Anxiety in-service

**Behaviour Management**
* A Guide to Good Practice

**Working with people with dementia who present with anxiety**

A presentation for residential aged care staff and community care staff prepared by the Dementia Collaborative Research Centres (DCRC-ABC) for 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 anxiety presents in people with dementia
- Diagnostic criteria & potential causes of anxiety in people with dementia
- Strategies & considerations to assist in the care of people with anxiety in dementia

**What does anxiety look like in dementia?**

An internal state but the following may be evident:

- Facial expressions of worry, distress or fear
- Complaints of somatic (physical) symptoms
  - Frequently seeking reassurance
  - Agitation, irritability, restlessness

**Anxiety in dementia may present as:**

- Thoughts (e.g. worry, anguish)
- Emotions (e.g. fearfulness, unease, dread)
- Physical sensations (e.g. muscle tension, tremor, fatigue, nausea)
- Behaviours (e.g. avoidance, hand wringing, pacing, restlessness)

**Many potential areas may contribute to anxiety in dementia**

- Fatigue
- Humiliation
- Physical discomfort
- Loss of control
- Impaired vision or hearing
- Sleep deprivation
- Hallucinations
- Medication
- Need for attention
- Misunderstanding
- Fear of failure

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Anxiety in dementia may be caused by a complex interaction of:

- underlying brain disease
- unmet needs
- changes to routine &/or environment
- separation from primary carer
- being rushed or over stimulated
- fear of failure
- Unable to find the toilet

Higher rates of anxiety typically associated with unmet mental health, social & psychological needs + Reduced capacity to make sense of their environment due to changes in brain pathology.

Diagnostic Considerations
Use a person-centred approach to gather ALL potentially important information
▼ Is the anxiety due to pain/discomfort, physical illness/injury or other physical causes?
▼ Is this a symptom of agitation, depression, psychosis or delirium?
If YES, respond & treat accordingly FIRST

If NO, consider management options
▼ Develop & trial individually tailored psychosocial/environmental strategies & interventions
▼ Only where necessary, use individually targeted medication
▼ Review!

Diagnosing anxiety in dementia
• Eliminate reversible causes of delirium
• Differentiate anxiety from agitation, delirium & depression
  • Treat underlying causes where possible

Measuring anxiety in dementia
Instruments to assist:
• The Rating Anxiety in Dementia Scale (RAID)
• The Behavioral Pathology in Alzheimer’s Disease Scale (BEHAVE-AD)
• The Hamilton Anxiety Rating Scale (HAM-A)
• The Geriatric Anxiety Inventory (GAI)
• Neuropsychiatric Inventory (NPI)
• Available at DOMS website: http://www.dementia-assessment.com.au/measures.html
Prevalence of anxiety in dementia

- Anxiety is one of the most common BPSD
- Occurs as a symptom in 8% - 71% of those with dementia
- Higher incidence in FTD & VaD than AD
- Most common BPSD in DLB

Effects of anxiety

Remember, anxiety feels AWFUL for the person & contributes to:
- Psychiatric or medical co-morbidity
- Use of psychotropic meds
- Shadowing & wandering
- 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 behaviours presented?
- excluded &/or treated any potentially reversible factors

Your approach

Remember, anxiety is distressing! So be...

- Calm
- Gentle
- Thoughtful
  - Work with the feeling
  - Ensure comfort
  - Take your time
  - Look behind the behaviour

Identify triggers for the individual

- Management is not only about reducing symptoms
- Avoid &/or minimise triggers, stressors & frustrations for the person
- Aim to prevent the anxiety recurring

Caring approaches

First line response:
Psychosocial &/or environmental interventions e.g.
- Supportive models of care
- Multi-component & individualised interventions provide best evidence
- Preferred music interventions
- Psychotherapy & CBT where carers also involved
Principles of psychosocial responses

- Safety
- Clear communication
- Gentle approach
- Reduce fear
- Check accuracy of reported information
- Reassurance
- Distraction
- Simplify environment
- Targeted & individualised
- Empathy
- Acceptance
- Engagement

Caring approaches & interventions

Suggested strategies:
- Keep the environment uncomplicated & avoid overstimulation
- Maintaining structure & routine reduces the need for decisions
- Provide opportunities to succeed
- Redirection & reassurance

Caring approaches & interventions

2nd line approach - biological

- ChEIs provide best evidence
- Consider SSRIs when long-term management required
- Where necessary, benzodiazepines or antipsychotics - short-term only until SSRI takes effect

Caring approaches & interventions

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 with long term use of antipsychotics
- Reduce, discontinue when indicated
- Monitor closely & REVIEW!
Mrs Y – presentation

- 86 year old Vietnamese migrant
- Lives with 3 generations of her family
- Does not speak, read or write English
- Daughter is primary carer
- Concerned re her mother’s ↑ anxiety
- Culturally specific in-home service recently cancelled

Mrs Y presentation cont.

- Mrs Y’s strong spiritual beliefs important to her
- Started wandering during church services → no longer attends
- Family worried that others in their community think Mrs Y is ‘crazy’
- They wish to protect her dignity
- Mrs Y & family have become isolated from Vietnamese community

Mrs Y presentation cont.

- Church services

Mrs Y presentation cont.

- Unfamiliar or altered aspects of her physical environment

Potentially contributing factors

- Unreported pain/ discomfort/ acute illness/ infection
- Underlying depression
- Medication interactions, dosage, adverse effects, recently prescribed
- Lack of attention to culturally-relevant needs
- Overextending her capabilities by expecting too much of her

Potentially contributing factors cont.

- Altered routines, particular family members &/or community staff
- Unfamiliar or altered aspects of her physical environment

Mrs Y

With the potentially contributing factors in mind, what aspects of Mrs Y’s situation could be important in your assessment?

Mrs Y - potentially contributing factors

- Reduced threshold to cope with stress due to dementia

Potentially contributing factors cont.
Mrs Y - Assessing the situation
- Encourage Mrs Y to express her concerns as far as she is able
- Observe environmental aspects that may trigger anxiety
- Consult with close family members – identify potential triggers
- Consider significant life events e.g. war
- Contact cancelled community service to identify strategies to encourage Mrs Y to accept assistance

Mrs Y – some outcomes
Be aware of potential impact of cultural factors with regard to understanding dementia & BPSD

Anxiety in dementia - conclusions
- Exclude &/or treat possible physical causes
- Be mindful of communication & approach
- Individualised psychosocial interventions recommended as first line approach
- Evidence for supportive models of care
- Medication only where anxiety unresponsive to psychosocial interventions
- 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 anxiety in dementia?

Thank you for your attention & your participation in DCRC research
See DCRC website for further resources
http://www.dementiaresearch.org.au
Resources

Alzheimer’s Australia Help Sheets

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

Supportive models of care
http://dementia.stir.ac.uk/design/virtual-environments/virtual-care-home

Dementia Outcomes Measurement Suite

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