Non-Pharmacological Management of Agitated Behaviors in Cognitively Impaired Older Persons

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Case Study

Learning Objectives

Participants will:

- Identify patients at risk for behavioral issues
- Showcase protocols and policies for non-pharmacological management of agitation and other behavioral derangements
- Discuss the role of the interdisciplinary team in management of behavioral and psychiatric symptoms of dementia
- Address the difference in presentation of delirium and dementia

Outline

- Scientific Evidence Base
- Implementing a Program
  - Building the team and mission
  - Structure and Function/Meetings and Interdisciplinary Processes
  - Clinical approaches
    - A,B,C,D,Es of behavior management
- Cases
- Discussion

Evidence Base for Management of Dementia Behavior

- Excellent recent review: VA Health Services Research and Development: Evidence Synthesis Program, March 2011

- "O'Neil M, Freeman M,Christensen V, Telerant A, Addleman A, and Kansagara D. Non-pharmacologic Interventions for Behavioral Symptoms of Dementia: A Systematic Review of the Evidence. VA-ESP Project #05-225; 2011."

- How do non-pharmacologic treatments of behavioral symptoms compare in effectiveness with each other, with pharmacologic approaches, and with no treatment?

Limited Evidence Does Support

- Animal-assisted (pet) therapy
- Behavior management techniques
- Exercise
- Massage and touch therapy
- Music therapy

A Synthesis of the Evidence: Non-pharmacological Interventions for Behavioral Symptoms of Dementia (VA HSR&D Management e-Brief)

Insufficient Evidence to Support

- Acupuncture
- Aromatherapy
- Light Therapy
- Reminiscence Therapy
- Trans-cutaneous electrical nerve stimulation
- Validation therapy

A Synthesis of the Evidence: Non-pharmacological Interventions for Behavioral Symptoms of Dementia (VA HSR&D Management e-Brief)

Behavioral Management Techniques

- Multiple systematic reviews positive
  - Nine high quality RCTs (VA HSR&D review)
    - Varied program descriptions and interventions
    - Caregiver training
    - Exercise
    - Pleasant experiences
- Methodologic issues:
  - Non-blinded, multiple outcome variable, etc.
  - Very difficult studies to design and perform
- Results
  - Inconsistent positive impact on behavioral problems
  - Multi-modality interventions may be most effective

Behavioral Management Bottom Line

- Many programs have demonstrated significantly better outcomes with varied inter-disciplinary interventions; scientifically not clear which elements are most predictive of success
- Interdisciplinary approaches are required by CMS, AMDA and other best-practice guidelines and are common sense
- My personal experience is consistent with expert opinion and existing data; my experience would emphasize the value of creating a home-like environment and meaningful relationships

Kindred Medical Hill Neurobehavioral Program

- 55+ bed unit started 1993
- Initial patients largely from Napa State Hospital
- Vast majority of patients have Mental Health Conservatorship (>50% diagnosis = dementia; most also have defined major mental illness)
- 19 different California counties
- All patients unmanageable and/or not able to be placed for long periods prior to referral
- 80+% success rate

Steps to Effective Management of Dementia in Long Term Care

- Mission/culture and team
- Structured interdisciplinary processes
- Clinical Algorithms

Step One
Developing a Mission
&
Building the Team

Building the Team and Mission

"Since feeling is first
who really cares about
the syntax of things?"

E. E. Cummings

The heart of the process is a patient-centered culture with individuals who care about individuals

Building a Culture of Caring

- Every person on a neurobehavioral unit should understand they are a part of a special program (or PI initiative) that provides improved, compassionate care to challenging patients

Culture: Program Elements to Build Optimal Culture

- Mission Statement
- Hiring practices
- Training/Education
- Modeling(Champions!)
- Staff mix
- Consistent assignment
- Positive reinforcement
- Communication
- Facility as training site (Idealistic students!)
- Retreats
- Fun !

