Behavioral and Psychological Symptoms of Dementia: Role of Medications

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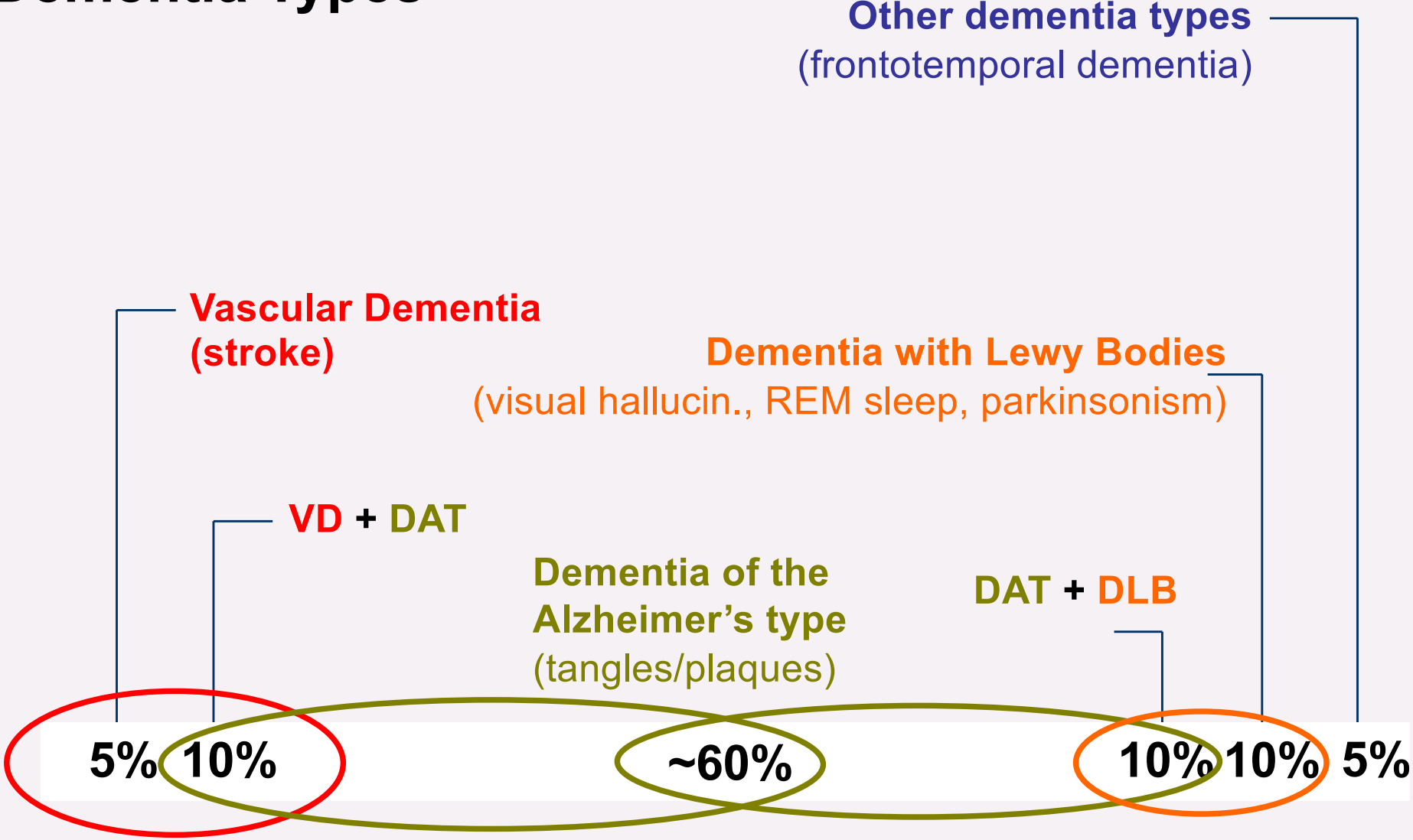
Dementia Types



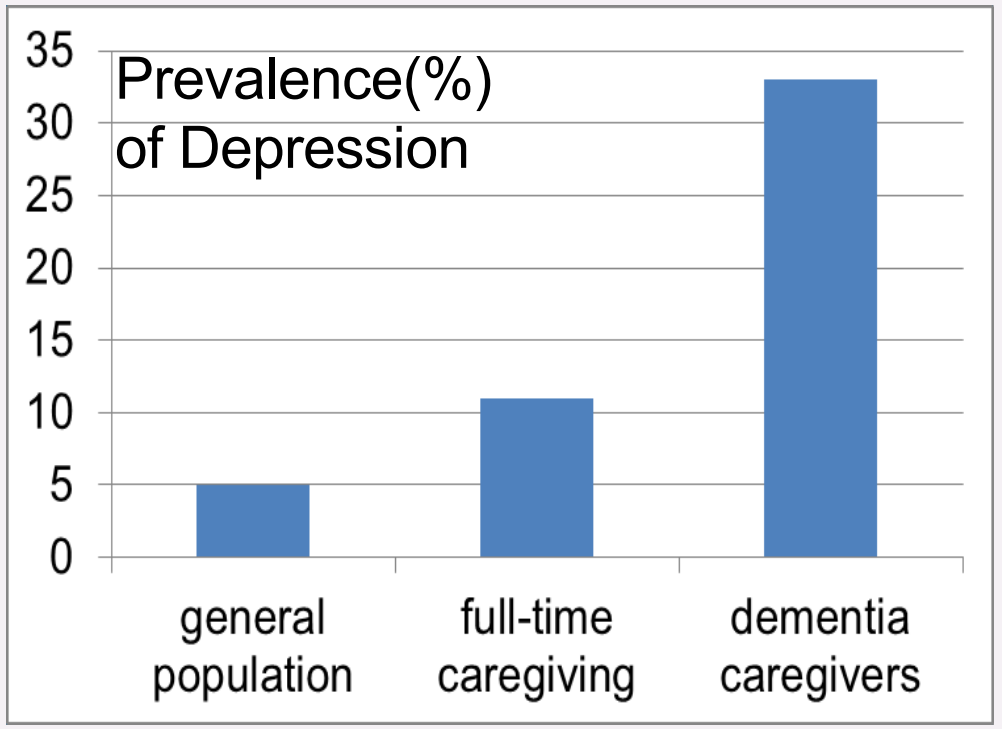
Barker 2002, Morris 1994, Small 1997

Behavioral and Psychological Symptoms of Dementia (BPSD)

Present in 60-98% w/ dementia

Premature institutionalization
Predicts higher mortality

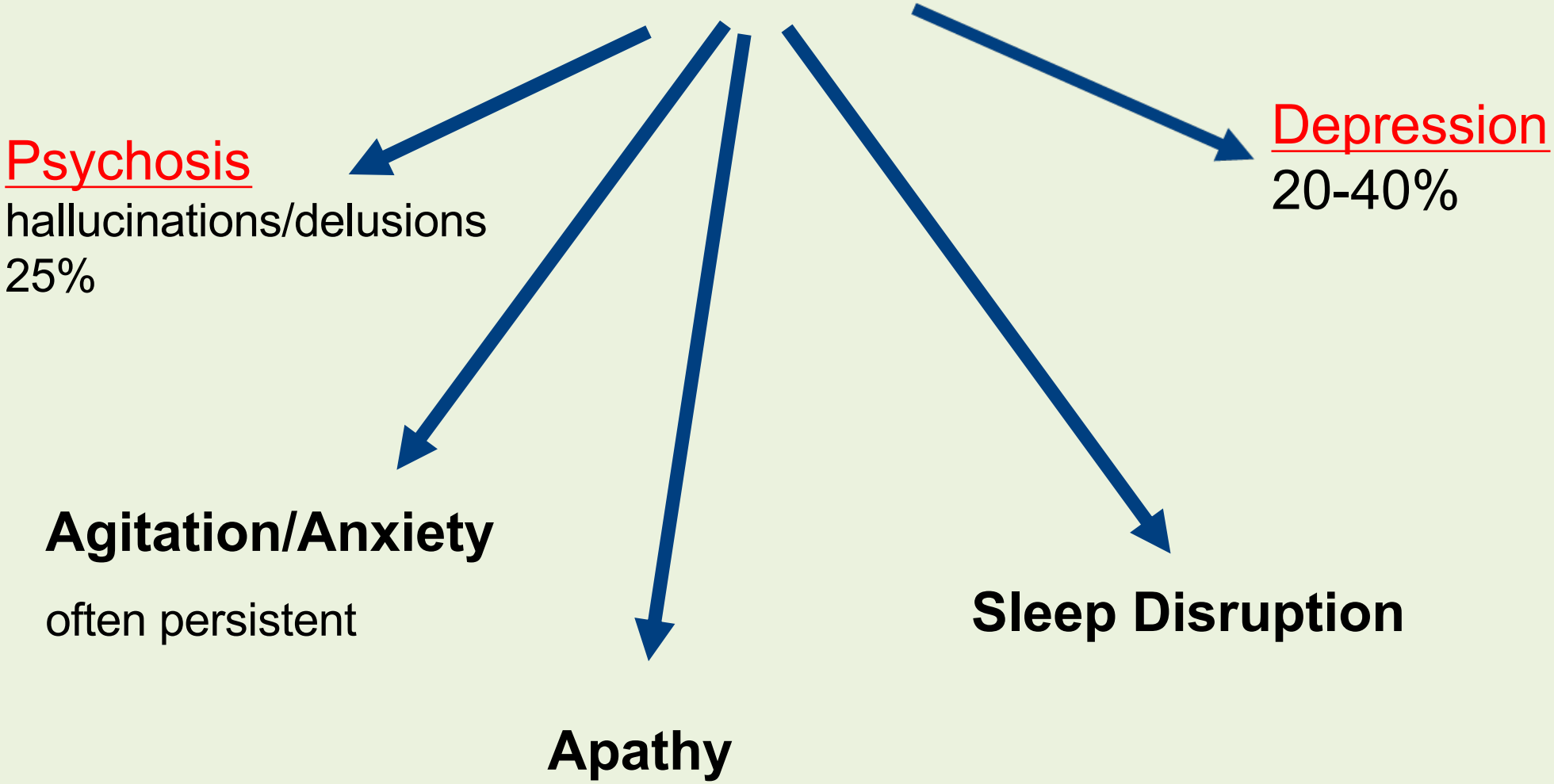
Suffering for patients
and caregivers



Adelman 2014; Covinsky 2003, NSDUH 2007

Alzheimer's dementia: >30% in age 85 or older
2024: 7 million in US
2050: 13 million

Behavioral and Psychological Symptoms of Dementia (BPSD)



Psychosis in Dementia

Paranoid delusions: lost items, accusations, poison

Visual hallucinations: stalkers, stranger in the house

Increases with dementia progression (~25%)

Predicts physical aggression, institutionalization, and higher risk of death

Leonard 2006, Lopez 2013, Steinberg 2006

Depression in Dementia

Irritable, angry/rejecting help/making little effort to engage
20% in Alzheimer's

Fiske 2009, Manepalli 2011

Predicts physical aggression, higher risk of death, and memory decline

Alexopoulos 2002; Kumar 2013, Leonard 2006

Apathy in Dementia

Indifference, lack of motivation, no poor mood/irritability

Up to 70% of dementia, increase with severity

Landes 2001

Ensure adequate food intake/hygiene

Anxiety/Agitation in Dementia

"restless", impulsive/intrusive/inappropriate behaviors (verbal, physical, sexual)

often context or trigger specific: during care or with specific persons

Sleep Changes in Aging/Dementia

↑ sleep latency (more time to fall asleep)
↑ awakenings (can not stay asleep)
↓ deep sleep/REM sleep (restorative/memory)

Zhang 2022

poor sleep associated with risk/progression of dementia,
caregiver burnout

Pase 2021, Sabia 2021

Medical causes of behaviors in dementia

Look for medical illness/physical discomfort

acute medical illness (respiratory/urinary infections)

delirium: acute onset (within a few days) of behaviors, poor/fluctuating attention

new meds?

