

# Managing Geriatric Behaviors

***Part 1: Alzheimer's and Dementia***

***Part 2: Wandering, Aggression,  
Malnutrition and More***

**Lisa Byrd, PhD, FNP-BC, GNP-BC, Gerontologist**

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## **MATERIALS PROVIDED BY**

**Lisa Byrd, PhD, FNP-BC, GNP-BC, Gerontologist, has many years of experience working with the geriatric population by diagnosing, treating, and intervening when problem behaviors occur. Dr. Byrd currently works as a Nurse Practitioner in private practice in a rural family practice clinic, as well as at nursing homes and an in-patient hospital unit-Acute Care of Elders (ACE)-a NICHE accredited unit for Senior care. She performs intake interviews, routine rounds, sick visits, annual history and physicals, medication reviews, and manages the behavioral problems of this geriatric population.**

**Lisa is a published author of two books and in peer-reviewed nursing/scientific journals and is active in a number of professional organizations, President of the Gerontological Advanced Practice Nurses Association (GAPNA). She teaches geriatric nursing in an advanced practice nursing program, speaks locally as well as nationally, and is considered an expert in the field of geriatrics. Dr. Byrd has the experience and the knowledge to share with you how to successfully manage geriatric behavioral problems in elderly patients.**

### **Disclosures:**

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**Nonfinancial: Lisa Byrd has no relevant nonfinancial relationships to disclose.**



## Grandma DID WHAT? SHE WENT WHERE? Managing Geriatric Behaviors



## Managing Geriatric Behaviors

**Lisa Byrd PhD**

Family Nurse Practitioner-Board Certified  
Geriatric Nurse Practitioner-Board Certified  
Gerontologist





## *Confusion: Mentality/Cognition*

- The quickness of thinking normally slows as an individual ages
- But thinking processes are generally not affected
- Dementia is not a normal part of the aging process
  - it is an organic disorder involving progressive loss of the capacity to think and remember



## Normal Aging Changes

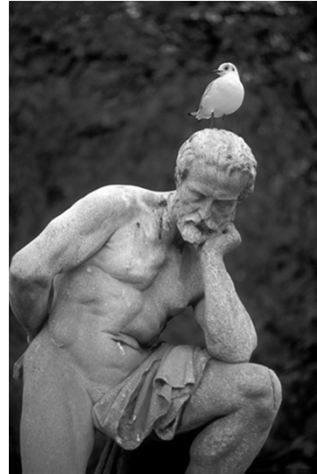
- Vision
- Hearing





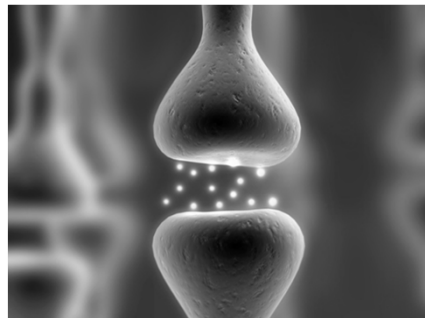
# An Aging Mind

- + Normal aging changes of the mind
  - ✗ Not everyone will develop Alzheimer's disease
  - ✗ Decreased number of neurons
  - ✗ Decreased brain size
  - ✗ Diminished brain weight
- + Depression, dementia, and delirium
- + Alzheimer's disease and other dementias
- + Diagnosing, Differentiating, and Developing a plan of care



# Neuron Loss

- ✗ Mainly in Brain & Spinal Cord
  - + Most pronounced in Cerebral Cortex
- ✗ Neuronal dendrites atrophy with aging
  - + Impairment of synapses
  - + Changes in transmission of the chemical neurotransmitters
    - ✗ Dopamine
    - ✗ Serotonin
    - ✗ Acetylcholine
    - ✗ Glutamate





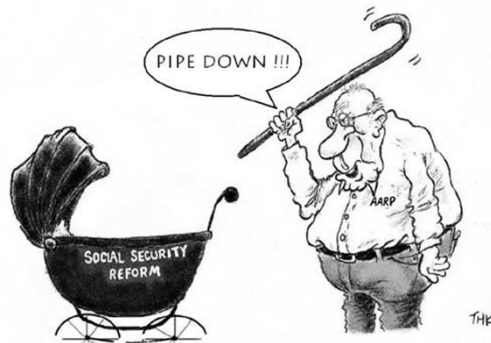
## Memory Loss

- ◊ Aging-Not a cause!
- ◊ Alzheimer's Disease
- ◊ Neurodegenerative illness
- ◊ Head trauma
- ◊ Seizures
- ◊ Stroke or Transient Ischemia Attacks
- ◊ Electroconvulsive Therapy
- ◊ Alcoholism
- ◊ Benzodiazepines & Barbituates/Opioids



## Causes of Confusion in Elders

- +Depression
- +Urinary Tract Infection
- +Upper Respiratory Infection
- +Alcohol abuse
- +Medications
- +Nutritional deficiencies (vitamin B<sub>12</sub>)
- +Dehydration
- +Thyroid disorders
- +Other causes include tumors, infections, or blood clots in the brain.