Best Practices: Defining the Team

- On-site program Champion/Manager essential
  - Nurse manager has been most effective to communicate with nursing and CNA
- Medical Director/Physician involvement essential
- Mental health professional involvement essential
- Other disciplines also very important
  - All rehab staff valuable
  - Dietary, pharmacy, recreation staff all critical.
  - Housekeeping etc. also must be involved
  - Administrative staff & leaders needed

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Patient Centered NBU: Interdisciplinary Team

Cognitive behavioral approaches

Social/ functional skills training

Rehab

Nursing

Social Services

Conservator/ Family

Neuro-psychology

Psychiatry

Administration

Cultural Practices

Recreation

Medicine

Dietary

Pharmacological treatment

Environmental

Kindred Medical Hill Team

- Psychologist
  - 2 dedicated behavioral medicine psychologists
  - 24 hour call coverage
  - 30 hours weekly on-site presence
  - 5-6 graduate psychology students each on-site 15 hours weekly
  - Psychologists attend weekly meetings and dedicate substantial time to staff orientation and teaching
- Social Work
  - Experienced MSW with psychiatric experience

Kindred Medical Hill Team

- Closed panel two geriatricians and nurse practitioner
  - Interest in neurobehavioral care
  - Provide medical care and call
  - Attend weekly neurobehavioral meetings
- Psychiatrist
  - Interest in neurobehavioral care
  - Attends weekly meetings
  - 24/7 hour call

Step Two
Structured Interdisciplinary Processes

Structured Interdisciplinary Processes

- Structured-- Planned, organized with defined inputs
- Interdisciplinary vs. multi-disciplinary, each member takes ownership of the whole and shares full range of experience in care planning (not just their discipline)
- Processes -- defined inputs and outputs

Definition

- multidisciplinary *adj.* Of, relating to, or making use of several disciplines at once: *a multidisciplinary approach to teaching.*

Source: *The American Heritage® Dictionary of the English Language, Fourth Edition*
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- **interdisciplinary** adj : drawing from or characterized by participation of two or more fields of study; "interdisciplinary studies"; "an interdisciplinary conference"
  Source: *WordNet ® 1.6, © 1997 Princeton University*

Systems for Behavioral Care Management

- Must be able to communicate to all staff on all shifts
- 24/7 availability of staff aware of complex neurobehavioral issues and able to provide support and make new orders
  - Psychologist/Psychiatrist/PCP
  - Nursing program director
- Weekly team meetings highly advised
  - Pre-meeting preparation by key personnel can make this meeting exciting and rewarding

Structured Interdisciplinary Processes

- Weekly staff care planning meetings
- IDT meetings precede quarterly review
- Psychology meeting with students
- Staff retreats
- Staff training programs
- Systematic meetings of management staff with front-line personnel on all shifts
- 24/7 on-call physicians and others engaged in behavioral program

Structured Interdisciplinary Processes

- Weekly Team Meetings
  - Checklists on forms facilitate reproducible review of behavior
  - All staff except front line nursing and rehab
  - Structured pre meeting data gathering
  - Quarterly behavioral care plan reviews
  - All new patients reviewed three times
  - All unstable patients and follow-ups from previously unstable patients
  - Patient, staff interviews and bedside visits prn

Meeting Preparation

- <u>**Pre-work/homework**</u>
- Review detailed care plan
- Social/roommate other changes
- Detailed information from MAR especially quantitative measurements of behaviors
- Observations of frontline staff (if they cannot attend the meeting)
- Pre-meeting detailed IDT

- <u>**Post-meeting follow-up**</u>
- Clearly defined person
  - Responsible to write-up details of care plan changes
  - Ensure staff are aware of changes
    - 24 hour report & staff training
- Conduct separate meetings
  - Details of fall prevention or behavioral planning interventions
  - Do not try to do full care plan review with all staff present
    - Time consuming
    - May miss details

