Managing behavioural and psychological symptoms of dementia and delirium

Care has been taken to confirm the accuracy of the information presented to describe generally accepted practices; however, the authors and publisher are not responsible for perceived or actual inaccuracies, omissions or interpretation of the contents of this presentation.

Learning Objectives

By the end of this simulation you will be able to:

- Expand or enhance communication skills with patients who have behavioural and psychological symptoms of dementia and delirium
- Communicate across disciplines about patients who have behavioural and psychological symptoms of dementia and delirium

By the end of this simulation you will be able to:

- Demonstrate key skills and strategies to assist in the management of patients who have behavioural and psychological symptoms of dementia and delirium
- Develop an interdisciplinary team approach to manage patients who have behavioural and psychological symptoms of dementia and delirium

Overview

- Overview of Dementia
- Behavioural and Psychological Symptoms
- ABC Behaviour Management
- Psychosocial Interventions
- Team Behaviour Management Approaches

Dementia

- *Progressive disease of the brain that impairs a person's intellect, cognitive abilities and personality.*

- Characteristics:
  - Memory disturbance
  - Loss of receptive or expressive language skills
  - Impaired ability to carry out motor function
  - Failure to recognise objects or a familiar face
  - Disturbances in executive functions such as planning /sequencing
  - Decline in activities of daily living and social function

(NSW Ministry of Health, 2013)

Alzheimer's Disease

- Early memory and language loss

Vascular Dementia

- Problems with executive functions
- Relative preservation of memory

Dementia with Lewy Bodies

- Fluctuating cognition
- Visual hallucinations
- Idiopathic or drug inducted parkinsonism
- REM sleep behaviour disorder

Fronto-temporal Dementia

- Two main subtypes:
  i. Behaviour and personality changes
  ii. Language dysfunction

(NSW Ministry of Health, 2013)

Delirium

- *A transient mental disorder, characterised by impaired cognitive function and reduced ability to focus, sustain or shift attention.*
- Developed over a short period of time and fluctuates over the day
- Usually lasts for a number of days, but may last for longer

(Department of Health & Human Services, 2006)

Characteristics:

- Appear confused or forgetful
- Unable to pay attention
- Experience disturbance of the sleep-wake cycle
- May be very agitated, quiet, withdrawn, or sleepy
- Disorientated to time and place
- Experience emotional disturbances
- See, hear, or feel things which are not there

(Department of Health & Human Services, 2006)

Behavioural and psychological symptoms

- No longer termed 'challenging behaviours'
  - reinforce that the behaviours are **symptoms of a condition**
- Usually occurs in the later stages of dementia
- Associated with:
  - carer stress
  - increased duration of hospitalisation
  - greater likelihood of placement in a residential facility

(NSW Ministry of Health, 2013)

Behavioural symptoms

- Physical aggression
- Screaming
- Restlessness
- Agitation
- Wandering
- Sexual disinhibition
- Cursing
- Shadowing

Psychological symptoms

- Anxiety
- Depressive mood
- Paranoia
- Hallucination
- Delusions

Contributing factors to behaviour

May be related to:

Aggression

- Pain
- Frustration
- Fear
- Excessive stimuli
- Change of environment
- Loss of control
- Confusion

Psychotic symptoms

- Misinterpreting the environment
- Drug toxicity/interactions
- Physical illness
- Visual or hearing impairment

(NSW Department of Health, 2006)

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Agitation/ Anxtiey

May be related to

- Pain/discomfort
- Constipation/incontinence
- Grief
- Change of environment
- Medication
- Excessive stimuli
- Isolation

Wandering

May be related to:

- Agitation
- Pain
- Frustration
- Stress
- Boredom
- Fear
- Loneliness/isolation

(NSW Department of Health, 2006)

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Case study

- Beatrice is an 89 yo woman who has dementia.
  - On the ward, she searches for her husband which is perceived as aimless and intrusive wandering.
  - When confronted, Beatrice becomes aggressive – yelling, and occasionally throwing things.

