



WELCOME

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***Reducing Antipsychotic Usage:
A Deeper Dive into
Non-Pharmacologic Approaches to
Managing Resident Behaviors***

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Forum Extended Care Services

Learning objectives

- ❑ Learn about non-pharmacological alternatives for controlling behavioral symptoms often associated with dementia
- ❑ Identify which approaches could help replace antipsychotics in long-term care
- ❑ Gain insight into how these new practices can be implemented

Interesting facts about Dementia/Alzheimer's



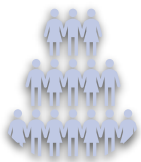
More than 6 million Americans
live with Alzheimer's



1 in 3 seniors die with Dementia or Alzheimer's



Alzheimer's deaths have increased 145%



Lifetime risk for Alzheimer's at age 45:
Women: 1 in 5
Men: 1 in 10

Alzheimer's Is A Type Of Dementia

ALZHEIMER'S

is a specific brain disease that accounts for **60-80%** of dementia cases.



DEMENTIA

is a general term for symptoms like decline in **memory, reasoning or other thinking skills.**

Alzheimer's Is A Cause Of Dementia

Dementia—a general term

- ▶ Skills degradation severe enough to interfere with daily life:
 - Memory loss
 - Language loss
 - Problem-solving decline
 - Decrease in focus and attention
 - Changes in language
 - Changes in behavior
 - Changes in other thinking & cognitive abilities



