

Understanding and Coping with Common Behavioral Problems Associated with Dementia

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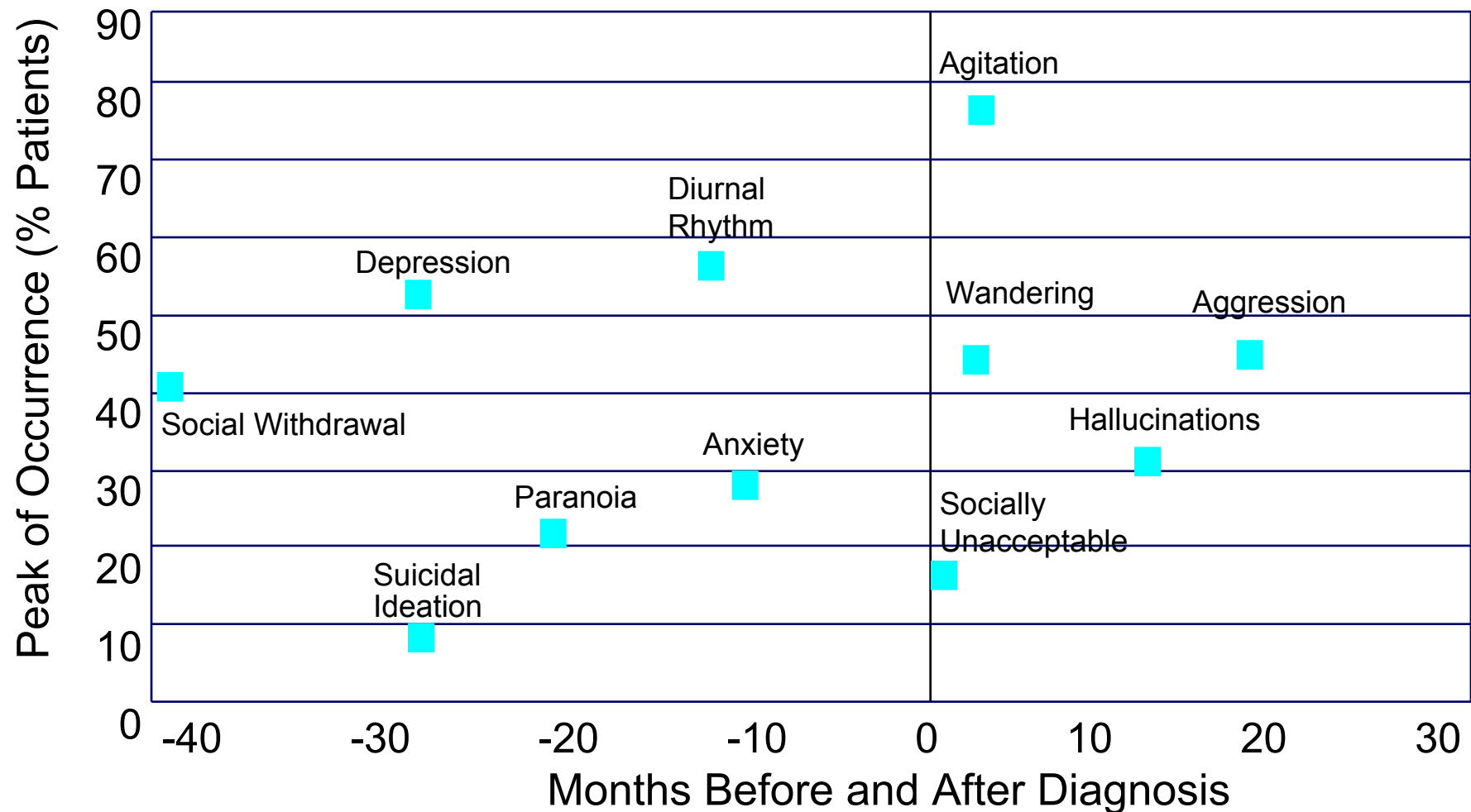
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Five Key Points

- The type and timing of behavioral symptoms will vary according to the type and stage of dementia because different dementias damage different brain regions at different times over the course of the illness.
- At least one-third of the time the onset of behavioral problems signals the presence of an underlying medical problem or illness and a careful medical evaluation is essential.
- Individuals living with dementia may develop behavioral problems due to medications so beware of **anticholinergic** medications and the potential harm that may occur from the prescription of too many medications or too large of a dose of a particular medication.
- Behavioral interventions have very little if any risk of toxicity so they should be employed first. When behavioral interventions alone are not successful, then combining pharmacological and behavioral strategies usually yields the best results.
- Remember that symptoms evolve over the course of dementia and may disappear so attempts to taper psychiatric medication should occur.

