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Behavior Problems: Dementia and Mental Illness in Long Term Care and Assisted Living

Module I

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Disclosures to Participants

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Title of Activity:

Behavior Problems: Dementia and Mental Illness in Long Term Care and Assisted Living (Module I)

Disclosures to Participants

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Requirements for Successful Completion:

The purpose of this education activity is to enhance the knowledge and skills of the long-term care and assisted living Registered Nurse in the area of behavioral management of patients with dementia by addressing predictors for violence in patients with dementia and assessment skills for dementia and masquerading conditions in an effort to increase participants' confidence in addressing the most difficult behaviors and preventing catastrophic aggressive behavior in patients with dementia as evidenced by the learner's achievement of all activity objectives and a passing score on the activity post-test.

Disclosures to Participants

- The objectives of this education activity are:
  1. The participant will discuss prevalence and relevant epidemiology of mental illness and dementing disorders in long-term care facilities.
  2. The participant will list eight (8) possible etiologies of dementia and masquerading conditions.
  3. The participant will identify common “problem behaviors” when dealing with elderly residents with dementia/mental illness.
  4. The participant will recognize common identifiers for aggressive behavior and predictors for violence in patients with dementia.

Disclosures to Participants

- To receive contact hours for this continuing education activity, the participant must:
  - » Complete and submit an evaluation form
  - » Achieve a passing score of 80% on the activity post-test
- Once successful completion has been verified, a “Certificate of Successful Completion” will be awarded for _1.2_ contact hours.

Disclosures to Participants

- Conflicts of Interest
  - **Explanation:** A conflict of interest occurs when an individual has an opportunity to affect or impact educational content with which he or she may have a commercial interest or a potentially biasing relationship of a financial nature. All planners and presenters/ authors/content reviewers must disclose the presence or absence of a conflict of interest relative to this activity. All potential conflicts are resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity. All activity planning committee members and presenters/authors/content reviewers have submitted Conflict of Interest Disclosure forms.
- The planning committee members and presenters/authors/ content reviewers of this CNE activity have disclosed no relevant financial relationships related to the planning or implementation of this CNE activity.

Disclosures to Participants

- This activity expires: 03/09/2017
- Reporting of Perceived Bias:
  - Bias is defined by the American Nurses Credentialing Center's Commission on Accreditation (ANCC COA) as preferential influence that causes a distortion of opinion or of facts. Commercial bias may occur when a CNE activity promotes one or more product(s) (drugs, devices, services, software, hardware, etc.). This definition is not all inclusive and participants may use their own interpretation in deciding if a presentation is biased.
  - The ANCC COA is interested in the opinions and perceptions of participants at approved CNE activities, especially in the presence of actual or perceived bias in continuing education. Therefore, ANCC invites participants to access their "ANCC Accreditation Feedback Line" to report any noted bias or conflict of interest in the education activity. The toll free number is 1(866) 262-9730.

Behavior Problems in LTC:

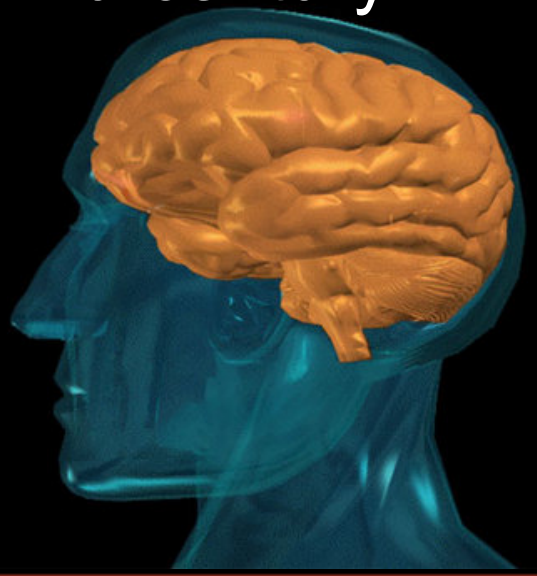
Epidemiology

Mental Illness in the Nursing Home

- Dementia … ≈ 70%
- All Pathologies … ≈ 90%+
- Behavior Problems … ≈ 40%
  - » ↓Function/Falls, ↓Q of Life, ↑ Meds, Restraints
  - » Depression → ↑ Mortality

Alzheimer's Dementia: The Numbers

- 4 million persons with AD in 1996
- 12 million projected by mid-century



Geldmacher and Whitehouse, 1997.