Step Three: The Clinical

***ABCDE*s**

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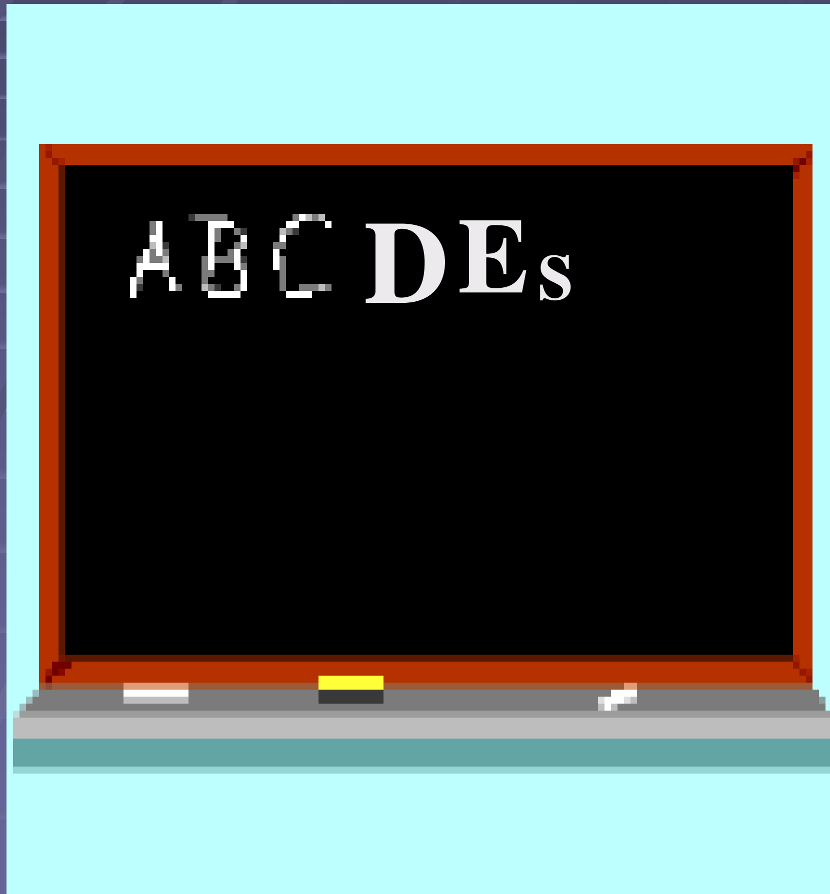
ABCDEs of Neurobehavioral Care



- Antecedents
- Behaviors
- Consequences
- Documentation
- Emotion
- Systematic

Adapted from Teri, L. (1997) who developed initial A,B,C components of algorithm

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ABCDEs Examples

Document

Antecedents	Behaviors	Consequences
Diagnoses (Detailed understanding is valuable) Fatigue, hunger,pain Levels of stimulation Restraint Staff or resident approaches Gender & Cultural Issues Lack of exercise	Crying Yelling Biting Hitting Grabbing Fecal play Time of day Exact setting and details as possible	Attention Isolation Abuse Injury Medication response Other positive reinforcement

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ABCDEs of Neurobehavioral Management

Document

Antecedents	Behaviors	Consequences
Comprehensive Patient Evaluation: Type of dementia and all additional diagnostic factors Triggers Environmental Factors Patient experience Activity/exercise etc. Patient Warning Signs	Redirect Reframe Respond to emotion Give choices Model	Care plan revision Behavioral contract Rewards Reinforce + behaviors Agree to disagree

Examples of Diagnostic Screening Tools

Symptom	**Screening Tool**
Cognition	MMSE, SLUMS
Pain 5th vital sign	Johns Hopkins Pain Rating Instrument/Pain AD scale
Delirium	Confusion Assessment Method
Dementia	Mattis Dementia Rating Scale/FAST scale
Depression	Geriatric Depression Scale, Cornell Scale for **Depression** in Dementia, Hamilton Rating Scale for Depression
Suicide	Suicide Ideation Scale