Utah Department of
Health & Human
Services

DEMENTIA

An UMBRELLA term used to group different conditions and symptoms

Alzheimer's
Disease

Huntington's
Disease

Down
Syndrome
Dementia

Posterior
Cortical
Atrophy

Lewy Body
Dementia

Mixed
Dementia

Frontotemporal
Degeneration

Traumatic
Brain Injury

Korsakoff
Syndrome

Creutzfeldt-
Jakob
Disease

Vascular
Dementia

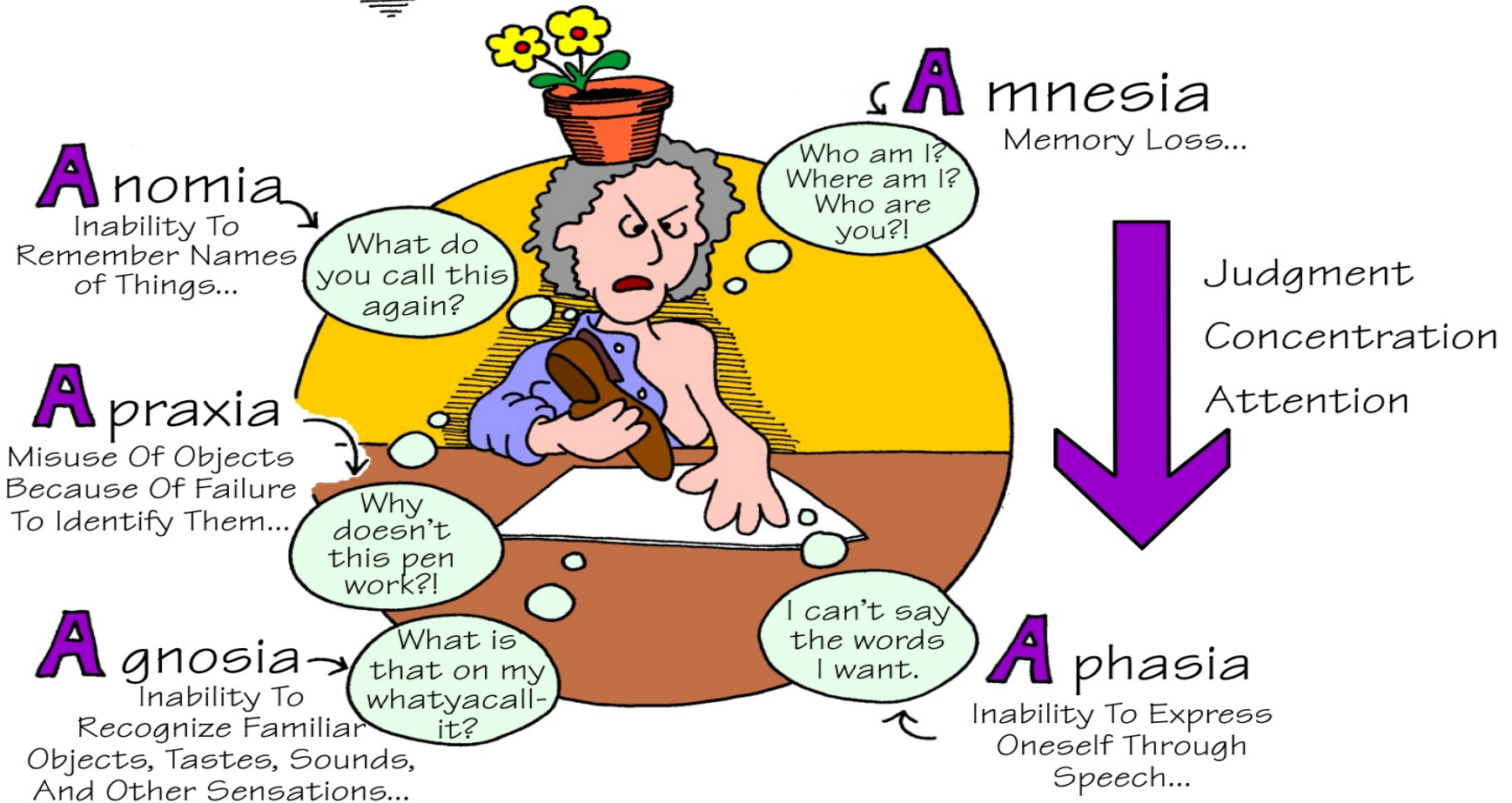
Normal
Pressure
Hydrocephalus

Many More

Alzheimer's—a specific brain disease

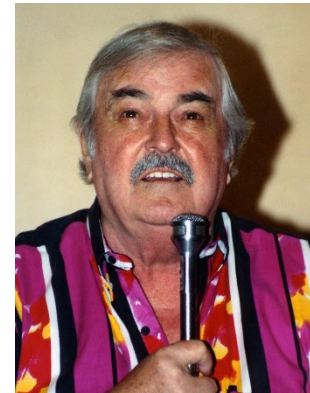
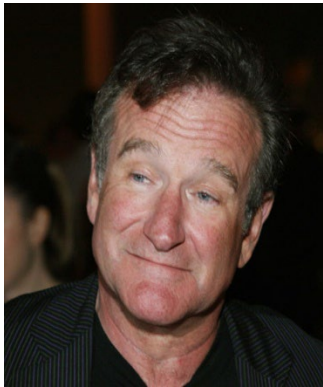
- ▶ Most common type of Dementia
- ▶ Marked by dementia symptoms that gradually worsen over time
- ▶ First affects the part of the brain associated with learning; early symptoms include:
 - Memory
 - Thinking
 - Reasoning skills
- ▶ With progression, symptoms become more severe and include:
 - Confusion
 - Behavior changes in behavior
 - Other challenges

5 AS TO ALZHEIMER DIAGNOSIS



STAGE	COGNITIVE DECLINE	FEATURES
1	No impairment	All is normal
2	Very mild	Age-related forgetting names, misplacing things
3	Mild	<ul style="list-style-type: none"> • More noticeable to family and friends • Memory loss and forgetfulness • Asking the same question repeatedly • Diminished work performance or poor concentration • Struggles with getting lost
4	Moderate (EARLY Dementia or Alzheimer's)	<ul style="list-style-type: none"> • Symptoms apparent • Moodiness, social withdrawal • Denial • Trouble with routine tasks
5	Moderately severe	<ul style="list-style-type: none"> • Confusion, forgetfulness • Memory loss of personal details and current events • Reduce mental acuity and problem solving
6	Severe (middle dementia/ moderate-severe Alzheimer's)	<ul style="list-style-type: none"> • Need help with ADLs • Trouble sleeping • Repetitive or obsessive behaviors • Increase in paranoia or delusions • Difficulty recognizing loved ones or friends
7	Very severe (late Dementia/ Alzheimer's)	<ul style="list-style-type: none"> • Can't take of themselves at all • Unable to speak or walk • Severe motor and communication impairment