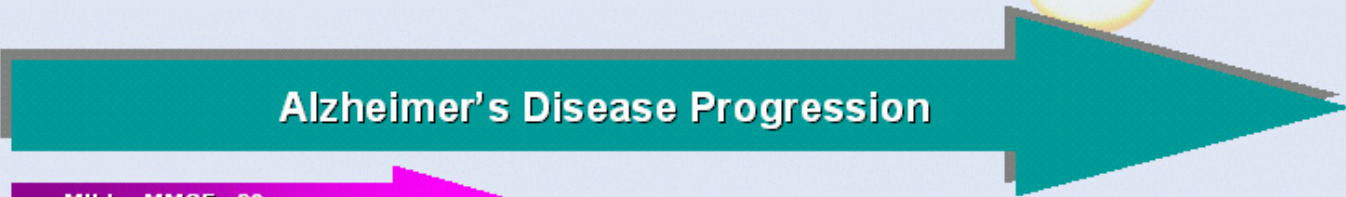
Symptoms Vary According to Dementia Stage: Peak Frequency With Alzheimer's Dementia



Symptoms Vary According to Severity of Cognitive Impairment

Progression of Alzheimer's Disease

Alzheimer's Disease Progression



Mild - MMSE >20




- Forgetfulness
- Problems with shopping, driving, and hobbies
- Depression

Moderate - MMSE 10-20



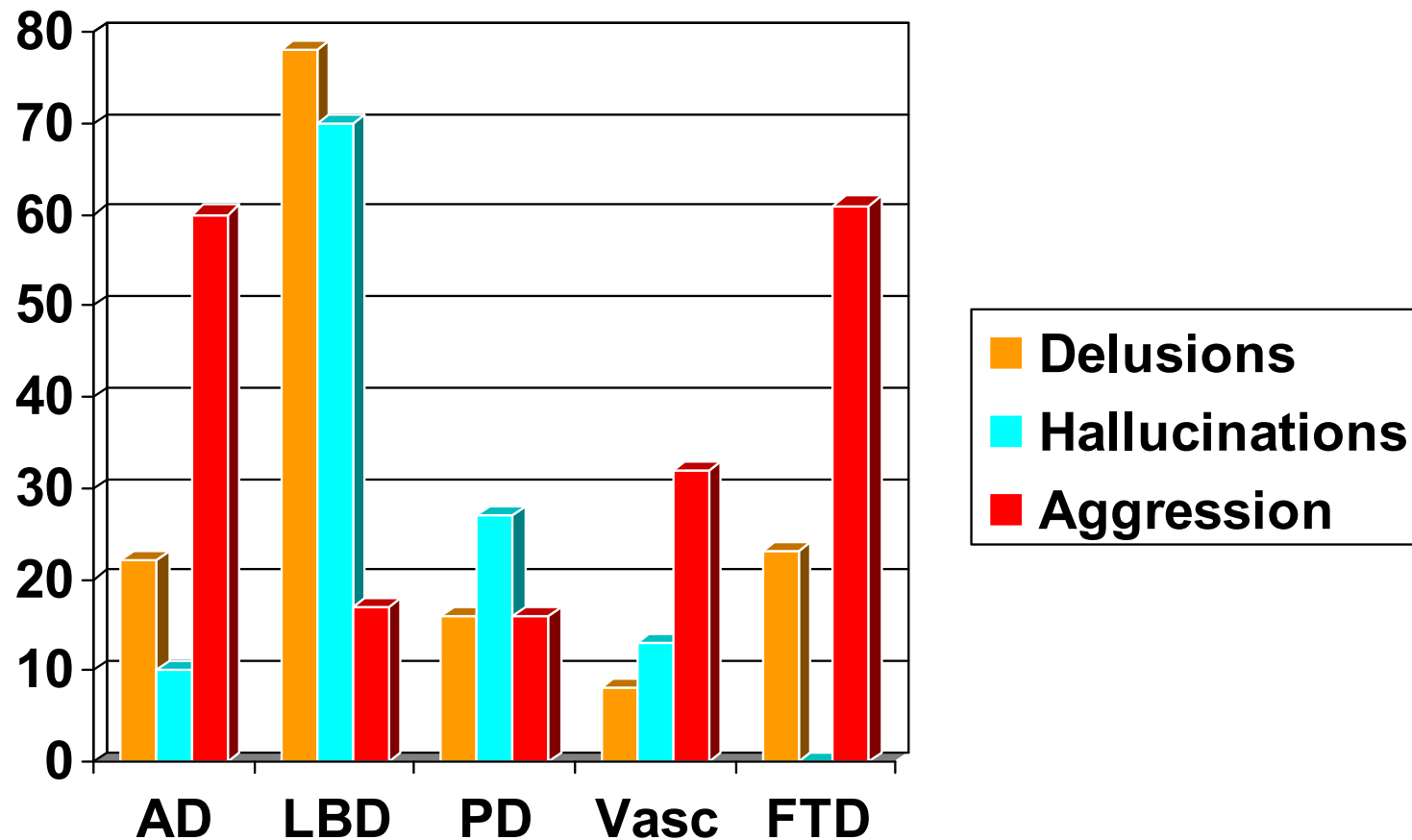
- Impairment of recent memory
- Require help with ADLs
- Wandering
- Insomnia
- Delusions