Constipation: aggression risk in dementia

Leonard 2006

Pain: arthritis, neuropathy, skin ulcers
decreased agitation with acetaminophen

Husebo 2011, 2014

When to consider meds for dementia behaviors

Unmanaged behaviors:

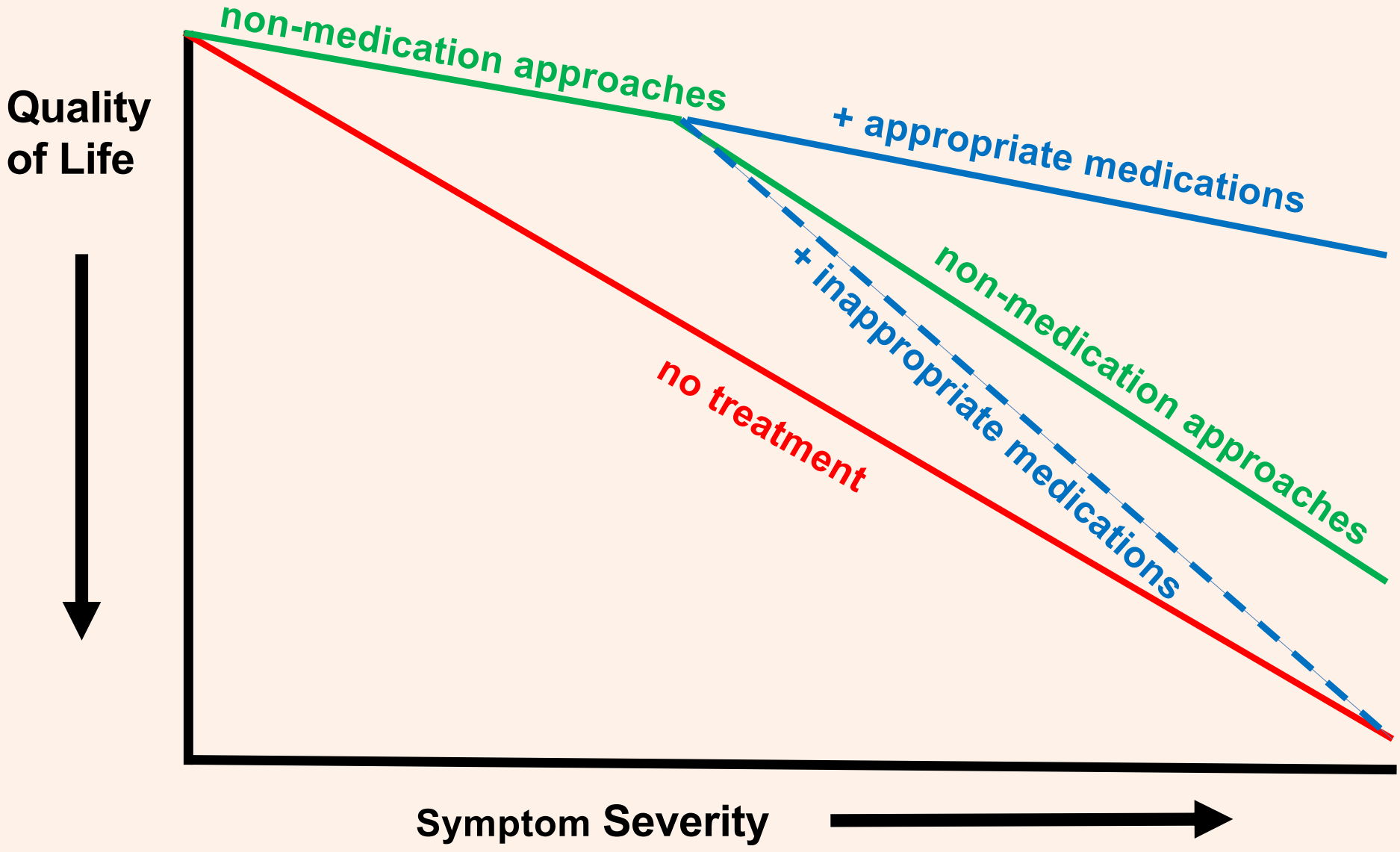
↑ falls/infection/other behavioral symptoms

Fillit 2021

Goals:

maintain quality of life, safety

Maintaining Quality of Life in Dementia

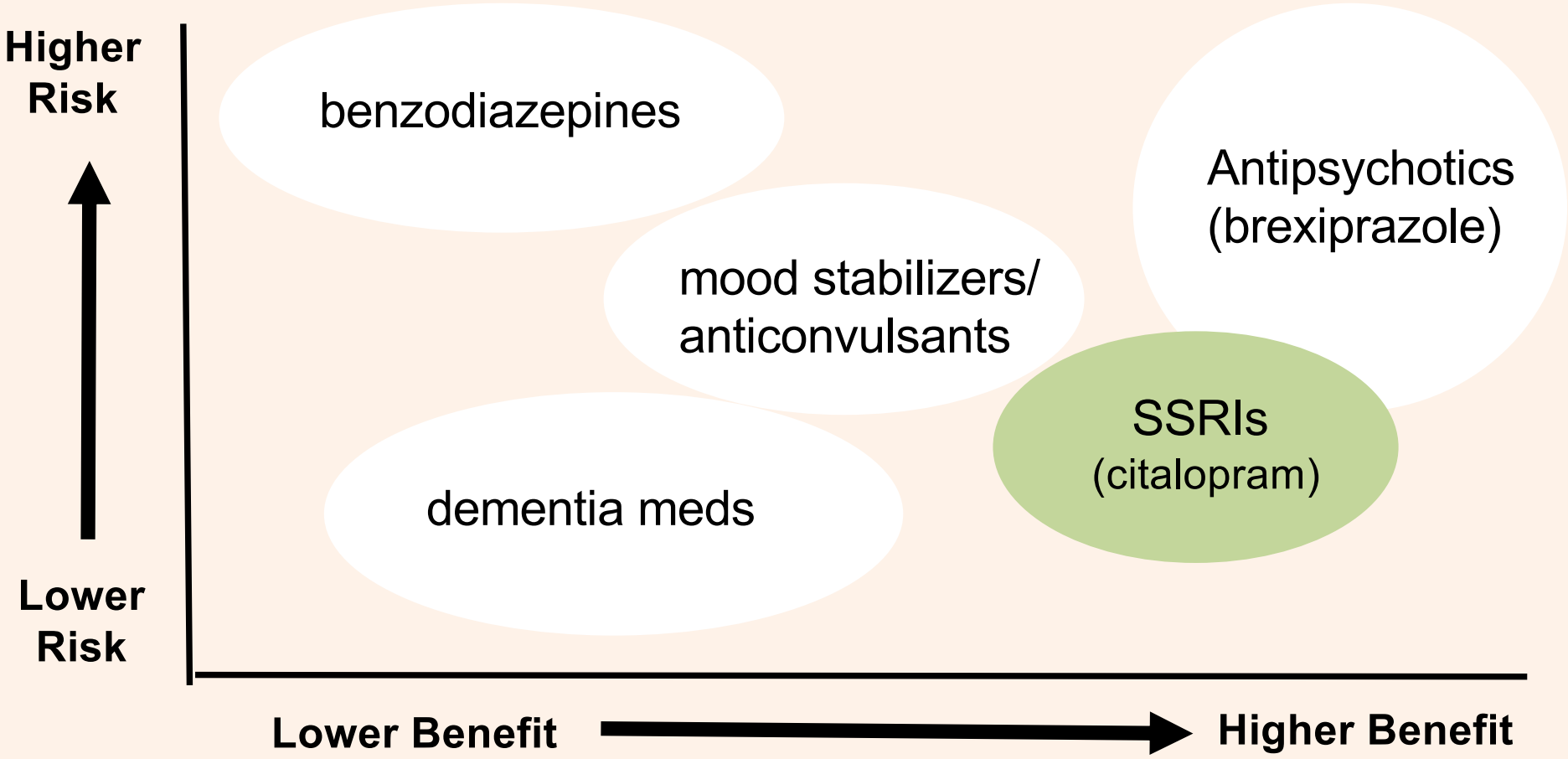


Medication Classes for Dementia-related Behaviors

Most meds based on evidence/studies, not “FDA-approved”

Only brexpiprazole (Rexulti, 2023) approved for dementia-related agitation, not clear if more effective that other meds

Use meds with <u>higher benefit/risk ratio</u>



Medications for BPSD types

Depression: antidepressant

Psychosis: antidepressant, antipsychotics

“Restlessness”/Agitation: antidepressant, antipsychotics, mood stabilizers,

Apathy: cholinesterase inhibitors, stimulants
-avoid antidepressant

Addressing Sleep Disturbances in Dementia

sleep hygiene:
activities/stimulation during the day
prevent long naps (>30min)
wake up same time every day
later sleep time

Meds: melatonin, sleep medications, no Benadryl!

newer “FDA-approved” medications more effective/tolerated:
low dose doxepin (Silenor)
suvorexant (Belsomra)/lemborexant (Dayvigo)

Preparing for a doctor's visit

Bring complete medication/supplement list

Describe one or two examples of difficult behavior and what interventions tried (and how effective?)

Describe how behavior led to serious safety

risks and caregiver burnout

Sleep: signs of treatable causes (nocturia, REM sleep disorder, obstructive apnea, restless leg…) of poor sleep

What to expect during medication trial?

Effective?

-start with low dose, to ensure tolerability

-may need up to 2-4 weeks for sustained improvement

-if same behavior persist during this time,

  -not necessarily due to “medications not working”

  -not necessarily due to “medication side effects”

Side Effects?

Clear changes from baseline:

sedation, falls, confusion, constipation, agitation, decreased appetite

Non-drug Approaches for Dementia Behavior Management

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For Catholic Charities Hawaii
10/28/2024

STEP #1: ASSESS THE SITUATION

Are they a danger to **themselves** or to **others**?

