

Grandma DID WHAT? SHE WENT WHERE? Managing Anxiety & Disruptive Wandering in Individuals with Alzheimer's disease



Managing Anxiety & Disruptive Wandering in Individuals with Alzheimer's disease

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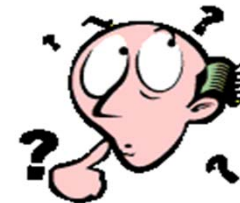
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Confusion: Mentality/Cognition

- The quickness of thinking normally slows as an individual ages
- But thinking processes are generally not affected
- Dementia is not a normal part of the aging process
 - it is an organic disorder involving progressive loss of the capacity to think and remember



Normal Aging Changes

- Vision
- Hearing
- Elimination



Alzheimer's dementia

- Memory impairment with
 - Aphasia (language disturbance)
 - Apraxia (impaired ability to carry out motor functioning)
 - Agnosia (failure to recognize familiar objects)
 - Disturbance in organizational skills (planning, organizing, sequencing, abstract thinking)

Early Alzheimer's disease

- Memory loss or other cognitive deficit
- Person realizes he/she is forgetting
- Initially individual can compensate
- Able to function independently



Mild behaviors (Early Stage)



- Poor short term memory
- Confusion
- Forgets names & words, might make up words or quit talking to avoid mistakes
- Repeats questions, phrases or stories, in same conversation
- Forgets own history, recent personal events, & current events

Communication (Early Stage)

- May converse normally
- Begins to have difficulty expressing self
- Even if unable to speak well-is able to respond to what you tell him/her-to your emotion & to humor
- Increasing difficulty comprehending reading material



Personality (Early Stage)

- Apathetic, withdrawn, avoids people
- Anxious, irritable, agitated
- Insensitive to other's feelings
- Easily angered
 - Frustrates easily, tires easily, feels rushed, surprises easily
- Idiosyncratic behaviors start to develop
 - Hoards, checks repeatedly, or searches for objects of little values
 - Forgets to eat or eats constantly



Middle Stage

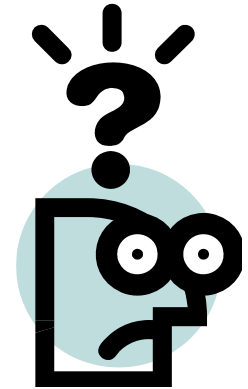
Memory loss or other cognitive deficits noticeable

Mental abilities

Physical problems develop so that the person becomes more dependent



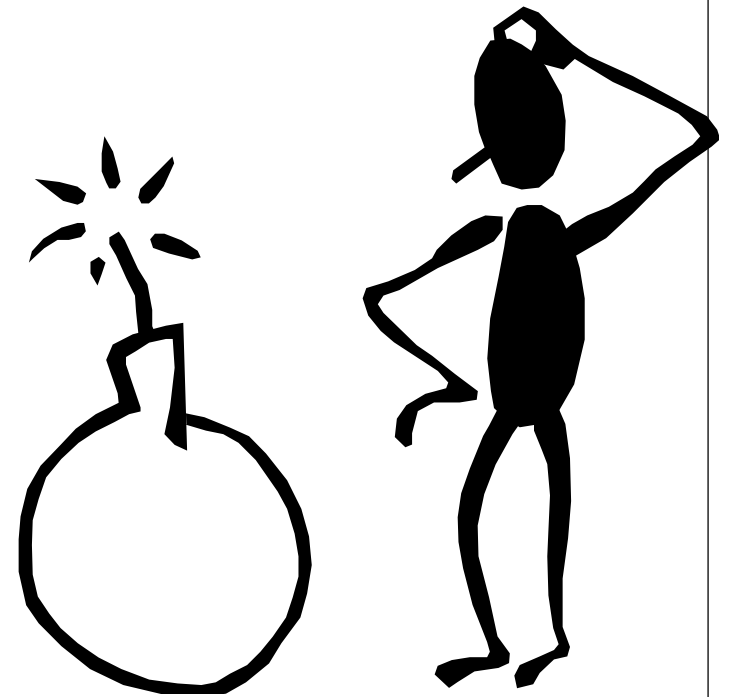
Behaviors (Middle Stage)