PASARR

Epidemiology - Task

__ % Dementia among NF residents

__ % Depression among NF residents

__ % Psychosis in demented residents

__ % Physically, mentally, sexually abused in early life

Epidemiology - Task

cont'd

__ % Delirium

__ % Bipolar or cyclothymic

__ % Personality disorder (antisocial, OC, etc…)

__ % Any psychiatric / psychological problem

Nursing homes **are not nursing homes.**

- long term rehabilitation hospital
- geropsychiatry hospital

Identifying Problems

- Admission – history, w/u reason for admission
- Telephone call from NF, behavior
  "in their face"
- MDS 3.0 – CAAs – Change in Condition

Mnemonic to Recall Many of the Possible Etiologies of Dementia and Masquerading Conditions

D Drugs and toxins (e.g. alcohol)
E Environmental deprivation, eyes and ears
M Metabolic and endocrine disorders (e.g. hypothyroidism)
E Emotional (depression, delirium)
N Nutritional (B_{12} deficiency, thiamine deficiency, pellagra)
T Tumors and trauma (subdural hematoma, dementia pugilistica, normal-pressure hydrocephalus)
I Infections (human immunodeficiency virus, syphilis, Creutzfeld-Jakob disease)
A Alzheimer's disease and related disorders, atherosclerosis

Smith, DA. Dementia. (In), *Textbook of Family Practice*,Rakel (Ed).57:1507

Dementing Disorders

- Alzheimer's disease and related disorders
  - Dementia with Lewy bodies
  - Parkinson's disease with dementia
  - Frontotemporal dementias (Pick's disease, other)
  - Supranuclear palsy

Smith, DA. Dementia. (In), *Textbook of Family Practice*,Rakel (Ed).57:1507

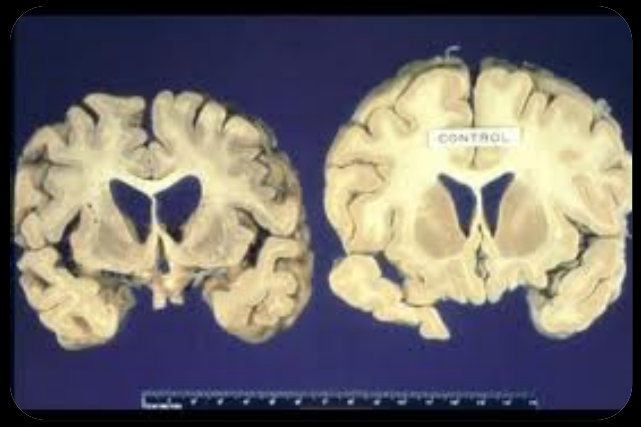
Dementing Disorders
cont'd

- Vascular dementia
  - Multi-infarct dementia
  - Strategic single infarct
  - Multiple lacunar infarcts
  - Binswanger's disease
  - Dementia after hemorrhagic cerebrovascular accident
  - Genetic arteriolopathies

Smith, DA. Dementia. (In), *Textbook of Family Practice*,Rakel (Ed).57:1507

Dementing Disorders *cont'd*

- HIV-related dementia
- Huntington's disease
- Creutzfeldt-Jakob disease
  - Sporadic
  - Genetic
  - New variant (prion disease)
- Normal-pressure hydrocephalus
- Other



