Managing a Dementia Behavior Crisis

For Family Caregivers

Aida Wen, MD

Department of Geriatric Medicine
John A Burns School of Medicine
For Catholic Charities Hawaii
June 2022

This presentation was supported in part by the Geriatrics Workforce Enhancement Program (GWEP) DHS, DHHS, Bureau of Health Professions awarded to the Pacific Islands GEC, Grantees carrying out projects under government sponsorship are encouraged to express freely their findings and conclusions. Therefore, points of view or opinions do not necessarily represent official DHHS policy.

Sponsored by

ACL
Administration for Community Living

Catholic Charities Hawai'i
Circle of Care for Dementia

Hale Kū'ike

Pacific Islands Geriatric Education Center
Department of Geriatric Medicine John A. Burns School of Medicine, University of Hawaii

Supported in part by grant No. 90ADPI0011-01-00 from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects with government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy. The grant was awarded to Catholic Charities Hawaii for the Alzheimer's Disease Program Initiative.

Auntie…

Your auntie is a feisty 78-year old lady with mild dementia. She is widowed and has been living with her sister (your mom) for the past 6 months. You are staying at your auntie's place for the week while your mom is away. She is usually pleasant and cooperative.

You wake up on day 4, and she seems a little "off". She refused breakfast because she wanted to sleep and seemed more confused than usual. By afternoon, when you tell her to take her meds, she tells you it is poison, and throws her glass of water at you, and when you try to explain, threatens to call the police.

In retrospect, she has been eating and drinking less for a few days.

Image: https://www.123rf.Com/photo_83686399_stock-vector-cartoon-confused-old-woman-expression-vector-illustration-.Html

Learning Objectives

Know	How to tell if you are facing a “normal” behavior vs. an actual “behavior crisis” Recognizing Delirium Recognizing Psychosis
Assess	Be able to describe behaviors accurately
Do	Identify Triggers Learn Basic Tools of Crisis Intervention Try helpful communication approaches

Know

How to tell if you are facing a “normal” behavior vs. an actual “behavior crisis”

Recognizing Delirium

Recognizing Psychosis

“Normal” Dementia Behaviors

Repetitive Actions

Resistive to Bathing

irritable

Wanting to go home

Repetitive calling out

Accusing others of stealing

Restless

pacing

Refusing to take meds

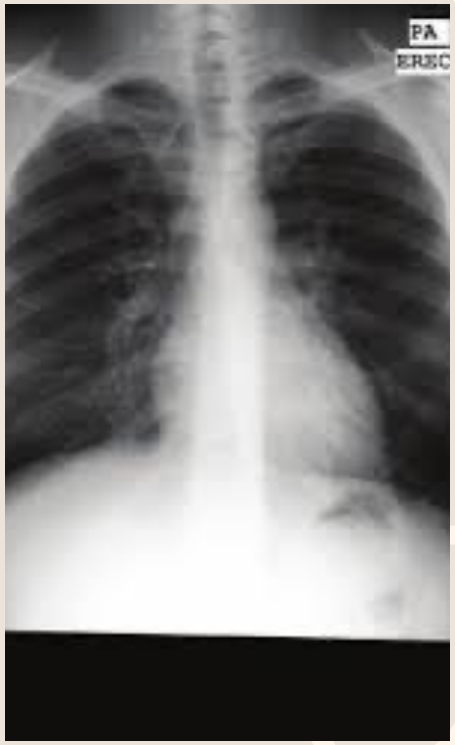
DELIRIUM is a MEDICAL EMERGENCY

Associated with higher mortality, complications, cognitive and functional decline, need for more care…

PREVENTABLE & TREATABLE

Go see the Doctor!

- The Doctor will look for Underlying Medical Problems
  - Physical Exam
  - Lab tests/ X-rays
  - Review of medications
- Discontinue medications that can worsen brain function



We must TREAT the underlying condition!

Some Possible Causes for Delirium

Possible Causes	Ask
Medications	Are there recent medication changes?
Infections	Any fevers, cough, diarrhea, pain with urination?
Dehydration	Drinking less? Low blood pressure?
Low oxygen	Shortness of breath? Fluid overload?
Severe pain	Any recent falls?
Abnormal labs	Any recent changes in medical conditions?