- Significant cognitive decline & memory problems
 - Increasing difficulty in sorting out names & faces of family and friends
 - Is able to distinguish familiar from unfamiliar
 - Still knows own name
 - No longer remembers addresses or phone numbers
 - Can no longer think logically or clearly
 - Cannot organize own speaking or follow logic of others
 - Unable to follow written or oral instructions
 - Unable to sequence steps
 - Arithmetic & money problems escalate
 - Disorientated
 - Season, day of week, time of day

Behaviors (Middle Stage)

- Communication skills worsen
 - Problems with speaking, understanding, reading, & writing
 - Repeats stories, words, & gestures
 - Repetitive questions
 - Problems finishing sentences
- Apathy, withdrawn
- Anxious, agitated
- Suspicious/paranoid
 - Accuse spouse of having an affair
 - Frequently accuse family of stealing
- Delusions/hallucinations
 - May hear, see, smell, or taste things that are not present



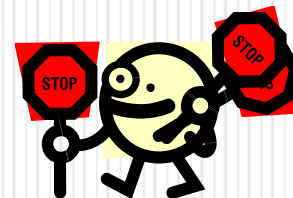
Late Stage

- Mental abilities decline
- Personality changes
- Physical problems begin
- Complete deterioration of personality
- Loss of control of bodily functions
- Cognition
 - Appears uncomfortable
 - Cries when touched or moved
 - Can no longer smile
 - Either unable to speak or speaks incoherently
 - Cannot write or comprehend reading material



Pharmacological Interventions

Aimed at slowing the disease process & treating behavioral problems



Nonpharmacological management

- Routine, Routine, Routine
- Consistency in Environment, Caregiver
- Familiarity
- Memory Therapy
- Exercise Therapy
- Music Therapy



Causes of Anxiety

- ✗ Urinary tract infection (UTI)
- ✗ Upper respiratory infection (URI)
- ✗ Constipation
- ✗ Dehydration
- ✗ Hypothyroidism
- ✗ Depression
- ✗ Endocrine or other neurological problem
- ✗ Medications (over the counter as well as prescription)
 - + antidepressants with stimulating properties or caffeine can cause or exacerbate anxiety



Delirium

- Sudden severe confusion and rapid changes in brain function that occur with physical or mental illness
- Usually has a treatable cause



Treating Delirium/Anxiety

- if a new medication is causing anxiety-consider stopping that medication
- if a UTI or URI is causing the problem-treat the infection
- if dehydration is causing the problem-increase fluids to a minimum of 1000cc water per day (plus tube feeding or diet) unless contraindicated
- evaluate environment and any other factors which may be contributing to the problem
- consider medications to treat Alzheimer's disease if patient is confused

Inappropriate Behaviors or Aggression

- Many behaviors are directed toward getting attention or affection
- Loss of Impulse control
 - Act on thoughts without thinking
 - Say things as they come to mind



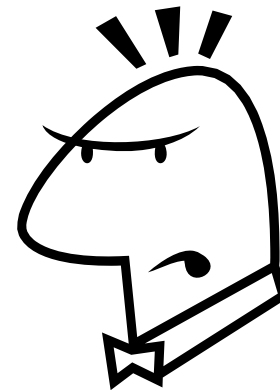
Unusual Behaviors

- Repetitive questioning, actions, or movements
- Trailing the caregiver
- Hiding or losing things
- Fidgeting or 'pill rolling'
- Lack of inhibition
 - Undress in public
 - Stroking genitals
 - Behaving rudely (insulting, spitting, swearing)
- Shouting or screaming
- Persistent phone calls to relatives, friends, or the police



