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***Managing Challenging Behaviors in  
Alzheimer's Disease and Related  
Dementias: Reducing Caregiver  
Burden and Patient Distress***

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# Overview

- What is dementia?
- Define “challenging behaviors”
- Communication strategies
- ABC Model for behavioral management
- Case studies: optimizing behavioral and pharmacological approaches

# Case Examples

- Mr. Hyde Keys
- Ms. Lottie Walker
- Ms. Ima Hurting
- Mr. Rob D. Speech
- Mr. Seymour Moody
- Mr. Max Temper

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# Alzheimer's Disease in the U.S.

- Alzheimer's is the most common dementia in people over 65 years old
- An estimated 4.5 million Americans
- By 2050, this number will triple if no preventive treatments become available



# What is Dementia?

- Clinical syndrome
- Acquired loss of intellectual abilities
- Significant decline in cognitive functions, like memory, judgment and abstract thinking
- Severe enough to impair social or occupational functioning

# Alzheimer's Disease

- *“The Kleenex of the dementias”*
- Specific progressive, degenerative brain disease
- ***Memory impairment*** + at least one of these:
  - Problems with language
  - Problems with movement or actions
  - Problems with recognition
  - Impaired judgment
  - Impaired abstract reasoning
  - Impaired sequencing ability
  - Personality change

# Dementia Affects:

**A** ctivities of Daily Living

**B** ehavior

**C** ognition

and

**C** ommunication

# Communication Changes

## Early Stage

- Difficulty with word finding and keeping pace with others, repetitiveness

## Middle Stage

- Increased difficulty speaking correctly and comprehending language of others

## Late Stage

- Vocabulary reduced to a few words or phrases; increased reliance on nonverbal cues

## Terminal Stage

- Occasional word/phrase or mute

Adapted from Rush Alzheimer's Disease Center, 1999

# Specific Challenging Behaviors

- Resisting care
- Sleep problems
- Feeding problems
  - Refusing to eat
  - Overeating
- Repetitive actions/vocalizations
- Wandering
- Hoarding
- Territoriality
- Sexual behavior
- Agitation
- Aggression

# Significance

- Prevalence estimates up to 90%
- Lifetime risk nearly 100%
- Increased caregiver stress/distress
- Earlier nursing home admission
- Exacerbation of functional deficits
- Increased financial costs of care
- Reduced quality of life for person and caregiver

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# Mr. Hyde Keys

# Alternative Verbal Approaches

## Reality Orientation

- Works well with very early dementia
- Works well as a strategy with acute confusion
- Useful in helping person interpret environment and, when used gently, to offer orientation information

# Verbal Approaches (cont'd)

## Therapeutic Fibbing

- Used mostly to pacify and make the person go away
- Can break trust (emotional memory)
- Does not respect the person
- Can be traumatic if occurs during a “window of remembering”