How can we recognize Delirium?

1. **Sudden onset of new behavior (new in past 2 days)**
2. **Trouble paying attention, distracted**

…plus either

3. Disorganized Thinking
   - Confused, disoriented, illogical and “crazy talk”,
4. Level of Conciousness
   - “Hyper- alert”
   - Unusually sleepy
   - Mixed-up day/night

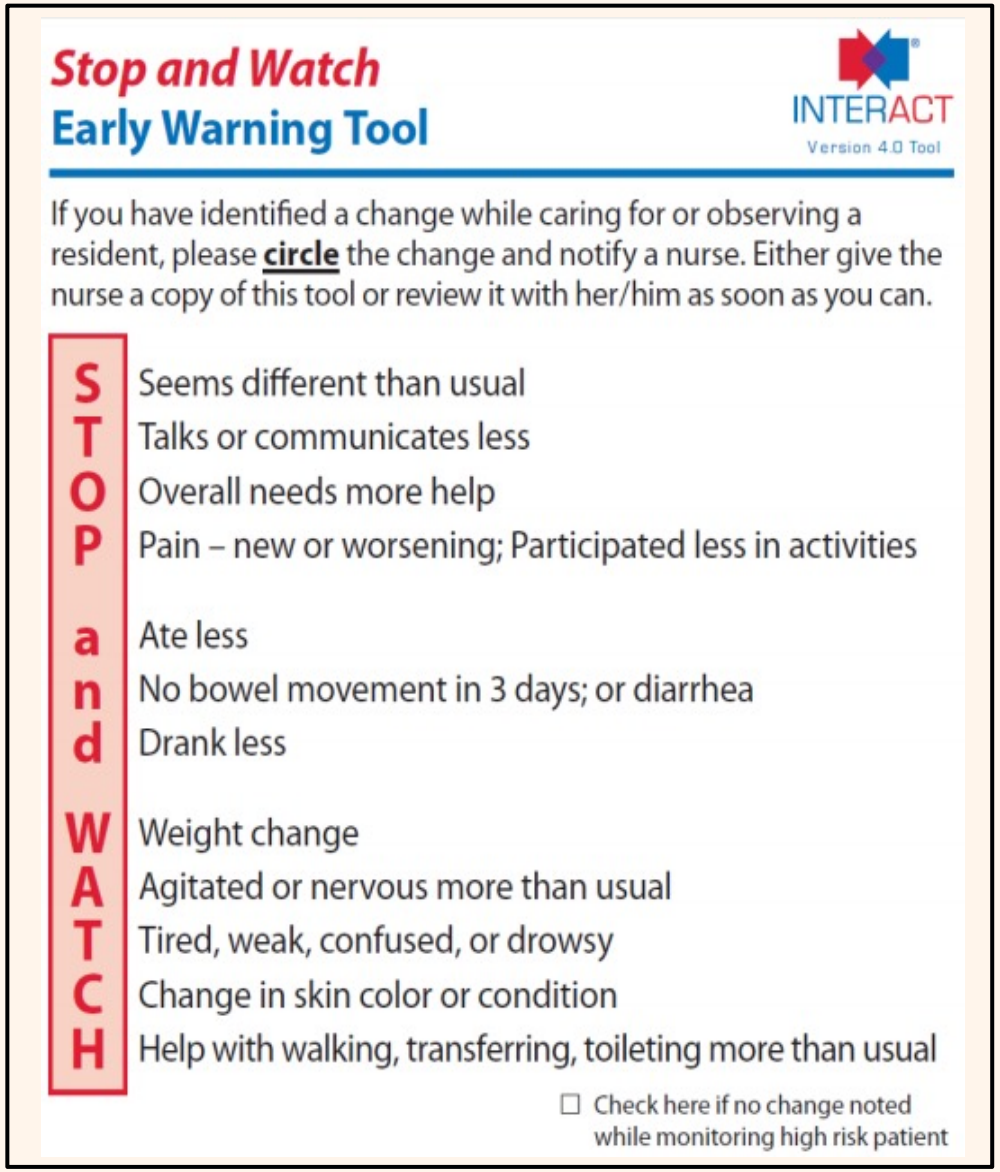
Confusion Assessment Method (CAM)

Does Auntie have Delirium?