Severe - MMSE <10



- Very limited language
- Loss of basic ADLs
- Agitation
- Incontinence

Symptom Variation According to Dementia Type: Percent of Patients with Each Symptom



*Cummings JL, Mega M, Gray K *et al.* The neuropsychiatric Inventory: comprehensive assessment of psychopathology in dementia. *Neurology* 1994; 44:2308-2314.

Possible Causes of Behavioral Symptoms in a Patient with Dementia

- Exacerbation of pre-existing medical illness
- Onset of new medical problem
- Medication toxicity (e.g. polypharmacy or suboptimal prescribing)
- Drug or alcohol intoxication
- Drug or alcohol withdrawal
- Exacerbation of pre-existing psychiatric illness
- Onset of a new psychiatric illness
- Delirium
- Other possible causes include environmental factors such as boredom, noise, lack of structure, lack of an activity program, frequent changes in environment

Appropriate Evaluation

- Behavioral symptoms should be viewed as a signal of an underlying medical problem until proven otherwise and should trigger a careful medical evaluation which includes:
 - History gathering including careful review of medication list
 - Physical examination including Mental Status
 - Lab tests (including serum drug levels)
 - Brain imaging
 - Other tests
- Research
 - Study Population (N=79)
 - Consecutively admitted from 5/99 – 10/99
 - Mean age = 78 years
 - 92% Caucasian
 - 51 female and 28 male
 - Results: 34% had unrecognized medical illness

Woo BKP et al. *J Geriatr Psychiatry and Neurol* 16:121-125, 2003

Guidelines for the Use of Medications: Avoiding Suboptimal Prescribing and Polypharmacy

- For any indication, the medicine most appropriate for an older patient should be used
- Medications from the **Beers Criteria** should be avoided
- Whenever possible, using one medication to address more than one symptom is desirable
- When switching treatments, the impact of the switch should be carefully evaluated
- Request/insist that prescribing clinicians coordinate care (especially medication use) with each other

The Psychobehavioral Metaphor: Selecting a Medication for Problem Behaviors in an Individual Living with Dementia

- The psychiatric medication prescribed should be based on the hypothesized underlying psychiatric or medical condition using the **psychobehavioral metaphor**
- Examples:
 - Depression → irritability → aggression
 - Paranoia → fear → aggression
 - Embarrassment → disinhibition → aggression
 - Pain Disorder → movement → aggression

Pharmacologic Treatment: General Principles

- When medications for behavioral symptoms are needed:
 - Depending on treatment setting and symptom acuity the optimal approach is to:
 - start low, go slow and determine the lowest effective dose or
 - especially for inpatients, start low, increase relatively swiftly and then communicate with the outpatient team regarding the possible need for dose reduction at some point shortly after discharge in order to determine the lowest effective dose
 - Because behavioral symptoms may remit as the illness progresses, after a few months, the medication should be tapered and the patient observed for relapse

Sleep Disturbance

- Insomnia is common in patients with Alzheimer's disease and is a source of considerable caregiver burden and stress
- Among the many factors and conditions that may contribute to insomnia in a patient living with Alzheimer's disease are:
 - Decreased function of the brain center that regulates our sleep-wake cycle (the internal or biological clock) due to aging, medications, or illness including Alzheimer's
 - Medical problems like orthopnea, GERD, pain
 - Specific sleep disorders such as sleep apnea
 - Psychiatric disorders like depression
 - Specific medication such as diuretics especially when given near bedtime
 - Daytime drowsiness and associated day time sleep periods
 - Phase-advanced sleep i.e. going to bed too early in the evening
 - Dietary factors like caffeine or alcohol
 - Lack of exercise and activity during the day
 - Inadequate bright light exposure or other environmental problems

Sleep Disturbance

- The optimal treatment of the insomnia will depend on the underlying cause or causes. Possible helpful treatments include:
 - Enrollment in a day care program
 - Bright light exposure first thing in the morning and the avoidance of bright light in the afternoon and evening
 - Regular physical exercise especially in the first half of the day
 - Optimizing sleep environment
 - Maintaining regular hours of sleeping and of being awake
 - Avoidance of daytime napping
 - Routine acetaminophen around bedtime to reduce physical pain
 - A medicine for GERD or other medication adjustments
 - Use of CPAP or BiPAP equipment for patients with sleep apnea
 - Medication for a mood disorder
 - Medications for sleep

