Practical Tips on Management of Patients with Dementia in the Home

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Program Objectives
• Explain the meaning of dementia.
• Outline common intellectual symptoms of elders with dementia who live at home.
• Explain the role of medications in slowing deterioration and improving behavior.
• Discuss common causes of agitation, screaming, wandering, and aggressive behavior.

Program Objectives
• Explain the role of redirection and validation in caring for persons with dementia.
• Explain the meaning of depression, hallucinations, and delusions.
• Describe common delusions that may be expressed to a home healthcare worker.

Program Objectives
• Discuss common reasons why people with dementia begin to lose weight.

• Identify important ethnic healthcare differences for dementia.

The Three D’s Of Geriatric Neuropsychiatry
• Dementia
• Delirium
• Depression
**Dementia**

- Origin: de mens (Out of mind)
- Definition: Loss of multiple intellectual functions in awake state.

**Delirium**

- Origin: de lira (Out of the furrow)
- Definition: Temporary confusion caused by medical or neurological disease.

**Prevalence Of Delirium In The Elderly**

- Up to 50% on psychiatric wards
- Up to 30% in ICU
- Up to 15% in general medical unit

**Symptoms Of Delirium**

- Consciousness
- Cognition
- Psychiatric
- Motor
- Autonomic

**Symptoms of Delirium**

- Abrupt onset
- Fluctuating symptoms
- Short duration
- Patient to patient variability

**Comparison of Dementia and Delirium**

<table>
<thead>
<tr>
<th></th>
<th>Dementia</th>
<th>Delirium</th>
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</thead>
<tbody>
<tr>
<td>Onset</td>
<td>Slow</td>
<td>Abrupt</td>
</tr>
<tr>
<td>Duration</td>
<td>Years</td>
<td>Days to Weeks</td>
</tr>
<tr>
<td>Symptom Fluctuation</td>
<td>Regular</td>
<td>Irregular</td>
</tr>
<tr>
<td>Consciousness</td>
<td>Intact</td>
<td>Impaired</td>
</tr>
</tbody>
</table>
Causes of Delirium in the Elderly
- Medications
- Infections
- Metabolic abnormality
- Hypoxia

Drugs and Delirium
- Common:
  - Anticholinergic agents (Elavil)
  - Benzodiazepines (Valium)
  - Pain medications (Demerol)
- Less common:
  - Antispasmodics
  - Antiarrhythmics

Over-The-Counter Medications And Delirium
- Sleeping medications
- Antihistamines
- Cold preparations
- Alcohol

Nursing Assessment of Delirium
- Complete vital signs
- I & O
- Medication assessment
- Review of flow sheets
- Examination of lab values
- One week review of nursing notes

Management of Delirium
- Treatment
  - Treat infection or medical problem
  - Stop medications
  - Maximize sensory function
  - Hydration
  - Improve bowel function
  - Low dose neuroleptics

Incidence Of Depression In The Elderly
- 7-10% general population
- 40-50% post stroke
- 20-40% chronically medically ill
- 25-40% dementia
### Symptoms of Geriatric Depression
- S: Sleep
- I: Interest
- G: Guilt
- E: Energy
- C: Concentration
- A: Appetite
- P: Psychomotor Vitality
- S: Suicide

### Pseudo-Dementia
- A Dementia-like syndrome caused by depression.

### Suicide in the Elderly
- Among top ten causes of death
- Lethal attempts
- Many seek medical care

### Patient Outcome Following Treatment Of Depression With Tricyclic Antidepressants
- 2/3 improve with medication.
- 1/3 improve with placebo.
- Few melancholic depressions improve with placebo.

### Dementia Dictionary
- Dementia
- Cognitive
- Mental retardation
- Organic brain syndrome

### Four Common Causes of Dementia
- Alzheimer's Disease 60%
- Vascular Dementia 20%
- Alcoholic Dementia 2-10%
- Diffuse Lewy Body Disease 2-10%
Prevalence of Dementia

- 10% over age 65
- 47% over age 85
- No racial differences

Cognitive Symptoms

- No pattern of intellectual loss is specific for any disease.
- The pattern of loss differs for each person.
- The speed of loss is variable.
- Cognitive loss is cumulative over time.

Symptoms of Dementia

- Cognitive deficits
- Psychiatric symptoms

Four A’s Of Alzheimer’s

- Amnesia
- Aphasia
- Apraxia
- Agnosia

Amnesia

- The inability to remember facts or events.

- Recent Memory - (e.g., what you ate for breakfast).
- Remote Memory - (e.g., the appearance of your childhood home).
Aphasia

- Inability to understand or communicate with spoken or written word.

Expressive Functions

<table>
<thead>
<tr>
<th>Left Side</th>
<th>Right Side</th>
</tr>
</thead>
<tbody>
<tr>
<td>Words and grammar</td>
<td>Emotional quality</td>
</tr>
<tr>
<td></td>
<td>Musical quality</td>
</tr>
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<td></td>
<td>Cursing</td>
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</tbody>
</table>

Channels of Human Communication

- Meaning of words
- Tone of voice
- Body language
- Facial expression

Receptive Aphasia

- Inability to understand spoken word.

Expressive Aphasia

- Inability to communicate with others.

Apraxia

- Inability to do pre-programmed motor tasks (e.g., button a shirt, tie shoes).
### Agnosia

- Inability to recognize previously learned sensory input (e.g., the face of your child or the shape of a car key).

