Understanding & Managing Behaviors in Dementia and Delirium

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Objectives

§ Describe the progression of dementia and usual cause of death
§ Differentiate delirium and dementia
§ Identify and manage behaviors as unmet needs while maximizing comfort and quality of life for persons with advanced dementia

Dementia

Dementia is a general term that describes a category of diseases that result in impairment of:

• Memory, thinking & reasoning
• Language
• Function, sequencing, planning
• Personality, behavior & mood
• Insight & judgment
• Visual recognition & spatial orientation
Dementia
- Alzheimer’s disease accounts for up to 80% of all dementias
- 5th leading cause of death among those age 65 and older
- Over 5.2 million Americans affected
- Affects more women than men
  - 1 out of 8 people 65-74
  - 47% of people ≥85

Irreversible Dementias
- Alzheimer’s Disease
- Lewy Body Disease
- Vascular Dementia
- Frontotemporal Dementia (Pick’s Disease)
- Parkinson’s Dementia

Advance Directives
What do most people with dementia die from?
1. Starvation (gradual)
2. Pneumonia
3. Falls/hip fractures
4. Stroke (small, lacunar, cumulative)
Figure 1. Brain Deterioration due to Alzheimer's disease © National Institute on Aging, National Institutes of Health

Early changes
- Memory changes
- Spatial disorientation
- 2-8 years

Moderate changes
- Confusion; Agitation; Insomnia; Aphasia; Apraxia
- 3-6 years

Severe changes
- Resistiveness; Incontinence; Eating difficulties; Motor impairment
- 1-4 years

Terminal changes
- Bedfast; Mute; Intercurrent infections; Dysphagia

INDEPENDENCE

TIME

Common Challenging Behaviors

Mild Stage
- Loses/misplaces things
- Repeats stories
- Forgets recent conversation
- Mislables names/words
- Dislikes social situations
- More likely to argue and get frustrated
- May accuse spouse of infidelity or accuse friends/family of stealing money
- May forget to pay bills
- May mismanage medications
- Loses interest in previous activities
Common Challenging Behaviors

Moderate Stage

- Confused much of the time
- Wants to "go home" regardless of location
- May wander aimlessly or rummage
- Old memories begin to fade
- May say or do things that are inappropriate
- Resists assistance with personal care
- Dislikes bathing
- Forgets to eat/drink
- More confused during evening hours
- Gets days and nights confused
- Easily agitated

Common Challenging Behaviors

Advanced Stage

- Misinterprets caregivers assistance with personal care
- Appears withdrawn
- Falls down when attempting to get up without help
- May only accept soft and sweet foods
- Loses weight if not offered food/fluids frequently
- Chokes more easily
- Sleeps in spurts throughout day/night
- Fatigues easily resulting in agitation
- Unmet needs may result in yelling or calling out
- May not recognize family members or usual caregivers

Delirium

Confusion Assessment Method (CAM)

1. Acute onset (hours to days), fluctuating course
2. Inattention
3. Disorganized thinking
4. Altered level of consciousness

The diagnosis of delirium by CAM requires the presence of features 1 and 2 and either 3 or 4.
(Inouye et al, 1990)
Common Behaviors in Delirium

- Impairment of short term memory, thinking, and perception
- Hyperactive
  - Hallucinations, delusions, paranoia
  - Agitation, fidgeting
  - Pulling at clothing, dressings, tubes
  - Crawling out of bed
- Hypoactive
  - Difficult to arouse, stuporous
- Mixed

Incidence of Confusion Delirium

- Frequency
  - Occurs in about half of elderly patients during or after acute hospitalization
  - More than half of these are found to have permanent dementia, previously undiagnosed
  - Delirium occurs in 28 – 83% of patients near the end of life

Common Causes of Delirium

- Medications
- Infections
- Pain
- Fluid and electrolyte imbalance
- Metabolic disturbance
- Nutritional Deficiencies
- Depression
- Intoxication/Substance withdrawal
Prevention Strategies for Delirium

- Therapeutic activities
- Ambulation
- Non-pharmacological approaches to sleep and anxiety
- Maintain nutrition and hydration
- Use adaptive equipment for vision and hearing impairments
- Pain Management

Young & Inouye. (2007). Delirium in Older People. British Medical Journal

Management of Discomfort

- Pharmacological
- Non-pharmacological
  - (behavioral & environmental)

Confused behavior is not comfortable
Therefore, treat it like a ‘10’ on the pain scale.

“I will keep you safe.”
Pharmacological Interventions

- Antipsychotics to manage psychosis (delusions, paranoia, hallucinations)
- Desyrel (trazodone) for sleep
- Avoid benzodiazepines to manage psychosis or agitation
- Avoid medications with anticholinergic properties (Tylenol PM has Benadryl (diphenhydramine)!

You go to a nursing home to see Mrs. Tee, an 81-year-old woman with dementia on no medications, who sits in her wheelchair rocking back and forth, muttering word salad, and looking miserable. “She’s always like this,” says her family.