Your auntie is a feisty 78-year old lady with mild dementia. She is widowed and has been living with her sister (your mom) for the past 6 months. You are staying at your auntie's place for the week while your mom is away. She is usually pleasant and cooperative.

You wake up on day 4, and she seems a little "off". She refused breakfast because she wanted to sleep and seemed more confused than usual. By afternoon, when you tell her to take her meds, she tells you it is poison, and throws her glass of water at you, and when you try to explain, threatens to call the police.

In retrospect, she has been eating and drinking less for a few days.



Stop and Watch
Early Warning Tool

INTERACT
Version 4.0 Tool

If you have identified a change while caring for or observing a resident, please **circle** the change and notify a nurse. Either give the nurse a copy of this tool or review it with her/him as soon as you can.

S	Seems different than usual
T	Talks or communicates less
O	Overall needs more help
P	Pain – new or worsening; Participated less in activities
a	Ate less
n	No bowel movement in 3 days; or diarrhea
d	Drank less
W	Weight change
A	Agitated or nervous more than usual
T	Tired, weak, confused, or drowsy
C	Change in skin color or condition
H	Help with walking, transferring, toileting more than usual

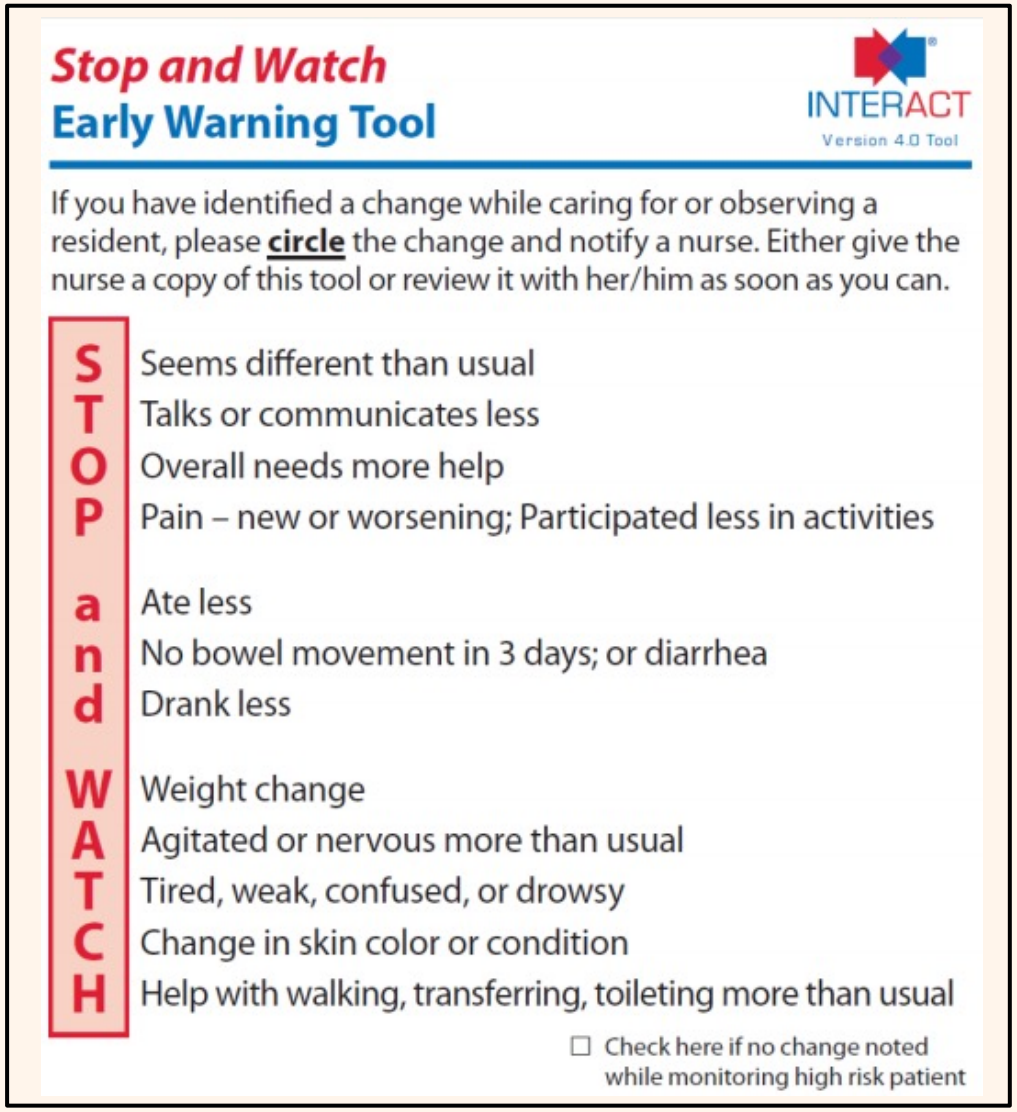
☐ Check here if no change noted while monitoring high risk patient

