Non-Pharmacological Management of Behavioral Symptoms in Dementia

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Major types of Dementia

- Alzheimer's disease – 10%
- Vascular dementia – 10%
- Mixed dementia – 50%
- Dementia with Lewy Bodies – 20%
- Pick's Dementia – 10%
- Parkinson's disease with dementia
- Frontotemporal dementia
- Progressive supra nuclear palsy
- Primary progressive aphasia
- Cortico-basilar degeneration

What causes dementia

- *Any* dementia is caused by damage that has occurred to the brain.
- The location of the damage will determine manifestation of different symptoms
- Commonly dementias have memory impairment but this often occurs with other problems such as inattention, disinhibition, language problems and impaired spatial perceptions

Behavioral Symptoms

- Common & troubling – At least one will occur in 61-92% of those with any dementia (often in the presence of coexisting delirium)
  - Agitation
  - Aggression
  - Verbal or physical sexual aggressiveness
  - Delusions
  - Hallucinations
  - Wandering
  - Depression
  - Sleep disturbance
  - Yelling, calling out

Cause of Behavioral Symptoms

- In dementia - damage to the right hemisphere of the brain & right frontal lobe
- These areas of the brain are the mediators of social & emotional behavior
- *Behavior is no longer under conscious control of the individual*
- *Irritability & aggressiveness with anhedonia are being recognized as indirect presentations of depression in dementia*

Causes of Behavioral Symptoms

- When the brain is no longer able to process information to make sense of what's going on emotional perceptivity become very strong.
- People with dementia are very perceptive /sensitive emotionally and this can be accentuated with depression.
- If caregivers are anxious, hurried, angry, etc the impaired individual will sense this and often be distressed.

Catastrophic Reactions

With dementia (and possibly depression)

- Ability to process what is going on is limited
- Ability to communicate what is wrong is limited
- Ability to tolerate stressors is limited
- Emotional sensitivity is on high alert

When stimulation becomes overwhelming the person will react "catastrophically"

Translocation/dislocation

- At the time of a move or significant change
- Unable to process & communicate what is distressing
- All symptoms worsen including cognition but also behavioral symptoms will increase
- Usually this will resolve with time & support

Agitation & Aggression

- A & A occurs in 25-50% of patients with dementia
- Incidence of depression in dementia is estimated to be 22-27%
- A & A prevalent in moderate to severe disease
- Provoked by several mechanisms
  - Misunderstanding due to cognitive, language or memory deficits
  - Frightened because of paranoid delusions
  - Depression but too impaired to express it in any other way
  - Sleep disordered

Paranoid Delusions

- More common than hallucinations
- 34-70% of patients have delusions at some time
- Common themes – home invaded, personal items stolen, family members replaced by imposters or spouses unfaithful.

Hallucinations

- Visual hallucinations indicative of Lewy Body dementia
- Treatment not needed if patient not bothered by hallucination
- Presence indicates increased risk of cognitive and functional decline

Wandering

- Distractibility & restlessness lead to wandering
- Risk of physical harm > death

Nonpharmacologic Behavioral Management

- Simple behavioral methods are most effective in *reducing anxiety* which can trigger behaviors
- More research about what strategies work
  - Alteration in approach to personal care, reduced insistent, task focused, impersonal, intrusive care
  - Aromatherapy – lavendar & lemon
  - Music therapy
  - Pet therapy

Behavioral Symptoms that respond to behavioral strategies

- Wandering
- Hoarding or hiding objects
- Repetitive questioning
- Withdrawal
- Social inappropriateness

Nurses response to behavioral symptoms

- Dealing with behaviors are major cause of stress and burnout for nurses
- Two strategies nurse find effective
  - Blame the disease not the person
    - Behavior is the direct result of neurological damage NOT a response to the caregiver as a person
  - Interpret behavior according to knowledge of the person's history
    - Known to be independent – intense frustration when help is required for simple tasks

Reducing Triggers

Behaviors often associated with personal care

- Changing approach to personal care, allowing person to be comfortable and express preferences
- Again knowledge of the person can help determine best approach for personal care.

Other Behavioral Strategies

- Consistent caregivers
- Planned soothing activity to decrease restlessness/anxiety
- Regular exercise activity even if in a chair
- Approach by person of different gender or age creates different response.
- Reduction of stimulation
  - Quieter environment
  - Fewer people
- Presence of adequate stimulation
- Distraction
  - Completely change the focus

Is Medication Indicated

- Used when delusions/hallucinations create overwhelming anxiety and disruptive or aggressive behaviors
- *Antipsychotics sedate patients and have not been shown to be of any benefit in treating symptoms*
- *Atypical antipsychotics may contribute to morbidity and mortality and are not FDA approved for behavioral disorders in dementia*

If/when Medications are absolutely necessary….

- Antipsychotics – sedate & cause EPS
  - Haloperidal most sedating used in acute care settings and in acute situations where patient poses risk to themselves or others and IM needed
  - Atypical – Risk (black box warning - sudden death in patients with dementia)
    - Risperdal, Olanzepine (Zyprexa) Quetiapine (Seroquel)
- Anti-depressants – SSRIs & others
- Other - Divalproex (Depakote)