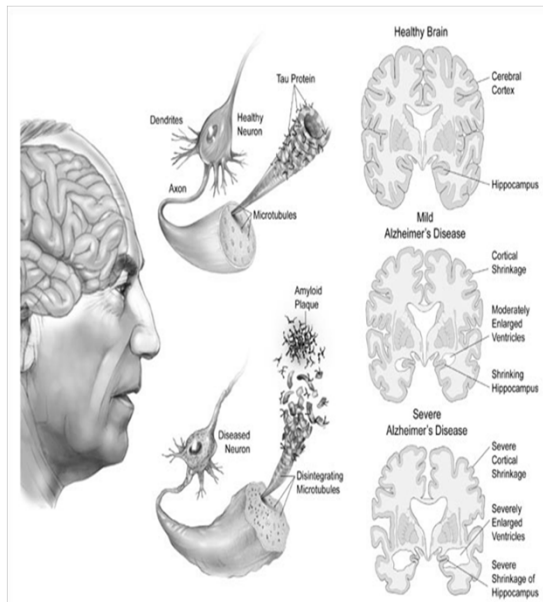
## Dementia Causes

- ◊ Alzheimer's disease
- ◊ Vascular disease
- ◊ Lewy Body disease
- ◊ Pick's disease
- ◊ Parkinson's disease
- ◊ Down's Syndrome
- ◊ Other neurological diseases



## Alzheimer's disease

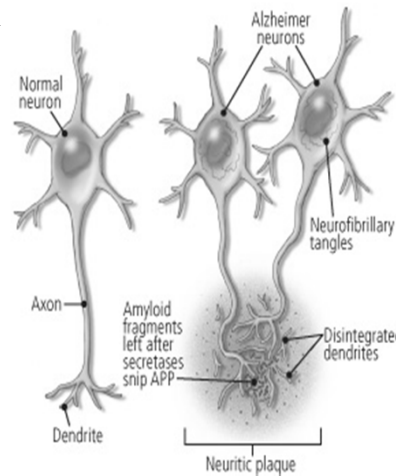
- ✗ Most common cause of dementia
- ✗ Progressive, neurodegenerative disease





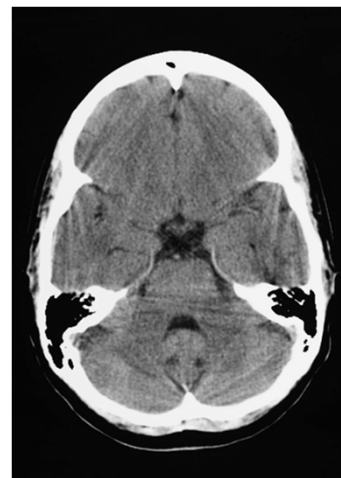
# Pathophysiology

- ✗ Senile plaques develop between neurons
- ✗ Neurofibrillary tangles develop within neurons
- ✗ Speculated that inflammation around plaques destroy neighboring neurons
- ✗ Chemicals
  - + Acetylcholine
    - ✗ Too rapidly destroyed
  - + Glutamate
    - ✗ Made too quickly & poor quality
    - ★ Too much abnormal glutamate



# Vascular dementia

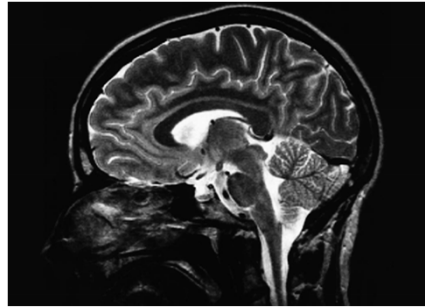
- ✗ Causes:
  - ✗ Embolic Event
    - ✗ Multi-infarct
  - ✗ Hemorrhagic Event
  - ✗ Starvation over time
- ✗ Sudden onset or stepwise deterioration
- ✗ Difficulty retrieving words, organizing & solving complex problems, 'absent mindedness', psychomotor slowing
- ✗ Relatively preserved language skills
- ✗ More depressive component
- ✗ Numerous cerebrovascular risk factors
- ✗ MRI: reports periventricular white matter disease





