

The Challenges of Dealing with Combative Dementia Patients

Instructions & Strategies

Adapted from work by Teepe Snow and Claudia Allen

Presentation Reason & Goals

- Reason #1 - Some elderly patients demonstrate behaviors that include paranoia, delusions, hallucinations and/or aggression.
- Reason #2 - Each patient with aggressive behavior brings a unique challenge as aides & caregivers attempt to assist with activities of daily living or general care in the home.
- Goal #1 Minimize the risk of injury to aides and caregivers when providing care for patients with dementia who demonstrate some form of combative behaviors.
- Goal #2 Identify various causes of these combative behaviors and provide valuable tips and techniques to reduce each occurrence.
- Goals #3 Instruction for aides & caregivers regarding positions and techniques to avoid physical confrontations with those patients who have the tendency to hit, push, kick, spit or grab those providing care.

Today's Discussion

- Dementia Defined
- Stages Defined
- Falls Issues
- Safety Techniques for Aides
- Caregiver Tips & Training
- Interventions



Dictionary Definition

- Dementia- aka senility – a broad category of brain diseases that cause long term and often gradual decrease in the ability to think and remember that is great enough to affect a persons daily function.

Types

Over 80 different types of dementia
Here are some common types

- Alzheimer's disease
- Lewy Body dementia
- Vascular dementia
- Huntington's disease
- Senile dementia

My Favorite Descriptors

- Old Timer's disease not to be mistaken with Alzheimer's disease
- Hardening of the arteries
- Senility
- Softening of the brain
- Domestic illness
- Loopy dementia
- Nice old person dementia
- Not so nice old person dementia

Memory Impairment

Impaired ability to learn new information and to recall previously learned information.



10 signs

- Memory loss that disrupts daily life
- Challenges in planning or solving problems
- Difficulty completing familiar tasks at home, at work or at leisure
- Confusion with time or place
- Trouble understanding visual images and spatial relationships
- New problems with words in speaking or writing
- Misplacing things and losing the ability to retrace steps
- Decreased or poor judgment
- Withdrawal from work or social activities
- Changes in mood and personality

What we know that is true

- People with dementia are doing the very best they can.
- Their caregivers are doing the very best they can.
- Caregiving is difficult for the person who is giving and the person who is receiving.

Patient Examples

- Joan & Doris (NOT their real names)
- Hospital bed
- “Help, Help, Help”

Communication Good vs. Not so Good

<u>Not So Good</u>	<u>Much Better/Good</u>
<ul style="list-style-type: none">• Argue• Talking loud• Taking over- doing too much• Treating the person like a child• Doing it all by yourself – ask for help –safety for both patient and aide	<ul style="list-style-type: none">• Going with the flow• Help at the level of the person’s loss• Simplify – not baby-fy• Build a caregiving team• Take time away- emotionally, physically and spiritually

Early Stage of Dementia Where do they struggle?

<ul style="list-style-type: none">• Has trouble with new routines and locations• Place and time confusion• Resents take overs• Becomes anxious and frustrated easily• Gets lost and confused• Misinterprets what’s going on	<ul style="list-style-type: none">• Misplaces things• Word finding problems• Losing ability to abstract• Logic problems• Lose ability to see other’s perspective• May or may not have insight into losses
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How Can We Help? Accepted not Corrected

- Keep to a routine
- If something works – keep doing it
- Don't worry about small mistakes/unusual choices
- Use their cues and clues
- Learn how to help instead of taking over
- Simpler is better

Early Stage of Dementia What still works?

- Do well in familiar situations
- Old routines work
- Independence is still ok-but may need constant reassurance
- Can manage self care
- Can manage a routine
- Can express their needs verbally

Middle Stage of Dementia Where do they struggle?

- Trouble with task and activities
- Skips steps
- May do things over and over
- Lives in the past
- May try to go to a place they once used to be
- Need visual prompts to complete an activity
- Specifics and content in speech are poor
- May be difficult to help
- Limited attention span
- Still wants privacy for private activities

Middle Stages of Dementia
How do we help?

- Anticipate when the problem might occur and prepare to help before the problem starts
- Help with sequencing
- Use visual clues
- Reduce distractions
- Maintain routines
- Try to do things the way they used to
- Focus energy on the most important part of the activity

Middle Stages
What still works?

- Big movements- walking
- Hands but maybe not fingers
- Increased movements
- Responds to emotions
- Limited visual awareness
- Sensory changes
- Decreased language skills
- Not able to do without help but resistance to help.
- Poor appetite

Late Stage of Dementia
How can we help

- Visual- big gestures, exaggerated demonstration
- Verbal- single words tone of voice
- Tactile- hand under hand move them the way they want to be moved
- Consider is this the time to stop some medications?
- Focus on comfort

Late Stage of Dementia

What still works

- Still hear
- Able to feel and touch vibrations
- Smells still connect
- Still "in there"
- Can still connect at times
- Occasional moments of clarity
- May need permission to "go"

Where do they struggle?

- Pulling in fetal position
- Bed/chair bound
- Limited ability to sit/stay upright
- Problems with swallowing and eating
- Lose ability to maintain basic life functions

Late Stage of Dementia How do we help?

- Slow down movements and words
- Move with the person instead of against them
- Think about what you are doing and how you are doing it. Is there a better way?
- Use rhythm and singing.
- Bring in EXTRA help when all else fails

Falls and people with Dementia

People with dementia are at particular risk of falls and their side effects:
Harlein et al (2009)



- 2-3 x's increase risk of falls
- 60-80% will fall each year
- 3-4 x's > risk of sustaining a fracture

What is a Fall?

- Landing on the ground or some other lower surface when you didn't intend to be there
- Includes accidents, slips, trips, etc.
- Related to confusion, weakness, carelessness, inattention & negligence.



Falls prevention and detection

- **Automatic lights**
 - Darkness can increase the risk of falls. Automatic lights can be installed which will come on whenever the person gets out of bed.
- **Chair/bed sensors**
 - Used to detect falls quickly, these alert a monitoring center (or, if appropriate, a live-in PCG) if an individual gets up and does not return within a defined period.
- **Fall detectors**
 - Often worn on a belt, if an individual does fall, help is summoned quickly by a monitoring center. This can provide reassurance and reduce the health risks associated with falls.

Get back to the basics

- A positive **Physical Approach**
- Positive Empathetic Communication
- Strong and desirable **Visual Cues**
- Minimal & Familiar **Tactile Cues**
- Focus on **This Unique Individual**
- Change the **Environment** to help

Techniques, Tips & Training

- Always attempt to approach the patient from directly in front.
- Sit at eye level to reduce sense of authority.
- Address the patient when speaking even when caregiver is present.
- NO need to yell instructions
- Provide simple directions in a slow, concise manner.
- Use simple terms to outline next actions.
- Speak to other members of the team to find out what works well or what does not.
- Try to keep the patient's routine foremost when planning visit.

Take Home Message

- To minimize the risk of injury to aides and caregivers when providing care for patients with dementia know you individual patient and where they are in their disease progression.
- Be familiar with many positions and techniques to avoid physical confrontations with those patients who have the tendency to hit, push, kick, spit or grab.
- Identify individual combative behaviors and provide valuable tips and techniques team members and all caregivers to combative behavior.

Thank You

Remember to be SAFE and consider the best interest of the patient, as well as their caregivers, when providing care to those with combative dementia.