# Verbal Approaches (cont'd)

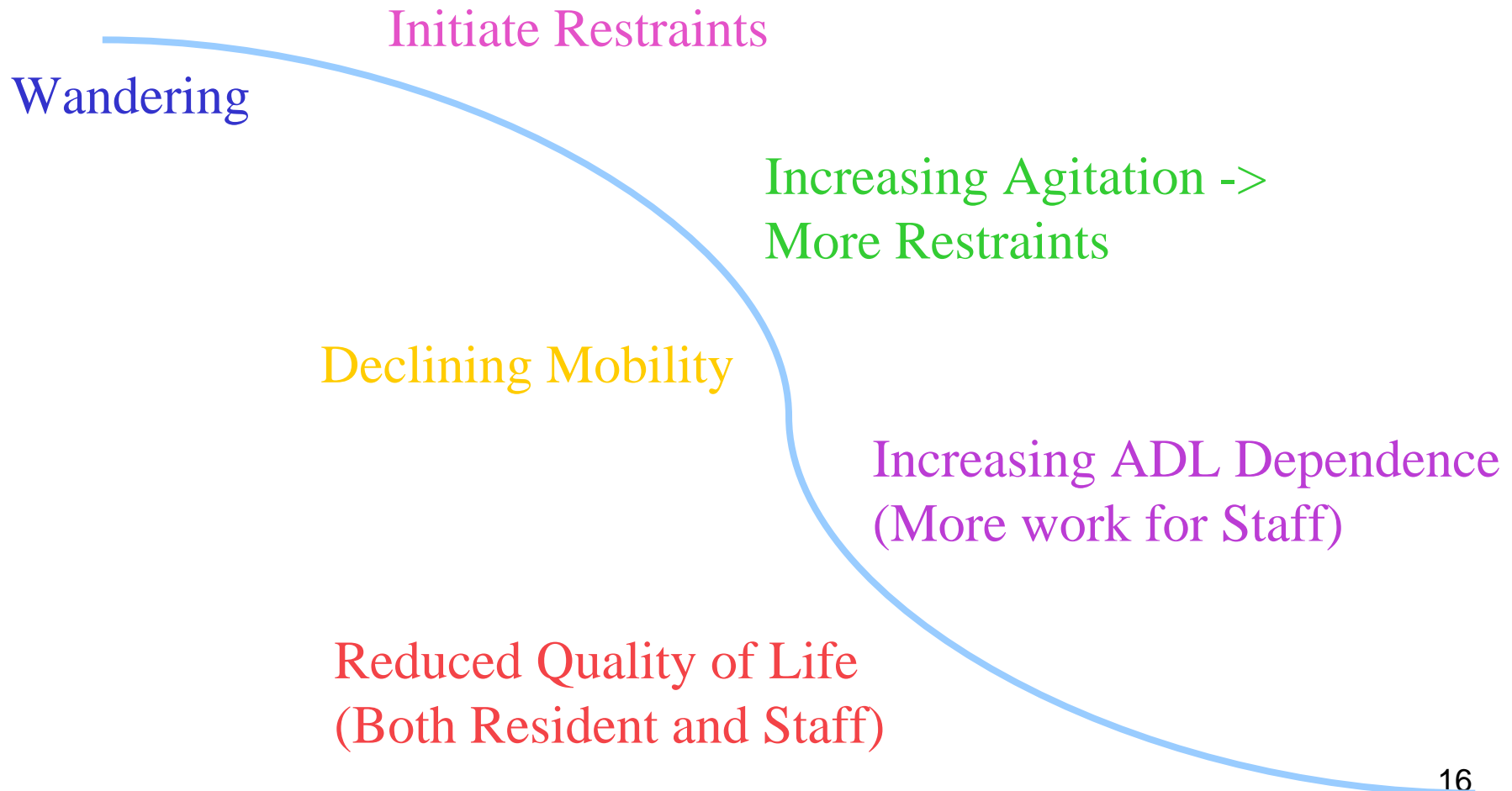
## Empathetic Communication

- Based on validation therapy
- Meets expressed or perceived emotional needs
- Meets the person where he/she is
- Uses phrases such as “looks like”, “seems like”, “sounds like”, “feels like”

Based on work of Melanie Bunn, Trainer for Alzheimer's Association-Eastern NC Chapter

**Ms. Lottie Walker:**  
**Wandering**  
**Agitation**  
**Violent Outbursts**

# Slippery Slope of Behavioral Mismanagement



# Model For Behavioral Management

**A** ntecedents

**B** ehavior

**C** onsequences

# Antecedents / Consequences: Assess the Behavior

- What is happening?
- What is in the environment?
- When does it happen?
- Where does it happen?
- Who is around?
- Why is it a problem?

*Describe, don't diagnose!*

# **Additional Component of Behavioral Assessment**

*Are there aspects of the individual's personal history that might help explain the behavior?*

# Ms. Lottie Walker

- Stop “medical restraints”
- Behavioral strategies
  - Increase activity options
  - Space for safe wandering
- Donepezil (Aricept)
- Memantine (Namenda)

# Specific Drugs for AD

## Cholinesterase Inhibitors

- Donepezil (*Aricept*)
- Rivastigmine (*Exelon*)
- Galantamine (*Reminyl, Razadyne*)
- Tacrine (*Cognex*) \*

\*First in class; no longer used secondary to side effect profile

## NMDA\*\*-Receptor Antagonist

- Memantine (*Namenda*)

\*\*N-methyl-D-aspartate

# Side Effects

## Cholinesterase Inhibitors

- Nausea
- Vomiting
- Abdominal pain
- Diarrhea
- Weight loss/anorexia
- Dizziness

## NMDA-Receptor Antagonist

- Confusion
- Headache
- Constipation
- Coughing
- Hypertension

# Pharmacological Management

*There is no FDA-approved  
treatment for agitation  
associated with dementia*

# Different Medication Classes

- Antidepressants
- Anxiolytics
- Sedative/Hypnotics
- Antipsychotics/Neuroleptics
- Anticonvulsants
- Cholinesterase Inhibitors
- NMDA-Receptor Antagonists
- Analgesics

# **Ms. Ima Hurting:**

**Resisting Care  
Agitation  
Aggression**

# Assess the Behavior

- What? When? Where? Who? Why?
- Exactly what is happening?
- What are the circumstances?
- What aspects of the individual's personal history might improve understanding of the behavior?

