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

Module I

Dr. David A. Smith, M.D., FAAFP, CMD
Cell Phones and Pagers

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• If you must answer a call, please be considerate of other attendees and leave the room before you begin to have your conversation.
Presenter:

Dr. David A. Smith, M.D., FAAFP, CMD
Approved for Contact Hours

- Participants must be present for the entire program.
- Participants are required to sign in (or register online).
- Participants will be required to complete an evaluation form at conclusion of presentation (for learner-paced, completion of a post-test).
EVALUATION SHEET

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What do you think?

• Your feedback is important to us.
• Click on ‘SURVEY’ in the upper right of the presentation screen.
• It will take less than 5 minutes.
Objectives: Module 1

- List eight (8) possible etiologies of dementia and masquerading conditions.
- Identify at least five (5) or more of the twelve most common “problem behaviors” when dealing with elderly residents with dementia/mental illness.
- List four (4) or more identifiers for aggressive behavior.
- Discuss the predictors of violence
Module I

Behavior Problems: Dementia and Mental Illness in LTC

Epidemiology, Causes, Effects, Team Process and Drug and Non-Drug Therapy

Dr. David A. Smith, M.D., FAAFP, CMD
Behavior Problems in LTC:
Epidemiology
Mental Illness in the Nursing Home

- Dementia … \( \approx 70\% \)
- All Pathologies … \( \approx 90\%+ \)
- Behavior Problems … \( \approx 40\% \)
  - ↓Function/Falls, ↓Q of Life, ↑Meds, Restraints
  - Depression \( \rightarrow \) ↑Mortality
Alzheimer’s Dementia: The Numbers

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

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

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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
Vascular dementia

- Multi-infarct dementia
- Strategic single infarct
- Multiple lacunar infarcts
- Binswanger’s disease
- Dementia after hemorrhagic cerebrovascular accident
- Genetic arteriopathies

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

<table>
<thead>
<tr>
<th>Disturbance</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apathy</td>
<td>72*</td>
</tr>
<tr>
<td>Agitation</td>
<td>60*</td>
</tr>
<tr>
<td>Anxiety</td>
<td>48*</td>
</tr>
<tr>
<td>Verbal aggressiveness</td>
<td>45†</td>
</tr>
<tr>
<td>Irritability</td>
<td>42*</td>
</tr>
<tr>
<td>Aberrant motor behavior</td>
<td>38*</td>
</tr>
<tr>
<td>Dysphoria</td>
<td>38*</td>
</tr>
<tr>
<td>Disinhibition</td>
<td>36*</td>
</tr>
<tr>
<td>Delusions</td>
<td>22*</td>
</tr>
<tr>
<td>Physical threats/Violence</td>
<td>15†</td>
</tr>
<tr>
<td>Hallucinations</td>
<td>10*</td>
</tr>
</tbody>
</table>

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

* Mega; †Harwood.

**Characteristics of AD Patients in LTC: Behavioral Symptoms**

<table>
<thead>
<tr>
<th>Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication difficulties</td>
</tr>
<tr>
<td>Passive aggression</td>
</tr>
<tr>
<td>Disruptive behavior</td>
</tr>
<tr>
<td>Manipulative</td>
</tr>
<tr>
<td>Demanding interaction</td>
</tr>
<tr>
<td>Speech content</td>
</tr>
<tr>
<td>Socially objectionable</td>
</tr>
<tr>
<td>Verbal aggression</td>
</tr>
<tr>
<td>Noisy</td>
</tr>
<tr>
<td>Active aggression</td>
</tr>
<tr>
<td>Restlessness</td>
</tr>
<tr>
<td>Delusions/hallucinations</td>
</tr>
</tbody>
</table>

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
- Pester ing or unreasonable demands
- Reclusive
Problem Behaviors in the Elderly (Smith’s List)

- 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 Mean?
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 temporary 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

Behavior Problems in Dementia

- Cognition
- Coping Skills
- Extrinsic Adaptive Resources
- Health Status
- Premorbid Personality
- Milieu
- Psychiatric Comorbidities
- Variability in Pattern of Neurochemical/Anatomical Defects

AD in LTC
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
Thank you!