and activity director about overall impression and individual cases
- Ask to view any problematic "behaviors"
- Provide Free CE classes on Deprescribing and Managing "Behaviors"
- Call family members
- A series of 10 short videos on psychotropic stewardship
- Frequent consults with pharmacist

About 6 months Later

CASPER REPORT	Comparison Group National Percentile	Previously
Antipsych Meds	**9%**	61%
Antianxiety/Hypnotic	**19%**	90%
Behav Sx affect Others	**59%**	85%

Summary

- Creativity and educating caregivers on problem solving techniques is the key
- Dementia is a disease of perception and Neuropsychiatric symptoms should be expected
- There is a limited role for psychotropic agents
- Be an advocate for your clients
- Root cause analysis is essential
- Engaging and equipping a multidisciplinary team is our greatest asset

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