Understanding Behaviors in Dementia

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REVIEW

• What is dementia?
• What are the risks associated with pharmacological management of agitation in patients with dementia?
• What are non-pharmacological interventions for dementia?
Dementia is brain dysfunction
Behavior as Communication

• Communication is impaired in dementia
  – Expressive/ Receptive/ Global aphasia

• Actions speak louder than words - but not as clearly

• Behavior communicates needs and wants

• Behavior as poorly communicated needs

• How might a person living with dementia show...
  • Pain?
  • Being too cold or too hot?
  • Fear?
  • Boredom?
  • Need for control?
  • Being thirsty or hungry?
  • Being overtired?
How Common is Behavioral Problems in Dementia?

• It is estimated that roughly 90% of patients with dementia will exhibit agitation or other problematic behaviors during the course of their illness.

• Common complaints include hitting at others, yelling/cursing, wandering, disrobing, hoarding/stealing, anxiety, sexualized behaviors or comments, reversed sleep/wake cycles, resisting care.
  • Distressing for patient and caregivers
  • May put patient or others at risk of harm

• What should we do for behaviors that are seemingly harmless and just annoy?

• Psychotic symptoms may also be present
  • Hallucinations
  • Delusions
  • Paranoia

• Delirium also occurs frequently in older adults, especially in those who are cognitively and medically compromised.
Pharmacological Management of Agitation in Dementia

- Medications are SECOND line treatment for behavioral and psychological symptoms associated with dementia
- Classes of medications often used:
  - Antipsychotics
  - Hypnotics
  - Benzodiazepines
  - Mood Stabilizers
  - Antidepressants
  - Cholinesterase Inhibitors
Risk versus Benefit Analysis of Pharmacotherapy (specifically antipsychotics) for Agitation in Dementia

**RISKS**
- DEATH!
- Falls
- Sedation
- Extrapyramidal symptoms
- Restlessness
- Social withdrawal
- Reduced quality of life
- Pneumonia
- Accelerated cognitive decline
- Reciprocal reactions
- Delirium
- Hospitalization
- Cerebrovascular impacts
- Metabolic effects
- Cardiovascular effects

**BENEFITS**
- Quick acting
- Mild/short term benefits for aggression and psychosis
- Sedation
- Requires less staff time
What are “Non-Pharmacological” Techniques?

“Non-pharmacological” techniques consist of individualized behavioral interventions, as well as good care practices to prevent or reduce problematic behaviors.
How about environmental modifications and care practices?

- Use active listening skills
- Be mindful of non-verbal cues
- Offer choices
- Set appropriate boundaries
- Provide praise, compliments, and acknowledgment
- Offer positive social attention on a daily basis
- Engage the resident in cooperative problem solving
- Actively involve the resident in MEANINGFUL instrumental, leisure, productive, and social activities
- Environmental Modifications: reduce noise, good lighting, clean and clutter free, pleasant sights and smells
- Interprofessional care
Other non-pharmacological approaches*:

- Light therapy
- Animal therapy
- Exercise
- Music therapy
- Aromatherapy
- Sensory stimulation
- Validation
- TENS
- Acupuncture
- Simulated Presence therapy
- Reminiscence
- Massage

* These techniques are being studied to support their efficacy and may prove beneficial and can be used as part of an individualized approach
Meet a person’s needs before they are needs.
Caregiving at a Distance

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Emory Roybal Center for Dementia Family Caregiving Mastery
Goizueta Alzheimer’s Disease Research Center
Nell Hodgson Woodruff School of Nursing
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Worst Case: Sheltering in Place in Santiago, Far Away and Can’t Get Back

• Person living at home on own, with no or little help

• Person living at home with steady help

• Person in a supportive care environment
Create a Caregiver Portfolio.
Things to Have in Place under Every Circumstance

- Power of Attorney
- Health Care Power of Attorney
- Advanced Care Directives
- SSN and financial information
- Provider Information
- Insurance Information
- Medication and Treatment Lists

- Multiple Methods to identify you as responsible party
  - Med-alert methods
- Multiple methods of contacting you
- Alternative Contact Information (if you are unreachable)
  - Make this arrangement in advance

Always Be Able to Act on Behalf of the Person, Even at a Distance
Person Alone with Little or No Help

• Anyone doing regular checking?
  • Inform law enforcement authorities
  • Recruit neighbors
  • Draw on any nearer relatives or friends

• Has an easy means of signaling an emergency?
  • Alarm bracelet or necklace
  • Method in place for transmitting key documents

• Established means of provisioning and transportation?
  • Getting food and supplies
  • Getting to appointments

• Can stay in touch with you?

Negotiate in Advance with Others Involved
Person at Home with Steady Help

• Negotiate Communication Protocol
  • Key information – what do you want and need to know?
  • Method and frequency of regular communication
  • Emergency! Define it; set up rules (who does what, when)

• Emergency or Acute Care Use
  • Person has full information portfolio
  • How establish link with clinical providers

• If transferred to more supportive care
  • If possible, identify placement in advance
  • Convey key care strategy information
  • Establish communication link

• Death
  • Have a plan in place: service? Burial/cremation?
  • Disposal of property

Negotiate in Advance with Others Involved – Especially Family
Person in a Supportive Care Environment

• Convey detailed description of likes and dislikes, behavioral traits and triggers
• Ensure treasured objects are present and modes of engagement are known
• Facility aware of and on board with all decisions regarding care
• Facility has all key documents
• Protocol in place for traveling to facility
• Modes and methods of communication established
  • With person
  • With facility
What is CEP’s Art Exploration?

- Led by an experienced educator
- Weekly, inquiry-based deep-dive into artwork and artist(s)
- Tailored to address needs of the group
- Focuses on social-emotional well-being
What do we know?

- Art and MCI-specific studies are limited
- Benefits for many audiences are similar
- Looking AND creating matter
The benefits of looking at & making art...

- Helps with Relaxation & Meditation
- Increases Feelings of Empathy & Compassion
- Promotes Positive Emotions & Relieves Mental Exhaustion
- Improves Cognition
- Provides Positive Social Interaction & Fosters Feelings of Self-Worth
- Increases Brain Plasticity
Helpful articles

**Aging: What’s Art Got To Do With It?**
By Barbara Bagan, PhD, ATR-BC

**How Art Can Aid People With Alzheimer’s**
Fisher Center for Alzheimer’s Research Foundation

**Where Art Meets Neuroscience: A New Horizon of Art Therapy**
By Lukasz Konopka PhD, Neuroscience & Psychology
[https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3944420/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3944420/)
Want to practice looking at art?

Google Arts & Culture teamed up with over 2500 museums and galleries…

https://artsandculture.google.com/partner?hl=en