You brilliantly suggest a medication, and the next week when you return, she is vastly improved. The staff are lined up in the hall cheering; the family has sent you a gift certificate for a cruise!

What did you suggest?
1. Quetiapine/Seroquel 25 mg q hs
2. Lorazepam/Ativan .5 mg q am
3. Acetominophen/Tylenol 650 mg qid
4. Citalopram/Celexa 10 mg qd
Compared with others their age, how likely are persons with dementia to experience pain?

1. less likely
2. just as likely
3. more likely

Pain

- Under recognized & under treated in moderate-advanced dementia
- Use PAINAD
- Look for co-morbid conditions or past injuries that may cause pain
- Some meds mask signs of pain
- Start *routine Tylenol (acetaminophen)* 650 mg QID (consider WHO ladder as needed)
- Place hand over suspected area & ask, “Does this hurt/ache…?”

Mr. Whittier is a 78-year-old male on no medications with moderate dementia who lives with his much younger wife. In the late afternoon, he becomes very agitated and sometimes accuses his wife of having an affair. He also sometimes says, “You are not my wife. Where is my wife?” Mrs. Whittier calls you for help. The best treatment is:

1. Lorazepam/Ativan .5 mg at 4 pm daily
2. Quetiapine/Seroquel 25 mg at 4 pm QD
3. Citalopram/Celexa 10 mg each morning
4. Trazodone/Desyrel 25 mg at 4 pm
A year goes by, and Mr. Whittier is now off all medications and is doing well. Then he begins to be intermittently agitated, wringing his hands. When his wife asks what is wrong he says "I don’t know, I don’t know." He is not tearful and denies depression. His wife begs for help again: "I can’t stand to see him like this. Please help us!" You brilliantly suggest _________ and at the next visit, she is so pleased, she brings you a $500 gift certificate to Nordstroms. What did you suggest?

1. Alprazolam/Xanax
2. Citalopram/Celexa
3. Hydroxyzine/Atarax
4. Quetiapine/Seroquel

Depression & Antidepressants

- Depression-difficult to diagnose in advanced dementia
- Most common manifestation of depression in the elderly is irritability
- Institutionalized PWD are at an increased risk of depression & anxiety
- Trial of an SSRI (usually Celexa (citalopram)) for 6 weeks (10 mg QD X 2 weeks, then increase to 20 mg QD)

What is the most important behavioral measure to teach to caregivers?

1. Gentle reality orientation (e.g., "No, I’m not your mother, I’m your nurse.")
2. Speak in a calm, but clearly authoritarian voice (e.g., "Now you are going to the dining room.")
3. Distract; don’t reality-orient or explain.
4. Do not allow them to avoid an activity (such as bathing), as this will make the next time even more difficult.
Dealing with Confused Behaviors: Approach Strategies

- Be flexible in getting tasks accomplished. It's not about the task, it's about the person.
- Introduce yourself at each encounter
- Start with the “Soft Approach”
  - Smile & warm demeanor
  - Get to eye level or below
  - Pleasant voice tones
  - Go slow
  - Talk in short, simple sentences
  - Avoid correcting/confrontation
  - Appeal to the emotion and let the patient know you will keep him/her safe
  - ‘Join the journey’

Now he is cheerful and less agitated, but is confused and found three times out on the street, lost in the middle of the day. His wife calls and asks for a medication to stop the wandering and says she would like a waist restraint for when he is in bed or a chair to keep him safe. What should you do?

1. Suggest a low dose of Quetiapine/Seroquel, but refuse restraints.
2. No medications, but restrain him gently in bed and chair using only soft restraints.
3. Suggest locking the doors and using low chair and bed, but no medications.
4. Suggest Trazodone/Desyrel to keep him sleeping all night, but no restraints.
Importance of Sensory Stimulation

*PWD are at increased risk of sensory deprivation due to:*

- Deterioration of the senses with aging
- Apathy and inertia diminish self-initiated engagement with sensory pleasures

*Lack of stimulation may lead to a variety of negative outcomes (e.g., agitation, anxiety, isolation, boredom...)*

Consider Environmental Stressors

- **Over-stimulation**
  - yelling, loud TV, bed alarms, glare

- **Unpleasant stimulation**
  - noises from pill crushers & PA
  - unpleasant odors, soiled brief

- **Lack of personally meaningful stimulation**
  - impersonal institutions
  - absence of nurturing touch
  - bland food

Pleasurable Distracters for Comfort and Sensory Stimulation

- Refer to the *About Me* to determine sensory methods that bring pleasure and honor lifelong preferences

- Offer sensory experiences that are preferred by the person:
  - Taste
  - Touch
  - Smell
  - Sight
  - Sound
Take Home Points

**KNOW & CELEBRATE THE PERSON**

- Think about *unmet needs* first.
- Think about pain
- Time spent up front will save you time and frustration in the end.
- Managing confused behaviors of patients with dementia and delirium can improve comfort and quality of life
References