

Practical Tips on Management of Patients with Dementia in the Home

**Satellite Conference and Live Webcast
Wednesday, May 16, 2007
2:00 - 4:00 p.m. (Central Time)**

Produced by the Alabama Department of Public Health
Video Communications and Distance Learning Division

Faculty

Richard E. Powers, MD
Medical Director
and
Director
Bureau of Geriatric Psychiatry
Alabama Department of Mental Health and
Mental Retardation
Associate Professor of Pathology
Division of Neuropathology
School of Medicine
University of Alabama Birmingham

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

	<u>Dementia</u>	<u>Delirium</u>
Onset	Slow	Abrupt
Duration	Years	Days to Weeks
Symptom Fluctuation	Regular	Irregular
Consciousness	Intact	Impaired

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

Left Side

- Words and grammar

Right Side

- Emotional quality
- Musical quality
- Cursing

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

Common Neurological Symptoms of Alcoholism

- Memory problems
- Falls
- Numb feet

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
- Hypnagogic 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

	Male	Female
Aggression	40%	14%
Wandering	19%	21%
Urinary Incontinence	47%	48%
Rages	36%	45%
Sexual Disinhibition	8%	7%
Apathy / Withdrawal	36%	42%

Aggression

- Dementia
- Prevalence
 - Mild – 8%
 - Moderate – 17%
 - Severe – 24%

Wandering

- Dementia
- Prevalence
 - 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
- Intervention / treatment
 - Agnosia – Tolerance
 - Delusions – Antipsychotic medications

Poor Hygiene

- | | |
|-----------------|-----------------------------------|
| • Causes | • Intervention / treatment |
| – Apraxia | – ADL assistance |
| – Aphasia | – Non-verbal communication |
| – Psychosis | – Antipsychotic medication |

Wandering

- | | |
|-------------------------|---------------------------------|
| • Causes | • Intervention/treatment |
| – Disorientation | – Recreational activities |
| – Anxiety/boredom | – Recreational activities |
| – Urinary/fecal urgency | – Toileting schedule |
| – Hunger | – Frequent feedings |
| – Rectal impaction | – 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

- | | |
|----------------------|-------------------------------|
| <u>Causes</u> | <u>Intervention/treatment</u> |
| • Disorientation | Reorientation |
| • Delusion | Antipsychotics |
| • Hunger | Feed Patient |
| • Pain | Analgesics |
| • Aphasia | Non-Verbal Communication |
| • Delirium | See Delirium Fact Sheet |
| • Fear | Reassurance |
| • Fatigue | Naps |
| • Rectal Impaction | Disimpact |
| • Sensory Impairment | Check Vision and Hearing |

Incontinence

- | | |
|--------------------|--------------------------------|
| <u>Causes</u> | <u>Interventions/treatment</u> |
| • Disorientation | Toileting Schedule |
| • UTI | Treat UTI |
| • Medication | Change Medication |
| • GU Problem | Urology Consultation |
| • Delirium | See Delirium Fact Sheet |
| • Rectal Impaction | Disimpact |

Disrobing

- | | |
|---------------|--------------------------------|
| <u>Causes</u> | <u>Interventions/treatment</u> |
| • Amnesia | Recreational Activities |
| • Apraxia | Jumpsuits |
| • Anxiety | Recreational Activities |
| • Delirium | See Delirium Fact Sheet |
| • Boredom | 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