Guiding and Managing Behavior

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What is Behavior?

• Behavior is doing something (including not doing something)
  • Sitting in the corner is as much behavior as riding a bike or singing a hymn

• Behavior is neither “good” nor “bad”
Why Does it Matter that Behavior is Neutral?

Because a reasonable goal of caregiving is to:

Guide the person through days that are as safe, calm, and pleasant as possible.

And that means

Guiding the person to do things (behave) in ways that are as safe, calm and pleasant as possible.
Three Ways to Think about Behavior
A Simple Model of Behavior

Person

Other  ↔  Setting

Behavior
Losses in Self-Control of Behavior

Progressive Declines in Dementing Illnesses

Person
  Other  →  Setting
  ↓
Other ← Setting
  ↓
Person
  Other  →  Setting
  ↓
Behavior

Other  ←  Setting
  ↓
Behavior
Staying in the Zone

Comfort Zone

Potential catastrophic reaction due to overstimulation

Potential catastrophic reaction due to under stimulation

Based on Buckwalter and Hall's Progressively Lowered Stress Threshold Theory
Dr. Teri’s Model of Behavior

Something Happens \(\rightarrow\) An Action Occurs \(\rightarrow\) A Response Occurs

Trigger \(\rightarrow\) Behavior \(\rightarrow\) Response

Targets for Guiding Behavior
Cognition and Nutrition: Part II

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Chronic conditions and nutrition

• Do we need special nutrients to stay healthy in later life?
  – Answer: Probably

• Can how or what we eat reduce our risk for Alzheimer’s?
  – Answer: Maybe
Chronic conditions and nutrition

• Risk factors for cognitive decline
  – High blood pressure
  – High “bad” cholesterol
  – High triglycerides
  – Diabetes

• “Inflamed state”
  – Alters normal immune function
  – Contributes to many diseases
Chronic conditions and nutrition

• What we eat or don’t eat may affect:
  – Inflammation in the body
  – How the body repairs and maintains itself
Caveats

• Nutrition is still a young science
• Many studies of many nutrients give mixed results
• Valid evidence is limited
Special nutrition needs - Aging

- Omega 3 Fatty Acids and Olive Oil
- Fiber
- Calcium
- Vitamin D
- Vitamin B12
- Foods rich in anti-oxidants
Reduce risk of Dementia and Cardiovascular disease

• Omega 3 fatty acids
  – Major part of brain cells
  – Reduces inflammation
    • May protect against dementia and cardiovascular disease

• Olive Oil
  – Mono-unsaturated fatty acids
Omega 3 fatty acids

- Fatty fishes 2-3 times per week
  - Salmon
  - Swordfish
  - Mackerel
  - Tuna
  - Sardines
  - Herring
  - Anchovies
  - Halibut
Reduce risk of Dementia and Cardiovascular disease

• Extra-virgin olive oil to protect against:
  – Cognitive decline
  – Heart disease
  – Certain Cancers
Reduce risk of Dementia and Cardiovascular disease

• Mediterranean diet
  – Lots of fresh fruits and vegetable, tomato products
  – Small portions of fresh poultry, fish and lean meats
  – Olive oil
  – Whole grains
  – Moderate wine
  – **Avoid** or limit starchy foods, sweets, desserts, butter
Nutritional Requirements

• **Fiber - Over Age of 50:**
  – 21 grams per day for women
  – 30 grams per day for men
  – Don’t forget your fluids!
Vitamin D

• Most of us need more Vitamin D!
• May improve cardiovascular and brain health
• During nice weather, ok to enjoy direct sunlight on skin for 10-15 minutes before applying sunscreen.
Anti-oxidant rich foods

• Eat more high anti-oxidant foods
  – Have nutrients such as flavonoids and lycopenes
• Do not take “anti-oxidant supplements”
• Benefits are seen in diets high in food sources NOT from supplements
• Some supplements, such as beta-carotene, see increase risk of death, even ordinary doses
Anti-oxidant rich foods

• Colorful Fruits and vegetables
  – Purple, blue, red, orange, and yellow hues
  – Berries, grapefruit, dark leafy greens, carrots, Brazil nuts, sweet potatoes, tomatoes...
To Tell or Not to Tell: Talking to Others About A Diagnosis of Cognitive Impairment
Sometimes, even if I stand in the middle of the room, no one acknowledges me.
Everyone’s experience is different

- It’s up to each individual to decide who to tell about their diagnosis, and when.

Factors to consider:
- Are my symptoms noticeable to others?
- Do I have a good support system in place? Will I need additional support from others going forward?
Pros and Cons

► If you feel conflicted about telling others, make a list of the pros and cons.

► Potential pros:

► If you forget a conversation, ask a question twice, or make a mistake, others won’t wonder why; they’ll understand.

► If your condition progresses, you will need the support of those around you. While some relationships may be tested by what you are revealing, other relationships may be strengthened.

► While it’s normal to experience fear or discomfort about sharing your diagnosis, talking openly with those you trust is a powerful way to educate those around you about MCI and to engage their support.
Pros and Cons cont.

Potential cons of telling others:

- When you were first diagnosed, you probably experienced a myriad of emotions, and people with whom you share your diagnosis will likely experience similar reactions. You may also encounter unexpected or negative reactions like denial, or comments which reflect their misconceptions about MCI. Responses may include, “You seem fine to me” or “I forget things too.”

- NOTE: Denial is a common response to the disclosure of an illness; it protects us from overwhelming feelings. Stigma or misconceptions about MCI may also exist due to a lack of information. These reactions reflect the person’s need for more time and/or education before they can respond to you in helpful ways.

Because people often fear what they don’t fully understand, that fear sometimes causes people to withdraw. People may fear not knowing the right thing to say, or not knowing how to interact with a person with a diagnosis. (This is why education about MCI is so important!)

- Note for caregivers who are telling others about a loved one’s diagnosis: provide the basic guidelines: don’t correct or argue; use a warm, friendly demeanor; show respect, have patience; be with the person in the moment.
Deciding Who to Tell

- Some people choose to share their diagnosis with just their closest family and friends. Others may be comfortable sharing their diagnosis with a broader group of people. Assess your personal comfort level before making this decision.

- Consider the relationships in your life and determine who you want to tell:
  - Who I am responsible for telling (spouse, partner, friends)?
  - Who are the people I feel closest to?
  - Who will continue to support me with this diagnosis?
How to Share Your Diagnosis

- Consider who to tell, and when; give some thought to what you will say beforehand.

- Let people know you’re still you. If you make a mistake, it’s okay to talk or even have a chuckle about it!

- Consider these questions:
  - How do I think this person will react? If the reaction is something unexpected, how might I feel, and how might I respond?
  - How do I want this person to treat me? The diagnosis represents a big change, but it’s only gradually that my needs will change. What do I want from this person right now?
  - What can I say (or provide) that will help them understand the diagnosis?

“It was hard for everyone to accept the diagnosis. While my family had to come to terms with this new situation, so did I. I needed to put it out there so that we could begin dealing with the new me.” - LuPita G.
Helpful Resources

- https://www.alz.org/help-support/i-have-alz/know-what-to-expect/sharing-your-diagnosis
- https://www.mayoclinic.org/healthy-lifestyle/caregivers/in-depth/alzheimers/art-20047540