Everyone has an urgent need to feel safe. Oftentimes, an "agitated" behavior is an attempt at self-protection.

If dangerous, remove persons or items to control the danger sufficiently, to allow for time of "watchful waiting" or cooling off.

Adapted from: https://store.samhsa.gov/sites/default/files/d7/priv/sma09-4427.pdf

IF BEHAVIORS ARE STILL DANGEROUS

➡ CALL 911

GET HELP

If the patient is in danger of seriously hurting themselves or others, call 911. However, you should know that there are few/no geriatric psychiatry hospital beds available, and admission may only be for a medical workup only. Hospitalization or medications may not solve the problem- Ultimately, a change in approach is still the most effective intervention.

If NOT dangerous → TA -DA!

TOLERATE

If it is NOT Dangerous, allow patients to respond to their environment. Observe them. You might get clues about what is upsetting them.

ANTICIPATE

Behaviors are a way of communicating. If they cannot tell you, try to think ahead to meet their needs and avoid frustration or danger.

DON'T AGITATE

If they cannot reason or understand, don't try. Even re-orienting them can make them upset. Go with their flow. Try distracting or humoring the patient.

STEP #2: A SAFE APPROACH: Connect in 3 ways

VISUAL

- Come from the FRONT
- Stop 6 feet out
- Give "HI" sign/wave
- Offer HANDSHAKE
- Go SLOW
- Get to the SIDE
- Get LOW (kneel/sit)

VERBAL

- Say "HI ___" (add preferred name)
- Wait-SLOW reaction time
- Say something nice/friendly
- Introduce yourself
- Wait for connection before moving towards them

TOUCH

- Touch is last
- Handshake then Hand-under-hand

- From Teepa Snow, Positive Approach to Care

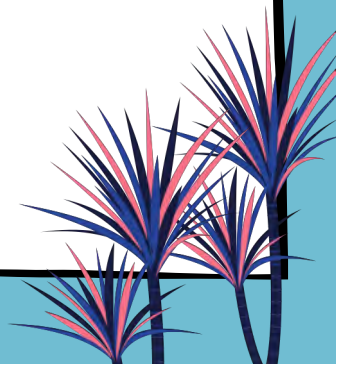
A SAFE APPROACH

CREATE SAFETY

- They have an urgent need to feel safe.
- Be aware of body language.
- Speak slowly and calmly.
- Show Empathy, Respect.
- Address feelings.
- Apologize, Agree with them, Back off (Try again later)

SHOW CONCERN

- "I noticed that you did not eat breakfast this morning..."
- Can I do anything to help you feel more comfortable?
- Listen.
- Do not dismiss them



A SAFE APPROACH: PARTNERSHIP!

Intervention "to" a person reinforces helplessness.

Intervention "**WITH**" someone, promotes <u>partnership</u>

- Ask for permission, ask them to HELP. Give them choices.
- Redirect (consider favorite food/drink, person, music, etc.)
- Show and do things together.

Intervention in a "person-centered" and "strength based" way- **HONORS** the individual

Take care of the "whole person"- there may be multiple needs

Adapted from: https://store.samhsa.gov/sites/default/files/d7/priv/sma09-4427.pdf

STEP #3: DESCRIBE IT

VERBAL: Words? Sounds? Hallucinating?

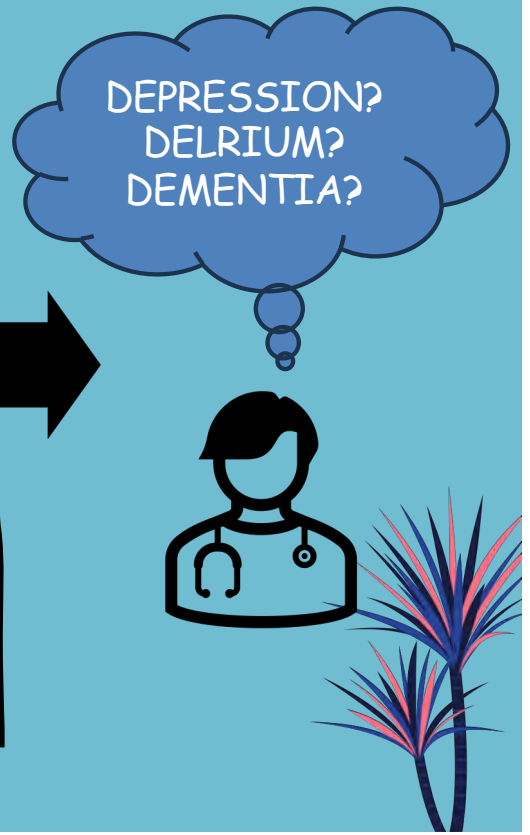
PHYSICAL: Aggressive? Non-aggressive? Anxious?

WHEN & HOW OFTEN? Evenings? Fluctuates? All day?

HOW LONG? Has this been going on for a long time, or is this new?

MOOD: Are they looking sad or withdrawn? Irritable?

HOW SEVERE? Very distressing? Or Annoying?



STEP #3: DESCRIBE IT

SIGNS OF DEPRESSION

- Longstanding history of depression
- Sad mood
- No interest in doing things that they used to enjoy
- Cranky, irritable, resisting help

Treat Depression

STEP #3: DESCRIBE IT

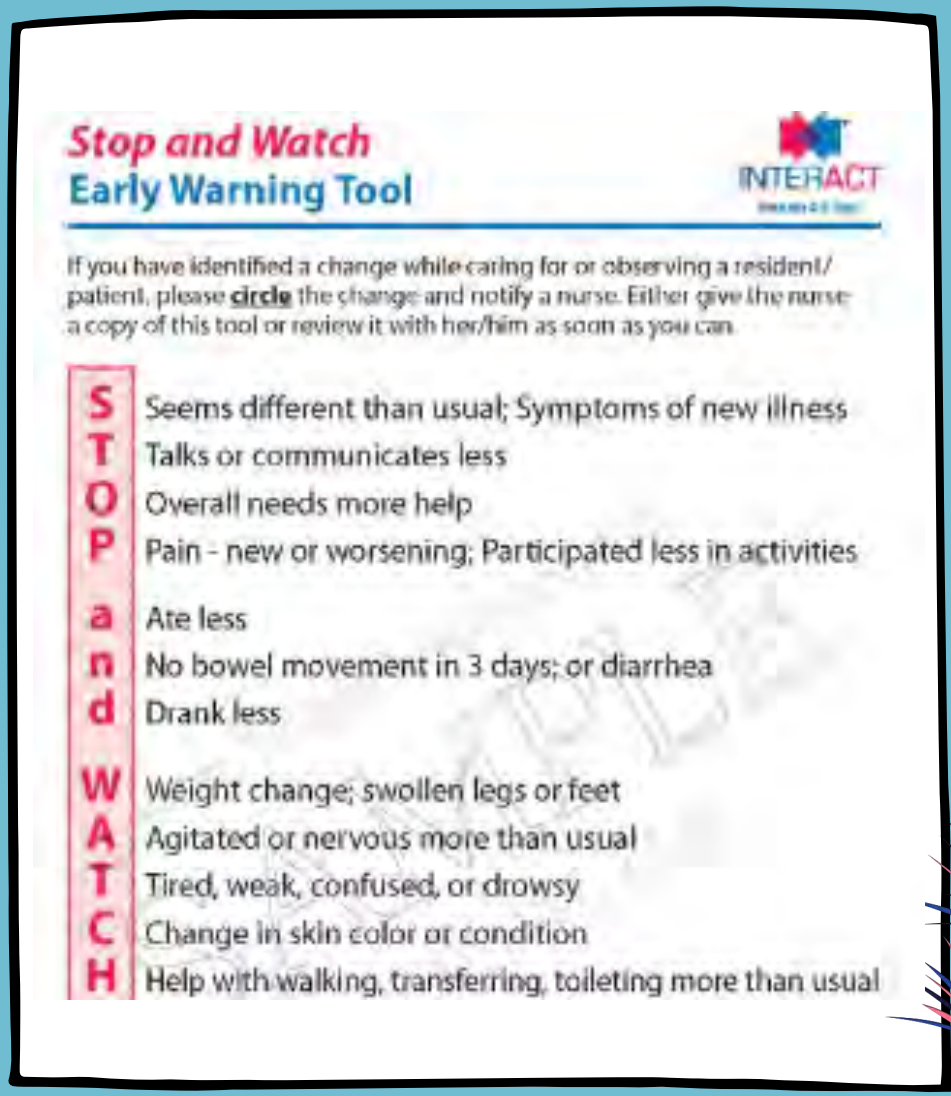
SIGNS FOR POSSIBLE DELIRIUM

- New behaviors within the last 2 days
- More difficulty paying attention or following directions
- Sleep- Wake times are mixed up
- Hallucinations or Delusions

Get Medical Attention Right Away!

CAREGIVER OBSERVATIONS ARE IMPORTANT!

If you notice anything unusual, tell the Doctor ASAP!



Stop and Watch
Early Warning Tool

INTERACT

If you have identified a change while caring for or observing a resident/patient, please **circle** the change and notify a nurse. Either give the nurse a copy of this tool or review it with her/him as soon as you can.

S	Seems different than usual; Symptoms of new illness
T	Talks or communicates less
O	Overall needs more help
P	Pain - new or worsening; Participated less in activities
a	Ate less
n	No bowel movement in 3 days; or diarrhea
d	Drank less
W	Weight change; swollen legs or feet
A	Agitated or nervous more than usual
T	Tired, weak, confused, or drowsy
C	Change in skin color or condition
H	Help with walking, transferring, toileting more than usual

STEP #4: TREAT PROBLEM

DELIRIUM: Treat Medical Problem:

- Antibiotics for infections, Fluids for dehydration, Consider medication side effects, Breathing treatments for trouble breathing, pain management

DEPRESSION: Antidepressant, Behavior Activation

DEMENTIA BEHAVIOR: Non-drug approaches, and medications (last resort)

STEP #5: Use Non-drug Strategies

Find the Triggers

Antecedent

- Who is around?
- What were they doing?
- Where are they?
- What time of day?
- Why- possible trigger

