Mitigating Behaviors in Dementia

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What if you felt.....



...but no one seemed to listen or understand



BEHAVIOR is

COMMUNICATION



Identify Triggers

- What was happening before incident?
- What kind of day was it?
- Who, what, when, where, and how
- Was there a recent change in medications, environment, routine, caregiver, roommate?
- Nonverbal clues---grimacing, tensing, looking anxious, stressed
- What was caregiver feeling?

First Steps

- Medical evaluation-pain, constipation, infection
- Review of medications—new start/stop, drug interactions
- Sensory deficit correction
- Behavioral history
- Non pharmacologic interventions

Role of Healthcare Providers

- Anticipatory guidance
- Asking caregiver directly about behaviors every visit
- Screening for caregiver burnout
- Offering resources
- Providing education
- Following up to provide support

Non-pharmacologic Interventions

- Consistent routine
- Uncluttered, quiet environment
- Exercise
- Offer food, toileting, fluids
- Watch for nonverbal cues for pain, constipation
- Aromatherapy
- Massage
- Pets
- Music of choice

Non-pharmacologic

- Correct sensory deficits
- Non-care focused social contact
- Introduce yourself and role in simple terms
- Provide simple choices
- Activities
- Person-centered care

De-escalation Dos

- Reassure
- Provide space
- Move patient or others from area
- Calm, quiet tone and volume of voice
- Slow down
- Offer distraction
- Stop activity if leading to aggression
- Express understanding
- Make eye contact

De-escalation Don'ts

- Argue or criticize
- Take it personally
- Challenge delusions or hallucinations
- Use complex questions
- Keep them in a noisy environment if they will move
- Continue to try to force care

ABOVE ALL...SEEK TO UNDERSTAND