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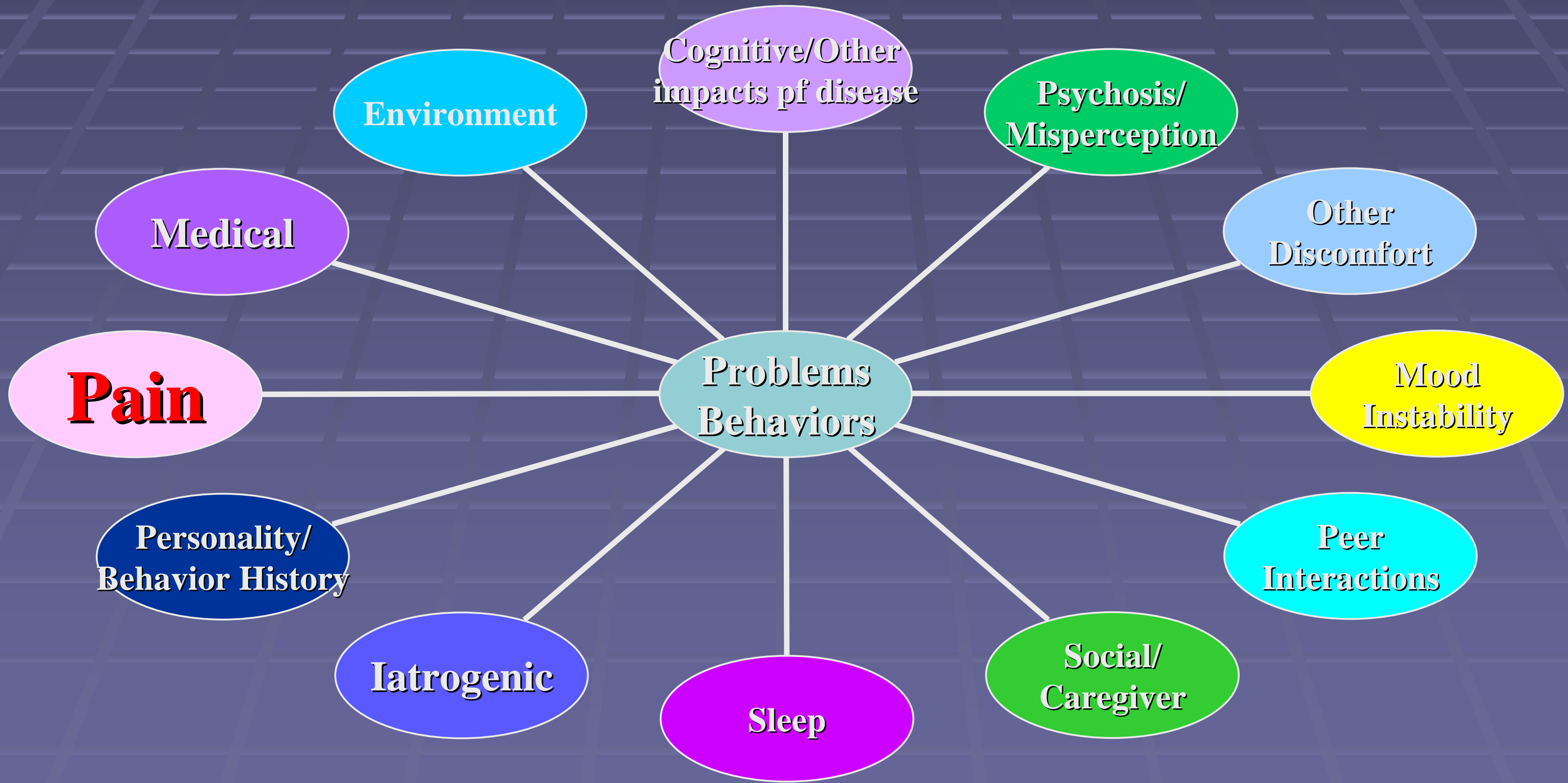
Common Reasons for Difficult Behaviors



Examples of Environmental Factors

- Television function/malfunction
- Music
- Touch / Massage
- Family visits, calls, or not
- New roommates
- Death on unit
- Showers and care experiences
- Incorrect meal temperature
- Late meals
- Overhead pages and ambient noise
- Staff turnover
- New rules
- Is this my home?
- Other