Behavior

- Specific Behaviors exhibited
  - Physical
  - Verbal

Consequence

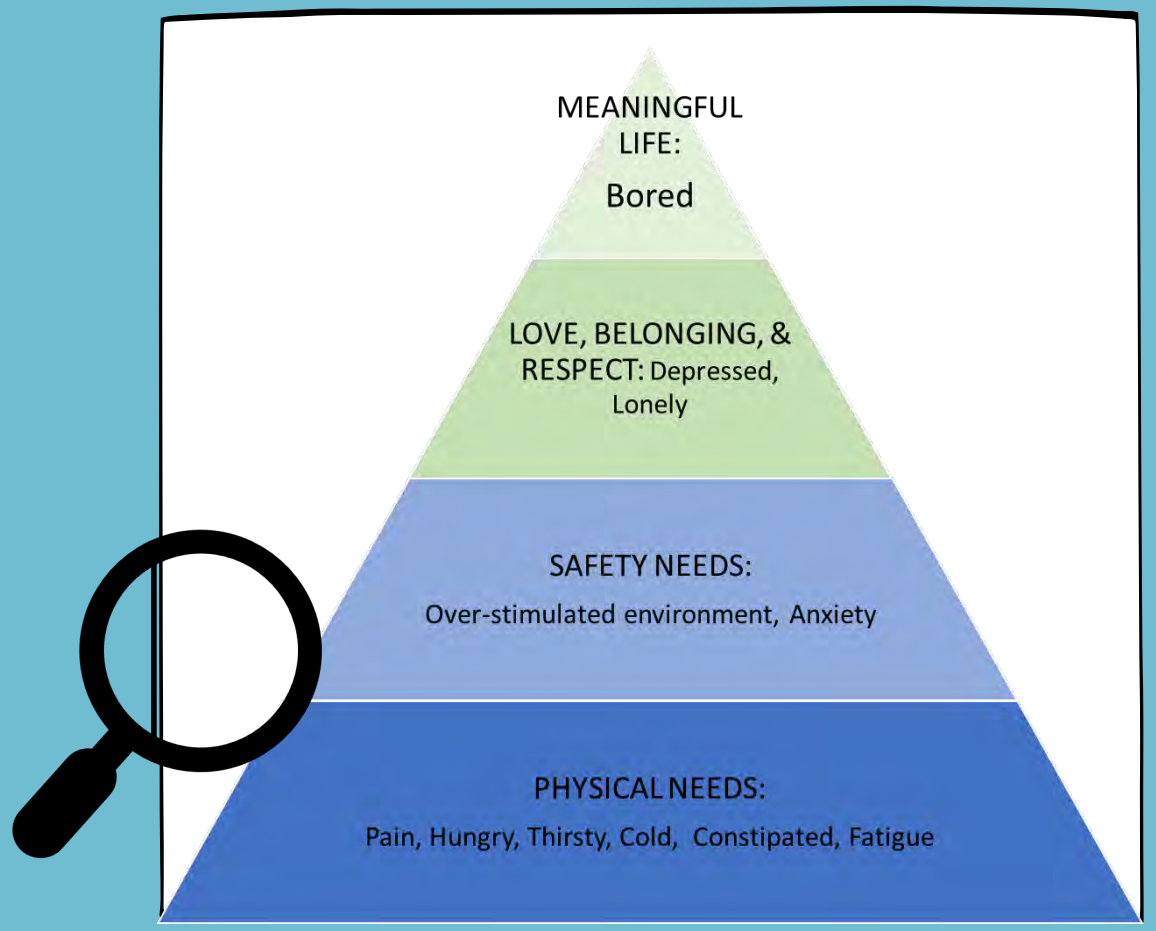
- What was the result?
- Did they get hurt?
- What will you do if it happens again- to get a different result?

- From STAR-VA ABC card

Find the Unmet Needs

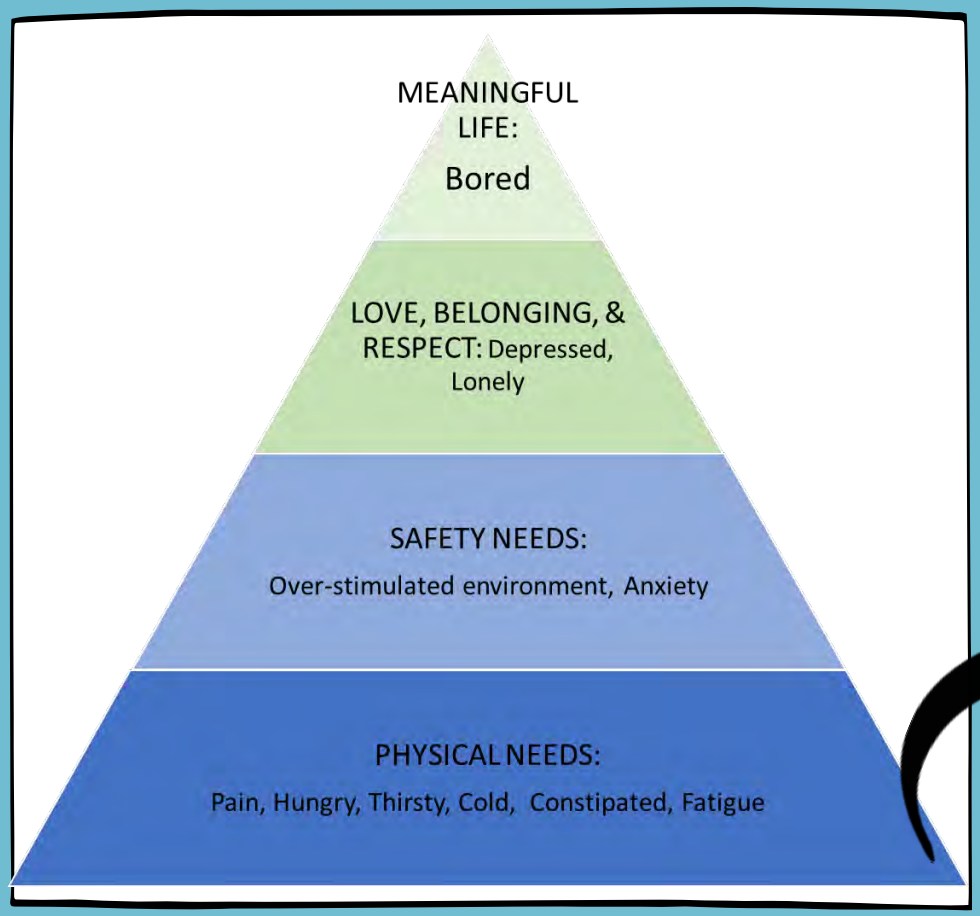
Behavior is Communication

What is the underlying need?



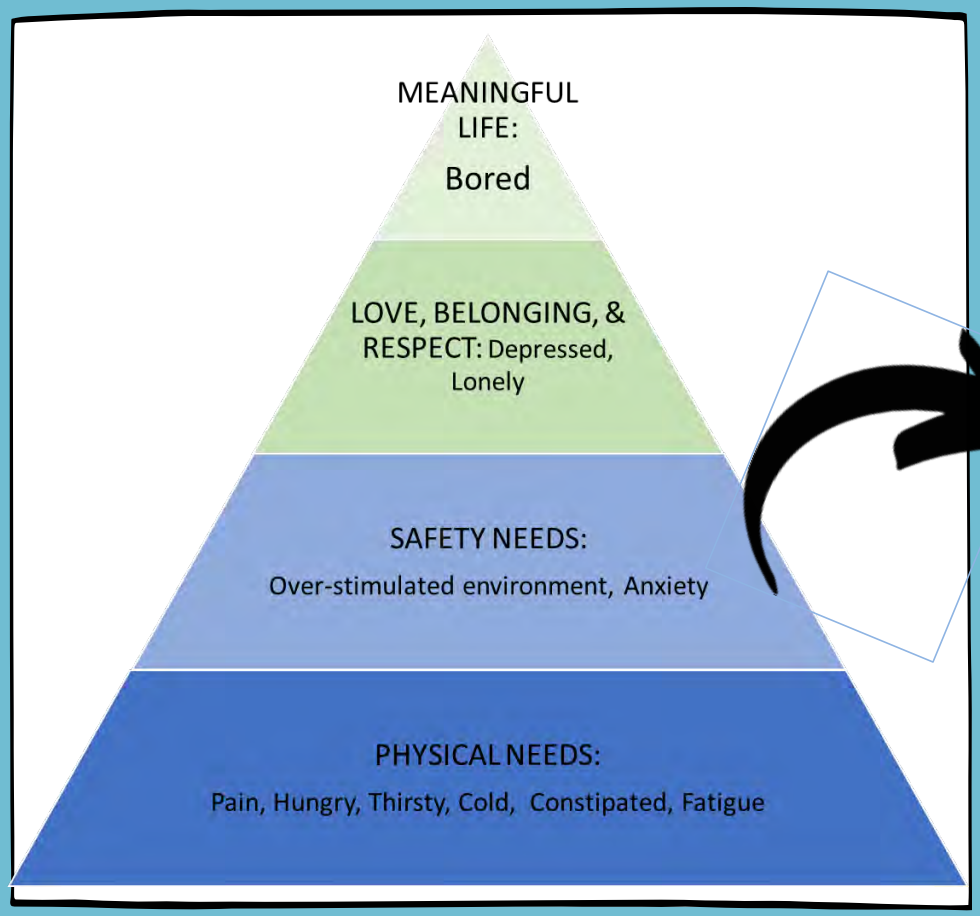
Maslov's Hierarchy of Needs

Consider and Anticipate Physical Needs



Try giving a snack, drink of water, warm jacket, check their briefs, need rest time..?