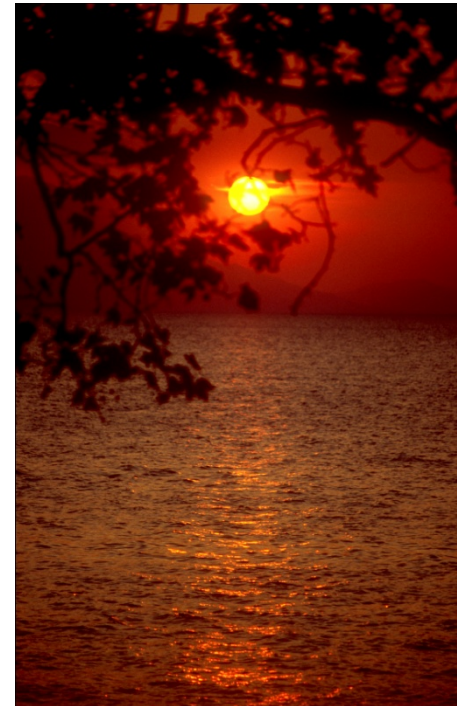
Common Triggers of Agitated Behaviors

- Asking person to do more than a they are capable
- Having too much noise or activity
- Changing
 - routine
 - where person lives
- Having too many people around
- Planning bath time
- Asking person to change clothes



Sundowning

- A burst of energy a person with dementia experiences in the evening or night-time hours
- Can begin as early as 2 to 3 pm
- Highest number of incidents reported between 6 to 8 pm



Sundowning



- Getting up unassisted
- Wandering into the wrong room
- Showing increased confusion with elevated agitation
- Exhibiting increasingly repetitive actions or speaking patterns
- Engaging in combative behaviors

Night-time Wandering



- Is too disorientated to know what time it is
- Has days and nights mixed up
- Is too active during the day
- Is having reaction to medications
- Needs to use bathroom
- Doesn't need as much sleep as when he or she was younger
- Has gone to bed too early-advanced sleep cycle can be a normal part of aging
- Can't separate dreams from reality

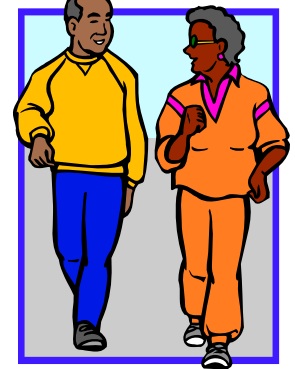
REM Behaviors Disorder (RBD) or Dream Directed Behaviors

- Sleep disruption
- Vivid dreams
- Physically acts out violent dream-directed behaviors as if awake
- a dissociated form of REM sleep that lacks muscle atonia
- Onset is in the 6th to 7th decade
 - Male preponderance



Communicating with Elders diagnosed with Dementia

- Speak in simple, short sentences
- Make sure the person can see you speaking and use low tone in voice so person can hear
- Give single commands or instructions
 - Multiple questions or commands will cause confusion
- Give only 2 or 3 choices
 - Open ended options will cause frustration
- Smile & praise accomplishments
- Take time-dementia patients process information a little slower-give him/her time to respond
- Stand close to the person, use touch
 - Closeness can offer security
 - Be careful-watch for aggression
 - Blows from close offer less punch than when delivered from far away



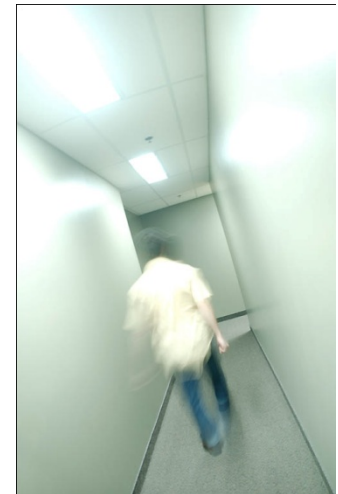
In General: Things to DO/NOT DO

- Do say comfort words
 - May I help you?
 - You're safe here
 - Everything is under control
 - I apologize
 - I'm sorry that you are upset
 - I know it's hard
 - I will stay until you feel better
- Do Not
 - Raise voice
 - Argue or try to reason with person who is disorientated
 - Try to grab or corner person
 - Show you are afraid
 - Let person hurt your feelings



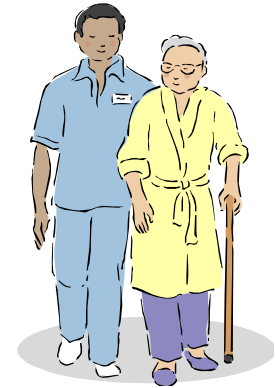
Why Wander?