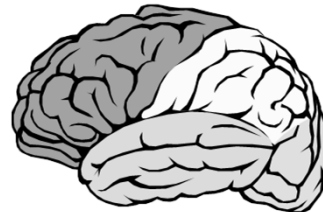
## Lewy Body Dementia (LBD)

- ✗ Lewy bodies found in the brain of individuals with AD & Parkinson's disease
- ✗ Also found in individuals without disease
- ✗ 20% of individuals diagnosed with AD- actually have LBD
- ✗ No Cure



## Parkinson's disease dementia

- o Physical changes occur 1<sup>st</sup> followed by dementia
- o Early onset Parkinson's disease vs Late onset Parkinson's disease
- o Language is usually not affected
- o Visual hallucinations may occur in 1/3 of patients on long term medications designed to decrease the s/s of Parkinson's disease





## Frontal Temporal Dementia or Pick's Disease

- ✗ Mean onset: 52 to 57 years of age
- ✗ Memory usually unaffected early in the disease
- ✗ Difficulty forming words
- ✗ Behavioral changes significant
  - + Apathy
  - + Reduced empathy
  - + Poor self care
  - + Marked disinhibition
  - + Poor social skills
  - + Suddenly becomes artistic



## Other causes

- o Untreated depression
- o Drug abuse
- o Thyroid disease
- o Severe B12 deficiency
- o Brain tumors
- o Toxicity
  - o Lead
  - o Mercury
  - o Monoxide
- o Infections
  - o UTI
  - o URI





## Diagnosis

- o Full medical work-up
- o Interview family & close associates
  - o Emotional state
  - o Day to day routine
  - o Alcohol/drug abuse
  - o Trauma to head
- o Psychiatric testing
  - o Rule out depression
  - o Other mental disorders



## Recognizing Alzheimer's disease

- |  |  |
|--|--|
| ✗ Memory loss                          | ✗ Misplacing things                              |
| ✗ Difficulty performing familiar tasks | ✗ Abstract thinking issues                       |
| ✗ Problems with language               | ✗ Changes in mood & behavior                     |
| ✗ Problems understanding instructions  | ✗ Altered personality                            |
| ✗ Impaired Judgment                    | ✗ Loss of initiative                             |
| ✗ Disorientation                       | ✗ Loss of ability to interpret bodily sensations |



# Alzheimer's dementia

- Memory impairment with
  - Aphasia (language disturbance)
  - Apraxia (impaired ability to carry out motor functioning)
  - Agnosia (failure to recognize familiar objects)
  - Disturbance in organizational skills (planning, organizing, sequencing, abstract thinking)

## Early Alzheimer's disease

- Memory loss or other cognitive deficit
- Person realizes he/she is forgetting
- Initially individual can compensate
- Able to function independently





## Mild behaviors (Early Stage)

- ◊ Poor short term memory
- ◊ Confusion
- ◊ Forgets names & words, might make up words or quit talking to avoid mistakes
- ◊ Repeats questions, phrases or stories, in same conversation
- ◊ Forgets own history, recent personal events, & current events



## Communication (Early Stage)

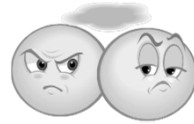
- ◊ May converse normally
- ◊ Begins to have difficulty expressing self
- ◊ Even if unable to speak well-is able to respond to what you tell him/her-to your emotion & to humor
- ◊ Increasing difficulty comprehending reading material





## Personality (Early Stage)

- Apathetic, withdrawn, avoids people
- Anxious, irritable, agitated
- Insensitive to other's feelings
- Easily angered
  - Frustrates easily, tires easily, feels rushed, surprises easily
- Idiosyncratic behaviors start to develop
  - Hoards, checks repeatedly, or searches for objects of little values
  - Forgets to eat or eats constantly



## Middle Stage

- Memory loss or other cognitive deficits noticeable
- Mental abilities
- Physical problems develop so that the person becomes more dependent



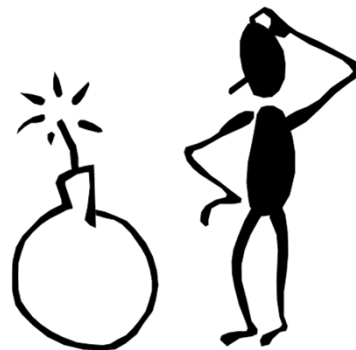
## Behaviors (Middle Stage)