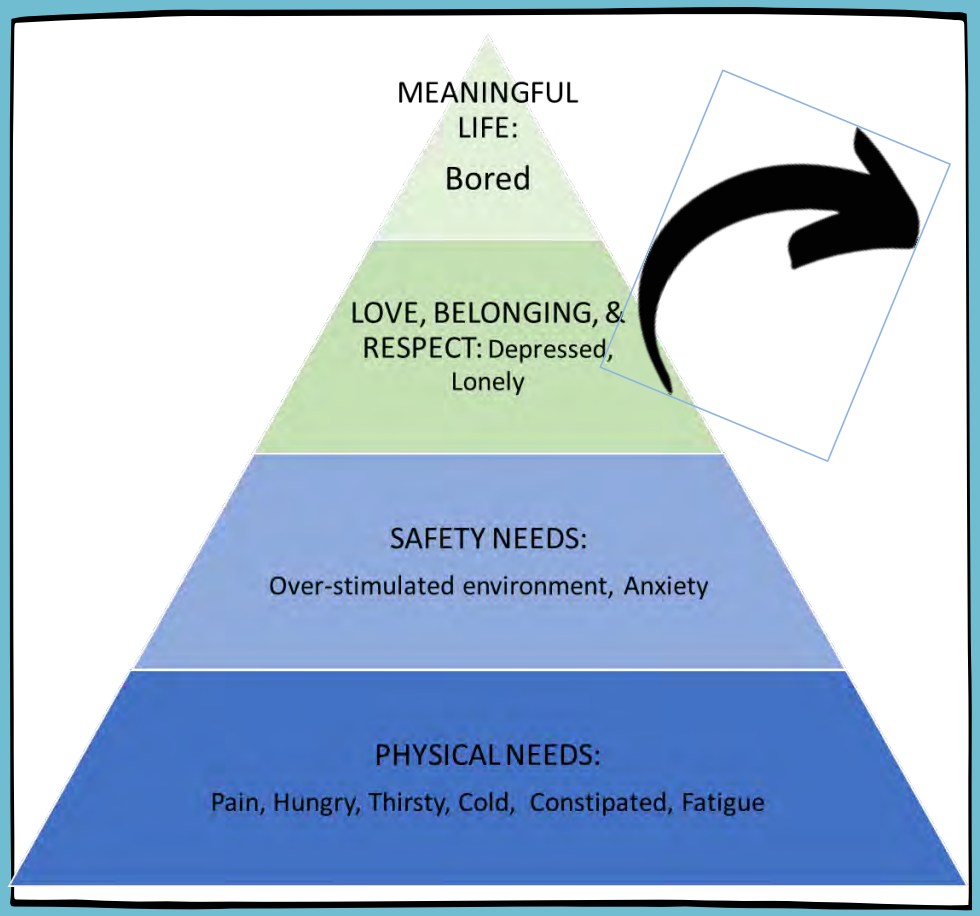
Consider and Anticipate Safety Needs



Provide eyeglasses, hearing aids, clocks, reminders

Create a calm, comfortable & safe place

Consider and Emotional Needs



Arguing, Forcing, or Shaming Does NOT help

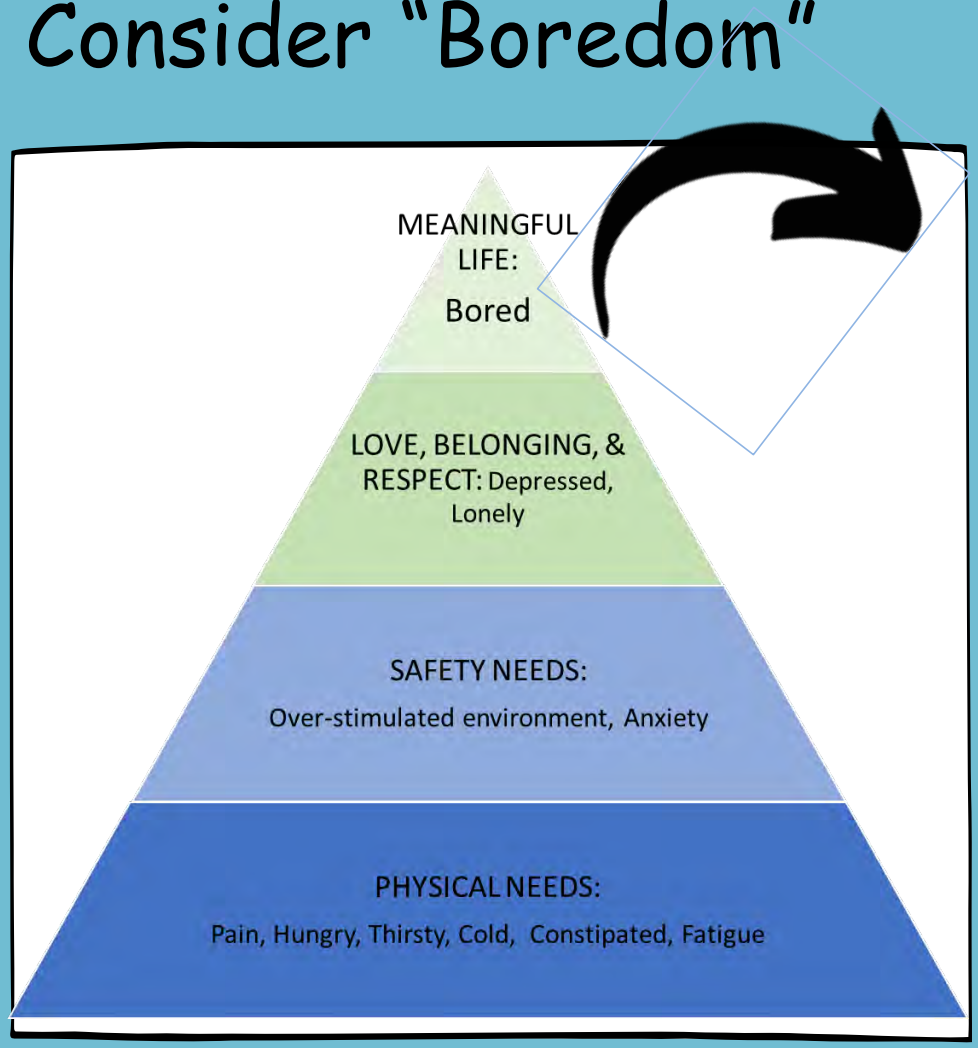
ALWAYS communicate love, belonging & respect

It's not about the "Task"…

It's more about "BEING" with the person.

Focus on the RELATIONSHIP

Consider "Boredom"



Take out your Bag of Tricks!

Sensory Stimulation- sound, colors, touch, smell, taste

Meaningful Activities- Gardening, cooking, cleaning, laundry

Music Therapy- sing along & move

After you identify the unmet need & trigger…

Antecedent

- Who is around?
- What were they doing?
- Where are they?
- What time of day?
- Why- possible trigger

Behavior

- Specific Behaviors exhibited
  - Physical
  - Verbal

Consequence

- What was the result?
- Did they get hurt?
- What will you do if it happens again- to get a different result?

- From STAR-VA ABC card

PLANNING & TRYING: Plan with 3P's

PREPARE

- Ex: Always have a favorite snack available for distraction if needed.

PREVENT

- Ex: Don't have the TV on around this time of day

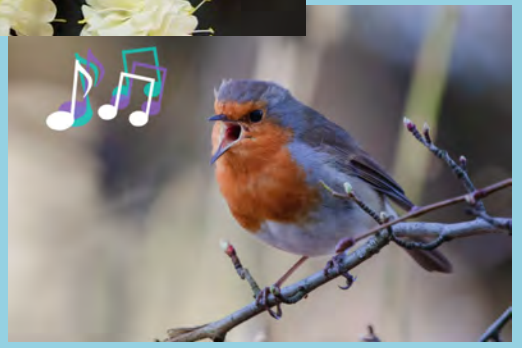
BE PRESENT

- Ex: Walk with them, acknowledge their frustration. Lead them to a quiet area with activity.

Be Proactive: Have a Bag of Tricks!

Outdoor Walks and Physical Activities
Continuous Programming
Sensory Enhancement
Dementia Care Mapping
Bright Light Therapy and Sleep Interventions
Reminiscence Therapy
Massage and Touch Therapy
Music Therapy
Aromatherapy Therapy
Other Sensory Modalities
1:1 Interaction
Wandering Prevention
Family videos
Staff Training
Cognitive Rehab
Structured Activities
Pet Therapy
Failure-Free Activities
Environmental Intervention
Medical Nursing Interventions
Relaxation

Sensory Stimulation



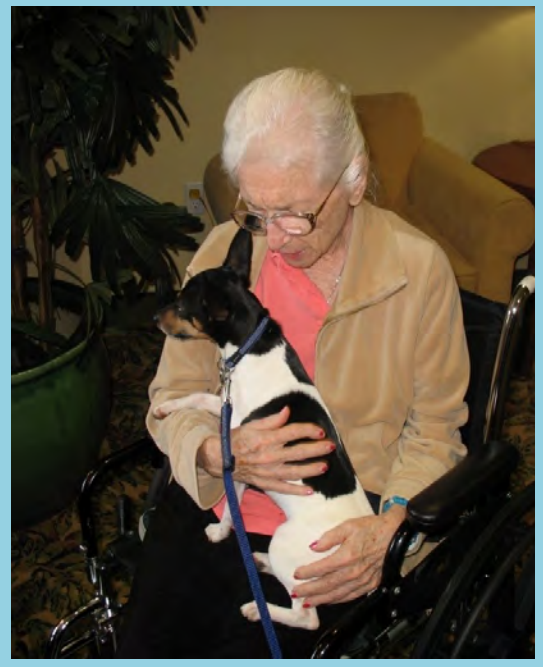
Music Therapy

Interactive, Singing Along, Playing Instruments, Dancing

Meaningful Activities

- Self-Care
- Work Activities
- Relaxing Activities
- Special Occasions

Person-Centered



Behavior Activation

FOR DEPRESSION / DEMENTIA

Make a Daily Plan with pleasant activities!

Enlist others! This takes a TEAM!

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	MUSIC Get nails done	MUSIC	MUSIC Read some letters from family	MUSIC	MUSIC Sit in the garden & listen	MUSIC	MUSIC
Afternoon	EXERCISE & MUSIC	Watch favorite movie	EXERCISE & MUSIC		EXERCISE & MUSIC		EXERCISE & MUSIC Visit with a friend
Evening				Soothing music before bed			

One Size does NOT fit all…

We must learn how to Dance…

HALE KŪ'IKE

Challenging Behaviors in Dementia Care: Recognizing Unmet Needs

Dorothy Arriola Colby

Hale Ku'ike Director of Community Engagement
Positive Approach to Care Certified Trainer

Today's Agenda

- What makes these challenging situations happen?
- 10 human unmet needs
- It's all about the amygdala
- Visual, verbal and touch connections
- Looking at our role and needs

Introduction: Beliefs

- The relationship is MOST critical
  NOT the outcome of one encounter

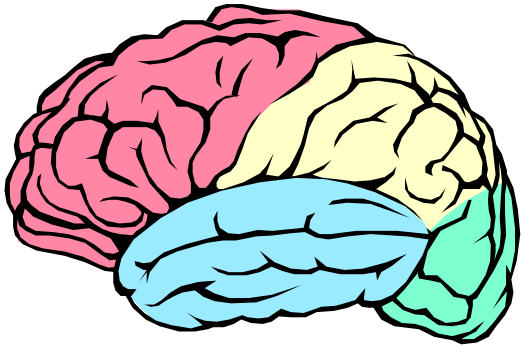
- We are a KEY to make life WORTH living

- People living with **Dementia** are Doing the BEST they can

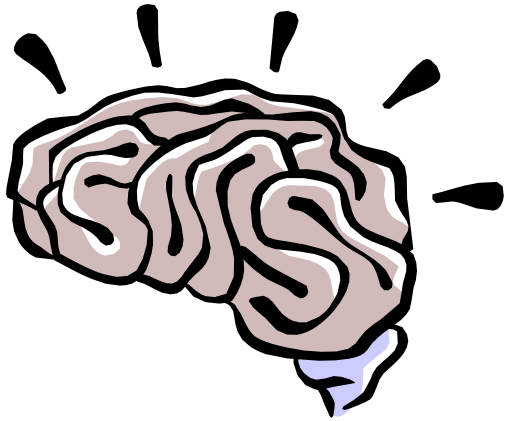
- We must be willing to CHANGE ourselves

Why Is Life So Difficult for Those Involved?