- Person has paced or walked all of their life
- Behavior comes from habits established early in life
- Searching for something familiar
 - especially if their environment has changed
- Trying to find something
 - Looking for bathroom
 - Looking for something to eat
 - Looking for warmth
 - Is lonely
 - Looking for a loved one
 - Is bored
 - Is feeling trapped or agitated



Disruptive Wandering

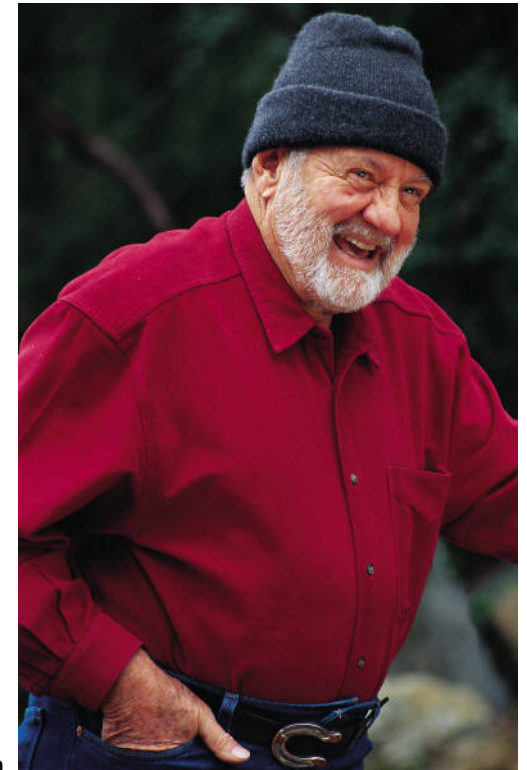
- Do not abruptly change direction
 - Walk with, lead by hand/arm, then turn in appropriate direction
 - Do not grab by arm
- Do not surprise person
 - Diminished peripheral vision
 - Diminished hearing
- Safe environment
 - Block electrical outlets
 - Place sharp objects out of reach
- Visual Cues
 - Pictures-older ones (short-term memory loss)
 - Red doors
 - Black line in front of doorways or off limit places
 - Black rectangular or oval rugs in front of doorways
- Other
 - Productive CHORES
 - Place medications of sight and reach
 - Designate a drawer or place where the person can rummage



Issue	Action
Safety	<ul style="list-style-type: none"> ▪ Occupational and physical therapists can evaluate the home for safety, manage behavior disorders, and to plan for change as dementia progresses ▪ Protective measures (e.g., hiding knives, unplugging the stove, confiscating car keys) may be required ▪ If patients wander, signal monitoring systems can be installed, or patients can be registered in the Safe Return program
Environment	<p>At home or in an institution, preserve feelings of self-control and dignity:</p> <ul style="list-style-type: none"> ▪ Frequent reinforcement of orientation ▪ Bright, cheerful, familiar environment ▪ Minimal new stimulation ▪ Regular, low-stress activities
Drugs	<ul style="list-style-type: none"> ▪ Complete review of drug therapy, with addition of anti-dementia therapy if needed ▪ Eliminate or limit drugs with CNS activity to improve function ▪ Avoid sedating and anticholinergic drugs, which tend to worsen dementia
Caregiver assistance	<ul style="list-style-type: none"> ▪ Nurses and social workers can teach caregivers how to meet patient needs (e.g., daily care, handling financial issues) ▪ Other resources: support groups, educational materials, Internet ▪ Watch for symptoms of caregiver stress and burnout and suggest support services (e.g., social worker, nutritionist, nurse, home health aide).
End-of-life	<ul style="list-style-type: none"> ▪ Appoint a family member, guardian, or lawyer to oversee finances. ▪ Clarify the patient's wishes about care and financial/legal arrangements