Does Auntie have Delirium?

Your auntie is a feisty 78-year old lady with mild dementia. She is widowed and has been living with her sister (your mom) for the past 6 months. You are staying at your auntie's place for the week while your mom is away. She is usually pleasant and cooperative.

You wake up on day 4, and she seems a little "off". She refused breakfast because she wanted to sleep and seemed more confused than usual. By afternoon, when you tell her to take her meds, she tells you it is poison, and throws her glass of water at you, and when you try to explain, threatens to call the police.

In retrospect, she has been eating and drinking less for two days.



Stop and Watch
Early Warning Tool

INTERACT
Version 4.0 Tool

If you have identified a change while caring for or observing a resident, please **circle** the change and notify a nurse. Either give the nurse a copy of this tool or review it with her/him as soon as you can.

S	Seems different than usual
T	Talks or communicates less
O	Overall needs more help
P	Pain – new or worsening; Participated less in activities
a	Ate less
n	No bowel movement in 3 days; or diarrhea
d	Drank less
W	Weight change
A	Agitated or nervous more than usual
T	Tired, weak, confused, or drowsy
C	Change in skin color or condition
H	Help with walking, transferring, toileting more than usual

☐ Check here if no change noted while monitoring high risk patient

YES! Please take Auntie to The Emergency Room or to Urgent Care

driving granny to doctor cartoon - Bing images

PSYCHIATRIC EMERGENCIES

Includes psychosis, psychotic depression, substance abuse, thoughts of suicide or homocide

TO PREVENT HARM TO SELF OR OTHERS

Recognizing Psychosis

- Psychosis:
  - Hallucinations (hearing or seeing things that are not there)
  - Delusions (Believing something that is not true)

- Differentiate if these beliefs are:
  - causing them distress?
  - Or causing you distress?

Psychotic Depression

- People with severe depression who are experiencing hallucinations or delusions.
- Greater risk of self-harm or suicide
- Psychomotor agitation or retardation
  - Cannot relax or sit still
  - Thoughts and movements slow down
- Must be treated immediately

https://www.webmd.com/depression/guide/psychotic-depression

If you suspect psychosis, please take Auntie to The Emergency Room or to Urgent Care

driving granny to doctor cartoon - Bing images

Assess	Be able to describe behaviors accurately

Give Specific Descriptions

VERBAL

AGGRESSIVE

NON-AGGRESSIVE

SCREAMING

Cursing

Verbally Abusive

irritable

Help me! Help me!

repetitive questions

Anxious...

Give Specific Descriptions

PHYSICAL

AGGRESSIVE

NON-AGGRESSIVE

Grabbing

Throwing

Biting

Hitting

Pacing…

Restless

Tapping

Inappropriate Sexual behaviors

Sleep Problems

Describe the Frequency

- Less than once a week
- Twice or several times per week
- Once or twice a day
- Several times a day
- Several times an hour

Provide your Observations and Descriptions

Delirium?
Psychosis?

- SUDDEN CHANGES IN DAILY ROUTINES
- PHYSICAL OR AGGRESSIVE
- PSYCHOSIS
- “CRAZY TALK”, CRAZY SLEEP/WAKE CYCLES
- SUICIDAL/ HARM TO OTHERS

Now your Auntie is back from the MD visit

- Turns out that Auntie has a urine infection
- She is to take antibiotics twice a day for 5 days and drink more fluids.
- She is still confused and is not being very cooperative.
- Doctor has also given you another medication for “psychosis” if hallucinations or behaviors become worse.