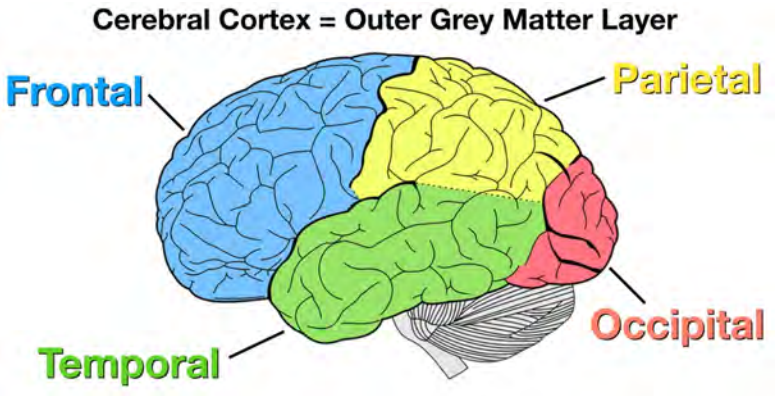
- **MANY abilities are affected**
  - Thoughts
  - Words
  - Actions
  - Feelings
- **It is variable**
  - Moment to moment
  - Morning to night
  - Day to day
  - Person to person
  - Place to place
- **Some changes are predictable BUT complicated**
  - Specific brain parts
  - Typical spread
  - Some parts preserved

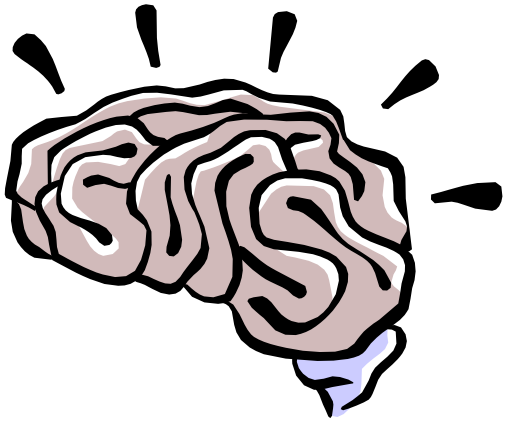


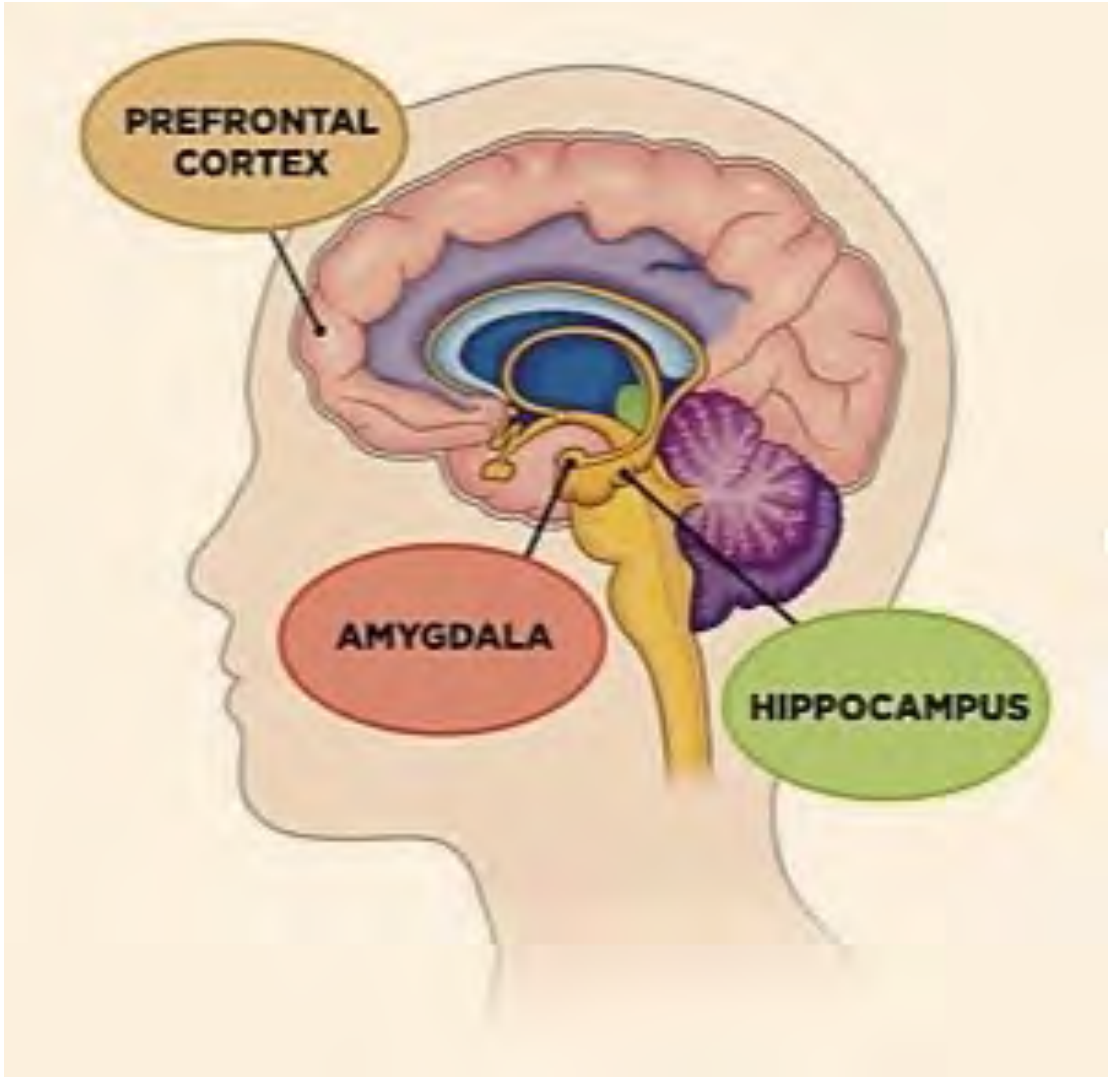
- **It is progressive…**
  - More brain dies over time
  - Different parts get hit
  - Constant changing