Wandering

- ❖ Environment
 - ❖ Safe environment
 - ❖ Circular pathway
 - ❖ Dark rugs in front of doorways
- ❖ Make sure person gets enough
 - ❖ Exercise
 - ❖ Sleep
- ❖ Keep person occupied
 - ❖ Let person do chores
 - ❖ Reminisce
- ❖ Visually Disappear
 - ❖ Cover door knobs with cloth or paint them the same color as the wall so person will not notice the knob
- ❖ Safety
 - ❖ Keep all doors secured
 - ❖ Home Environment-Consider a keyed deadbolt
 - ❖ Use safety latches up high or very low on doors leading to the outside
- ❖ Have person wear ID bracelet
- ❖ Keep recent photographs or videotape of your loved one if person becomes lost
 - ❖ Know color of person's wearing/type outfit



Develop a Plan of Action

- If person wanders outside-be familiar with places to look or a trail the person usually follows
- Set time limit to call 911 for help
- Keep up to date photographs of person
- Make sure the person has identification on which cannot be removed
- Safe Return program ideas from the Alzheimer's Association



Live 24-hour emergency response service for wandering and medical emergencies

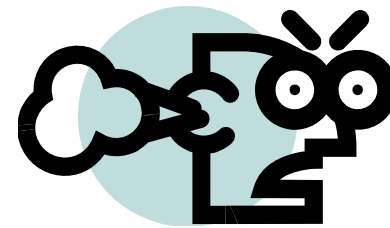
MedicAlert & Safe Return

- 24 hour emergency response service for wandering and medical emergencies
 - One call immediately activates a community support network
 - When person found, a citizen or law official calls the toll-free 24-hour emergency response number on the identification product & the caregiver or family is notified
 - If medical attention is necessary-access to health record is immediately available
 - MedicAlert bracelet, wallet card, health record summary, & brochure 1-800-572-8566



Managing Inappropriate Behaviors

- Remain calm
 - Even in the presence of offensive situations
 - Calm voice
- Don't act surprised
- Becoming upset will cause the person to become more inappropriate
 - Mirroring emotions



Managing Inappropriate Behaviors

- Avoid drawing attention to the person
 - Try to divert attention of others to something else
- Distract the person with another activity or to another area
- Validate the emotional content of what the person is saying
 - Do not scold or shame the person
 - Do not talk to them as if they were a child
- Maintain a sense of humor



Managing Inappropriate Behaviors

- Look for patterns of aggression
- Find simple tasks the person can do to be helpful
 - Winding a ball of yarn
 - Dusting
 - Stacking magazines
 - Folding washcloths
- Do not,,
 - confront the person
 - try to discuss the angry behavior
 - initiate physical contact during an angry outburst
 - take the aggression personally
- Provide a time-out way from you (safe exit)



Managing Inappropriate Behaviors

- Keep everything simple, easy, quiet, and calm
- Be flexible
 - Change scheduled activity if person becomes agitated
- Soothe
 - Simple repetitive activities such as massage, hair-brushing, or giving a manicure
- Compensate
 - Do not give a person an activity which is too demanding
 - Praise person



Validation techniques



- Agreeing with the feelings involved in the person's experience
- Do not argue about the content or interrupt with facts and corrections
- Tell & show the person you are listening-ask questions
- Rephrase what you are hearing to show the person you are listening

Some causes of Inappropriate Behaviors

- Can be caused by
 - Hallucinations
 - Seeing or hearing things that are not there
 - Delusions
 - False beliefs despite evidence to the contrary