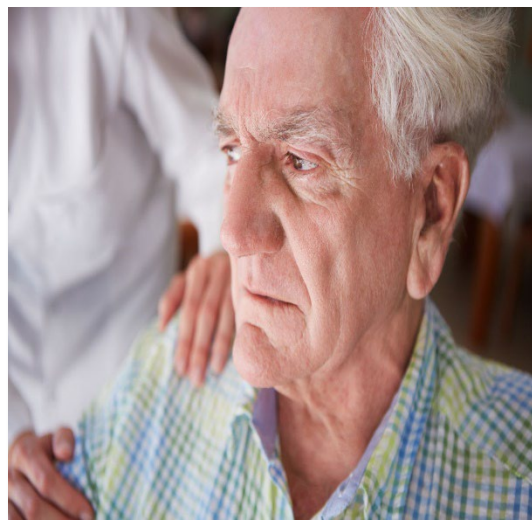
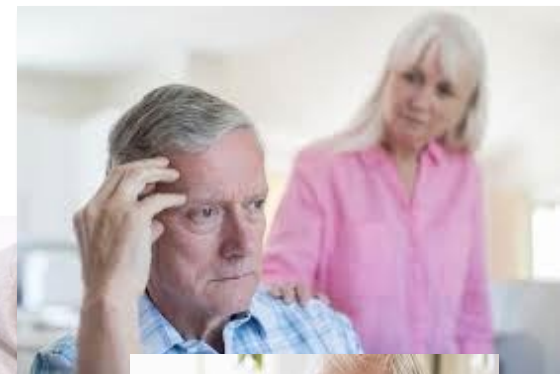
Dementia/Alzheimer's affects everyone





Recognize these behaviors?

Behavioral situations



Types of behavior

- ▶ Anxiety, agitation, aggression
- ▶ Depression, apathy
- ▶ Hallucinations, paranoia, delusions
- ▶ Repetition
- ▶ Sundowning
- ▶ Wandering, pacing
- ▶ Separation anxiety
- ▶ Sexual or socially inappropriate
- ▶ Resists care

Behavior: Anxiety, agitation & aggression

- ▶ Agitation (moving into new residence, changes in the environment, changes in caregiver, fear and fatigue)
- ▶ Aggression (can happen both ways, from the resident or the caregiver)



These types of behaviors occur 96% of the time in the course of dementia.

In Lewy Body Dementia, this can happen during sleep, during the REM cycle – resident has no memory of doing this upon waking.

Effects

- ✓ Difficult to control & manage behavior
- ✓ Harm and danger to others, danger to self
- ✓ Upsetting to the resident and the caregiver

- ✓ Can result in additional medication
- ✓ Can lead to removal from facility



Identify the underlying cause of the behavior

Psychological	Fear, worry?
Physical	Pain, exhaustion, constipation, UTI, hungry, thirsty, wet/soiled, need to go to the bathroom?
Interpersonal	Is a caregiver change needed?
Side effects	Medication-related?
Environment	Temperature, noise level, distractions, people?

Dealing with anxiety, agitation & aggression

Don'ts	Do's
Don't raise your voice	Get down to their level
Don't approach quickly	Approach from the dominant side
Don't put your hands up in front of you	Use as few words as possible
Don't argue	Restate what they say in a calm, low voice
	Offer help
	Provide positive feedback & encouragement

Behavior: Depression & apathy



Depression

Sad, tearful, irritable, restless or feelings of low self worth, sleep problems, loss of energy and appetite changes