- o Significant cognitive decline & memory problems
  - o Increasing difficulty in sorting out names & faces of family and friends
    - o Is able to distinguish familiar from unfamiliar
  - o Still knows own name
    - o No longer remembers addresses or phone numbers
  - o Can no longer think logically or clearly
    - o Cannot organize own speaking or follow logic of others
    - o Unable to follow written or oral instructions
    - o Unable to sequence steps
    - o Arithmetic & money problems escalate
  - o Disorientated
    - o Season, day of week, time of day



## Behaviors (Middle Stage)

- o Communication skills worsen
  - o Problems with speaking, understanding, reading, & writing
  - o Repeats stories, words, & gestures
  - o Repetitive questions
  - o Problems finishing sentences
- o Apathy, withdrawn
- o Anxious, agitated
- o Suspicious/paranoid
  - o Accuse spouse of having an affair
  - o Frequently accuse family of stealing
- o Delusions/hallucinations
  - o May hear, see, smell, or taste things that are not present





## Late Stage

- Mental abilities decline
- Personality changes
- Physical problems begin
- Complete deterioration of personality
- Loss of control of bodily functions
- Cognition
  - Appears uncomfortable
    - Cries when touched or moved
  - Can no longer smile
  - Either unable to speak or speaks incoherently
  - Cannot write or comprehend reading material



## Pharmacological Interventions

Aimed at slowing the disease process & treating behavioral problems





# DISCLOSURE

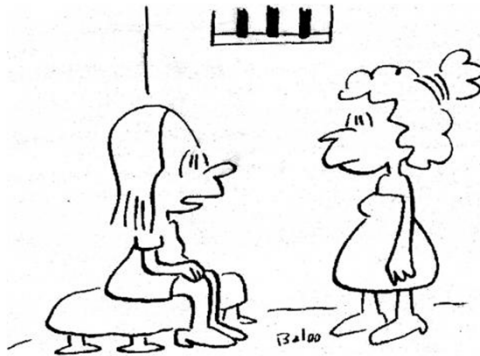
✕ Some medications are used

'OFF-LABEL'

+ For side effects

+ Commonly used in practice

+ Not 'INDICATED' for treating Alzheimer's disease, dementia, or psychosis in elders



"I thought he was joking. I didn't think my husband would *really* turn me in to the FDA!"

## Non-pharmacological management

- o Routine, Routine, Routine
- o Consistency in Environment, Caregiver
- o Familiarity
- o Memory Therapy
- o Exercise Therapy
- o Music Therapy





## Home Safety



- o Make world simple
- o Use plain colored placemats, bath towels & sheets
- o Block off stairs to prevent falls
- o Have all locks keyed to same key
- o Place latches up high or very low on all doors leading outside
- o Have person wear ID bracelet provided by the Alzheimer's Association's Safe Return Program
- o Use locked cabinets for soaps, cleaners, poison and medicines

## Causes of Anxiety



- ✗ Urinary tract infection (UTI)
- ✗ Upper respiratory infection (URI)
- ✗ Constipation
- ✗ Dehydration
- ✗ Hypothyroidism
- ✗ Depression
- ✗ Endocrine or other neurological problem
- ✗ Medications (over the counter as well as prescription)
  - + antidepressants with stimulating properties or caffeine can cause or exacerbate anxiety



# Delirium

- Sudden severe confusion and rapid changes in brain function that occur with physical or mental illness
- Usually has a treatable cause



## Treating Delirium/Anxiety

- if a new medication is causing anxiety-consider stopping that medication
- if a UTI or URI is causing the problem-treat the infection
- if dehydration is causing the problem-increase fluids to a minimum of 1000cc water per day (plus tube feeding or diet) unless contraindicated
- evaluate environment and any other factors which may be contributing to the problem
- consider medications to treat Alzheimer's disease if patient is confused



## Inappropriate Behaviors or Aggression

- Many behaviors are directed toward getting attention or affection
- Loss of Impulse control
  - Act on thoughts without thinking
  - Say things as they come to mind



## Unusual Behaviors

- Repetitive questioning, actions, or movements
- Trailing the caregiver
- Hiding or losing things
- Fidgeting or 'pill rolling'
- Lack of inhibition
  - Undress in public
  - Stroking genitals
  - Behaving rudely (insulting, spitting, swearing)
- Shouting or screaming
- Persistent phone calls to relatives, friends, or the police





