

The Management of Difficult Behaviors

By Dr. David Carr, MD Medical Director

Neuropsychiatric symptoms affect many individuals with dementia and can interfere with participation in activities and quality of life. Acute changes in behavior are often the manifestation of a change in physical health, such as a urinary tract infection, pneumonia, or an adverse drug reaction. Chronic behavioral problems include wandering, agitation, aggression, delusions, hallucinations, repetitive vocalizations, and refusal of care. Observed behaviors can also be the result of psychiatric diseases (depression, anxiety, psychosis, etc.), which can be difficult to diagnose in the setting of a dementing illness.

The mnemonic DRNO (describe the behavior, reason for the behavior, nonpharmacologic approach, order medication as a last step) may provide a useful approach to managing these behaviors and are steps we follow in our facility. The goal in addressing difficult behaviors is to specifically describe the unwanted or uncomfortable activity, and identify any precipitants (e.g. roommate stress, pain, need to urinate, anxiety, etc.). Nonpharmacologic approaches based on behavioral interventions and restructuring the environment should be attempted first and are listed in the Table below. Medications to treat behavior should be the last step unless the behavior poses an immediate threat to the person or others.

Atypical or "novel" agents for psychosis have been widely embraced, but some studies have called into question their efficacy. However, these studies use behavioral research scales that often do not translate into important clinical endpoints such as transfers out of the nursing home to an inpatient psychiatry unit, the need for frequent sedating prn medications, perceived quality of life, actual and/or perceived physical harm to staff or patients, and significant interruptions to nursing care which impairs care to all residents. It is our experience and many practicing physicians in our community that antipsychotic drugs can provide a useful role in behavior management when prescribed and titrated appropriately. The indications for their use should be limited to severe verbal abuse or disruptions to self-care, combativeness, and frank psychosis. We do not advocate their use for general agitation, depression, anxiety, or repetitive behaviors. For difficult cases, a referral to a geropsychiatrist is advised. Thankfully, we have the excellent services of Dr. Aviva Raskus at our facility.

However, antipsychotic drugs are not without side effects. These agents may cause sedation, impaired balance, weight gain, glucose intolerance, and orthostasis (drop in blood pressure).

There is also a slightly increased rate of mortality. Thus, these drugs need to be monitored closely and our process of drug review at Parc is meant to identify side effects and communicate to you the risks and potential benefits of drug therapy. You should not hesitate to contact your physician to discuss the benefits and risks of drug therapy for behavior.

In many residents with dementia and behavioral disturbances, the risk/benefit ratio for prescribing these medications still warrants their utilization. Each case should be individualized and a specific determination made whether to initiate the medication or to taper and discontinue these agents.

Until further data are available, the following are recommendations regarding antipsychotic drug use in persons with dementia:

- Efforts should be made to determine reversible and treatable causes for behavioral problems in persons with dementia (e.g., infections, drugs, pain control).
- Attempts should be made to handle behavioral difficulties using nonpharmacologic methods.
- Cholinesterase inhibitors like donepezil (Aricept) with or without memantine (Namenda) should be considered for behavioral symptoms, and antidepressants should be considered when depressive or anxiety symptoms are present.

- If an antipsychotic medication is to be initiated or continued, discussion with your doctor should occur regarding the acceptability of these risks .
- Residents should routinely be monitored for hyperglycemia, weight gain, excessive sedation, blood pressure drops, and parkinsonism. Any cardiac events, TIA's or strokes, or pneumonia should trigger a re-evaluation of the risk-benefit ratio for these behavioral medications.

Environmental or Behavioral Interventions for Managing Difficult Behaviors in Dementia

- Educate about dementia and agitation to caregivers and family
- Reduce isolation
- Talk to residents/distract attention
- Identify specific precipitants to behavior
- Provide a predictable routine
- Separate disruptive persons from quieter persons
- Experiment with targeted changes to schedule
- Provide reassurance and verbal efforts to calm
- Structure the environment
- Provide orienting stimuli and activities
- Provide bright daytime lighting