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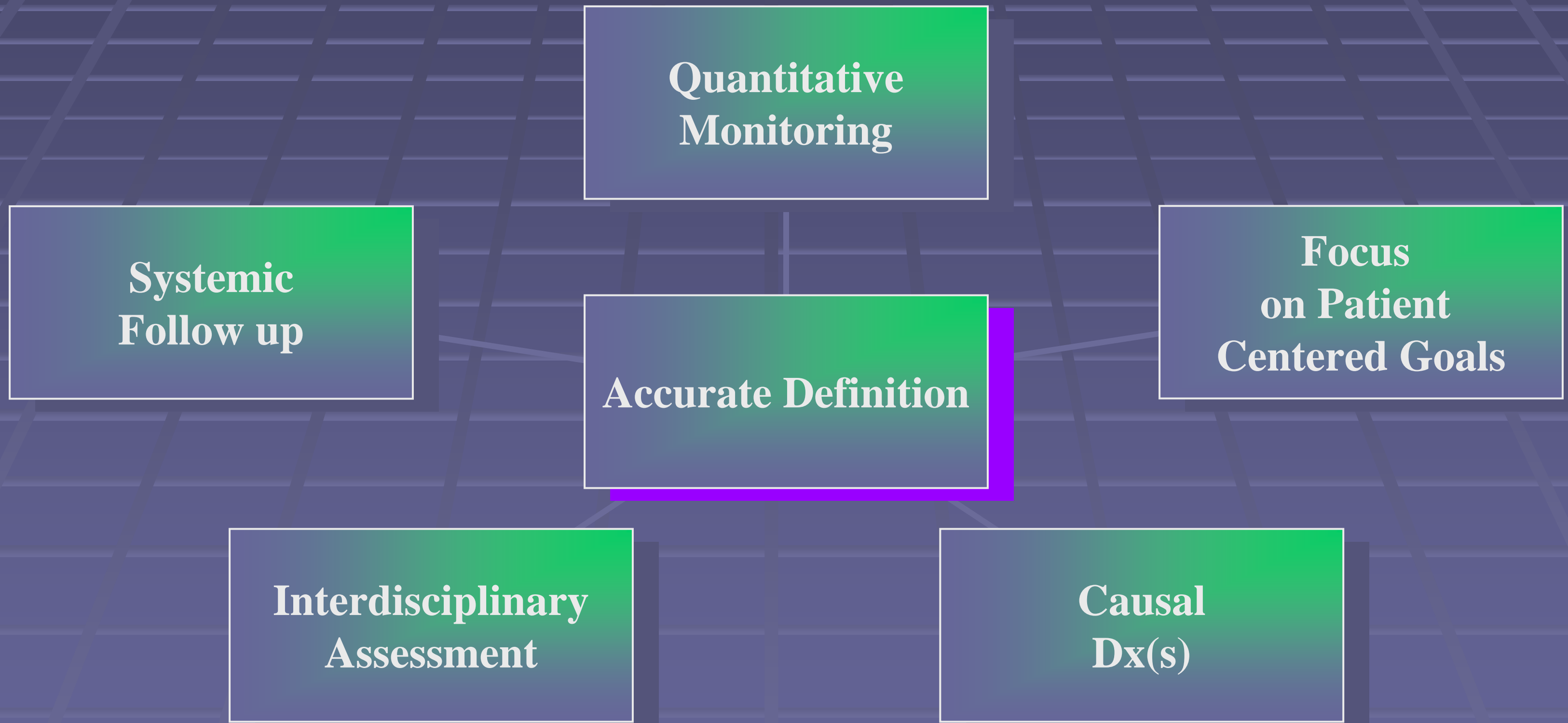
B = Behaviors: Systematic Management



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C = Consequences

- Programmatic
- Behavioral
- Pharmacologic

Cognition and Consequences

- As cognition diminishes antecedent control becomes more important
- Residents with severe dementia can demonstrate remarkable learning in some situations
- Patients with psychiatric problems will need clear boundaries and consistent feedback