## Common Triggers of Agitated Behaviors

- Asking person to do more than a they are capable
- Having too much noise or activity
- Changing
  - routine
  - where person lives
- Having too many people around
- Planning bath time
- Asking person to change clothes



## Sundowning

- A burst of energy a person with dementia experiences in the evening or night-time hours
- Can begin as early as 2 to 3 pm
- Highest number of incidents reported between 6 to 8 pm





## Sundowning



- ◊ Getting up unassisted
- ◊ Wandering into the wrong room
- ◊ Showing increased confusion with elevated agitation
- ◊ Exhibiting increasingly repetitive actions or speaking patterns
- ◊ Engaging in combative behaviors

## Night-time Wandering

- ◊ Is too disorientated to know what time it is
- ◊ Has days and nights mixed up
- ◊ Is too active during the day
- ◊ Is having reaction to medications
- ◊ Needs to use bathroom
- ◊ Doesn't need as much sleep as when he or she was younger
- ◊ Has gone to bed too early-advanced sleep cycle can be a normal part of aging
- ◊ Can't separate dreams from reality





## REM Behaviors Disorder (RBD) or Dream Directed Behaviors

- Sleep disruption
- Vivid dreams
- Physically acts out violent dream-directed behaviors as if awake
- a dissociated form of REM sleep that lacks muscle atonia
- Onset is in the 6<sup>th</sup> to 7<sup>th</sup> decade
  - Male predominant



## Communicating with Elders diagnosed with Dementia

- ◊ Speak in simple, short sentences
- ◊ Make sure the person can see you speaking and use low tone in voice so person can hear
- ◊ Give single commands or instructions
  - ◊ Multiple questions or commands will cause confusion
- ◊ Give only 2 or 3 choices
  - ◊ Open ended options will cause frustration
- ◊ Smile & praise accomplishments
- ◊ Take time-dementia patients process information a little slower-give him/her time to respond
- ◊ Stand close to the person, use touch
  - ◊ Closeness can offer security
  - ◊ Be careful-watch for aggression
  - ◊ Blows from close offer less punch than when delivered from far away





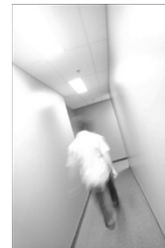
## In General: Things to DO/NOT DO

- o Do say comfort words
  - o May I help you?
  - o You're safe here
  - o Everything is under control
  - o I apologize
  - o I'm sorry that you are upset
  - o I know it's hard
  - o I will stay until you feel better
- o Do Not
  - o Raise voice
  - o Argue or try to reason with person who is disorientated
  - o Try to grab or corner person
  - o Show you are afraid
  - o Let person hurt your feelings



## Why Wander?

- o Person has paced or walked all of their life
- o Behavior comes from habits established early in life
- o Searching for something familiar
  - o especially if their environment has changed
- o Trying to find something
  - o Looking for bathroom
  - o Looking for something to eat
  - o Looking for warmth
  - o Is lonely
  - o Looking for a loved one
  - o Is bored
  - o Is feeling trapped or agitated





# Disruptive Wandering



- o Do not abruptly change direction
  - o Walk with, lead by hand/arm, then turn in appropriate direction
  - o Do not grab by arm
- o Do not surprise person
  - o Diminished peripheral vision
  - o Diminished hearing
- o Safe environment
  - o Block electrical outlets
  - o Place sharp objects out of reach
- o Visual Cues
  - o Pictures-older ones (short-term memory loss)
  - o Red doors
  - o Black line in front of doorways or off limit places
  - o Black rectangular or oval rugs in front of doorways
- o Other
  - o Productive CHORES
  - o Place medications of sight and reach
  - o Designate a drawer or place where the person can rummage

# Wandering

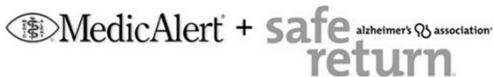


- ❖ Environment
  - ❖ Safe environment
  - ❖ Circular pathway
  - ❖ Dark rugs in front of doorways
- ❖ Make sure person gets enough
  - ❖ Exercise
  - ❖ Sleep
- ❖ Keep person occupied
  - ❖ Let person do chores
  - ❖ Reminisce
- ❖ Visually Disappear
  - ❖ Cover door knobs with cloth or paint them the same color as the wall so person will not notice the knob
- ❖ Safety
  - ❖ Keep all doors secured
  - ❖ Home Environment-Consider a keyed deadbolt
  - ❖ Use safety latches up high or very low on doors leading to the outside
- ❖ Have person wear ID bracelet
- ❖ Keep recent photographs or videotape of your loved one if person becomes lost
  - ❖ Know color of person's wearing/type outfit