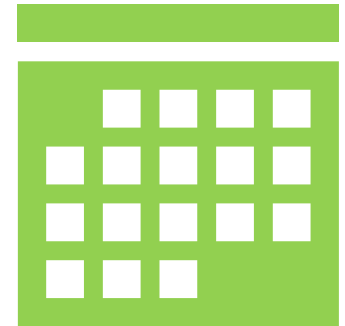


Apathy

Experiences lack of motivation, effort or energy to do everyday tasks. No longer has interest in taking with others or to participate in activities or show no reaction to people or things

Addressing depression & apathy

- Regular schedule
- Physical activity
- Restful sleep
- Involve them in simple activities
- Make them feel useful
- Give them simple tasks to do
- Pay attention to mood & in which situations they are more cooperative
- Positive incentives



Behavior: Hallucinations, paranoia, delusions

- ▶ Seeing, hearing, smelling, tasting or feeling something that isn't there
- ▶ Some hallucinations may be frightening, while others may involve ordinary visions of people, situations or objects from the past
- ▶ The mind transforms these things into visions seen or heard
- ▶ Remember—this is REAL to the person

Common in dementia with Lewy Bodies but may appear in other types of dementia



Handling hallucinations, paranoia, delusions

*“Don’t worry,
I’ll help you”*

*“I’ll take
care of it”*

- ▶ Respond in a calm, supportive
- ▶ Stay with them to calm them
- ▶ Reassure them
- ▶ Gentle touch may distract them from the hallucination and reduce it...
- ▶ Acknowledge the feelings behind the hallucination
- ▶ Try to find out what the hallucination means to the individual
- ▶ Look around and try to see things through this person’s eyes—what could be the trigger?
- ▶ Modify the environment if needed, remove anything that could cause a shadow, keep noises down
- ▶ Try a night light

Behavior: Repetition

- ▶ Tapping of hands, tapping of feet, fixating & repeating words
- ▶ The person may be unable to remember recent events or actions, leading to this behavior
- ▶ May be communicating an unmet need, anxiety, unspent energy, or physical discomfort
- ▶ Happens in mild cognitive decline



Tips for dealing with repetition

1

Try to identify underlying cause & manage the occurrence

- Take them to the bathroom
- Make sure all basic needs are being met (pain, hunger/thirst/boredom)

2

Distract them

- Give them a simple task – or help them with one
- Play music
- Touch them to redirect their focus onto something else

3

DO NOT take aggressive steps to stop the behavior

Behavior: Sundowning



- ▶ Behavior change occurring later in the afternoon or toward the end of the day
- ▶ Become intensely distressed, agitated, or have hallucination or delusions
- ▶ Increase in anxiety, pacing, wandering, crying, violence, yelling
- ▶ Issue with the internal “body clock”

*Happens in middle or later stage of dementia or Alzheimer’s.
Around 20% of people experience this behavior.*