Image: https://www.123rf.Com/photo_83686399_stock-vector-cartoon-confused-old-woman-expression-vector-illustration-.Html

Do	Identify Triggers Learn Basic Tools of Crisis Intervention Try helpful communication approaches

Consider Behavior Triggers

Behaviors = Communication of Unmet Needs

- They can’t find the words, and unable to cope with challenges.

Try to be a Detective! Look for their unmet needs:

- Think about the Hierarchy of Human Needs
- Pay attention to the details of the situation:
  - Ask: Who, What, When, Where, Why, How?

Consider Other Behavior Triggers

Behaviors = Response to feeling Unsafe

Stressful situations feel “dangerous” and can cause people to feel helpless and “traumatized”

- While you may NOT intend to “traumatize” anyone, sometimes we can “trigger” or “re-traumatize” people by saying/doing things that make them feel unsafe.

Image: https://www.basketofcats.com/cat-attack/

Why is Auntie so Upset?

- As soon as you pull into the driveway, Auntie starts yelling at you.
- She is just “upset by the whole thing”, says “I was fine before I went to see the doctor!”, tells you “leave me alone!” and tells you to “go home” now– “you’ve caused enough trouble for today!”

Image: https://www.123rf.Com/photo_83686399_stock-vector-cartoon-confused-old-woman-expression-vector-illustration-.Html

Why is Auntie so Upset?

MEANINGFUL LIFE:

Bored

LOVE, BELONGING, & RESPECT: Depressed, Lonely

SAFETY NEEDS:

Over-stimulated environment, Anxiety

PHYSICAL NEEDS:

Pain, Hungry, Thirsty, Cold, Constipated, Fatigue

Image: https://www.123rf.Com/photo_83686399_stock-vector-cartoon-confused-old-woman-expression-vector-illustration-.Html

Auntie's history…

- Difficult time with doctors going back to the time when her husband was very sick, and eventually died. She lost trust with doctors…
- And now she accuses you of being in cahoots with them.

Image: https://www.123rf.Com/photo_83686399_stock-vector-cartoon-confused-old-woman-expression-vector-illustration-.Html

What should you do?

- Do not make the situation worse by arguing or "reasoning"

Crisis Intervention: First Steps

- Danger to Self and others?
- The person has an urgent need to feels safe. Agitated behavior is an attempt at self-protection.
- Control the danger sufficiently, to allow for time of “watchful waiting” or cooling off.

Adapted from: https://store.samhsa.gov/sites/default/files/d7/priv/sma09-4427.pdf

Create “Safety”: Listen without Judgement

- Listen to their feelings.
- Seek to understand their point of view = empathy
- Complaints should be considered “credible”- do not dismiss their concerns
- Seek to create a place of physical and emotional “safety and trust”= show respect, be supportive
- **Just show that you care**

Imagehttps://www.rd.com/list/happy-cat-signs/

Your turn- What will you say to her?

Image: https://www.123rf.Com/photo_83686399_stock-vector-cartoon-confused-old-woman-expression-vector-illustration-.Html

Your turn!

- Apologize, back off, give her space
- “I’m sorry. I didn’t know. I was just trying to help…”
- Giver her space, then come back later- approach her gently. Wave, smile, …ask may I come in?
- Agree with her that this has been such a stressful day…lets go home and get some ice cream and take a nap.

Image: https://www.123rf.Com/photo_83686399_stock-vector-cartoon-confused-old-woman-expression-vector-illustration-.Html

Other Crisis Intervention Tips: Next Steps

- Intervention “to” a person reinforces helplessness.
- Intervene in a “person-centered” and “strength based” way- honors the individual
- Intervention “with” someone, promotes engagement= partnership
- Take care of the “whole person”- there may be multiple needs
- Mental health crises are temporary, due to current stress- they do not define them.

Person-Centered Partnership

Adapted from: https://store.samhsa.gov/sites/default/files/d7/priv/sma09-4427.pdf

How would you get her to cooperate?

Image: https://www.123rf.Com/photo_83686399_stock-vector-cartoon-confused-old-woman-expression-vector-illustration-.Html

How would you get her to cooperate?