## Develop a Plan of Action

- If person wanders outside-be familiar with places to look or a trail the person usually follows
- Set time limit to call 911 for help
- Keep up to date photographs of person
- Make sure the person has identification on which cannot be removed
- Safe Return program ideas from the Alzheimer's Association



Live 24-hour emergency response service for wandering and medical emergencies

## MedicAlert & Safe Return

- 24 hour emergency response service for wandering and medical emergencies
  - One call immediately activates a community support network
  - When person found, a citizen or law official calls the toll-free 24-hour emergency response number on the identification product & the caregiver or family is notified
  - If medical attention is necessary-access to health record is immediately available
  - MedicAlert bracelet, wallet card, health record summary, & brochure 1-800-572-8566





## Common Triggers of Agitated Behaviors

- Asking person to do more than they can
- Having too much noise or activity
- Changing where person lives
- Having too many people around
- Planning bath time
- Asking person to change clothes

## Managing Inappropriate Behaviors

- Avoid drawing attention to the person
  - Try to divert attention of others to something else
- Distract the person with another activity or to another area
- Validate the emotional content of what the person is saying
  - Do not scold or shame the person
  - Do not talk to them as if they were a child
- Maintain a sense of humor





## Helpful Hints

- o Remain calm
  - o Even in the presence of offensive situations
  - o Calm voice
- o Don't act surprised
- o Becoming upset will cause the person to become more inappropriate
  - o Mirroring emotions
- o Take person to another quiet place
- o Enlist person to do something by asking in easy steps
- o Listen
- o Try to understand what is going on
- o Use a quiet tone of voice
- o Check for pain, hunger, thirst, constipation, full bladder, tiredness/fatigue
- o Check for clothes too tight or too loose
- o Take a walk, play ball, or go for a car ride



## Managing Inappropriate Behaviors

- o Look for patterns of aggression
- o Find simple tasks the person can do to be helpful
  - o Winding a ball of yarn
  - o Dusting
  - o Stacking magazines
  - o Folding washcloths
- o Do not...
  - o confront the person
  - o try to discuss the angry behavior
  - o initiate physical contact during an angry outburst
  - o take the aggression personally
- o Provide a time-out way from you (safe exit)





## Managing Inappropriate Behaviors

- Keep everything simple, easy, quiet, and calm
- Be flexible
  - Change scheduled activity if person becomes agitated
- Soothe
  - Simple repetitive activities such as massage, hair-brushing, or giving a manicure
- Compensate
  - Do not give a person an activity which is too demanding
  - Praise person



## Validation techniques

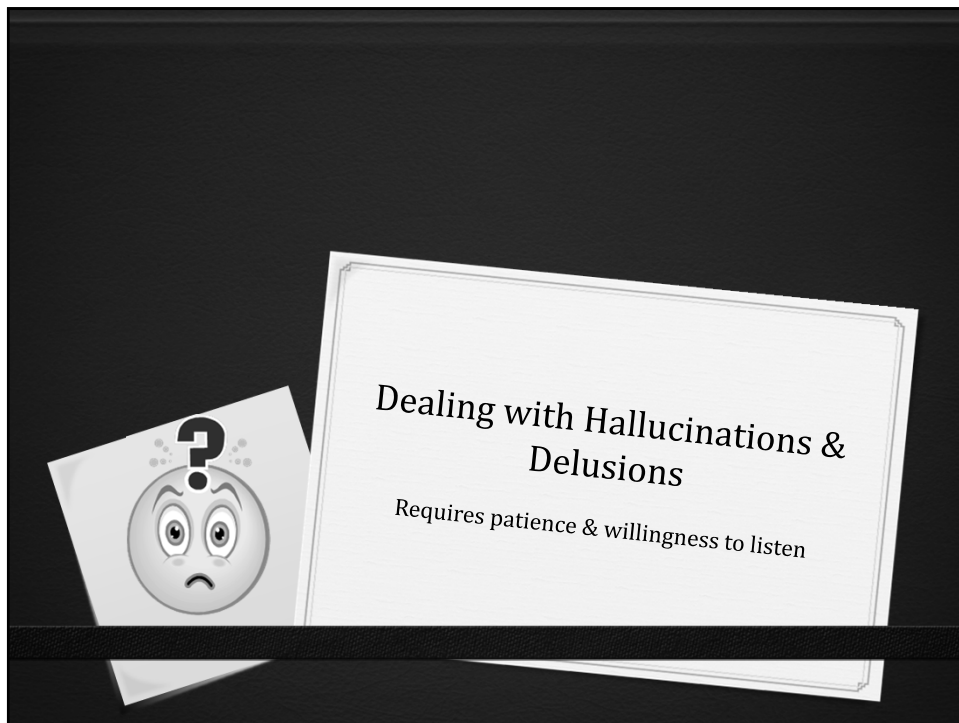
- Agreeing with the feelings involved in the person's delusion
- Do not argue about the content or interrupt with facts and corrections
- Tell & show the person you are listening-ask questions
- Rephrase what you are hearing to show the person you are listening