It’s All About Brain Change







Believe:
It Takes TWO to Tango …
or Tangle

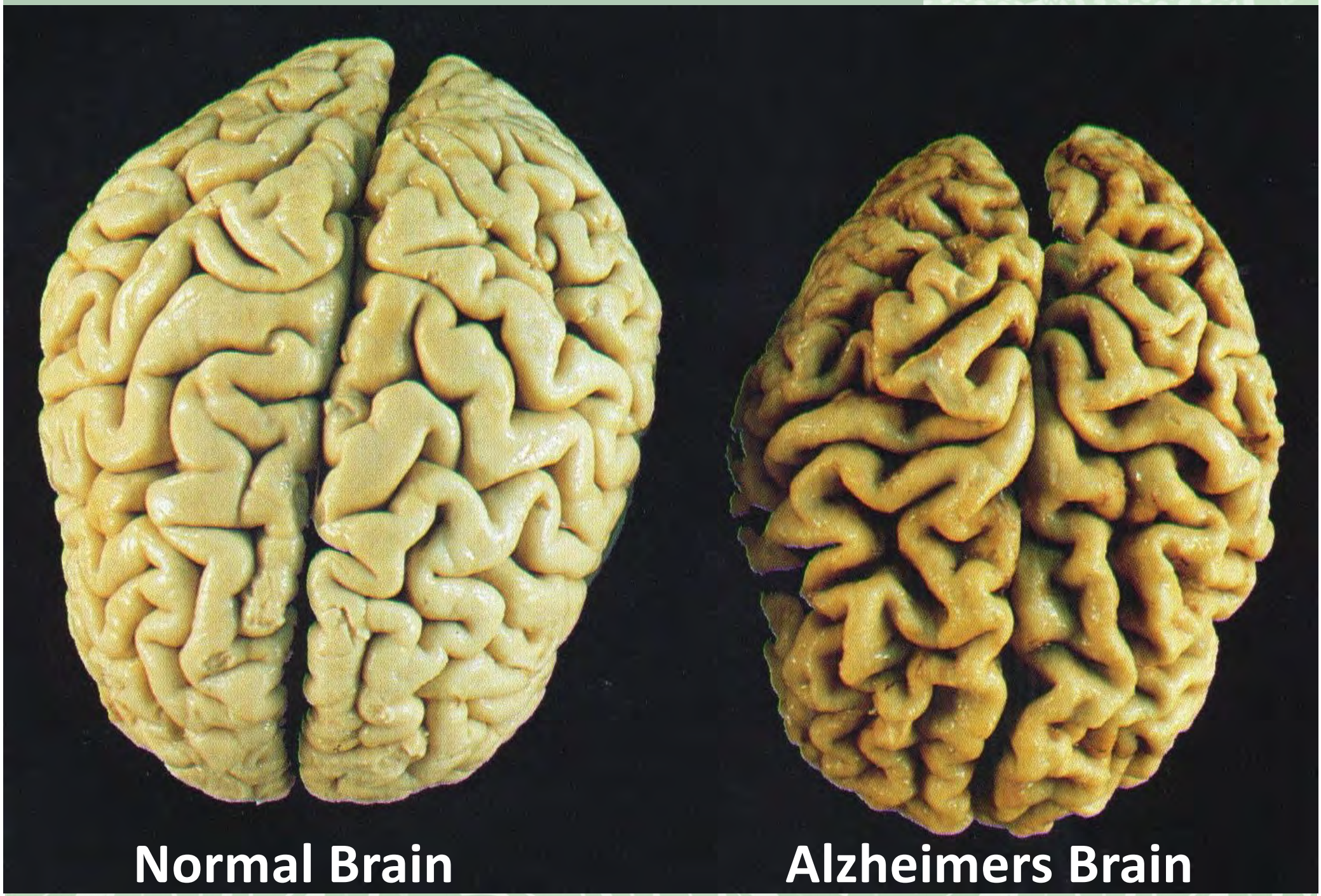
- Learn to DANCE with our partner

  We must be willing to STOP & BACK OFF

- Being ‘right’ doesn’t necessarily translate into a good outcome

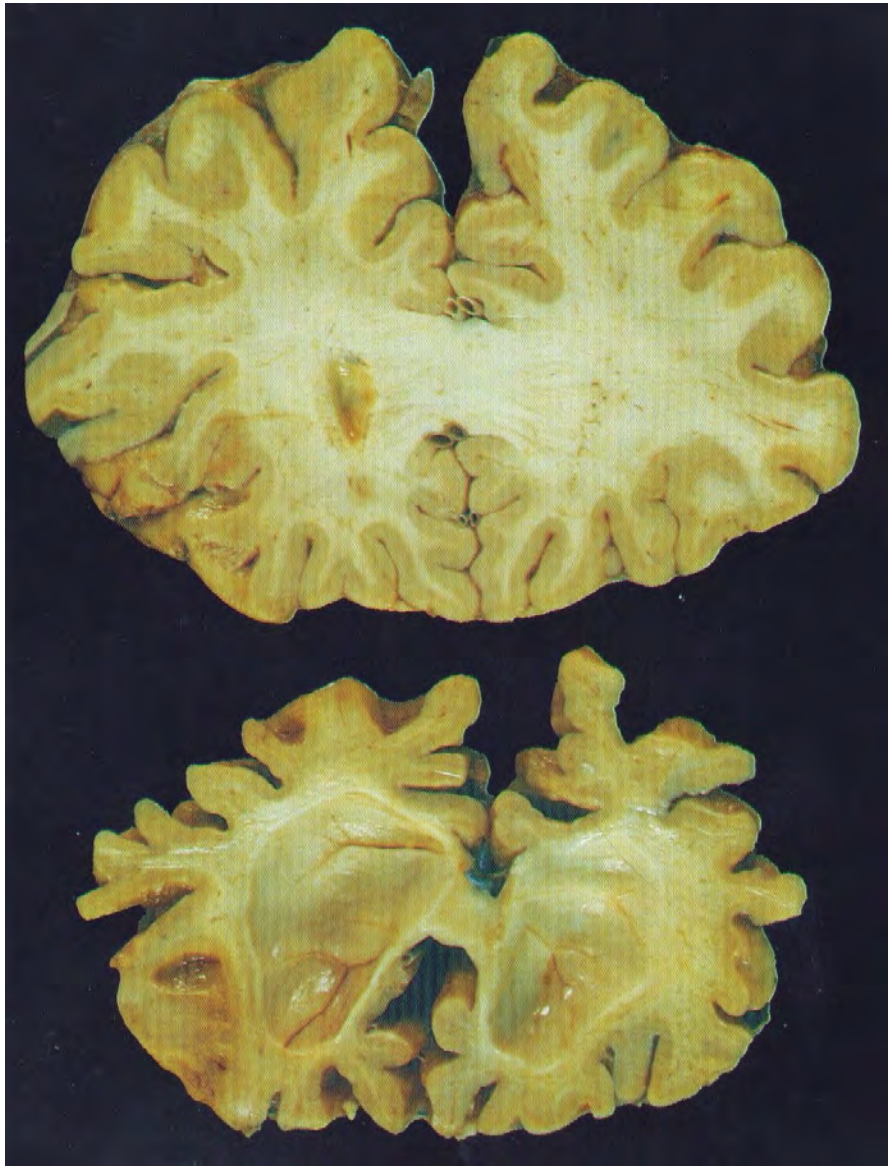
Top Ten Unmet Needs of People Living with Dementia

- Five **Expressions of Emotional Distress**
  - **Angry**
    - irritated – angry – furious
  - **Sad**
    - dissatisfied – sad – hopeless
  - **Lonely**
    - solitary – lonely – abandoned/trapped
  - **Scared**
    - anxious – scared – terrified
  - **Bored**
    - disengaged – bored – useless
- Five **Physical** Needs
  - **Intake**
    - Hydration, nourishment, meds
  - **Energy Flow**
    - tired or revved up
  - **Output**
    - Urine, feces, sweat, saliva, tears
  - **Discomfort**
    - 4 Fs and 4 Ss
      - Friendly, Familiar, Functional, Forgiving
      - Space, Sensations, Surfaces, Social Experiences
  - **PAIN!!!**
    - Physical, emotional, spiritual



used with permission from Alzheimers:The Broken Brain, 1999 University of Alabama

Frontal Lobe: Executive Control Center



Executive Control Changes

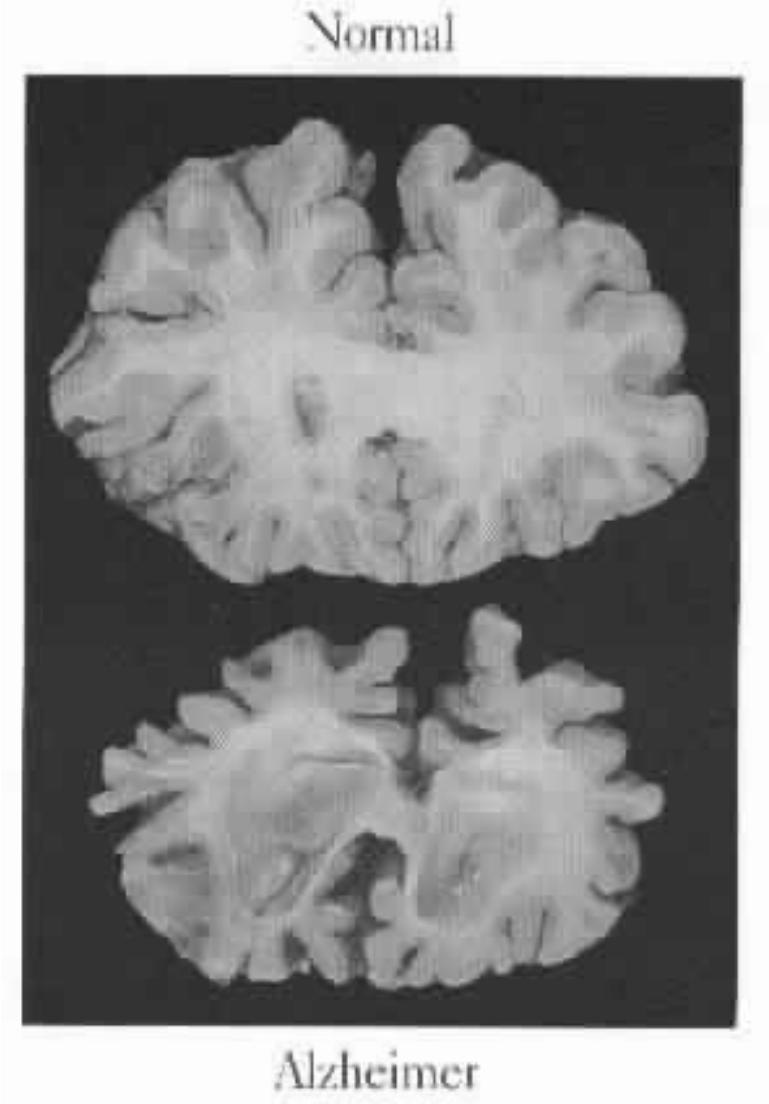
- Emotions
- Behavior
- Judgment
- Reasoning

Challenges

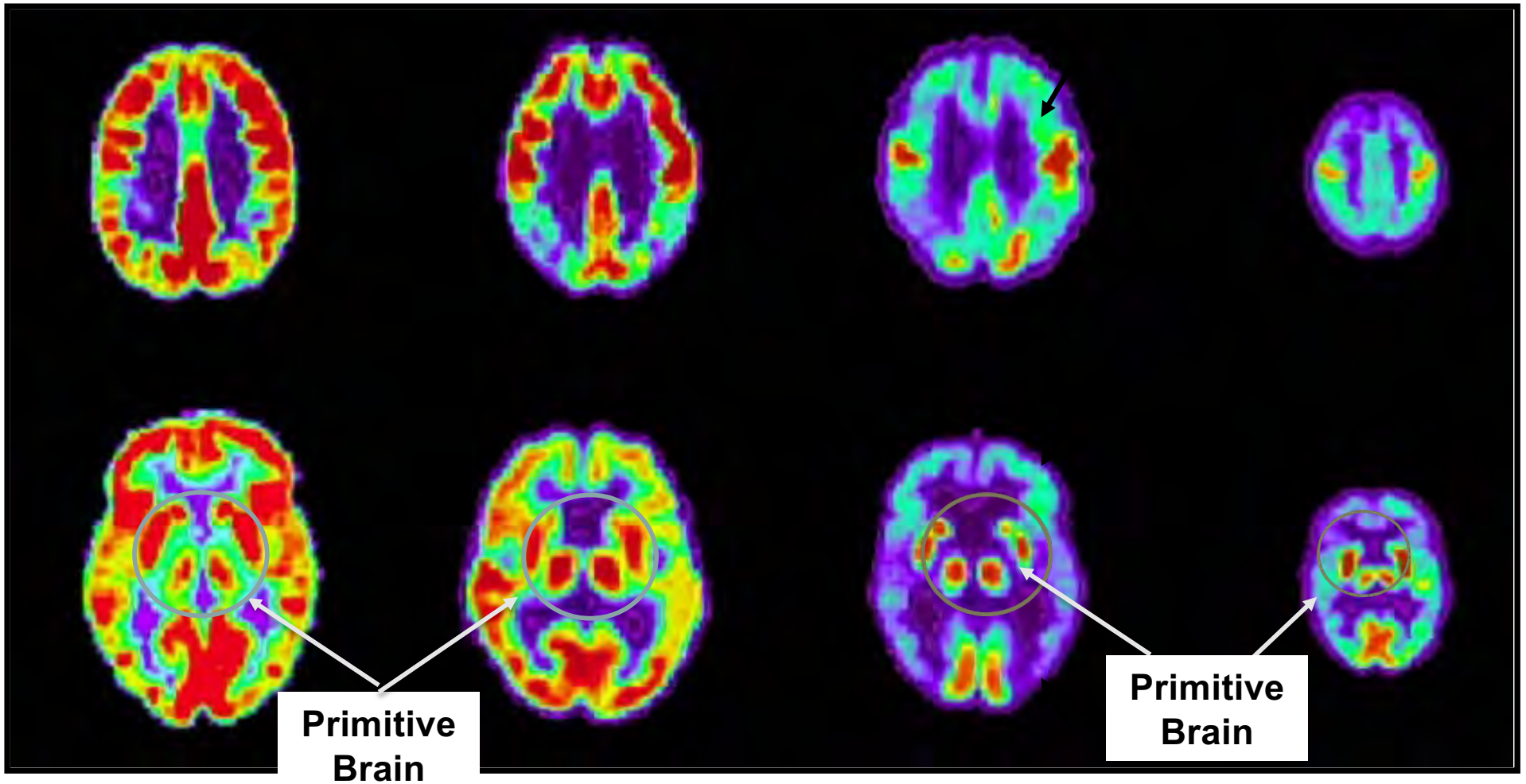
- Impulse Control
- Be Logical
- Make Choices
- Start-Sequence-Complete-Move On
- Self Awareness
- See Others' Point of View

Impulse & Emotional Control

- Losses
  - becomes labile & extreme
  - think it - say it
  - want it - do it
  - see it - use it
- Preserved
  - desire to be respected
  - desire to be in control
  - regret after action

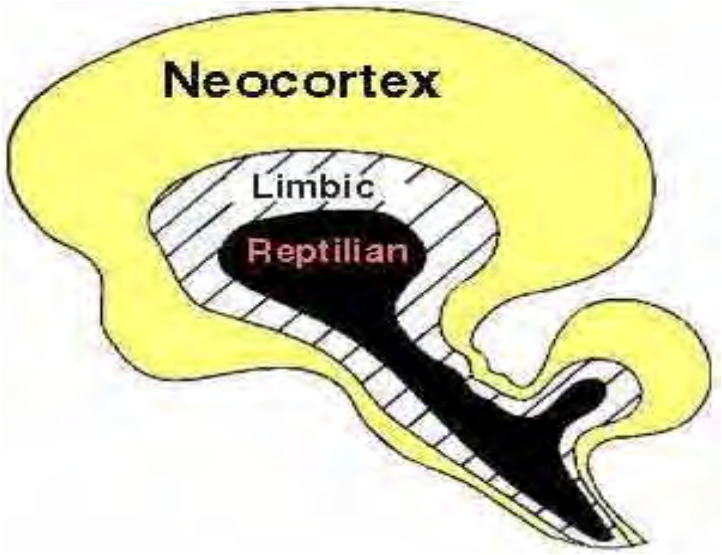


Positron Emission Tomography (PET)
Alzheimers Disease Progression vs. Normal Brains