### Alzheimer’s Stages

- Early ➔ 2 - 5 Years
- Middle ➔ 3 - 5 Years
- Late ➔ 5 - 10 Years

### Alzheimer’s

- Body ➔ No physical damage
- Brain ➔ Only organ damaged

### Understanding the Disease that Kills the Brain with Dementia: Looking Under the Microscope

### The Impact of Heavy Drinking on the Brain

- Memory problems
- Falls
- Numb feet

### Common Neurological Symptoms of Alcoholism
Predictors of Psychiatric Symptoms

- Age of onset
- Premorbid psychiatric disease

Psychiatric Disorders in Dementia

- Thought
- Mood
- Behavior

Disorders of Thought

- Hallucinations
- Delusions
- Paranoia

Hallucinations in Dementia

- 25% incidence
- Auditory or visual
- Increased risk with sensory impairment
- Common in middle stages

Differential Diagnosis of Hallucinations in Dementia

- Delirium
- Depression
- Sensory impairment
- Hypnogogic hallucinations

Treatment of Hallucinations in Dementia

- Maximize sensory function
- Reassure patient
- Antipsychotic medications
- Other medications
Indications for Antipsychotic Therapy of Hallucinations

- Patient distress
- Dangerous patient response
- Caregiver safety

Delusions

- 25% - 40% incidence
- Common in middle stage
- Distressing to caregivers

Common Delusions

- Life circumstances
- Stealing
- Infidelity
- Abuse

Differential Diagnosis of Delusions

- Delirium
- Depression
- Cognitive dysfunction
- Accusations are correct

Management of Delusions with Dementia

- Redirection and distraction
- Reassurance
- Antipsychotic medications

Behavioral Problems

- Stage of dementia
- Medical problems
- Premorbid function
- Environment
### Behavioral Disturbances

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
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<tbody>
<tr>
<td>Aggression</td>
<td>40%</td>
<td>14%</td>
</tr>
<tr>
<td>Wandering</td>
<td>19%</td>
<td>21%</td>
</tr>
<tr>
<td>Urinary Incontinence</td>
<td>47%</td>
<td>48%</td>
</tr>
<tr>
<td>Rages</td>
<td>36%</td>
<td>45%</td>
</tr>
<tr>
<td>Sexual Disinhibition</td>
<td>8%</td>
<td>7%</td>
</tr>
<tr>
<td>Apathy / Withdrawal</td>
<td>36%</td>
<td>42%</td>
</tr>
</tbody>
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### Aggression

- **Dementia**
  - Mild: 8%
  - Moderate: 17%
  - Severe: 24%

### Wandering

- **Dementia**
  - Mild: 0%
  - Moderate: 10%
  - Severe: 27%

### Common Reasons that Demented Patients Become Restless

- Fear
- Hunger
- Fatigue
- Frustration
- Pain

### Safety Issues

- Firearms
- Dangerous instruments (e.g., knives)
- Dangerous equipment (e.g., stoves)
- Automobiles

### Misidentification of Caregiver

- **Causes**
  - Agnosia
  - Delusions
- **Intervention / treatment**
  - Tolerance
  - Antipsychotic medications
### Poor Hygiene
- **Causes**
  - Apraxia
  - Aphasia
  - Psychosis

- **Intervention / treatment**
  - ADL assistance
  - Non-verbal communication
  - Antipsychotic medication

### Wandering
- **Causes**
  - Disorientation
  - Anxiety/boredom
  - Urinary/fecal urgency
  - Hunger
  - Rectal impaction

- **Intervention / treatment**
  - Recreational activities
  - Toileting schedule
  - Frequent feedings
  - Disimpact

### Important Considerations for Dietary Service and Dementia
- **Presentation of food**
- **Food consistency/texture**
- **Utensils**
- **Entree selection**
- **Frequency of feedings**
- **Dining room environment**

### Verbal or Physical Threats
- **Causes**
  - Disorientation
  - Delusion
  - Hunger
  - Pain
  - Aphasia
  - Delirium
  - Fear
  - Fatigue
  - Rectal Impaction

- **Intervention / treatment**
  - Reorientation
  - Antipsychotics
  - Feed Patient
  - Analgesics
  - Non-Verbal Communication
  - See Delirium Fact Sheet
  - Reassurance
  - Naps
  - Disimpact
  - Check Vision and Hearing

### Incontinence
- **Causes**
  - Disorientation
  - UTI
  - Medication
  - GU Problem
  - Delirium
  - Rectal Impaction

- **Interventions / treatment**
  - Toileting Schedule
  - Treat UTI
  - Change Medication
  - Urology Consultation
  - See Delirium Fact Sheet
  - Disimpact

### Disrobing
- **Causes**
  - Amnesia
  - Apraxia
  - Anxiety
  - Delirium
  - Boredom

- **Interventions / treatment**
  - Recreational Activities
  - Jumpsuits
  - Recreational Activities
  - See Delirium Fact Sheet
  - Recreational Activities
**Screamers**

- 25% of residents scream four times per week.
- Associated with dementia, depression, isolation and poor ADL function.
- More screaming with social isolation.

**Screamers Management**

- Treat underlying cause (e.g., pain, depression)
- Reduce isolation
- Tolerance by staff

**Snack'em or Nap'em**

don’t
Zap'em