

PATCH program/Home palliative care
End stage dementia—behavior management
2007

INTRO

Many patients with advanced and end stage dementia have significant behavioral symptoms—this topic focuses on behavioral management. Through a synopsis of the important points, a clinical case presentation and questions about the topic, the learner will be able to assess the dementia patient with behavior issues and help manage these non-pharmacologically.

LEARNING OBJECTIVES:

At the end of this module, the student should be able to:

1. Discuss the importance of behavioral issues in patient with advanced dementia,
2. Delineate the types of behavioral issues,
3. Assess them,
4. Educate and offer management options to caregivers.

WHAT YOU NEED TO COMPLETE THIS MODULE:

1. Read Synopsis
2. Read case presentation and review questions
3. Answer questions
4. Be prepared to discuss your answers

SYNOPSIS:

Importance

1. More behavioral issues as dementia advances
 - a. Up to 82% of patients with dementia have significant behavioral symptoms.
2. Behavioral problems can lead to—
 - a. Caregiver burnout
 - b. Nursing home placement
3. Treatment can improve the quality of life of the patient and caregiver.

Types of Behavior

1. Agitation
 - a. May have physical and/or verbal manifestations
 - b. Usually persists even after initial stimulus removed
 - c. Counter-productive to the patient's welfare
 - d. Some behaviors are inappropriate, whereas others are inappropriate in their intensity, frequency, or the context
 - e. One of the most troubling to caregivers and families
2. Resistive
 - a. Eg, Bathing, dressing
3. Delusions
 - a. Eg, House is not my home, caregiver is an imposter, I need to call my mother
4. Depression/Apathy
 - a. Major 10% in moderate AD, 4.5% in severe AD
 - b. Sadness 58% “ “ “ “ , 63% “ “ “ “
5. Anxiety
6. Restlessness

Assessment

1. Tools—eg, NPI (neuropsychiatric inventory)
2. Determine if other causes are contributing to behavior changes:
 - a. Basic needs being met? (hunger, comfort [hot or cold or wet] lonely, scared, need to urinate, constipated)
 - b. In pain?
 - c. Overstimulated?

Management

1. Behavior
 - a. Support structure and predictability of environment, schedules and others' responses
 - b. Treat inciting factors and avoid in future if possible
 - c. Calm reassurances
 - a. Therapeutic fibs (I just talked to your mother and she's okay, I'll report this problem to the authorities. . .)
 - b. Don't contradict (I know what you mean. . .)
 - d. Overlook behavior if not dangerous
 - e. Alternative activities
 - a. Meaningful activities—let him or her do simple activities they can do such as set the table or wash dishes.

- b. Empowerment of patient (eg, patient makes decision about which towels for bath)
 - c. Distractions--
 - f. Creativity and flexibility (eg, bathe one part of the body at a time while keeping the rest covered)
- 2. Pharmacotherapy (anti-psychotics—typical or atypical, antidepressants, anticonvulsants)
 - a. Start low, go slow
 - b. Continual re-assessment
 - c. Some medications may do double duty—eg, sedating meds for pain or depression
 - d. If desired effect not attained, may change med or add adjunctive agent.

Bibliography

1. Cummings, J. Neuropsychiatric and behavioral alterations and their management in moderate to severe Alzheimer disease. *Neurology* 2005; 65(6 Suppl 3): S18-S24.
2. Gray KF. Managing agitation and difficult behavior in dementia. *Clinics in Geriatric Medicine* 2004; 20 (1)61-82.
3. Cummings JL, Mega M, Gray K, Rosenberg-Thompson S, Carusi DA, Gornbein J. The Neuropsychiatric Inventory: Comprehensive assessment of psychopathology in dementia. *Neurology* 1994; 44: 2308-2314.
4. Mega MS, Cummings JL, Fiorello T, Gornbein J. The spectrum of behavioral changes in Alzheimer's disease. *Neurology* 1996; 46: 130-135.

Case

You are visiting Mr. C who is a 90 years-old and lives with his wife in a senior apartment building for 6 months. Mrs. C complains that he has been repeatedly telling his wife he needs to “go home.” Mrs. C thinks she’ll move him back to their previous family home which has not sold yet because he is driving her crazy with his persistent refrain of wanting to “go home.” She says most of the day he is wandering around the house looking for his coat and car keys.

What questions should you ask the wife?

The wife says that he gets agitated when she repeatedly tells him that this IS their home now. She is frustrated that he won’t accept the new living situation.

What are 5 specific physiologic changes would you look for that might be contributing to Mr. C’s agitation?

- a.
- b.
- c.
- d.
- e.

If no obvious physiologic findings, how might you instruct Mrs. C to respond to Mr. C?

How would you advise Mrs. C to proceed with the question of moving back to their own home?