



ECHO IDAHO:

Alzheimer's Disease and Related Dementias

Understanding and Managing Behaviors with Dementia-friendly Approaches

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Learning Objectives

- Identify dementia-friendly approaches to these behaviors
- Demonstrate understanding of how these approaches impact health and well-being while improving quality of life for PLWD
- Empower those working with PLWD with confidence to effectively manage difficult behaviors

What are troubling behaviors that are present with ADRD?

Repeating

Agitation

Aggression

Refusing

Trespassing

Arguing

Withdrawing

Crying

Sundowning

Why are these troubling?

- Not the person they used to be
- Are they going to be discharged from their facility?
- Will they harm me or someone else?
- Will they get lost?
- Will they die?

How can we handle these behaviors?

Foundational ideas:

- ADRD is a brain disease (see [Alz.org/brain tour](https://www.alz.org/brain-tour) for physiological changes)
- Different parts of the brain control different skills (see [Parts of the brain](#))
- PLWD are doing the best they can (see [abc news virtual dementia tour](#))
- We cannot expect people with changing brains to fit onto our world all the time ([Youtube: Living with Alzheimer's and Dementia | Aging Matters | NPT](#))
- Understand that most behavior is communication about an unmet need (see [Behavior is Communication](#))

Evidence-based Approaches

Reminiscence:

Reminiscence means sharing life experiences, memories and stories from the past. Where a person with dementia is more able to recall things from many years ago than recent memories; reminiscence draws on this strength.

Objects, video clips, photos as well as sounds and smells can be helpful in reminiscence, invoking memories and stories that give both comfort and stimulation.

(Alzheimer Scotland, 2024)

Creating memory books that have photos with names to identify the people in the photos along with simple stories allows family and care partners an opportunity to connect with the PLWD.

Reminiscence therapy increased cognitive function and quality of life and reduced depressive and neuropsychiatric symptoms among people with dementia.

(Saragih, et al, 2022)

Evidence-based Approaches

Relaxation:

Studies have looked at providing relaxation prior to stressful events in an attempt to decrease agitation. (Cohen-Mansfield, 2004)

One of the hardest behaviors to manage in PLWD is agitation. Causes of agitation are thought to be due to:

Stress

Disease

Increased or decreased stimulation

Self-care activities

Relaxation can come in many forms that affect the sensory aspect of PLWD such as:

Touch/massage

Pleasant tastes

Music

Spiritual/ritual activities

Smells/visual

Familiar or pleasant sites/people

(Snyder, Egan & Burns, 1995)

Evidence-Based Approaches

Social:

Pets: 1 hour/day x 5 days showed a trend toward improvement on the Irritable Behavior scale of the MOSES (Multidimensional Observation Scale for Elderly Subjects) in a geripsych unit.

Structured Activities: studies are inconclusive, however, the activities were not necessarily meaningful to the patient. Meaningful activity that is presented at a just right challenge is shown to engage PLWD and allow them to find some QOL during the day. (Warchol)

One-on-one interaction: one half hour/day x 10 days effectively decreased verbal disruptive behaviors by 54% in nursing home residents.

(Cohen-Mansfield, 2004)

Evidence-Based Approaches

Impact of the Environment:

Decreased communication skills as well as the ability to use the environment appropriately to accommodate needs leads to the difficult behaviors seen in nursing homes.

Studies have shown that having opportunities to access the outdoors in a secure environment allows PLWD some control over choices.

Having an environment that is not institutional but incorporates nature and natural elements such as birds singing, babbling brooks, etc. may decrease behaviors.

Decreased behaviors such as trespassing, exit-seeking, and others have been noted in places that have a home-like or more natural environment.

(Cohen-Mansfield, 2004)

Dementia-Friendly Approaches - Tips and Tricks

- Address basic *biopsychosocial* needs, i.e. hunger, thirst, *pain*, fatigue, overstimulation, cold/hot, fear
- Identify any sensory loss, i.e., hearing, vision
- SLOW DOWN-approach the person in a friendly open manner at their level. Sit if they are sitting, knee down or sit if they are in bed.
- Gain eye contact before giving instruction or asking questions

- DO NOT argue
- Engage in everyday activities. Break down tasks into components that the PLWD CAN do and parts they maybe should not due to safety
- DO WITH not for
- Use music during mealtime
- Consider calming scents during bath time/nighttime

One of the biggest considerations is a loss of self and loss of control.

Therefore:

- Keep the PLWD as part of the conversation or activity
- Consider the complexity of the task and their ability to process
 - allow their maximum level of Independence
 - speak in one-two step sentences but age-appropriate language
 - smile and give positive feedback, but not condescending
 - rely on past “occupations” i.e., what they did in grade and high school, jobs throughout their lifespan, hobbies, interests

Bringing it together

Decreased behavior = improved quality of life for PLWD, less staff turnover, fewer injuries, delayed institutionalization or hospitalization and lower costs.

Medications have their place, but may not be the first and only answer to managing problematic behaviors

Equipping care partners (family and professional) improves care and quality of life through a better understanding of what PLWD are experiencing.

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