1. How **DOES** the ward manage patients like Beatrice who are experiencing symptoms such as these?

2. How **SHOULD** the ward manage patients like Beatrice who are experiencing symptoms such as these?

'ABC – Behaviour Management

Antecedent — What was the trigger for the behaviour?

- *Environmental:* noise / temperature
- *Physical:* trauma / medication / infection
- *Psychologcial:* grief / loss / hallucinations

Behaviour — What happened because of the trigger?

Consequence — What was the result of the behaviour?

Future strategies — What changes do you need to make?

(Dementia Collaborative Research Centre, 2012)

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Beatrice is an 89 yo woman who has dementia.

- On the ward, she searches for her husband which is perceived as aimless and intrusive wandering.
- When confronted, Beatrice becomes aggressive – yelling, and occasionally throwing things.

Antecedent	Beatrice is very anxious being in an unfamiliar environment
Behaviour	Beatrice wanders the ward looking for her husband
Consequence	Beatrice walks into another patient's room and is verbally aggressive
Future strategies	Regular reassurance, surround with familiar items, expected time of visitors on whiteboard.

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What strategies do you use when working with a person who exhibits behavioural or psychological symptoms of dementia or delirium?

Psychosocial interventions

Personal strategies:

- *Clear communication* explain who you are and what you are doing
- *Smile* the person who takes their cue from you
- *Go slow* you might be in a hurry but the person is not
- *Give space* if not causing harm to themselves or others
- *Stand to the side* not the front of the person

(NSW Department of Health, 2006)
(NSW Agency for Clinical Innovation, 2014a)

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Environmental strategies:

- *Reduce noise/stimulation or peaceful music*
  May assist when the person is agitated or aggressive
- *Signposting – cues*
- *Personalise the environment*
  Use photographs and items from home to help make the environment more familiar
- *Use of alarms/monitors*
  Alarmed mats or sensors can alert staff if the person is prone to wandering

(NSW Ministry of Health, 2013)
(NSW Department of Health, 2006)
(NSW Agency for Clinical Innovation, 2014b)

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Supportive strategies:

- *Listening to concerns and reassure*
- *Asking the person what they are looking for*

  There may be a legitimate reason why the person is wandering or agitated.
- *Family support*

  Family can help calm and provide a sense of familiarity
- *Investigating if there is reality in what is being said*

  Assuming the person is confabulating may mean you miss something important or the person is at risk of harm.
- *Avoid arguing*

(NSW Department of Health, 2006)

(NSW Agency for Clinical Innovation, 2014a)

Activity strategies:

- *Walking programs/exercise*

  May be useful with a person who wanders or is agitated. Be mindful that corridors lead to a destination

- *Increased stimulation / participation in activities*

  May reduce behavioural symptoms if the person is bored or isolated

- *Reminiscence therapy*

  Reassure with familiar items or engage the person in reminiscing using items from their past.

- *Avoid fatigue*

(NSW Department of Health, 2006)
(NSW Agency for Clinical Innovation, 2014a)
(NSW Agency for Clinical Innovation, 2014b)

