Playing Detective: Finding the Trigger for Behavioral Expressions in Dementia

Monica Ott, MD, CMD

November 6, 2024

Objectives

1. Utilize an algorithm to determine likely environmental, medical, and psychological triggers for behavioral expressions in persons with dementia.

2. Employ behavior interventions for different types of behaviors associated with dementia including sexually inappropriate, physically aggressive, and verbally aggressive behaviors.

3. Document effective and individualized care plans for behavioral expressions in persons with dementia.

Categorizing Difficult Behaviors

- Physically Aggressive
  - Kicking, biting, hitting, spitting, damaging property

- Physically Non-aggressive
  - Wandering, repetitive movement

- Verbally Aggressive
  - Cursing, verbal threats

- Verbal Non-aggressive
  - Repetitive statements or noises
- Other:
  - Hallucinations/Paranoia/Delusions
  - Inappropriate sexual behaviors

Algorithm for treating behaviors

- Step 1: identify, assess, treat antecedents and triggers
  - Environmental
    - Excess stimulation, unstructured environment/schedule, no orientation information/cues
  - Task related
    - Too complicated, too many steps combined, not modified for increasing impairments
  - Medical
    - Effects of medications, impaired vision and/or hearing, acute illness (UTI, pneumonia), constipation, depression, fatigue, hungry, needs to use bathroom, hot/cold
- Step 2: apply non-drug interventions
- Step 3: monitor outcomes & adjust as needed, consider antipsychotic for persistent and severe cases that meet criteria

Case 1: Lewy Body Dementia w/ repetitive statements & SI

- 90 y/o female admitted to rehab after hospitalized for pneumonia
- PMH: legally blind with only limited vision in 1 eye, LBD, HTN
- Meds: acetaminophen 500 q8 hrs., aspirin 81daily, iron, daily hydralazine 50 BID, metoprolol XL 50 BID, sertraline 50 daily
- Repeatedly states, “I’m going to fall” when caregiver in the room and calls for granddaughter when no one in the room or no one talking to her
- Sertraline increased to 100mg daily

Case 1: LBD, cont.

- Meds crushed and put in applesauce
- Spits out meds
- Daughter gave all meds (whole) together with orange juice in AM
- Was on quetiapine at home for seeing "apparitions"
- Discontinued in hospital and started on trazodone at bedtime
- Granddaughter requests trazodone be discontinued due to sleepiness
- Now what?

Case 1: LBD, cont.

- Started on mirtazapine 7.5 qHS
- Next day: “Put a needle in me” and “I want to die” repeatedly
- Placed on 15 minute safety checks for suicidal ideation
- Granddaughter tries to move to another facility – declined
- Granddaughter declines to pay for sitter
- What is facility responsibility for SI in patient with dementia and BIMS 9/15?

Effective Protocols?

- No evidence that it's effective to put a resident on 15-minute checks or to send him or her to the psychiatric hospital.
- Residents may find close observation makes them feel “uncomfortable, frustrated, and ashamed.”
- Unnecessary psychiatric hospitalizations can create a stigma for residents in their communities and be disruptive to care.
- For the facility, it can be a financial challenge to provide extra staff for close observation or to have an empty bed while the resident is away.
- Once a resident is put on observation, it can be difficult to determine when it's safe to discontinue the measure.

http://www.mcknights.com/the-world-according-to-dr-el/suicide-risk-in-ltc-effective-protocols-may-not-be-what-you-think/article/306651/

Verbal Non-aggressive

- Repetitive statements, repetitive noises
- Means “come to me”
- Parts of bodies, other people, objects can represent significant people or events from past
- May be trying to express a feeling
- Body movements replace speech
- Need to link the need to the behavior
  - Former carpenter banging fist is hammering nails
- <u>Potential Causes:</u>
  - Unmet physical need (pain, toileting, hungry, thirsty)
  - Unmet psychological need (anxiety, depression)
  - Under-stimulated, sensory deprivation