- **Ask how she is feeling**?
- **Listen to her feelings**, look for clues.
- **Show concern** that she didn't eat breakfast this morning.
- **Ask for permission.** Ask if you can do anything to help her feel more comfortable.
- Use her **"favorite" things-** maybe she likes chocolate? And can take meds with that.

Image: https://www.123rf.Com/photo_83686399_stock-vector-cartoon-confused-old-woman-expression-vector-illustration-.Html

What about "Behavior Medications"?

- "Behavior medications" are NOT ideal
- Sometimes they don't help much (except maybe to make them sleepy)
- Antipsychotics have bad side effects
  - Increase falls
  - Stroke
  - Shaking/tremors
  - Weight gain
- However, Psychotropic medications may be "justified" for hallucinations, delusions, and severe agitation that hurts them and others

TRY NON-MEDICATION SUPPORTIVE STRATEGIES FIRST!

Choosing Wisely®
An initiative of the ABIM Foundation

ABIM FOUNDATION

AGS Geriatrics Healthcare Professionals
Leading Change. Improving Care for Older Adults.

Treating disruptive behavior in people with dementia

Antipsychotic medicines are usually not the best choice

People with Alzheimer's disease and other forms of dementia can become restless, aggressive, or disruptive. They may believe things that are not true. They may see or hear things that are not there. These symptoms can cause even more distress than the loss of memory.

Doctors often treat these behaviors by prescribing powerful antipsychotic medicines, including:

- Aripiprazole (Abilify and generic)
- Olanzapine (Zyprexa and generic)
- Quetiapine (Seroquel and generic)
- Risperidone (Risperdal and generic).

In most cases, antipsychotics should not be the first choice for treatment, according to the American Geriatrics Society. Here's why:

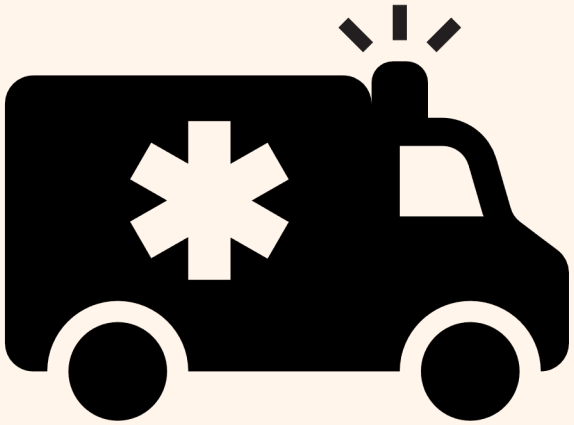
Antipsychotic medicines don't help much.

Studies have compared these medicines with placebos (no treatment). The studies showed that antipsychotic medicines usually don't reduce disruptive behavior in older dementia patients.

When to Get Help

DANGEROUS?

- If the patient is in danger of hurting themselves or others, call 9-1-1.
- However, you should know that there are few/no geriatric psychiatry hospital beds available, and admission may only be for a medical workup only. Hospitalization or medications may not solve the problem- Ultimately, a change in approach is still the most effective intervention.



Caregiver Resources

The REACH Community Dementia Caregiving Program is now available in Hawaii!

Resources for
Enhancing
Alzheimer's
Caregiver
Health

Are you a caregiver in the home for someone living with Alzheimer's disease, another related dementia or memory loss?

REACH Community is a highly successful evidence-based caregiver training & support program that has been proven to:

- **Improve overall caregiver self-care, confidence, health, and emotional well-being**
- **Reduce feelings of stress and burden from caregiving**
- **Improve caregiver management of problem behaviors related to dementia**
- **Empower the caregiver with self-care and self-efficacy techniques and strategies**
- **Ensure the highest quality of care & safety possible for the person with memory loss**

The 4- session training is FREE and personalized to your needs.
Sessions are offered on a one-to-one basis by a Certified Hawaii REACH Community Coach in your home, by telephone, or using a telehealth virtual connection – whatever is agreed upon by you and your assigned Coach. You will receive a Caregiver Manual as part of the program. REACH increases caregivers' knowledge of dementia and the caregiving role and teaches them skills to help themselves and their loved one.