Preventing/resolving sundowning



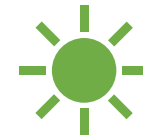
Light therapy



Music therapy



Place familiar
objects, photos
nearby



Ensure adequate daytime
lighting & darkness at bedtime



Hearing
aids/glasses are
being used



Restrict caffeine



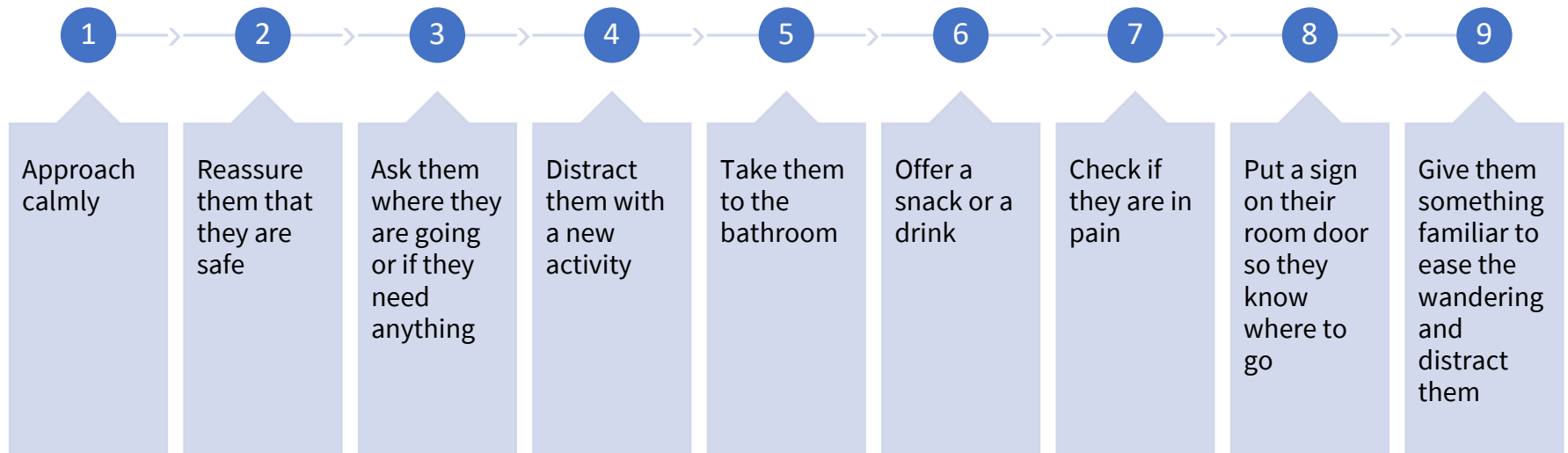
Mild
exercise/light
activity

Behavior: Wandering, pacing

- Occurs as the dementia progresses
- Triggered by the person reliving old memories
- Not recognizing where they are
- Feelings of distress
- Wanting to go home
- Wanting to see a certain person
- Needing to finish something or find something



Options for wandering & pacing



Behavior: Separation anxiety

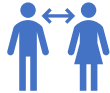
- Feeling insecure and anxious without someone familiar around them
- They can't remember where someone went or when they will return
- They feel clueless and afraid



Distracting from separation anxiety



Keep them
busy



Pay attention
to them



Give them a
photo of
their loved
one



Read a note
from their
loved one

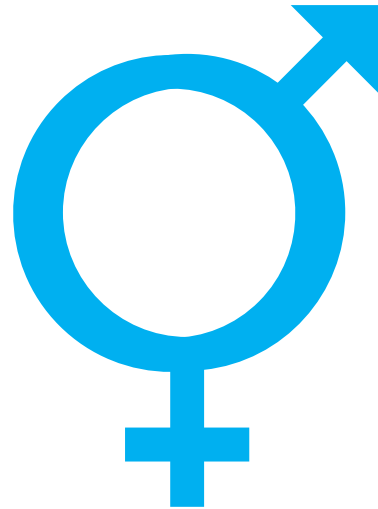


Video from
or for their
loved one



Give them
something
that they
care about to
hold – a doll,
a stuffed
animal,
special
blanket

Behavior: Sexual or socially inappropriate



- Tactless or rude remarks, inappropriate comments about another person
- Sexual comments
- Flirting inappropriately
- Undressing – removal of clothing at inappropriate times or places
- Touching themselves
- Impulsiveness

Behavior: Resists care

- ▶ Refusing to bathe or shower
- ▶ Refusing personal care or managing incontinence care



Refusing to take medications is a common healthcare problem for nursing

Dealing with those who resist care



Bathing

- Approach slowly – don't rush the process
- Tell them what is going to happen
- Ask them to help – and let them do so
- Let them feel the water
- Be gentle & speak slowly



Reassure them you're happy to help

- Take one step at a time
- Make the environment calm, soothing (warm room, soft music)
- If “shower” or “bath” upsets them, try “spa” or “let's get clean”



Medication

- Stay calm and & be patient
- Hide any annoyance or frustration
- Pick someone the resident would like to please & suggest that this person asked that they take their meds
- Crush medication if applicable & needed; vary the food (applesauce, yogurt, pudding, oatmeal) – use just enough to help it slide down
- Don't stand over them; sit next to them
- You may have to make several attempts at different times
- Share what works!
- Notify MD & Consultant RPh of refusal— can meds be discontinued that are no longer needed?