Smith, DA. Dementia. (In), *Textbook of Family Practice*,Rakel (Ed).57:1507

Behavioral Disturbances in AD

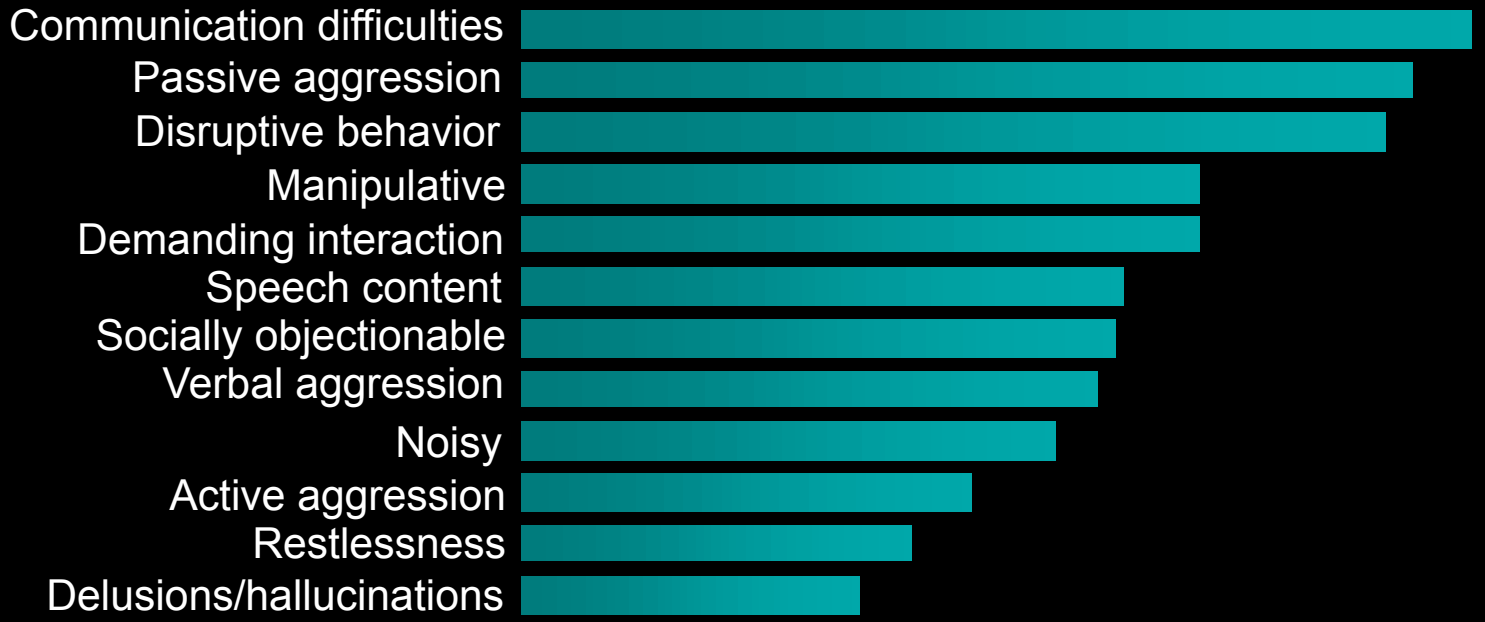
Behavioral disturbances seen in up to 88% of patients with dementia

Disturbance	Percentage
Apathy	72*
Agitation	60*
Anxiety	48*
Verbal aggressiveness	45†
Irritability	42*
Aberrant motor behavior	38*
Dysphoria	38*
Disinhibition	36*
Delusions	22*
Physical threats/Violence	15†
Hallucinations	10*

* Mega; †Harwood.

Mega MS, et al. *Neurology*. 1996;46:130-135.
Harwood DG, et al. *Int J Geriatr Psychiatry*. 1998:19:793-800.

Characteristics of AD Patients in LTC: Behavioral Symptoms



Tariot PN, et al. *Am J Psychiatry.* 1993;150:1063-1069.