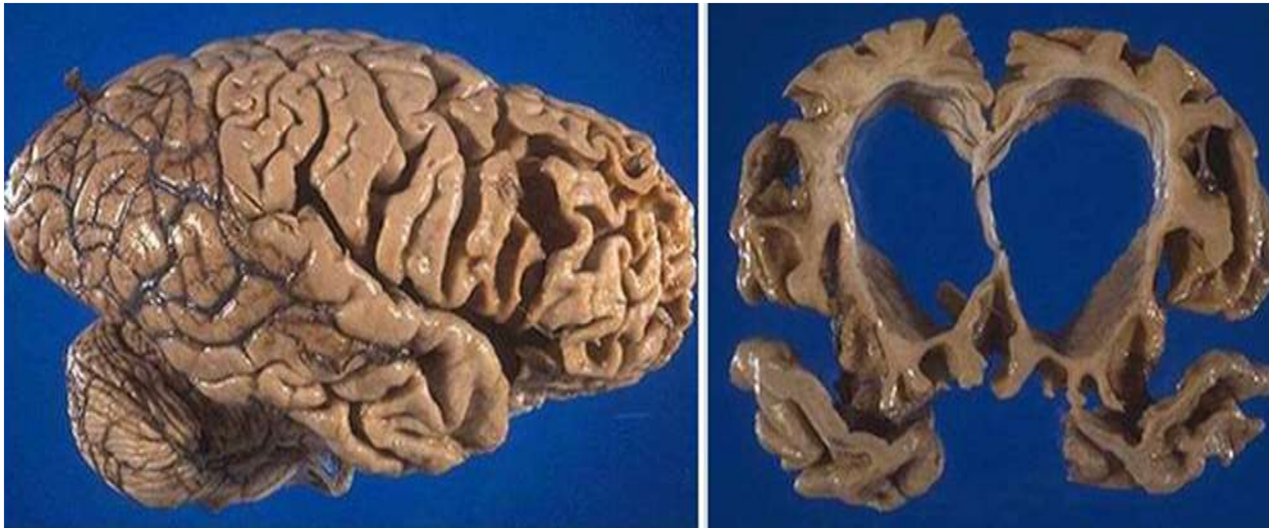
Repetitive Actions/Words

- Avoid:
  - Telling him to stop
  - Asking why he is doing it
- Suggestions:
  - Touch
  - Music
  - Occupy the person's hand with an activity, doll, stuffed animal, ball
  - Distract with food, music, exercise
  - Ignore behavior or question
  - Eye contact: Give him/her full attention and respond to emotional needs

Documentation & Care Plan Suggestions

- Repeatedly states, “I’m going to fall” when caregiver in the room and calls for granddaughter when no one in the room or no one talking to her; “I want to die.”
- Care Plan: Repetitive Verbal statements occurring multiple times daily. No plan of harm or ability to carry out plan due to severity of dementia. Encourage participation in group activities and stuffed animal. Psych to treat ongoing depression and anxiety.

Case 2: Frontotemporal Dementia w/ sexual behaviors



65 y/o male disrobes in hallway, urinates on floor, difficulty following simple commands,
walks quickly with head down, doesn’t speak

Case 2 FTD, cont.

- PMH: Frontotemporal Dementia, hypertension
- Meds: amlodipine, hydrochlorothiazide
- SH: divorced, former smoker, 2 daughters are estranged
- Suggestions for disrobing?
- Suggestions for urinating on floor?
- What causes these behaviors?

Case: Treatment of FTD

- Acetyl cholinesterase inhibitors (donepezil, rivastigmine) not indicated/effective
- Needs secure behavior unit with close supervision
- Behavior Modification +/- medications
  - Clothing that opens/closes in the back and pants that pull on versus zipping in the front. These can often stop undressing or fidgeting with clothing.
  - Scheduled toileting q2 hours
  - Avoid caffeinated beverages

Case 2: FTD, cont.

- Not urinating on floor with scheduled toileting
- Family declined clothing that fastens in the back
- Now masturbating frequently in the dining room after finished eating
- Suggestions?
- Taken to room after meals, found in female resident's room with her gown off and his pants down
- Suggestions?
- What causes these behaviors?