Let's review the non-pharmacological approach to dealing with resident behaviors

Think of behavior as a form of communication

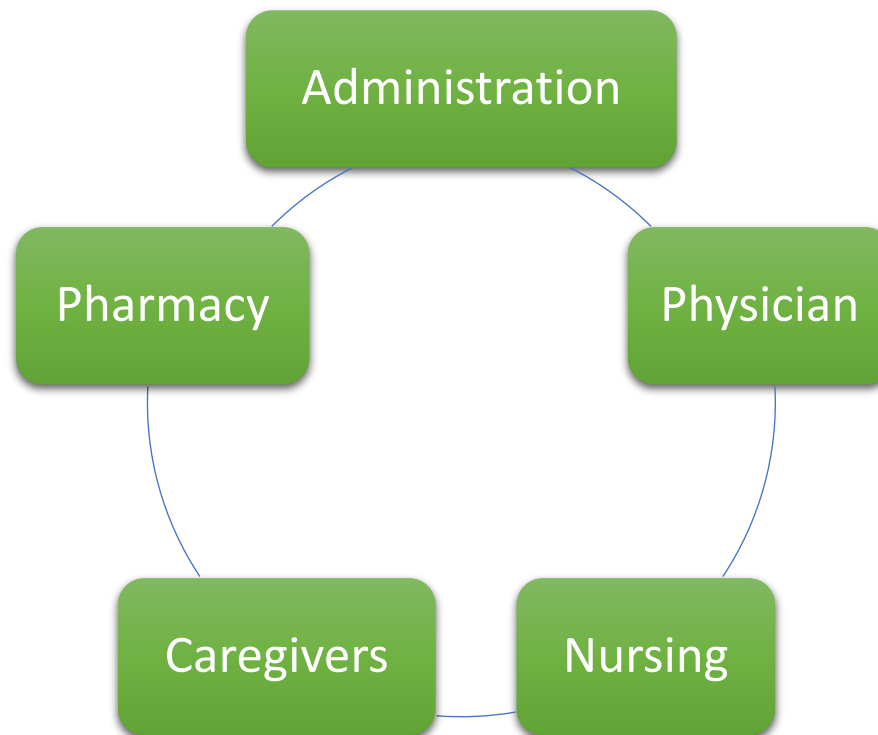


Try to identify what is causing the behavior change



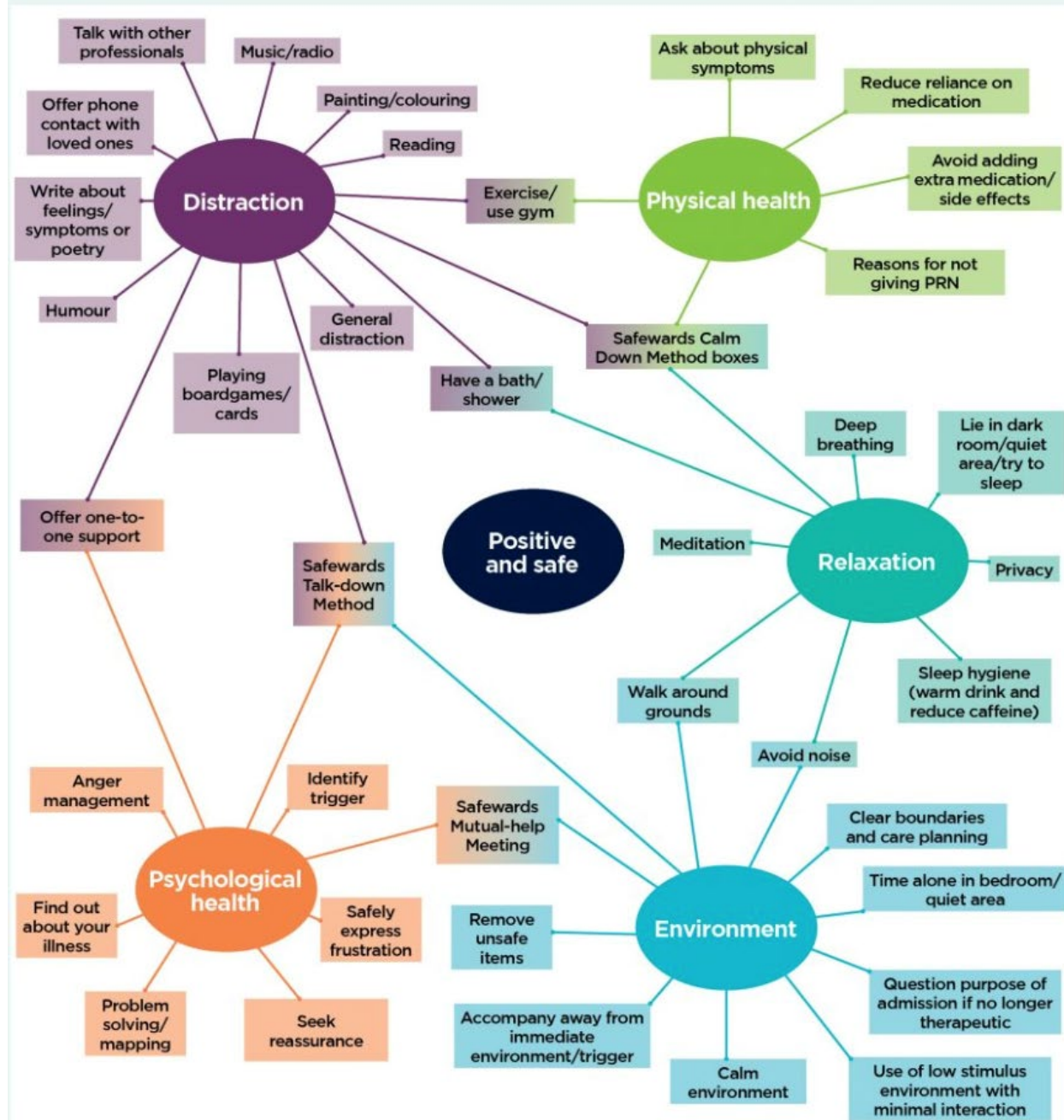
Consider whether the behavior is risky and hazardous, versus annoying and frustrating

Intradisciplinary team approach to managing & treating behavioral symptoms



Non-pharmacologic alternatives to PRN psychotropic medication

Fig 1. Map of nurse-led interventions as an alternative to PRN psychotropic medication



*PRN = *pro re nata*

The power of color

- ▶ **Lime green** — can be seen the longest throughout the life-span & decreases sundowning
- ▶ **Purple** — color that is most hoarded
- ▶ **Red** — makes you hungry
- ▶ **Blue** — has a calming affect
- ▶ **Black** — scary
- ▶ **White** — difficult to see



Dining experience

- ▶ Sensory stimulation
- ▶ Use bold, colored plates
- ▶ Utilization of adaptable dining equipment
- ▶ Bite size
- ▶ Monitoring of food intake and consumption



Music therapy



- ▶ In the morning, play upbeat music
- ▶ Midday, play upbeat music with no words that is not as familiar, to increase socialization
- ▶ Early evening — before sundowning — play calm, non-biharmonic music (one instrument playing, such as flute, harp or violin)

Art therapy

- ▶ Increases motor skills
- ▶ Rewiring (neuroplasticity)
- ▶ Taps into our emotion center
- ▶ Increases brain reserves (uses both hemispheres)
- ▶ Could stimulate memories
- ▶ Visual stimulation



Body-based atunement

- ▶ Mimic therapy — mirrors what you do (retrogenesis)
- ▶ Can be done individually or in a group
- ▶ Helps increase balance, physical activity, auditory stimulation
- ▶ Rewires brain (neuroplasticity)