# The Inner Experience of Dementia

- Memory loss
- Loss of communication skills
- Reduced attention span
- Decreased stress threshold
- Lower frustration tolerance
- Diminished impulse control
- Misinterpretation of the environment
- Decreased ability to self comfort

# Ms. Ima Hurting

- Stop Lorazepam (*Ativan*)
- Behavioral strategies
  - Schedule a.m. care to when less rushed
  - Shower evenings, with slip, female aide
  - Reassure, comfort, distract with talk, ask resident to assist, divide tasks into steps
- Acetaminophen (*Tylenol*)

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# Mr. Rob D. Speech:

## Agitation

# Communication Strategies

- Empathetic communication
- Listen actively
- Respond to the emotional tone
- Focus on word or phrase that may have meaning
- Stay calm and be patient
- Ask others for clues
- Change subject if necessary

Adapted from Rush Alzheimer's Disease Center, 1999

# External Stressors

- Over stimulation
- Under stimulation
- Lack of activity
- Environmental design
- Familiarity of setting
- Changes of environment or routine
- Demands to achieve beyond abilities

# Medical Stressors

- Pain
- Infections / Illness
- Insomnia / Fatigue
- Medications
- Malnutrition / Dehydration
- Constipation / Impaction
- Sensory Impairments (poor vision / poor hearing)

# Mr. Rob D. Speech

- Schedule dental appointment
- Stop Diazepam (*Valium*)
- Lorazepam (*Ativan*)
  - Low dose, as needed only, e.g., before the dentist visit

# Anxiolytics

## **PREFERABLE**

### Shorter-acting benzos

- Lorazepam (*Ativan*)
- Oxazepam (*Serax*)
- Alprazolam (*Xanax*)
  
- Buspirone (*BuSpar*)
- Trazodone (*Desyrel*)
- Other antidepressants

## **AVOID**

### Longer-acting benzos

- Chlordiazepoxide (*Librium*)
- Clorazepate (*Tranxene*)
- Diazepam (*Valium*)
- Clonazepam (*Klonopin*)
  
- Hydroxyzine (*Vistaril, Atarax*)

# Side Effects

- Drowsiness / sedation
- Dizziness
- Weakness
- Unsteadiness
- Depression
- Impaired coordination
- Memory
- Potential for dependence, withdrawal