## Some causes of Inappropriate Behaviors

- Can be caused by
  - Hallucinations
    - Seeing or hearing things that are not there
  - Delusions
    - False beliefs despite evidence to the contrary





## Dealing with Hallucinations & Delusions

- Do not contradict the person's belief
- Encourage the person to give more details about the event he/she is describing
- Attempt to focus on what is reality may cause increasing anxiety, aggression, or other unwanted behaviors



## Environment Safety

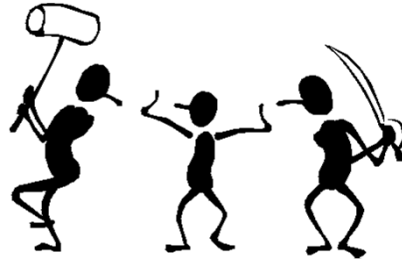
- Lighting
- Colors
  - Trouble differentiating yellows & oranges
    - Yellowing of eyes as one ages
  - Use blues, greens, black, or bright colors
- Wallpaper
  - Busy wallpaper can be confusing
  - Solid colors
  - Simple patterns
- Rugs
  - Double sided tape to prevent slipping/falls
  - Dark rugs in front of areas you do not want person to go





## Do's & Don'ts

- Do take a deep breath
- Don't argue
- Don't try to reason with person
- Don't correct or fuss at person for getting something wrong
- Don't say 'I just told you that'
- Don't ask person to 'remember' things
- Don't say 'You can't do that by yourself'
  - Say "Do as much as you can and I will help you"
- Don't demand things from person
- Don't try to make person see things from your point of view-this ability is gone



## Things to DO/NOT DO

- o Do say comfort words
  - o May I help you?
  - o You're safe here
  - o Everything is under control
  - o I apologize
  - o I'm sorry that you are upset
  - o I know it's hard
  - o I will stay until you feel better
- o Do Not
  - o Raise voice
  - o Argue or try to reason with person who is disorientated
  - o Try to grab or corner person
  - o Show you are afraid
  - o Let person hurt your feelings



## Crowds

- ◊ Upsetting & confusing
- ◊ Increases agitation
- ◊ Try to limit the number of guests in the house at the same time
- ◊ Have guests talk with person away from the crowd and noise
- ◊ If person gets upset, move to a quiet area with person until person calms down

## Make Memories

- ◊ Spend time with individual
- ◊ Make a memory scrap book while the person can still help put it together
- ◊ Have pictures taken together
- ◊ Find old pictures & talk about them
- ◊ List names on back of pictures
  - ◊ Also list dates, events, etc.
- ◊ Include pictures of person as a child
- ◊ Add old love letters or pictures drawn by the grandchildren



## Memory Box

Write down a story about each item

- o Bits of jewelry
- o Prayer beads
- o Baby booties she knitted
- o Dried flowers
- o Perfume



## Memories

When individual no longer remembers-These will give you something to talk about and reminisce



## Toileting

- o Mark bathroom clearly
- o Use 'BATHROOM' sign
- o Put picture of toilet on door
- o Watch for cues like fidgeting with clothes or pacing
- o Write down time of day person has 'accidents' so you can schedule toileting to prevent
- o Walk to bathroom every 2 to 3 hours
  - o Do not wait for person to ask
- o Limit fluids 2 to 3 hours before bedtime and have person toilet immediately before laying down

## Bathing ..a private activity..

- o Gather everything necessary ahead of time
  - o Towel, bath mat, soap, shampoo, comb, lotion, powder
- o Make sure room is warm enough
- o Test water temperature
- o Use hand-held shower sprayer
- o Shower bench for person to sit on
- o Bathing 2 to 3 times a week is plenty unless person is having frequent toileting accidents



