



# Management of Challenging Behavior

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# Behavioral Symptoms

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- Common & troubling – At least one will occur in 61-92% of those with any dementia
  - Agitation
  - Aggression
  - Verbal or physical sexual aggressiveness
  - Delusions
  - Hallucinations
  - Wandering
  - Depression
  - Sleep disturbance
  - Yelling, calling out



# Objectives

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At the completion of this session, the participant will be able to:

Describe most common behavioral symptoms

Recognize causes of behavioral symptoms

Discuss behavioral strategies that work to reduce anxiety that trigger symptoms



# Cause of Behavioral Symptoms

## Damage or Toxicity in the Brain

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- In dementia - damage to the right hemisphere of the brain & right frontal lobe
- In delirium – toxicity of the brain to similar areas
- These areas of the brain are the mediators of social & emotional behavior
- Behavior is no longer under conscious control of the individual



# Causes of Behavioral Symptoms

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- When the brain is no longer able to process information to make sense of what's going on emotional perceptivity become very strong.
- People with dementia or delirium are very perceptive/sensitive emotionally.
- If caregivers are anxious, hurried, angry, etc the impaired individual will sense this and often be distressed.



# Catastrophic Reactions

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With dementia or delirium

- Ability to process what is going on is limited
- Ability to tolerate stressors is limited
- Emotional sensitivity is on high alert

When stimulation becomes overwhelming the person will react “catastrophically”



# Translocation/dislocation

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- At the time of a move or significant change
- Unable to process what is happening
- All symptoms worsen including cognition but also behavioral symptoms will increase
- Usually this will resolve with time & support



# Agitation & Aggression

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- 25-50% of patients with dementia
- Most prevalent in moderate to severe disease
- Provoked by several mechanisms
  - Misunderstanding due to cognitive, language or memory deficits
  - Frightened because of paranoid delusions
  - Depression but too impaired to express it in any other way
  - Sleep disordered





# Paranoid Delusions

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- More common than hallucinations
- 34-70% of patients have delusions at some time
- Common themes – home invaded, personal items stolen, family members replaced by imposters or spouses unfaithful.



# Hallucinations

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- Visual hallucinations indicative of Lewy Body dementia
- Treatment not needed if patient not bothered by hallucination
- Presence indicates increased risk of cognitive and functional decline



# Wandering

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- Distractibility & restlessness lead to wandering
- Sometimes the person can identify a purpose; knowing this can help direct your response without causing an argument



# Nonpharmacologic Behavioral Management

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- Simple behavioral methods are most effective in *reducing anxiety* which can trigger behaviors
- More research about what strategies work
  - Alteration in approach to personal care, reduced insistent, task focused, impersonal, intrusive care
  - Aromatherapy – lavender & lemon
  - Music therapy:  
<http://www.youtube.com/watch?v=5FWn4JB2YLU>
  - Pet therapy



# Behavioral Symptoms that respond to behavioral strategies

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- Wandering
- Hoarding or hiding objects
- Repetitive questioning
- Withdrawal
- Social inappropriateness



# Nurses response to behavioral symptoms

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- Dealing with behaviors are major cause of stress and burnout for nurses
- Two strategies nurses find effective
  - Blame the disease not the person
    - Behavior is the direct result of neurological damage NOT a response to the caregiver as a person
  - Interpret behavior according to knowledge of the person's history
    - Known to be independent – intense frustration when help is required for simple tasks



# Reducing Triggers

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Behaviors often associated with personal care

- Changing approach to personal care, allowing person to be comfortable and express preferences
- Again knowledge of the person can help determine best approach for personal care.



# Other Behavioral Strategies

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- Consistent caregivers
- Planned soothing activity to decrease restlessness/anxiety
- Regular exercise activity even if in a chair
- Approach by person of different gender or age creates different response.
- Reduction of stimulation
  - Quieter environment
  - Fewer people
- Presence of adequate stimulation
- Distraction
  - Completely change the focus





# Is Medication Indicated

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- Used when delusions/hallucinations create overwhelming anxiety and disruptive or aggressive behaviors



# Time to Share

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- How does it feel when you are confronted with these behaviors?
- What has been the most challenging situation you have experienced?
- What interventions have you seen work?
- What interventions have you seen NOT work?