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Team approaches

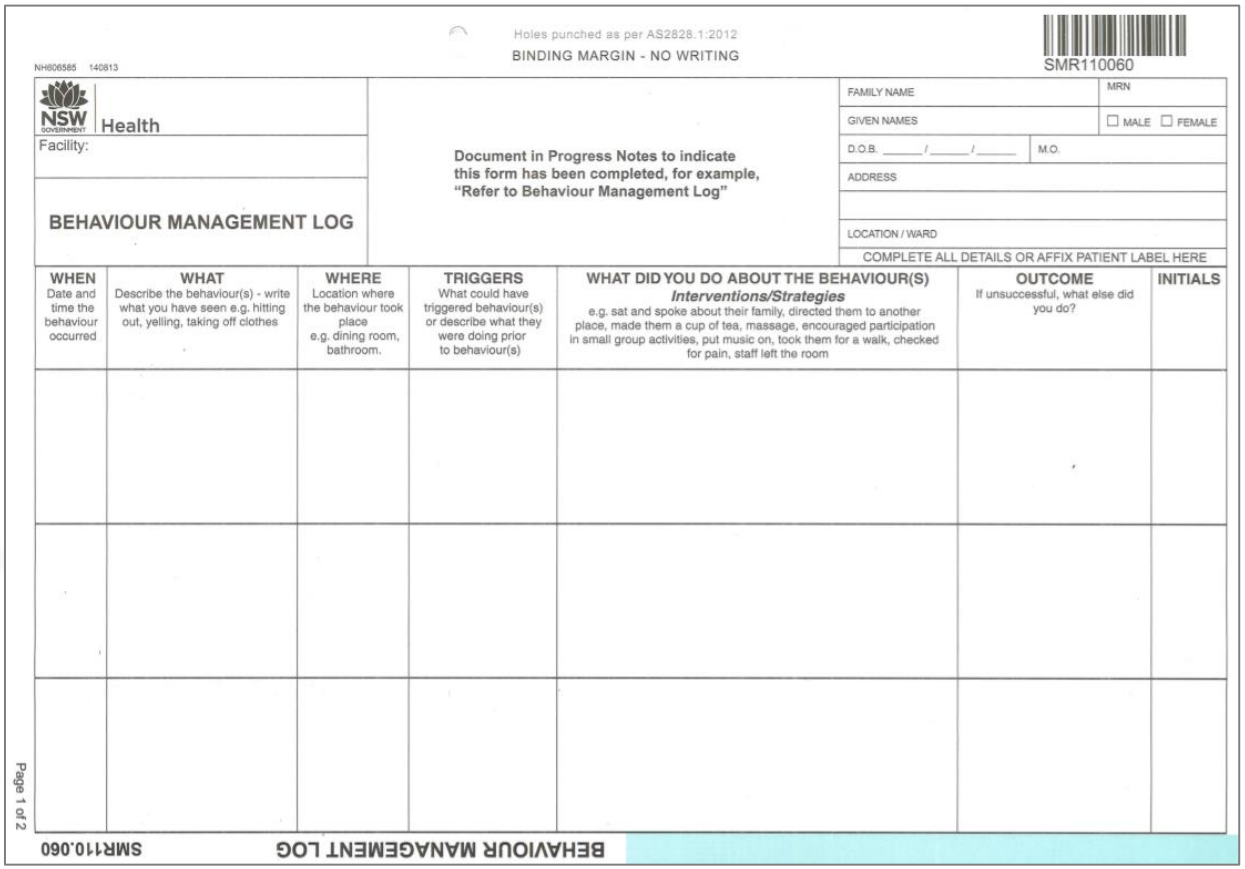
- Discuss management strategies in teams
  - at handover
  - in team meetings
  - informally between colleagues

- *Everyone is involved*

  Not the responsibility of just one discipline

- Document behaviours and strategies in the progress notes

Behaviour Management Log



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Facility:

BEHAVIOUR MANAGEMENT LOG

Document in Progress Notes to indicate this form has been completed, for example, "Refer to Behaviour Management Log"

FAMILY NAME | MRN

GIVEN NAMES | ☐ MALE ☐ FEMALE

D.O.B. _____/_____/_____ | M.O.

ADDRESS

LOCATION / WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

WHEN Date and time the behaviour occurred	WHAT Describe the behaviour(s) - write what you have seen e.g. hitting out, yelling, taking off clothes	WHERE Location where the behaviour took place e.g. dining room, bathroom.	TRIGGERS What could have triggered behaviour(s) or describe what they were doing prior to behaviour(s)	WHAT DID YOU DO ABOUT THE BEHAVIOUR(S) *Interventions/Strategies* e.g. sat and spoke about their family, directed them to another place, made them a cup of tea, massage, encouraged participation in small group activities, put music on, took them for a walk, checked for pain, staff left the room	OUTCOME If unsuccessful, what else did you do?	INITIALS

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SMR110.060 BEHAVIOUR MANAGEMENT LOG

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Further Information

- Key principles for care of confused hospitalised older persons

(NSW Agency for Clinical Innovation, 2014a)

- Key principles for improving healthcare environments for people with dementia

(NSW Agency for Clinical Innovation, 2014b)

References

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