For more information, call Catholic Charities Hawaii Senior Intake Line at 527-4777
Or email info@catholiccharitieshawaii.org

Catholic Charities Hawai'i
Circle of Care for Dementia

ACL
Administration for Community Living

The Hawaii REACH Community Program in Hawaii is made possible by a grant to Catholic Charities Hawaii from the Administration on Community Living/Administration on Aging for the *Alzheimer's Disease Program Initiative*

REVIEW:

TRUE OR FALSE?

TRUE or FALSE?

- Delirium can be recognized by a sudden change in behaviors and trouble paying attention.

TRUE!

Delirium is often due to a medical problem. You can recognize it by a SUDDEN CHANGE from their usual behaviors & Trouble PAYING ATTENTION.

TRUE or FALSE?

Hitting and Kicking are symptoms of psychosis.

FALSE
Psychosis is hearing , seeing, or believing things that are not there or not true.

It is important to recognize Psychosis and tell the doctor about it.

TRUE or FALSE?

If you believe someone has delirium, you should arrange for a medical evaluation on the same day.

TRUE!
Delirium is a Medical Emergency- often from an infection or chemical imbalance. We must treat the underlying problem. Delirium is treatable and preventable.

TRUE or FALSE?

When a person with dementia falsely accuses you of hiding something, you should dismiss their concerns.

FALSE

This BELIEF is a delusion. It is causing them distress, and not feeling “safe”. Take their concern seriously and offer to help find the item. Do not make the situation worse by arguing or “reasoning”

TRUE or FALSE?

Antipsychotic medications are the best choice for treating disruptive behaviors in people with dementia.

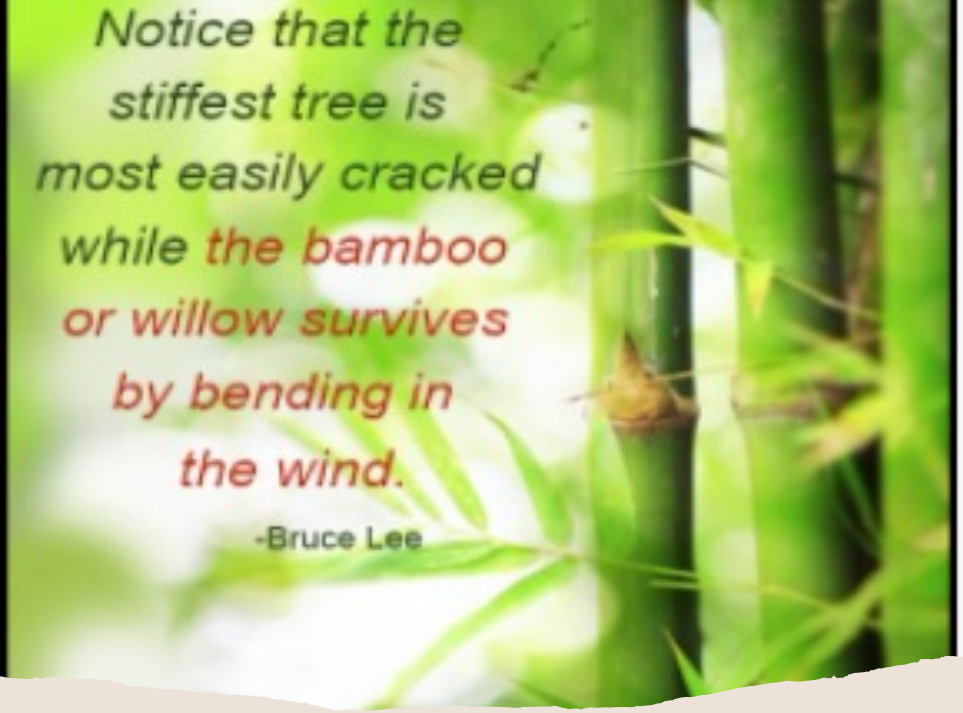
FALSE

"Behavior medications" are NOT ideal.

Antipsychotics have bad side effects

- Increase falls
- Stroke
- Shaking/tremors
- Weight gain

TRY NON-MEDICATION SUPPORTIVE STRATEGIES FIRST!



…final thoughts

Image: http://www.power-living.com/blog/2015/05/31/be-like-bamboo/

Images: https://www.dreamstime.com/stock-illustration-kungfu-silhouette-fighters-combat-image85852879