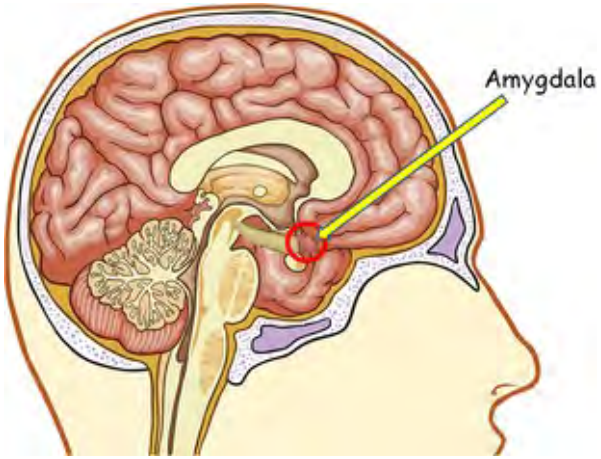
Primitive Brain is in Charge of:

- Survival –
  - Autonomic protective – fright, flight, fight
  - Pleasure seeking – needing joy
- Thriving – Running the Engine
  - Vital systems
  - Wake-sleep
  - Hunger-thirst
  - Pain awareness and responses
  - Infection recognition & control
- Learning New and Remembering it
  - Information
  - Places Awareness
  - Time Awareness



It's all about our AMYGDALA

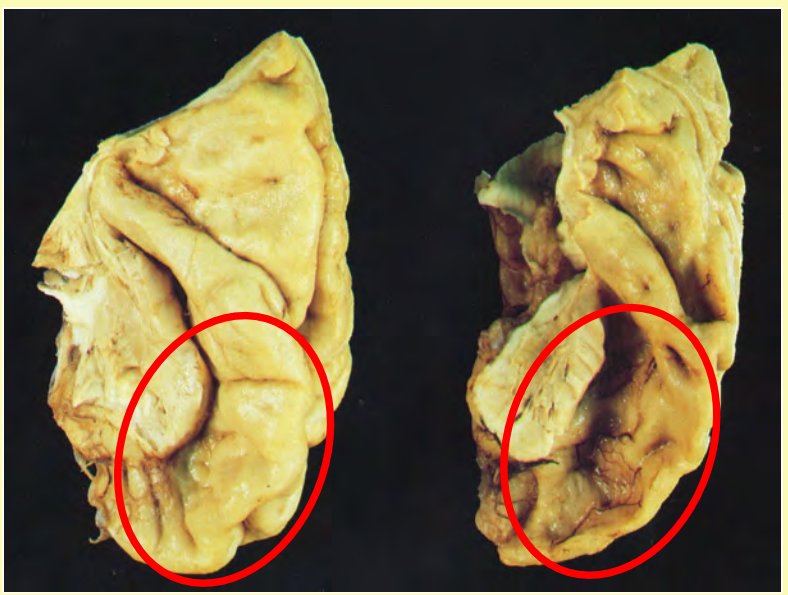
- The Amygdala:
  - Part of our Limbic System
  - Threat perceiver
  - Pleasure Seeker
  - Part of the *engine* controlled by the Neo-Cortex
  - Two parts – left and right
    - Left Amygdala –
    - Right Amygdala –



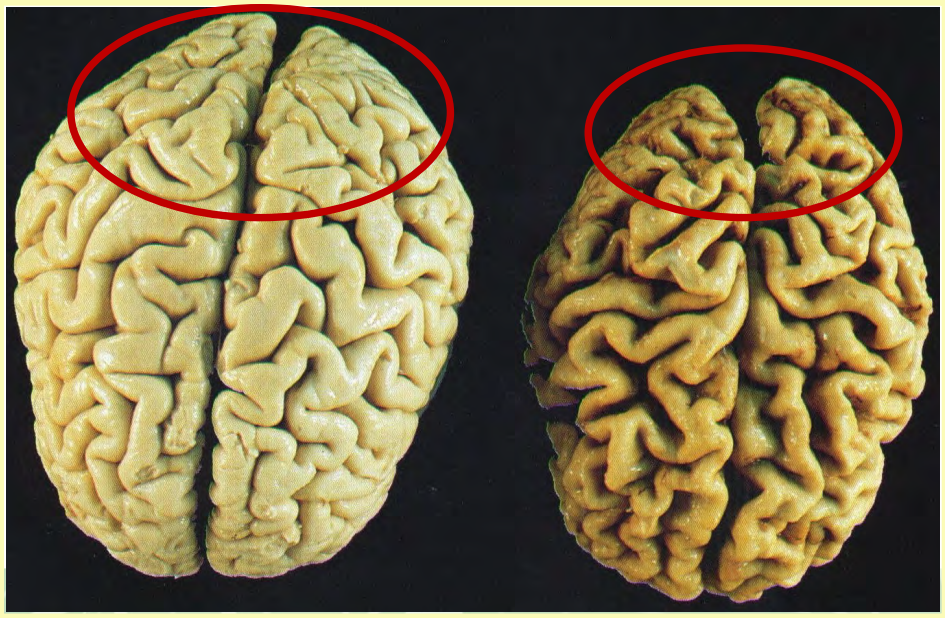
Amygdala in Control

When your primitive brain takes over…

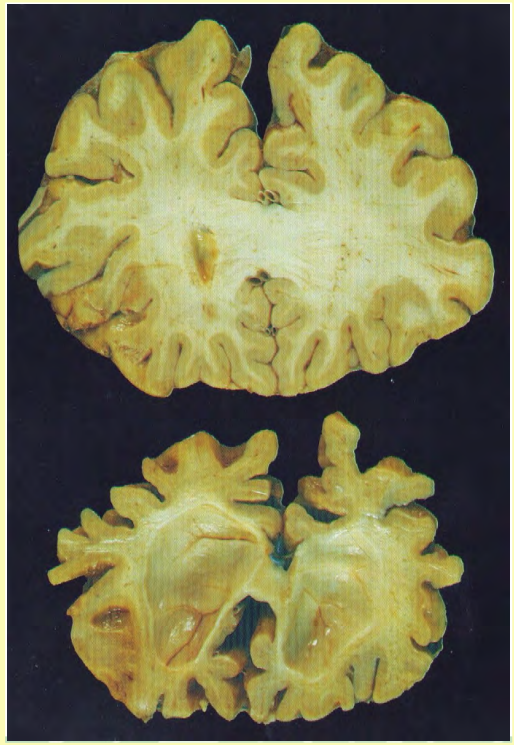
Left Temporal Lobe- Language and Speech



Frontal Prefrontal Cortex- Emotions, Behavior, Judgement, Reasoning



Occipital Lobe- Tunnel Vision



DANGER!

Left Amygdala turns ON

and…..

Fight, Flight, Fright

When I'm *HURTING…*
I Need RELIEF

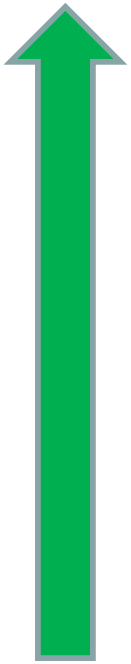
Right Amygdala turns ON

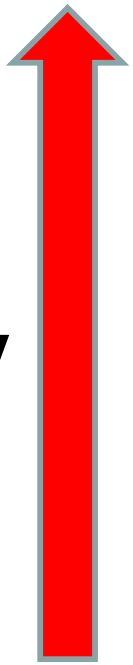
and…..

I NEED IT NOW!!!

Amygdala

Right	Left
NEED	DANGEROUS
Want	Aroused/ Risky
Likes	Alert/ Aware





Confrontational

- If we stay standing in the front instead of moving to the side we can accidentally be perceived as confrontational. The person may feel trapped and threatened.
- If we lean in closer so we can be seen clearly, it can feel like you are confronting them and is unsettling.

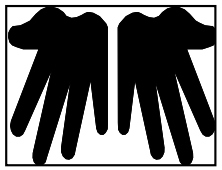
…vs Supportive Stance

You are not blocking their visual field and they don't feel trapped.

Visual Verbal Touch:
How you help… connect

- Sight or Visual cues

- Verbal or Auditory cues



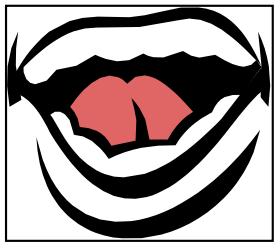
- Touch or Tactile cues

Visual Cues

- Signs
- Pictures
- Props – Objects
- Gestures
- Facial expressions
- Demonstrations

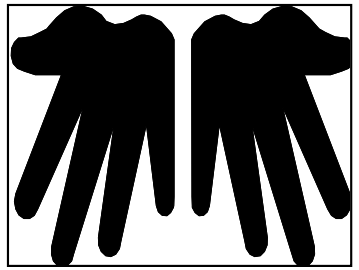
Verbal Cues

- Keep it simple
- Directed
- Matched to visual cues



Touching Cues

- Place an item or tool in hand
- Touch with a finger or hand
- Hand guidance
- Hand on shoulder or back
- Hand-under-Hand™ contact
- Hug



So WHAT should we do???

Build… and use Skills!

Remember… who has the healthy brain!

Believe… People with dementia are doing The BEST they can in any given moment!

Remind yourself and others… you WILL make mistakes

- Learn to recognize Your UH-OH's!
  - STOP what you are doing!
    - Back OFF & Re-think!
  - Possibly Change Something
    - Try Again!
    - Let it go…
- FORGIVE Yourself! – You are HUMAN!

GET HELP!

- Support for YOU
- Help with the person
- Check out options – home care, day care, residential care
- Check out places – visit, observe, reflect
- Plan ahead – **when** NOT **if**
- Act before it is a crisis
- Watch yourself for signs of burn-out
- Set limits… It's a marathon!

Specifically for Care Partners of Someone Living with Dementia

- You need HELP
  - From someone who understands
- You need TIME
  - Truly away—physically, emotionally and spiritually
- You need to try to LISTEN!!!

Thank you!

Thank you so much for your desire to learn and your commitment to making a positive difference!

To learn more about the Teepa Snow and the Positive Approach to Care visit www.teepasnow.com

Teepa Snow YouTube FREE Videos:
https://www.youtube.com/@teepasnowvideos

Alzheimer's Association: https://www.alz.org/hawaii
• support groups, information, helpline

Hale Ku'ike is committed to dementia education for staff, and for the wider Hawaii community. Starting in 2020 Hale Ku'ike co-sponsored dementia education webinars with Catholic Charities and the recordings are available on-line at https://www.catholiccharitieshawaii.org/caring-for-persons-living-with-dementia-webinars-and-presentations/. Additional 2021 dementia workshop series recordings are available on our website at https://www.halekuike.com/videos/#webinar.