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**Mr. Seymour Moody:**

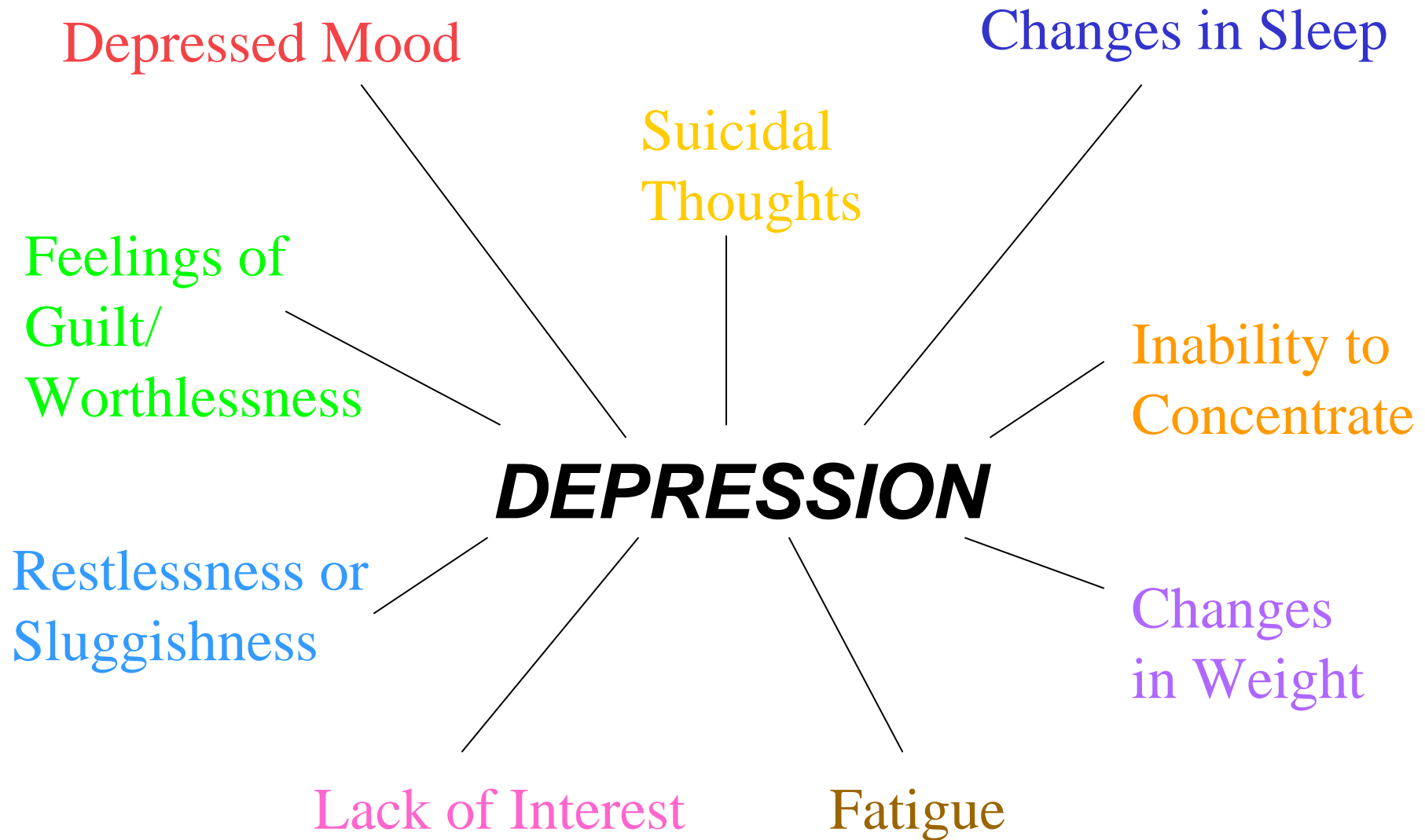
# Catastrophic Reactions

# Assess the Behavior

- What? When? Where? Who? Why?
- Exactly what is happening?
- What are the circumstances?
- What aspects of the individual's personal history might improve understanding of the behavior?

# Mr. Seymour Moody

- Liberalize diabetic regimen
- Behavioral program
  
- Sertraline (*Zoloft*)



# Depression in Older Adults

- May present differently
- Cognitive difficulties common
  - Decreased attention span
  - Problems with attention, motivation and concentration
- Somatic complaints common
- Sadness may be absent
- Irritability common, esp. in males
- Impacts physical and social health

# Antidepressants

## SSRI's

- Fluoxetine (*Prozac*)
- Paroxetine (*Paxil*)
- Sertraline (*Zoloft*)
- Fluvoxamine (*Luvox*)
- Citalopram (*Celexa*)
- Escitalopram (*Lexapro*)

## Others

- Mirtazepine (*Remeron*)
- Venlafaxine (*Effexor*)
- Bupropion (*Wellbutrin*)
- Nefazodone (*Serzone*)
- Trazodone (*Deseryl*)
- Tricyclics

# Side Effects

## SSRI's

- Nausea, diarrhea, dyspepsia, anorexia
- Fatigue, somnolence
- Insomnia
- Anxiety, agitation
- Dry mouth
- Tremor
- Increased sweating

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**Mr. Max Temper:**

**Violence Directed At Others**

# Assess the Behavior

- What? When? Where? Who? Why?
- Exactly what is happening?
- What are the circumstances?
- What aspects of the individual's personal history might improve understanding of the behavior?

# Mr. Max Temper

- Behavioral interventions
  - Recognize potential signs and symptoms
  - Listen actively; stay calm and clear
  - Remove potentially harmful items
  - Reinforce non-violent behavior
  - Promote regular exercise
- Divalproex Sodium (*Depakote*)
- Olanzapine (*Zyprexa*)

# Anticonvulsants

- Carbamazepine (*Tegretol*)
- Divalproex Sodium (*Depakote*)
- Gabapentin (*Neurontin*)

# Side Effects

- Somnolence, fatigue
- Dizziness
- GI symptoms
- Unsteadiness/ataxia

# Atypical Antipsychotics

- Risperidone (*Risperdal*)
- Olanzapine (*Zyprexa*)
- Quetiapine (*Seroquel*)
- Aripiprazole (*Abilify*)
- Ziprasidone (*Geodon*)
- Clozapine (*Clozaril*)

*Be aware of Black Box warning*

# Side Effects

- Sedation
- Hypotension
- Weight gain
- Hyperglycemia
- Extrapyramidal symptoms

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# Closing Thoughts...

Always remember that the individual with dementia is a person first, with a family history and interests.

However childlike they may seem, people with dementia are adults; treat them with *dignity and respect*.

Do not talk about people with dementia as if they weren't there; assume that they can understand everything.

The reality of a person with dementia may be different than that of “normal” people; accept it, do not argue or try to correct it.

# Summary

- “Challenging behaviors” can be dangerous, cause distress, and interfere with care.
- Challenging behaviors in dementia are related to the very impairments in memory and judgment that define the disease.
- Challenging behaviors are accentuated by communication and perceptual difficulties, stressors, and a diminished stress threshold.
- Both verbal and nonverbal communication styles influence behavior, both that of the person with dementia and that of the caregiver.

# Summary (cont'd)

- Different communication approaches are called for as the disease progresses.
- Try to understand the behavior from the perspective of the person exhibiting the behavior.
- Consider a range of potential causes and intervene wherever possible and plausible.
- Both behavioral and medical approaches have roles in managing challenging behaviors.
- Careful “listening”, patience, empathy, creativity and flexibility are critical for successful management.

Thank you!

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