Psychotic symptoms in-service

Behaviour Management
A Guide to Good Practice

Working with people with dementia who present with psychotic symptoms

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

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

What are psychotic symptoms in dementia?
• A disturbance in the perception &/or appreciation of objective reality
• Prevalence rates 12% - 74%
• May change throughout disease course
• Delusions most common of these symptoms
  ► then Hallucinations

What is a delusion?
• False unshakeable idea or belief, resistant to logic
• Associated with strong emotions e.g. fear or anger → prompt the person with dementia to act on the beliefs
• Delusions also occur in
  – psychotic illnesses e.g. schizophrenia, bipolar disorder
  – delirium e.g. metabolic imbalance

Examples of delusions in dementia
• Belief that their mirror image is not them
• Belief that a familiar person has been replaced by an imposter
• Misidentification
• A stranger is someone familiar
• Merging reality with TV
• Belief that carer will abandon them

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

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Specific delusion - misidentification

- A misperception of external stimuli with an associated, strongly held belief
- e.g. a person with dementia may be unable to distinguish between a son, husband, brother, etc.

Common delusions → behaviours

- Delusions of theft can lead to hiding items or wearing several layers of clothing
- Belief that spouse is unfaithful may be related to:
  - memory impairment &/or
  - failure to recognise a spouse who looks older than the way they remember them
- Believing one’s house is not one’s home may lead to wandering in search of ‘home’

Common delusions → behaviours cont.

- Phantom Boarder i.e. other people living in their home
- Delusions of persecution
  - Food being poisoned
  - Others trying to harm them
- Can lead to person with dementia not eating, barricading themselves in their room or attempting to leave

What is an hallucination?

- Sensory experience – visual, auditory, tactile, somatic &/or olfactory
- Occurs in the absence of actual sensory stimulation
- A core feature of DLB & PDD

Misperception in dementia

- Not a psychotic symptom but can lead to similar behaviours
- Person with dementia’s best guess at interpreting distorted information sent to an impaired brain via impaired vision
- e.g. person with dementia may perceive a shadow on the floor as a hole

Possible causes of delusions in dementia

May be a complex interaction of:
- underlying brain disease
- mood changes
- reliving past experiences
- apraxia or agnosia
- an attempt to interpret a changing environment
- brain unable to form new memories → old ones are recycled – filling in gaps
- factors unrelated to dementia
Psychotic symptoms in dementia are associated with:
- Decline in cognition
- Carer burden
- Health care costs
- Quality of life
- Physical health
- Premature placement in RACF

Diagnostic Considerations
Using a person-centred approach, gather ALL potentially important information
- Is this due to a delirium from pain, infection, medication or other physical causes?
- Is this a symptom of a psychiatric disorder?
- Does the person have a psychiatric history?
If YES, respond & treat accordingly FIRST

If NO, consider management options
- Check that claims are NOT actually true!
- Develop psychosocial strategies & interventions
- Only where necessary - consider individually targeted medication to reduce distress &/or safety concerns
- Review!

Criteria for diagnosis of psychotic symptoms in dementia
- Diagnosis of dementia
- Delusions or hallucinations
- Present for ≥ one month
- Symptoms severe enough to disrupt functioning
- Not accounted for by another psychiatric disorder, medical condition or delirium

Measuring psychotic Sx in dementia
Instruments to assist:
- Behavioral Pathology in AD scale (BEHAVE-AD)
- Columbia University Scale for Psychopathology in AD (CUSPAD)
- Neuropsychiatric Inventory (NPI) & NPI - Clinician (NPI-C)

Prevalence of psychotic symptoms in dementia
- 12 – 74% of those with AD
- Lower % in VaD & FTD
- Present episodically & tend to recur
- Higher % of hallucinations only in DLB & PDD
Psychotic symptoms in-service

Respond to psychotic symptoms that are …

• frightening or distressing
• preventing appropriate care
• disrupting rest
• putting the person with dementia or others at risk

If a delusion or hallucination is NOT distressing to the person with dementia intervention may not be necessary

Paranoid delusion

That man over there is scaring me. I think he is going to hurt me... He keeps laughing at me & telling me he has a gun & a knife & will hurt me if I do not behave...it is true!