Dance/movement therapy

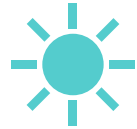
- ▶ Connects the mind, body & spirit
- ▶ Rewires the brain (neuroplasticity)
- ▶ Assists with spatial awareness & recognition (proprioception)
- ▶ Promotes emotional expression
- ▶ Increases social interaction
- ▶ Increases serotonin
- ▶ Improves mood



Light therapy



Increases
Vitamin D



Decreases
sundowning



Improves
restful sleep



Decrease
pain and
circulation
issues



Improves
mood

Intergenerational interactions

- ▶ Provided by children or therapeutic babies
- ▶ Provides cognitive, tactile, auditory and visual stimulation
- ▶ Enlists nurturing skills
- ▶ Instills the feeling of unconditional love
- ▶ Improved mood
- ▶ Provides reflective engagement



Horticulture therapy

- ▶ Increases manual dexterity & physical activity
- ▶ Improves mood
- ▶ Provides tactile, visual, olfactory, auditory & cognitive stimulation



Culinary therapy

- ▶ Increases manual dexterity
- ▶ Improves mood
- ▶ Increases appetite
- ▶ Provides tactile, visual, olfactory and cognitive stimulation
- ▶ Increases socialization



Aromatherapy

- ▶ Provides cognitive & olfactory stimulation
- ▶ Increases appetite
- ▶ Decreases pain issues
- ▶ Improves mood



Pet therapy

- ▶ Instills the feeling of unconditional love
- ▶ Meets a need of caring for others
- ▶ Increases physical activity
- ▶ Increases fun & enjoyment
- ▶ Provide tactile, visual & auditory stimulation
- ▶ Increases mood & decreases aggression
- ▶ Improves restful sleep



Relaxation techniques

- ▶ Includes the use of aromatherapy, massage, breathing techniques, yoga & meditation
- ▶ Increases mood & decreases aggression
- ▶ Provides an opportunity for the brain to take a break
- ▶ Improves sleep quality
- ▶ Decrease potential for skin issues or falls

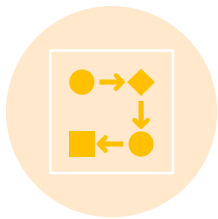


Spirituality



- ▶ Connects the mind, body & spirit
- ▶ Provides a space to reflect
- ▶ Allows those to connect to a higher power if they wish

Non-pharmacological approach for caregivers



Try to create a daily routine that is structured & predictable



Foster an attitude of acceptance

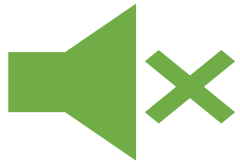


Try to be calm & patient

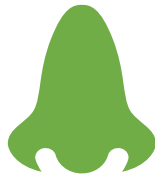


Talk to other caregivers—what has worked before?

When behavioral situations occur



Give the resident
space & time to
calm down



Take a deep
breath; try to
stay calm



Reduce
background
noise



Listen & offer
reassurance

If behavior continues...



Provide a comforting distraction



Find moments of connection (music, storytelling, humor, touch)



Don't be afraid to change assignments or
Caregiver

Caring for caregivers

- ▶ Use training to address physical & emotional challenges
- ▶ Outcomes:
 - Job satisfaction
 - Avoid burnout
 - Help with staff turnover
- ▶ Reward & empower

TRAINING OPPORTUNITIES

Understanding of dementia & how it rules resident behavior

Behavior management techniques

Person-centered approaches to improve resident mood & quality of life

References

- ▶ Alzheimer's Association
- ▶ Charmmentalhealth.org
- ▶ NIA-NIH.gov health
- ▶ UCLA Health
- ▶ <https://www.dementia.org>
- ▶ WebMD

Q & A

About CE credit

Administrator credit

This program has been approved for one clock hour of continuing education credit by the National Continuing Education Review Services (NCERS) of the National Association of Long-Term Care Administrator Boards (NAB).

Approval #20240517-1-A93569-DL

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- Nov:** *Limiting Your Liability in These Challenging Times*
- Dec:** *What Should be on Your Radar to Set Yourself Up for Success*
- Jan:** *Global Approaches to Dementia*

THANK YOU!