Wandering

- Wandering is a common and frequently serious problem
- It may prevent day care participation or relocation to an assisted living or nursing facility
- It may place individuals living with dementia in grave danger
- Wandering sometimes increases when a person living with dementia moves to a new home, starts a day care program or for some other reason is in a new environment
- Nighttime wandering may deprive family caregivers of rest
- When a person with dementia gets lost, just like anyone else, he or she may feel anxious or panicky or may feel a need to keep secret that he or she is lost
- Wandering may be a way of expressing restlessness, boredom, the need for exercise, or the need to use the toilet
- The optimal intervention for wandering depends on the cause(s) so the first step is a careful evaluation

Wandering

Cause	Possibly Helpful Specific Interventions
Getting lost but still able to read	1) A pocket card with simple written instructions; 2) Safe Return Program or medic alert bracelet
Relocation to a new environment	1) Plan in advance of the move to make the move as easy as possible; 2) Based on degree of preserved intellectual functions, introduce new environment gradually, involve person in the planning, or possibly visit new environment often prior to the permanent move
Relocation to day care center	1) Involve patient in the day care program early in the course of illness; 2) Keep first few visits brief; 3) Have primary caregiver remain with patient for the first few visits; 4) Have a staff person from the program visit patient at his or her home prior to first visit; 4) Offer reassurance e.g. "You are at the day care center. You will go home at 3 PM."

Wandering

Cause	Possibly Helpful Specific Interventions
When the wandering seems aimless	Consider exercise like a long vigorous walk each day
When the wandering seems to be related to feeling lost or searching for things	1) Surround the person with familiar things like photos of family members; 2) Help the person feel welcome by striking up a conversation or having tea together
Restlessness or boredom	Provide the person with a task like dusting or stacking books
Manic-like behaviors	Consult with a clinician. Anti-mania medication may be helpful.

Wandering: Possibly Helpful General Interventions

- Move door locks low to the ground
- Install special door or window locks that are multi-step or new and novel
- Substitute slippers for shoes
- Install signage like a red octagon on exit doors
- Alarm or other devices that signal when a person is up at night or exiting the home or unit
 - Motion detectors that turn on lights and or emit a sound (Wander guard systems)
 - Monitors that transmit sounds
 - Pressure sensitive bed alarms
 - Home videos that convey a message

Coping with Delusions, Illusions, and Paranoia: Behavioral Strategies

- Illusions

- **Definition:** a misperception of a real external stimulus. Examples: a rustling of leaves is heard as the sound of voices; water running in the shower is heard a ringing phone
- Possible helpful interventions:
 - Reassure and educate
 - Attempt to alter the environment if possible
 - Correct sensory deficits (e.g. eye glasses, hearing aids)
 - Medications usually not needed

- Delusions

- **Definition:** A fixed false belief that is not altered by a rational argument to the contrary
- Possibly helpful interventions:
 - Do not attempt to talk someone out of a delusion or debate the reality of a delusion.
 - Keep calm. Intense emotion tends to make delusions more severe or resistant to change
 - Acknowledge and verbalize the associated emotions or feelings
 - Try **redirection**
 - Medications may be needed

Coping with Delusions, Illusions, and Paranoia: Behavioral Strategies

- **Redirection**

- Represents a thwarting of a goal-directed behavior
- May trigger frustration and agitation
- **Simple Redirection**
 - A compliment or a request for help
 - E.g. “My that’s a beautiful sweater!”
- **Complex Redirection: 4 steps**
 - Validate: “You look worried”
 - Join: “You’re looking for...I’m trying to find...Let’s look together...”
 - Distract: “Let’s look over there...”
 - Redirect: “That coffee smells good. Do you want a cup?”

Keeping You and Your Loved One Safe

- Environmental and home safety
 - Use non-skid mats for bath tubs
 - Remove all throw rugs
 - De-clutter the environment
 - Install grab rails for bath, hall, bedroom
 - Place a temperature control/governor on the water heater
 - Install fire, gas, smoke, heat alarms and regularly check and replace the batteries
 - Purchase a shower seat
 - Install “child proof” latches on cabinets containing hazards
 - Remove matches from the environment and begin using a long-reach lighter for lighting the stove
 - On electric stoves, install a timer so that it only works between certain hours

Keeping You and Your Loved One Safe

- Caregiver safety
 - Get adequate rest
 - Keep your medical appointments
 - Don't hesitate to ask for help
 - Schedule time to rest, relax, and socialize
 - Take full advantage of community resources
 - Think about how to make your home more “**senior friendly**”
 - Be realistic about what you can do and do not ignore signs of impending danger:
 - Increased speaking volume
 - A clenched fist
 - A clenched jaw
 - Paranoid delusions and accusations

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