



Management of Challenging Behavior

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Behavioral Symptoms

- 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

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

- 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

- 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

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

- 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

- 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

- 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

- 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

- 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

- 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

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



Nurses response to behavioral symptoms

- 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

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

- 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

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



Time to Share

- 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?