



## Overview of Dementia and Responsive Behaviours & the Older Adult

Education for Health Care Providers

### Part 5: Person-centred Care & Pharmacological Treatments



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## Managing Responsive Behaviours

- The focus of this part of the overview is on the last part of the 3 Question Template – **“What is the Action?”**.
- It is important to ensure a Person-Centered Care approach based on the individual’s previous levels of function, their current retained abilities, and modification of the environment to compensate for the individual’s competency.
- Focus on the person first and foremost as an individual.
- Strive to understand the experience of dementia and each person’s reality.
- Understand and master effective and meaningful communication.



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## General Approach

- Seek to be non-threatening and non-confrontational
- Reinforce a consistent message / intent and encourage positive behaviours
- Redirect with positive stimuli related to important life events, hobbies, and interests
- Strategize to de-escalate situations that arise:
  - validate feelings
  - consider cooling off period
  - divert
  - accepting instead of contradicting individuals perceptions
  - be realistic, incorporating the individual's level of capacity (emotional, cognitive and physiological) when providing care.



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## Communication

Communication strategies are crucial to supporting an individual with dementia.

- Strategies include:
  - **Speech** (speak clearly and slowly, avoid talking to the person at a reduced cognitive level or discussing them as if they were not there, give one message at a time, avoid open ended questions, use straightforward language, do not argue or reason, validate feelings)
  - **Correct sensory deficits**
  - **Environment** (Reduce distractions)
  - **Cues** (If word-finding is an issue, gently provide the word, provide non-verbal cues by mimicking “show and talk” actions and providing calm and friendly facial cues)
  - Appropriate and reassuring **non-verbal cues**
  - **Soothing sensory stimulation** including aroma therapy, massage, pet therapy, music, etc.



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## Maintain Schedules



- Regular routine with consistent caregiver and approach.
- Accommodate individual natural daily rhythms and preferences.
- Schedule personal care events to individual preferences or habits.
- Anticipate times and situations where there may be a higher probability for undesirable interactions.

## Attention to Care

- Hydration and Nutrition:
  - smaller frequent meals
  - finger foods
  - supervised feeding
  - monitor for risk of aspiration
  - family / friends visit at meal time
- Practice preventative care to reduce bowel and bladder complications such as constipation.
- Bathing / shower:
  - personal preference and established patterns to preserve dignity and privacy
  - simplify with adaptive clothing and assistive devices
- Timing of medications:
  - anticipate pain and administer meds accordingly

## Teamwork



- Keep lines of communication open within the team.
- Consider that other team members may be able to offer help and new perspectives.
- Consult team members from other professions when appropriate.
- Document and describe changes in behaviour, communication and function.
- Share communicate strategies that work for you. This will be helpful to other team members.



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## Documenting Behaviour

- One of the greatest challenges can be objectively describing, quantifying and reporting behavioural issues.
- Two commonly used tools are:
  - Cohen Mansfield Agitation Inventory (CMAI)
    - the results of which should be documented using the terms found within the form which categorize and rate the behaviour
  - Dementia Observation Scale (DOS)
    - record behaviours of concern on the progress notes, using well-defined, neutral terms including:
- Description of the behaviour observed?
- Where the behaviour occurred?
- What was happening just before the behaviour occurred?
- What interventions were used – how did the individual respond?



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## Guiding Principles for Pharmacological Management

- Optimize treatment for underlying health issues
- Remove medications that are possible precipitants
- Introduce one drug at a time, and monitor the effect
- **Start low** (dose) and **go slow** (titration)
- Optimize the dose and duration to allow an adequate trial before switching to another medication
- Ensure that the chosen medication won't worsen dementia or other health issues
- Check for potential drug-drug interactions before finalizing the choice of medication



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## Consider Pharmacological Treatment for Responsive Behaviours when:



Behaviour is:

- dangerous to self or others
- distressing to self or others
- damaging to social relationships
- persistent

**AND**

Has not responded to comprehensive non-pharmacological treatment plan, including the removal of possibly offending drugs.

**OR**

The individual requires emergency treatment to allow proper investigation of underlying health issues.



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## Behaviours that **MAY** Respond to Medications

- Physical aggression
- Verbal aggression
- Anxiety and restlessness
- Sadness, crying, anorexia, insomnia and other symptoms indicative of depression
- Withdrawal and apathy
- Sleep disturbance
- Wandering with agitation / aggression
- Elation, pressured speech and hyperactivity (manic-like symptoms)
- Persistent delusions and hallucinations
- Sexually inappropriate behaviour with agitation



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## Some Behaviours May get Worse with Medications

Behaviour	May Get Worse with
aggressive / disinhibited	benzodiazepines & alcohol
visual hallucinations / confusion	drugs with anti-cholinergic properties
motor restlessness	anti-psychotics
apathetic / withdrawn	benzodiazepines or anti-psychotics



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### Some Behaviours do not Respond to Medications

Examples include:

- simple wandering
- inappropriate urination / defecation
- inappropriate dressing / undressing
- repetitive activities (perseveration) or vocalizations
- hiding / hoarding
- eating “inedibles”
- tugging at / removal of restraints
- pushing wheelchair bound co-patients

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