

Caring for People with Dementia and Problem Behaviors: A Step-by-Step Evidence-Based Approach

Go to igec.uiowa.edu for more information and references

This approach begins with evaluation and treatment of common causes of behaviors, then uses non-drug approaches to management. Antipsychotics are reserved for severe cases due to potential side effects, which include death. **Document** all behaviors, symptoms, interventions, and outcomes. Sections are color-coded to help guide you to accompanying resources, which are *italicized in bold*. Blue=Evaluation. Yellow=Non-drug. Pink=Antipsychotics.

1. Evaluation

- Clearly characterize and document behavior or symptom, including frequency, severity, triggers, and consequences.
- Consider environmental factors and triggers. Are they modifiable?
- Perform medical evaluation (delirium, medical conditions, pain, depression, drugs). See ***Common Causes of Problem Behaviors (on other side), Delirium Assessment and Management, and Drugs that May Cause Delirium or Problem Behaviors.***
—Address these causes if they are identified.
- Discuss with family any history that may explain or manage the behavior, e.g. patient habits, preferences, activities they enjoy.

2. Manage with non-drug approaches

- Engage in meaningful activities, redirect, clear communication, etc. See ***Non-Drug Management.***

3. Does the behavior pose risks to the resident or others, or is the resident severely distressed?

- If yes, non-drug approaches fail, and medical work-up does not reveal another cause, consider drug therapy targeted at behaviors. See ***Antipsychotic Prescribing Guide.***

4. Monitor drug therapy for effectiveness and side effects. Continue non-drug management.

5. Consider antipsychotic dose reduction or discontinuation if the drug is not effective, side effects occur, or the behaviors have been manageable. See ***Antipsychotic Prescribing Guide.***
Re-assess need for drug therapy periodically, at least twice a year.

6. Use prevention and maintenance approaches to reduce further exacerbations

- Clear communication, meaningful activities, etc.
- Simplify and create a calm environment
- Manage medical conditions, depression, pain, etc.
- See ***Non-Drug Management***

Evaluation of Problem Behaviors in People with Dementia

Common Causes of Problem Behaviors

Physical:

- Pain
- Hunger
- Constipation, urinary retention
- Fatigue, insomnia, poor sleep

Psychological:

- Anxiety, fear, depression
- Impaired speech, frustration
- Boredom
- Autonomy/privacy

Environmental:

- Caregiver approaches
- Institutional routines, expectations and demands
- Misinterpretation of events/setting
- Over/under-stimulation
- Changes from normal routine

Delirium, secondary to medical issues such as:

- Medication side effects
- Infections
- Metabolic/electrolyte disturbances
- Dehydration

Consider the Following Assessments

Check Vitals:

- Temperature, pulse, blood pressure, respiration, oxygen saturation

Physical Assessment:

- Signs of constipation or urinary retention
- Changes in breath sounds
- Peripheral edema
- Fluid status: orthostatic blood pressure, mucous membranes

Common Sources of Pain:

- Bed sores, other skin lesions, eye pain from corneal abrasion
- Joint pain, other musculoskeletal pain, foot pain (poorly fitting shoes)
- Oral pain related to dentures/mouth ulceration

Sensory:

- Hearing: check hearing aids, ear wax
- Vision: check glasses

Delirium Assessment:

- See *Delirium Assessment and Management*

Urinalysis, or other urinary symptoms

Blood glucose, CBC with differential, electrolytes if appropriate

Drug side effects:

- See *Drugs that May Cause Delirium or Problem Behaviors*

Recent changes: environmental, routine, family, drugs, medical