Problem Behaviors in the Elderly (Smith's List)

- Assaultive
- Combative
- Delusions, false accusations
- Hallucinations (auditory, visual, global)
- Hoarding

Problem Behaviors in the Elderly (Smith's List)

cont'd

- Homicidal
- Non-compliance
- Pacing
- Pestering or unreasonable demands
- Reclusive

Problem Behaviors in the Elderly (Smith's List) *cont'd*

- Repetitive vocalization, noise
- Resistive
- Self-injurious/mutilation
- Self-neglect (nutrition, hygiene, personal business)
  - » Diogenes syndrome

Problem Behaviors in the Elderly (Smith's List) *cont'd*

- Sexually inappropriate behaviors (appropriate & inappropriate agenda)
- Suicidal (active, "passive")
- Verbal abusiveness
- Wandering (agenda, shadow, aimless)

Agitation -

What’s This Me

No psychiatric symptom is the ***sin qua non***
of any one psychiatric disorder.

-R.C.W. Hall

Categorizing Behavior:

Useful construct for epidemiologic purposes and planning

Not particularly useful for evaluation and treatment

- Behaviors in an individual are a unique (and dynamic) mix of multiple factors

Categorizing Behavior:
cont'd

Useful construct for epidemiologic purposes and planning

Not particularly useful for evaluation and treatment

- Behavior alone does not predict cause therefore:

Categorizing Behavior:
cont'd

Useful construct for epidemiologic purposes and planning

Not particularly useful for evaluation and treatment

- Behavior doesn't dictate treatment

Categorizing Behavior:
cont'd

Useful construct for epidemiologic purposes and planning

Not particularly useful for evaluation and treatment

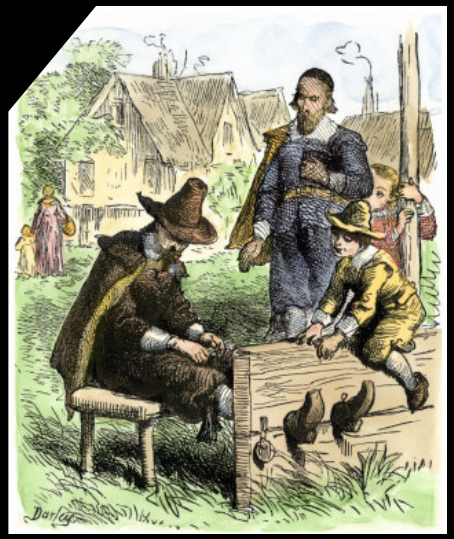
- You must diagnose before you can treat

Symptomatic Treatment

NO! NO! NO!

- this is chemical restraint!

- Unless potential danger to self or others as <u>temporary</u> intervention or predictable problem with certain stimuli.
- View with extreme suspicion all orders for PRN antipsychotics and anxiolytics.