## Bathing: Success vs Battle

- o Tell person what is happening one step at a time
- o Ask person to check water temperature
- o Invite person to help
- o Give person washcloth even if they cannot help wash
- o Help person cover face with a towel when you wash hair-keeps water from getting in person's eyes
- o Keep person covered
  - o Lay towel across lap or chest
  - o Use washcloth to clean under towel
- o If person gets upset about getting wet, start at feet and slowly move up
- o Try talking, singing, or asking person to hold soap

## Dress

- o Bra
  - o If trouble putting on & no-one cares
  - o leave it off
- o Pantyhose
  - o Hard to put on
  - o leave off
- o Tube socks
  - o so you do not have to find the heel
- o Pull-on pants
  - o elastic waist
- o Shirts
  - o pull over head
- o Shoes
  - o slip ons or fasten with velcro
  - o shoes with wide heel base, like tennis shoes help prevent falls
- o Undressing in public
  - o Try clothes that zip or button in the back
- o Check for right fit
  - o Frequently persons with dementia take clothes off when they do not fit correctly



## Helping Dress

- o Lay clothes out from right to left-order person puts them on
- o Offer one piece of clothing at a time for person to put on
- o Give cues-'here is your shirt'
  - o Possibly demonstrate
- o Set aside time for person to dress
- o Tell person they are doing a good job
- o If person wants to wear the same clothes over & over
  - o Try buying more clothes that look alike

## Mouth Care

- o Daily mouth care
- o Step-by-step instructions
  - o It's time to brush your teeth
  - o Come with me
  - o We're going to the bathroom to brush your teeth
  - o I will help you
  - o Here is the toothpaste
  - o Take off the top
  - o Squeeze the toothpaste on the brush
  - o You're doing a great job!



# Sleeping



- Keep a small light in room
  - Especially if person is afraid of the dark
  - Shadows can be seen as hallucinations
  - Helps prevent falls due to toileting at nighttime
- Fear
  - Seeing or hearing things that are not real
  - Sit with person to calm and assure them
  - Do not argue it is not real
    - Distract them, tell them you put the cat out, etc.
- Check if room is too warm or cool
- Try 'white noise'
  - Hum of a fan or soft music
    - Avoid a lot of words in music
    - Avoid using television or radio station that has people talking frequently
- Offer a snack
- Limit daytime napping if person up frequently at night

# Aggressive Behaviors

- o Common Triggers
  - o Your emotions
  - o Anxiety
  - o Feelings of threat
  - o Feeling out of control
  - o Too much noise
  - o Too many people
- o Helpful Hints
  - o Stay calm
  - o Be safe
  - o Respect person's personal space
  - o Stay at an arm's length
  - o Give person some time
  - o Try again later
- o Things not to do
  - o Shout back
  - o Demand an explanation
  - o Put your hands on your hips, frown, or point your finger at person
  - o Get too close so person feels crowded
  - o Make person feel threatened



# Suspicion

- o Triggers
  - o Mistaking what person sees or hears
  - o Losing or misplacing things
  - o Forgetting where person is but not who person is
- o Helpful hints
  - o Let person know they are safe & that you care
  - o Listen to person's point of view
  - o Listen to the feelings behind the words
  - o Give person a simple answer
  - o Offer help to find what is missing or lost
  - o If person keeps losing the same thing over & over
    - o Have several of the same items i.e. wallets, purses, toothbrushes, glasses, favorite shirt
  - o Provide person with what is lost then distract person
  - o Person keeps asking when someone will return or when they can leave
    - o Ask the person when they believe they will be back or when they can leave
- o Things not to do
  - o Raise your voice
  - o Get angry or upset
  - o Argue or try to reason with disorientated person

# Hallucinations

- o Triggers
  - o Patterns on walls
  - o Shadows due to poor lighting
  - o Reflections in mirror or windows
  - o Memories
- o Helpful hints
  - o Reassure person
  - o Respond calmly
  - o Tap person gently on shoulder to turn person's focus back on you
  - o Look for feelings that caused the person to see or hear things that aren't there
  - o Say "it sounds as if you're worried" or "I know this frightens you"
  - o Suggest taking a walk or sitting in another room
  - o See that room is well lighted
  - o Try to redirect focus on music or activities you enjoy together
  - o Check for noises from TV or an air conditioner
  - o Look for lighting that casts shadows
  - o Cover mirrors or close window blinds
- o Things not to do
  - o Argue
  - o Ignore person's feelings





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