I know you believe this is true, but that is not what I see or believe. I know it must be frightening for you to believe that... but no one is going to hurt you here... you are safe.

Paranoid ideation: stolen item

Someone stole my watch ... I think somebody came into my room & took it.

You may have just misplaced it. Let me help you look for it. Lets do that together.

Hallucination

There, over there... I can see my mother ... She is talking to me.

I am concerned the fish are going to take me with them. I cannot swim you know. Please make them go away?

Hallucination

What do you think a contributing factor of this experience could be?

There, over there... I can see my mother ... She is talking to me.

What do you think a contributing factor of this experience could be?

I know you believe this is true, but that is not what I see or believe. I know it must be frightening for you to believe that... but no one is going to hurt you here... you are safe.

What might it feel like to have psychotic symptoms in dementia?

Please listen & try to imagine this scenario

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What do you think a contributing factor of this experience could be?

I know you believe this is true, but that is not what I see or believe. I know it must be frightening for you to believe that... but no one is going to hurt you here... you are safe.
Before you move on, have you:
• ensured that the person & all those in their environment are not at risk?
• conducted a full person-centred assessment of the behaviours presented?
• excluded &/or treated any potentially reversible factors?

Caring approaches & interventions
First line approach:
Psychosocial &/or environmental e.g.
• Individually tailored
• Environmental modifications - best evidence
  – preventative
  – in response to BPSD
• Music – mixed results

2nd line approach – biological
Where pharma is prescribed:
• Use with caution - short term only
• Use in combination with psychosocial interventions
• ChEIs & memantine may provide safer option than atypical antipsychotics
• Be aware of risks
• Reduce, discontinue when indicated
• Monitor closely & REVIEW!
Psychotic symptoms in-service

Mr H - presentation
• 70 year old Aboriginal man from remote community in NT
• Dependent on daughters for care
• To ease family burden started attending day respite service
• Wary of care staff, particularly those from non-Aboriginal or Torres Strait Islander backgrounds

Mr H – presentation cont.
• Tells family staff at centre beat him & want to take him from the community
• Family report Mr H recently distressed by seeing “evil spirits” & feeling “snakes coming out of his eyes”
• Mr H has attempted to run away from staff at day respite centre → places him in danger

Mr H
What are some of the potentially contributing factors for Mr H’s psychotic symptoms?

Mr H - potentially contributing factors
• Lack of attention to culturally-relevant needs
• Overextending his capabilities by expecting too much of him
• Pain, illness, infection, delirium, depression
• Medication interactions, dosage, adverse effects
• Sensory deprivation/impairment or inappropriate stimulation
• Misinterpretation of reality /or the intentions of others
• Altered routines, particular day centre staff /or family members
• Unfamiliar physical environment
• Reduced threshold to cope with stress due to dementia

Potentially contributing factors cont.
• Lack of attention to culturally-relevant needs
• Overextending his capabilities by expecting too much of him

Mr H
With the potentially contributing factors in mind, what aspects of Mr H’s situation could be important in your assessment?
Psychotic symptoms in-service

Mr H - assessing the situation
• Encourage Mr H to express his needs as far as he is able
• An eye examination may exclude medical conditions &/or suggest treatment options
• Consult Mr H’s life history & previous behavioural patterns for potential triggers

Mr H - assessment cont.
• Assess the immediate environment for possible triggers
• Directly observe what may trigger the symptoms
• Consult close family members to identify potential triggers
• These may be unknown to respite centre staff &/or undocumented

Mr H – some outcomes

Psychotic Sx in dementia - conclusions
• Multidisciplinary, individualised, multifaceted approach ALWAYS!
• Best psychosocial evidence – supportive, prosthetic approach in dementia care unit
• Short-term pharma only where indicated
• Antipsychotics where Sx are severe
• 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 psychotic symptoms?
Psychotic symptoms in-service

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
Better Health - State Government of Victoria
Translating what we know about pain recognition & management in people with dementia
Dementia Outcomes Measurement Suite

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