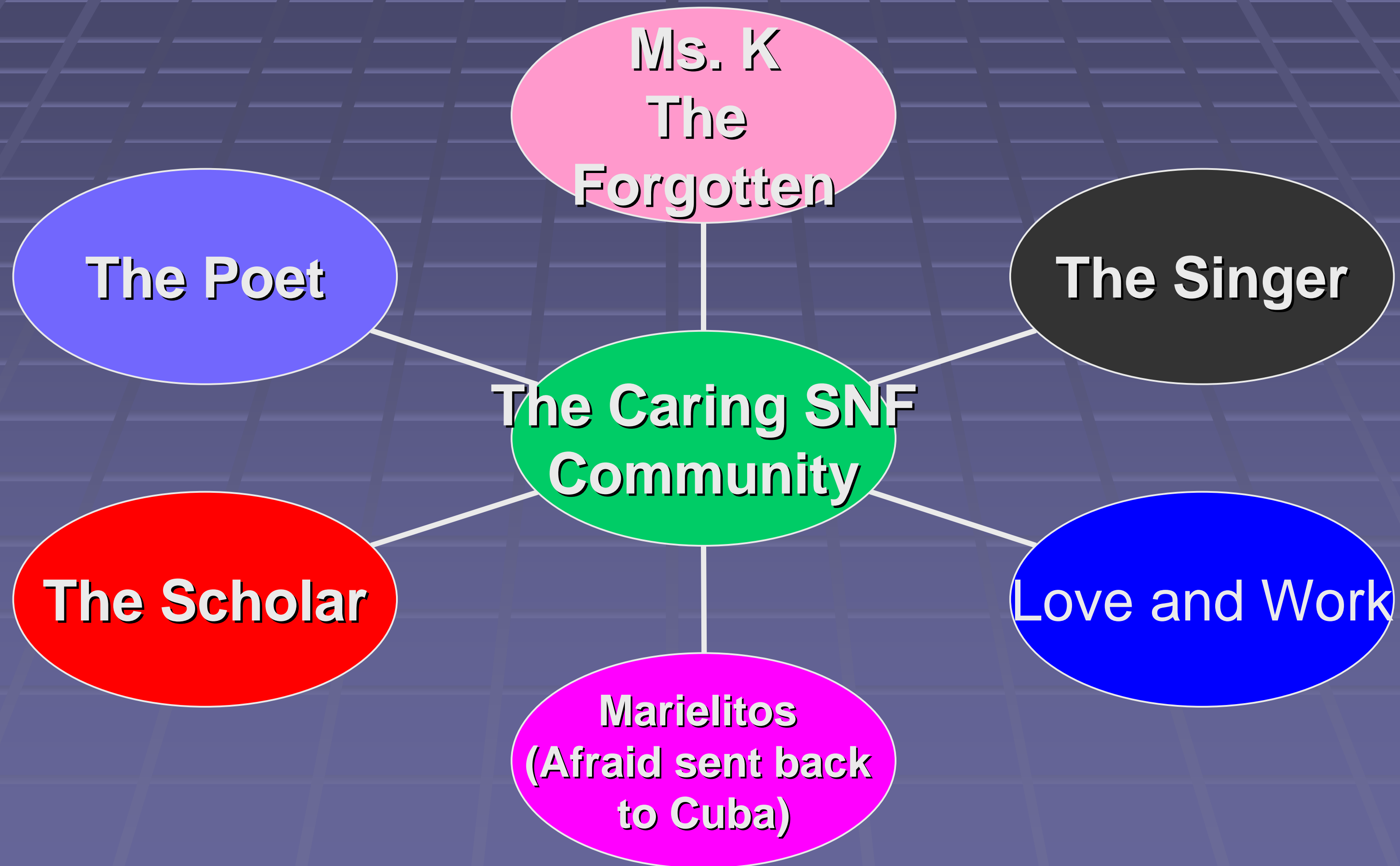
Considerations for “Consequences” (or “Care-planning)

- Cycles of activity and rest are often critical to optimizing behavior
- Consistency and routine are powerful
- Mittelberger’s Three Ps
  - Keep things Pleasant
  - Monitor and treat Pain
  - Engage residents as a Person

Documentation

- Efficient Documentation is Key to Survival in Skilled Nursing Facilities
- Meeting Templates Should Include Consideration of Range of Non-Pharmacologic Interventions
- Recognize Risks: Document Goals of Care: e.g. “highest practicable level of function and quality of life at lowest effective levels of medication”

E= Emotion: Personhood: Key to Effective Behavioral Care Planning



Diagnosis Precedes Treatment

Not all dementia is Alzheimer’s Disease

- Traumatic brain injury
- Huntington’s Chorea
- Vascular dementia
- Fronto-temporal dementia
- Lewy-body dementia

- Comprehensive patient history is critical to understanding behavior

Diagnosis Precedes Treatment

A comprehensive history and physical is critical to effective dementia care plan

- Etiology of dementia
- Personality and prior behavior history
- Concomitant mental illness
- Pain and sources of discomfort (PainAD scale)
- Goals of care/Values/Intensity of Treatment

"Post Hoc – Ergo Hoc" and N of 1 Trials

Use AMDA criteria for Urinary Tract Infection Treatment Decisions

- UTI not likely to cause delirium without evidence of significant inflammation (fever, elevated WBC, significant change in pyuria)
- Regression to the mean and chance may create "post-hoc-ergo hoc" (Type 1) errors.
- Carefully assess all burdensome interventions

Clinical Pearls/Algorithms: Delirium

Delirium

- One of most important and often missed syndromes, often an early marker
- Use **Confusion Assessment Method**
  - Acute onset/Fluctuating Course
  - Inattention
  - Disorganized thinking oraltered level of consciousness
- Actively engage staff in looking for <u>any</u> significant deviation in function

Inouye SK, Clarifying Confusion: The Confusion Assessment Method. 1990. Ann Intern Med 12: 941-948.

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Review

- Build the team and culture
- Define and implement processes (A,B,C,D,E)
- Maintain a passionate resident centered focus

Resources

- O'Neill ME et al, "Non-pharmacological interventions for behavioral symptoms of dementia," Department of Veteran Affairs, March 2011 www.hsrd.research.va.gov/publications/esp/dementia_nonpharm.cfm