

Understanding Dementia Related Behaviors

*moving from drugs to
investigating the Why*

Defining Dementia

General Term for the loss of memory and other mental abilities that interferes with everyday life;

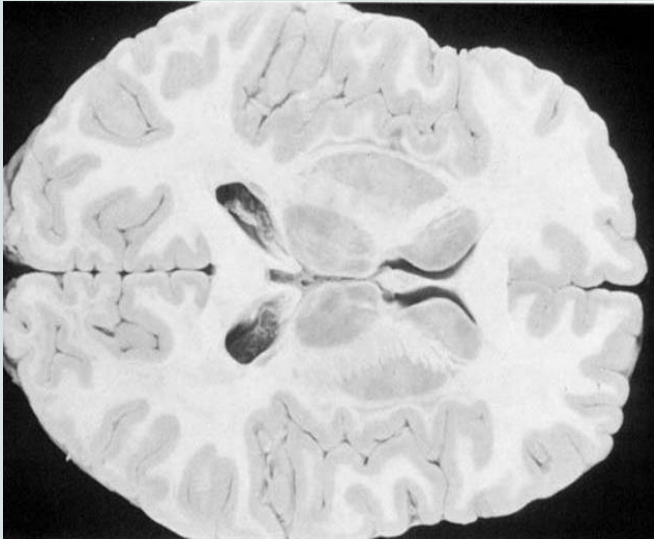
Not a disease but a group of symptoms that accompany certain diseases and conditions. There are many different types of Dementia: Alzheimer's, Frontal Temporal, Lewy Body, Vascular, Etc.



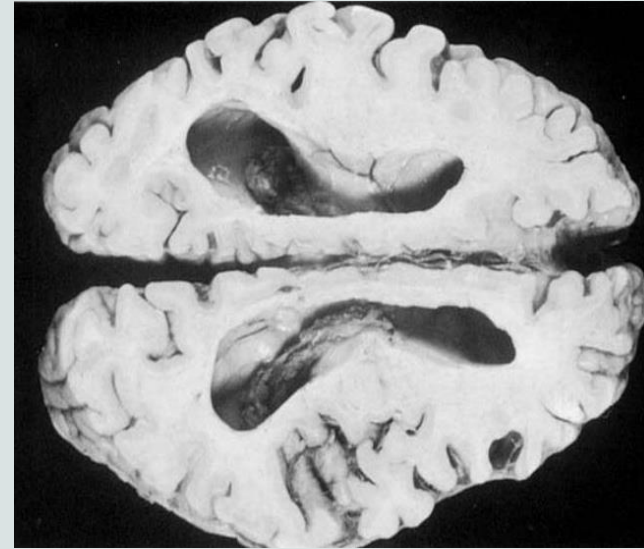
To understand
Dementia, lets listen to
this expert

<https://youtu.be/zJObR8TqBIM>





Cross section of a “normal” brain



Cross Section of a Brain dx with Alzheimer's



Tips for communicating with Dementia patients.

- Make eye contact.
- Be at their level.
- Tell them what you are going to do before you do it.
- Speak calmly.
- Speak slowly.
- Speak in short sentences.
- Only ask one question at a time.
- Don't say "remember".
- Turn negatives into positives.
- Do not argue with them.

Dementia

Helpful Interventions:

- Provide meaningful experiences
- Minimize Stress; Monitor for frustration-causing tasks/events
- Maintain dignity/self esteem
- Orient to reality when needed
- Provide a consistent routine throughout the day
- Focus on existing skills and engage accordingly
- Present tasks that can be broken down in simple steps
- Do not over stimulate; have quiet tasks available
- Minimize noise and crowds
- Use memory aides to assist (signs, notes calendars)
- Language: talk slowly and simply, use demonstrations as needed, talk one subject at a time
- Allow space and supervision for free movement
- Never argue; distract, redirect, validate feelings behind message
- Validate feelings if upset; listen for the feelings of the resident
- Present tasks/discussions relating to past lifetime experiences.
- Learn the causes (antecedents) for reactions then try to avoid. (Place it on the care plan).
- UNDERSTAND WHO THE PERSON IS!

Adverse Reactions vs. Behavior

Do these two words conjure a different reaction from you?