Case 2: FTD, cont.

- Secure male unit if available, preferably with male staff
- Antipsychotics in general not effective for FTD
- Consider SSRIs specifically citalopram and paroxetine (side effect is sexual dysfunction)
  - Off-label use
  - Risks – hyponatremia, falls
- Consider gabapentin or propranolol
- Consider Depo Provera
  - Off-label use
  - If behavior interventions ineffective and danger to others
  - Risks – weight gain, blood clots, edema, osteoporosis

Mgmt Inappropriate Sexual Behavior

- Separate male & female residents during social interactions
- Assign male personal care to male staff
- Educate family and encourage physical affection (hugging, hand holding, etc.)
- Don’t overreact. Lead the person calmly out of the area or provide a robe and help put it on.
- Clothing that opens/closes in the back and pants that pull on versus zipping in the front. These can often stop undressing or fidgeting with clothing.
- For masturbation: provide patient privacy or attempt to distract the patient by giving him/her a different activity.

Documentation & Care Plan Suggestions

- Masturbating in dining room after finished eating.
- Care Plan: Remove from dining room immediately after finished eating. Return to room and pull curtain for privacy.
- Found in female resident’s room with pants down.
- Care Plan: no available male only unit in facility or within an hour of facility. Psych evaluation and started citalopram 10mg off-label use. Encourage group activities.

Case 3: History of traumatic brain injury with schizoaffective disorder

- 64 y/o male with TBI
- PMH: COPD, HTN, alcoholic dementia, h/o cocaine use, h/o nicotine use, schizoaffective
- Meds: lisinopril, umeclidinium/vilanterol, risperidone, VPA, atorvastatin, paroxetine, donepezil
- CNA attempts to remove clothing protector while standing behind him & he hits her
- Was this preventable?
- What suggestions would you provide to staff?

Case 3: h/o TBI, cont.

- CNA finds patient w/ fecal incontinence in room, offer to assist is refused, CNA backing out when patient pulls plastic glove box holder off wall and throws it at her
- What is the best approach?
- What strategies are best avoided?

Suggestions for Anger

- People with dementia can sense a caregiver’s anger/frustration and react accordingly
- Often a sign that the person is feeling loss of control of his/her life
- If during personal care, leave room and return in few minutes with different approach.

Documentation & Care Plan Suggestions

- Patient found in room by CNA sitting on bed with feces smeared on walls. When CNA offered toileting assistance, he cursed at her. As she was backing out of room, he pulled glove box holder off the wall and threw it at her but missed. Door closed. Re-approached 15 minutes later and agreeable to toileting.
- Care Plan: Physical agitation occurring weekly, usually after being informed he cannot leave facility to purchase alcohol or cigarettes (trigger). Will ask him to assist with w/c repair for meaningful activity (former handyman).

Summary

- Prevention, prevention, prevention
- Consider environmental and medical causes of behavioral expressions
- 90% behavioral expressions are related to staff approach, 10% to internal stimuli (hallucinations, delusions, etc.)
- Documentation should be specific (who, what, where, when, why)
- Goals in care plans should be to reduce severity and frequency of disruptive behavioral expressions (not eliminate entirely)
- Behavioral expressions are communication so play detective and determine what the person is trying to communicate; identify the trigger and the unmet need

References

- Konno, R, Kang, HS, & Makimoto, K. A best-evidence review of intervention studies for minimizing resistance-to-care behaviours for older adults with dementia in nursing homes. *J Adv Nurs*. 2014; 70(10): 2167-2180.
- Robinson A, Spencer B, White L: Understanding Difficult Behaviors: some practical suggestions for coping with Alzheimer's Disease and related illnesses. Eastern Michigan University, 1989.
- Sloane P, Hoeffer B, Mitchell C, et al. Effect of person-centered showering and the towel bath on bathing-associated aggression, agitation, and discomfort in nursing home residents with dementia: a randomized, controlled trial. *J Am Geriatr Soc*. Nov 2004;52(11):1795–1804.
- http://www.nursinghometoolkit.com/