PRACTICAL ADVICE TO ADDRESS BEHAVIORS RELATED TO ALZHEIMER'S AND DEMENTIA

Alvin Chang MD

Internal Medicine/Geriatric Medicine
New Foundation Medical Group

COMMON TYPES OF DEMENTIA

- Alzheimers
- Vascular
- Lewy Body dementia
- Frontotemporal dementia
- Alcohol induced dementia

BEHAVIORAL DISTURBANCE COMMON CLINICAL FEATURES

Anxiety, apathy, depression

Sleep disturbance

Resistance to care

Appetite change (weight loss)

Irritability, mood swing

Wandering

Disinhibition

Delusion, hallucinations

Verbal disruption, physical aggression

Hoarding

BEHAVIORAL DISTURBANCE GENERAL BEHAVIORAL INTERVENTION

Evaluate and treat underlying medical conditions.

Assess for new medical problems. Correct sensory deficits; replace poorly fitting hearing aids, eyeglasses, and dentures.

Remove offending medications, particularly anticholinergic agents.

Keep the environment comfortable, calm, and homelike with use of familiar possessions.

BEHAVIORAL DISTURBANCE GENERAL BEHAVIORAL INTERVENTION

Provide regular daily activities and structure; refer patient to adult daycare programs, if needed.

Attend to patient's sleep and eating patterns; offer regular snacks and finger foods.

Install safety measures to prevent accidents.

Ensure that the caregiver has adequate respite.

Educate caregivers about practical aspects of dementia care and about behavioral disturbances.

BEHAVIORAL DISTURBANCE GENERAL BEHAVIORAL INTERVENTION

Teach caregivers the skills of caregiving:
communication skills, avoiding confrontational
behavior management, techniques of support for
activities of daily living, activities for dementia
care.

Simplify bathing and dressing with use of adaptive clothing and assistive devices if needed; offer toileting frequently, and anticipate incontinence as dementia progresses.

Provide access to experienced professionals and community resources.

Consult with caregiving professionals, such as geriatric case managers.

PHARMACOLOGIC TREATMENT FOR SPECIFIC BEHAVIORAL DISTURBANCE

- Medication is used in conjunction with behavioral intervention.
- Mood Disturbance
- Inappropriate sexual behavior
- Intermittent aggression or agitation

SLEEP DISTURBANCE

- Reduce evening fluid consumption to minimize nocturia
- Give activating medications (eg, steroids)
 early in the day
- Control nighttime pain
- Limit daytime napping to periods of 20–30
 min•
- Use relaxation, stress management, breathing techniques to promote natural sleep
- Provide a safe environment for the patient to stay awake if unable to sleep

SLEEP DISTURBANCE

- Establish a stable routine for going to bed and awakening
- Advise and educate caregivers regarding the natural fragmented sleep patterns associated with dementia.
- Optimize sleep environment (attention to noise, light, temperature) Increase daytime activity, use of regular light exercise and exposure to natural sunlight
- Reduce or eliminate caffeine, nicotine, alcohol

BEHAVIORAL DISTURBANCE RESOURCE

Refer family and patient to local Alzheimer's Association. Encourage family caregivers to become "savvy caregivers" by enrolling in a multisession series by the Alzheimer's Association (www.alz.org).

This evidence-based training enables caregivers to gain personal knowledge and skills, modify their caregiving outlook, understand the course of Alzheimer's and related disorders, and develop confidence in setting caregiving goal

Q&A