Lets' talk about “Behavior”



Lets think of “inappropriate behavior” is not a symptom of Dementia but a response. Let's look at this as an adverse reaction.



There is no magic solution when providing intervention for an adverse reaction, it becomes a system of trial and error.



What might work one day may be completely ineffective the next day.

Choice and Challenge

*Caring for Aggressive Older
Adults Across Levels of Care*

Understanding Why Adverse Reactions Occur

Maslow's Hierarchy of Needs



Investigating – Use Maslow to help understand

- What is happening?
- Where & When is the behavior exhibited?
- Who is involved with the behavior episode?
- Why did the behavior occur?
- What now?

Is the behavior really a problem? If so for who?

Common situations that you may encounter when someone has a dementia related diagnosis:



Wandering = exploring?



"Sun downing"



Bathing



Shouting out



Mealtime issues

Investigating: Wandering

- What is happening?
- Where & When is the behavior exhibited?
- Who is involved with the behavior episode?
- Why did the behavior occur?
- What now?

Is the behavior really a problem? If so for who?

Investigating: Sun & Downing

- What is happening?
- Where & When is the behavior exhibited?
- Who is involved with the behavior episode?
- Why did the behavior occur?
- What now?

Is the behavior really a problem? If so for who?

Investigating: Bathing Issues

- What is happening?
- Where & When is the behavior exhibited?
- Who is involved with the behavior episode?
- Why did the behavior occur?
- What now?

Is the behavior really a problem? If so for who?

Investigating: Shouting out

- What is happening?
- Where & When is the behavior exhibited?
- Who is involved with the behavior episode?
- Why did the behavior occur?
- What now?

Is the behavior really a problem? If so for who?

Investigating: Mealttime Issues

- What is happening?
- Where & When is the behavior exhibited?
- Who is involved with the behavior episode?
- Why did the behavior occur?
- What now?

Is the behavior really a problem? If so for who?

Antipsychotic Drug Use and Dementia Related Diagnosis

Black Box Warning:

WARNING: INCREASED MORTALITY IN ELDERLY PATIENTS WITH DEMENTIA- RELATED PSYCHOSIS

Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. Analyses of seventeen placebo-controlled trials (median duration of 10 weeks) largely in patients taking atypical antipsychotic drugs, revealed a risk of death in drug-treated patients of between 1.6 to 1.7 times the risk of death in placebo-treated patients. Over the course of a typical 10-week controlled trial, the rate of death in drug-treated patients was about 4.5%, compared to a rate of about 2.6% in the placebo group. Although the causes of death were varied, most of the deaths appeared to be either cardiovascular (e.g., heart failure, sudden death) or infectious (e.g., pneumonia) in nature. Observational studies suggest that, similar to atypical antipsychotic drugs, treatment with conventional antipsychotic drugs may increase mortality. The extent to which the findings of increased mortality in observational studies may be attributed to the antipsychotic drug as opposed to some characteristic(s) of the patients is not clear.

To find out how
your loved one's
nursing home is
doing in regarding
psychotropic
medication:

*Lower numbers are
better!*

Long-Term Care
Community Coalition
collects data on this
from the federal
Centers for
Medicare/Medicaid
Services:

Dementia Care &
Antipsychotic Drugging -
NursingHome411

Activity Based Care:

Activities = Engagement

Activities can be...

A personal encounter

Naturally offered by the environment

Daily housekeeping routines

Self-care activities

Planned scheduled events

Spontaneous activities

Activity Based Care Philosophy



Activity-based Alzheimer care suggests that activities are the foundation of care. Every event, encounter or exchange is an activity.



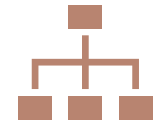
Activities are the things that we do. They include getting dressed, doing chores, playing cards and even paying bills



The objective of good engagement is not only to serve the best interests of the individual but also make it a rewarding experience for both the person with Dementia and Care Partners.



Activities can be planned on a 1:1 basis or as group programs



Activities should be planned to address the needs, history, strengths and challenges of each individual



Caregivers are human too – this can be stressful on care partners!

So, what can we do??





24/7 Helpline: 800.272.3900

Dial 711 to connect with a telecommunications relay service (TRS) for people who are deaf, hard of hearing or speech impaired.



Does anyone have any
difficult situations that
you are dealing with?



Let's try and problem solve
this together.