Dealing with Hallucinations & Delusions

Requires patience & willingness to listen

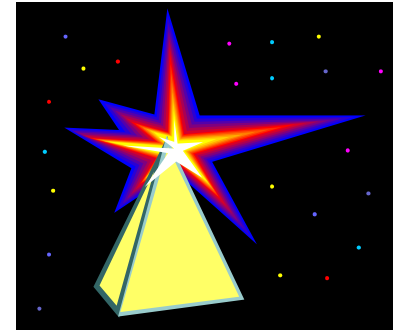


Dealing with Hallucinations & Delusions

- Do not contradict the person's belief
- Encourage the person to give more details about the event he/she is describing
- Attempt to focus on what is reality may cause increasing anxiety, aggression, or other unwanted behaviors



Environment Safety



- Lighting
- Colors
 - Trouble differentiating yellows & oranges
 - Yellowing of eyes as one ages
 - Use blues, greens, black, or bright colors
- Wallpaper
 - Busy wallpaper can be confusing
 - Solid colors
 - Simple patterns
- Rugs
 - Double sided tape to prevent slipping/falls
 - Dark rugs in front of areas you do not want person to go
- Meal time
 - Contrasting colors
 - tablecloth, plate, utensils, and foods
 - Use colored plates to prevent light colored foods from disappearing from person's sight
 - Hearing changes
 - High pitches
 - Sh, ch, th
 - Noisy-causes distractions

Bathing

Success vs Battle



- Tell person what is happening one step at a time
 - Ask person to check water temperature
 - Invite person to help
 - Give person washcloth even if they cannot help wash
- Help person cover face with a towel when you wash hair-keeps water from getting in person's eyes
- Keep person covered
 - Lay towel across lap or chest
 - Use washcloth to clean under towel
- If person gets upset about getting wet
 - Start at feet and slowly move up
- Try talking, singing, or asking person to hold soap

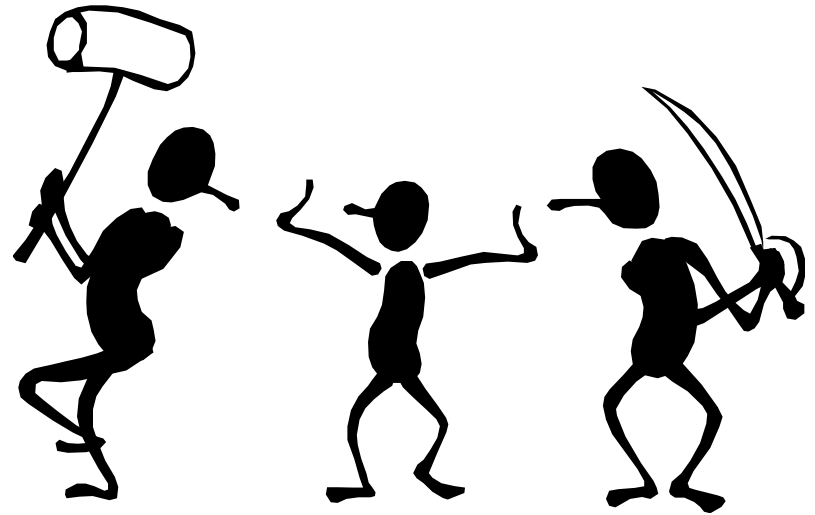
Sleeping



- Keep a small light in room
 - Especially if person is afraid of the dark
 - Shadows can be seen as hallucinations
 - Helps prevent falls due to toileting at nighttime
- Fear
 - Seeing or hearing things that are not real
 - Sit with person to calm and assure them
 - Do not argue it is not real
 - Distract them, tell them you put the cat out, etc.
- Check if room is too warm or cool
- Try 'white noise'
 - Hum of a fan or soft music
 - Avoid a lot of words in music
 - Avoid using television or radio station that has people talking frequently
- Offer a snack
- Limit daytime napping if person up frequently at night

Do's & Don'ts

- Do take a deep breath
- Don't argue
- Don't try to reason with person
- Don't correct or fuss at person for getting something wrong
- Don't say 'I just told you that'
- Don't ask person to 'remember' things
- Don't say 'You can't do that by yourself'
 - Say "Do as much as you can and I will help you"
- Don't demand things from person
- Don't try to make person see things from your point of view-this ability is gone





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Caregiver Survival 101: Managing Problematic Behaviors individuals with Dementia



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