Agitation in-service

Behaviour Management
A Guide to Good Practice

Working with people with dementia who present with agitation

A presentation for residential aged care staff and community care staff prepared by Sharon Wall for the Dementia Collaborative Research Centres (DCRC-ABC) & the Dementia Behaviour Management Advisory Services (DBMAS)

Acknowledgment of Country
We acknowledge the traditional custodians of this land
We also pay respect to the elders past and present and extend that respect to other Aboriginal people present

Objectives
At the end of this presentation participants will have an increased understanding of:
• How agitation presents in people with dementia
• Diagnostic criteria & potential causes of agitation in people with dementia
• Strategies & considerations to assist in the care of people with agitation in dementia

What does agitation look like in dementia?
Observable, non specific, restless behaviours that are
• Excessive +
• Inappropriate +
• Repetitive

Agitation in dementia may present as:
• Restlessness &/or pacing
• Excessive fidgeting &/or hand wringing
• Irritability
• Disruptive vocalisations

Pathology of agitation
• Decreased frontal or temporal lobe metabolism
• Increased neurofibrillary tangle burden
• Altered activity in the neurotransmitter systems
  +
• Interaction between the individual & the environment

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Many potential areas may contribute to agitation in dementia:

- Fatigue
- Physical discomfort
- Loss of control
- Humiliation
- Impaired vision or hearing
- Medication
- Sleep deprivation
- Hallucinations
- Unmet needs
- Misunderstanding
- Fear

Diagnostic Considerations

Use a person centred approach to gather ALL potentially important information:

- ▼ Is this a delirium from pain/discomfort, physical illness/injury or other physical causes?
- ▼ Is this a psychiatric symptom?
- ▼ Does the person have a psychiatric history?
- ▼ Does the person have a history of delusions?

If YES, respond & treat accordingly FIRST

If NO, consider management options

- ▼ Develop psychosocial strategies & interventions
- ▼ Only where necessary - individually targeted medication to reduce significant distress &/or safety concerns
- ▼ Review!

Differential diagnosis for agitation in dementia

- Eliminate reversible causes of delirium
- Differentiate between agitation & hyperactive delirium
- Treat underlying causes

Measuring agitation in dementia

Instruments to assist:
- The Cohen Mansfield Agitation Inventory (CMAI)
- The Pittsburgh Agitation Scale (PAS)
- Neuropsychiatric Inventory (NPI)

Prevalence of agitation in dementia

- MOST commonly occurring BPSD
- 9% - 96%
- Rates dependent on definitions & tools used to measure agitation
- No difference for different types of dementia
Rates of agitation are reportedly higher in those with:
- Dementia severity
- Impairment of insight
- Rate of cognitive decline
- Performance in activities of daily living
- Income

Effects of Agitation
Remember, AGITATION feels AWFUL & contributes to:
- Psychiatric or medical co-morbidity
- Use of psychotropic meds
- Use of physical restraint
- Burden on family & RACF carers
- Health related quality of life
  + premature placement in RACF

Before you move on have you:
- ensured that the person & all those in their environment are not at risk?
- provided a full person-centred assessment of the presenting behaviours?
- excluded &/or treated any potentially reversible factors?

Imagine...

Your approach
Agitation is distressing !!!! So be...
- Calm
- Gentle
- Thoughtful
  + Work with the feeling
  - Ensure comfort
  - Take time
  - Look behind the behaviour

Caring approaches & interventions
First line response:
Psychosocial &/or environmental e.g.
- Music interventions
- Touch
- Aromatherapy
- Preventative manipulation of the environment
Humour therapy

Positive impact on agitated behaviours in people living with dementia

Principles of psychosocial responses

- Engagement
- Reassurance
- Safety
- Clear communication
- Simplify environment
- Targeted & individualised
- Distraction
- Gentle approach
- Empathy
- Reduce fear
- Acceptance

Caring approaches & interventions

2nd line approach - biological

- May be indicated when symptoms
  - have physical or drug-related cause
  - are unresponsive to psychosocial interventions
- May include analgesics, antidepressants &/or atypical antipsychotics

2nd line approach – biological cont.

Where pharma is prescribed:

- Use with caution – short term only
- Use in combination with psychosocial interventions
- Be aware of risks
- Reduce, discontinue when indicated
- Monitor closely & REVIEW!

Pain management may ↓ agitation in dementia – a study

- 352 NH residents with dementia
- Compared pain relief medication 3 x daily with usual treatment
- After 8 weeks - 17% reduction in symptoms of agitation in group receiving analgesia
- i.e. greater improvement than expected from treatment of agitation with antipsychotics

Pain management may ↓ agitation in dementia cont.

Researchers concluded that prescriptions for antipsychotic drugs could be reduced if residents’ pain was better managed

http://www.bbc.co.uk/news/health-14138884
Mrs W - Presentation
- Considered ‘difficult’ - often agitated &/or aggressive
- Sits at dining table on her own continuously rubbing the table top with her fingertips
- Flicks imaginary objects away with back of her hand while muttering to herself
- She is ignored & left alone, except when she walks into others’ rooms & touches their walls

Mrs W – presentation cont.
- Situation becomes risky - others are angry with Mrs W for intruding into their rooms
- Mrs W’s reaction is to become increasingly agitated & verbally aggressive
- If others approach Mrs W at this point, she can become combative & the situation escalates

Mrs W - potentially contributing factors
- Unreported pain/ discomfort /acute illness/ infection
- Medication interactions, dosage, adverse effects
  - Overstimulation (noise, people, activities)
  - Lack of attention to culturally-relevant needs
  - Overextending her capabilities by expecting too much of her

Potentially contributing factors cont.
- Stopped from what she is doing or her perceived intentions
- Altered routines, new staff, particular staff and/or family members
- Unfamiliar/altered/deprived physical environment
- Reduced threshold to cope with stress due to dementia
Mrs W
With the potentially contributing factors in mind, what aspects of Mrs W’s situation could be important in your assessment?

Mrs W - assessing the situation
• Encourage Mrs W to express her needs as far as she is able
• Directly observe what may trigger the behaviour
• Involve staff who know Mrs W quite well in identifying her unmet needs, or possible reasons for her agitation
• Consult her personal history

Mrs W - Assessing the situation cont.
• Assess the immediate environment for possible triggers
• Consult close family members to identify possible triggers
• These may be unknown to staff & previously undocumented

Mrs W – some outcomes

Agitation in dementia - conclusions
• Multidisciplinary, individualised, multifaceted approach ALWAYS!
• Reduce &/or treat possible physical causes
• Expert consensus guidelines - psychosocial interventions as first line approach
• Some evidence for music interventions
• Medication only where necessary for safety
• Support carers!

‘Success’
• Typically not about eliminating BPSD
• Has BPSD?
• Has person with dementia’s distress?
• Has carers’ understanding of potential causes?
• Has carers’ skills/coping?
• Do carers feel supported?
• Be realistic about goals/outcomes
• BPSD are SYMPTOMS of dementia!
Reflection & review

How can you use this information to make a difference in the lives of people with dementia who present with agitation?

Resources

Alzheimer’s Australia Help Sheets

Translating what we know about pain recognition & management in people with dementia

Dementia Outcomes Measurement Suite

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