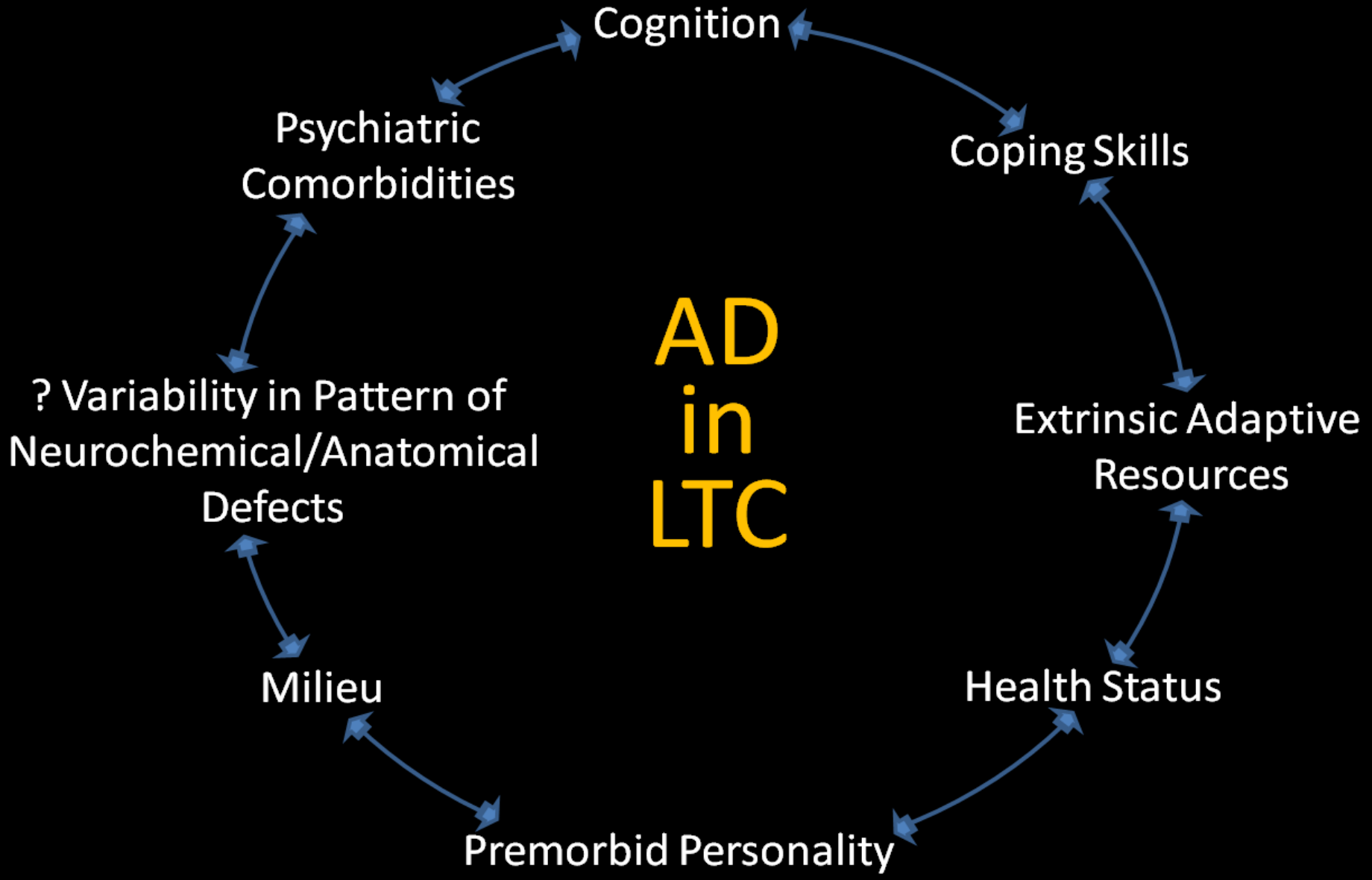


The Usual & Customary Practice

7% of telephone calls to two study nursing homes involved psychotropic drugs. Of 42 calls only 4 were followed by a physician examination within 3 days

Sloane P., Lekan-Rutledge D. JAGS 1988;36:574.

Behavior Problems in Dementia



Causes of Behavior Problems in LTC

Behavior

- Disease oriented conceptual model
- Social systems conceptual model

Other explanations for behavior in the demented/non-communicative resident:

Appropriate agenda/inadequate cognition

Fatigue

Fear

Discomfort/pain/cold/physical need

In the dementia patient the most common cause of …

- agitation
- violence
- aggression
- assault
- resistance

behaviors are misinterpretations of reality due to the dementia

Aggression in Dementia

- usually in moderate to severe disease
- territoriality
- male/male dominance
- psychosis especially with paranoia at the end
- fear
- pain
- frustration, irritation, anxiety
- Depression
- bipolar disorder

Aggression in Dementia *cont'd*

- Infections
- Head trauma
- Pain or discomfort
- Worsening of a medical illness
- Developing a new illness
- Change in the environment

Aggression in Dementia *cont'd*

- New people in their life
- Problems with sleep
- Worsening of the dementia
- Developing delirium
- MEDICATION

Predictors of Violence in Dementia Patients

- past history of physical or sexual abuse
- brain injury
- paranoia
- physical strength, mobility and speed
- opportunity
- weapons