

Family Connect

Great Escapes: The Wandering Dilemma

The Facts

- Wandering is defined as ambulating behavior of a person with dementia who walks away from, or walks into, an area “without permission.”
- Elopement occurs when wandering extends outside the environmental limits of the person’s residence. Wandering precedes elopement, and often is the only way to predict who is at risk.
- Wandering is a common problem for persons with dementia: 36% of community dwellers and 6% of nursing home residents wander.

Overview of Wandering

Wandering causes substantial stress for caregivers, and often leads to institutionalization. It is the source of many negative outcomes, including:

- Restraint use and associated immobility
- Increased risk of falling and fractures
- Danger of exposure to the elements
- Risk of getting lost or injured, or even death
- Retaliation by other residents for “trespassing” in residential care settings

Wandering Varies Considerably

Wandering behaviors vary from person to person, and from time to time. Assess the following:

- What is the volume of ambulation? (e.g., paces for hours, is unable to sit down)
- What is the pattern of ambulation? (e.g., is unable to focus on eating, walks off during meals)
- Does ambulation reveal spatial disorientation? (e.g., is unable to find what they are seeking)
- Does ambulation disregard environmental limits? (e.g., wants to leave, packs things up, stands at outer door, attempts to get outside, elopes)

Four Common Patterns

Random Travel: Roundabout or haphazard movement to many locations within an area without interruption (the most common type)

Direct Travel: Movement from one location to another without diversion

Lapping: Repetitive travel characterized by circling large areas

Pacing: Repetitive back-and-forth movement within a limited area

Assessment

Describe: Describe the behavior specifically: who, what, when, where, how much, and how long

Ask: Who has the problem? (e.g., person with dementia, caregiver)

Assess:

Assess the person's history and habits

- What is the usual routine?
- Is this an extension of a normal activity pattern?
- What was the usual sleep-wake habit?
- What was the pre-dementia lifestyle?

What are the possible unmet needs? What environmental triggers exist?

- *Searching* – quest to find something familiar (e.g., childhood home, food, place to hide something)
- *Escaping* – flight from threat (e.g., disturbing television, perceived harm)
- *With Purpose* – attempt to fulfill previous lifestyle responsibility (e.g., child care, going to office, chores)
- *Aimless Meandering* – result of having nothing else to do (e.g., bored, no meaningful activities, walking to entertain self)

Benefits of Wandering

Some forms of wandering might be beneficial. Benefits that may result from these behaviors include:

- Preserves independence via autonomic activity
- Supports self-determination and provides a sense of control
- Provides exercise, increased circulation, and muscle toning
- Prevents consequences of immobility
 - Deconditioning, muscle weakness, stiffness
 - Stasis, orthostatic hypotension
 - Urinary tract infection, pneumonia, decubitus ulcers

Goals of Interventions

The goals of elopement intervention programs are to change:

Wandering

Improve wayfinding and travel efficiency

Physical Environment

Disguise exits and alter physical properties

Social Environment

Provide distractions and activities

Facility or Service Provider Policies

Adjust staff training, drills, and protocol for managing incidents.

It is crucial to balance a person's rights and autonomy with their safety and the protection of other individuals.

Risk Factors for Wandering

Cognitive & Neurological Loss

- Greater disease severity and duration
- Onset of dementia at younger age
- Lower scores on global cognitive performance
- Circadian rhythm disturbance, particularly sleep disturbance
- Poorer discrete cognitive skills, including greater impairment in:
 - Memory, both short- and long-term
 - Language, conceptualization
 - Concentration, attention, orientation, and judgment
 - Visual-spatial/construction tasks
 - Initiation and preservation
- Impaired higher order cognitive and planning abilities observed in wayfinding, including:
 - Reduced ability to form an overall plan to reach a goal
 - Reduced ability to problem-solve
 - Impulsive responses to stimuli, drawing them off track
 - Inability to stop a search once the desired destination is found (e.g., form of preservation)

Personal Factors

- Reasonably good general health
 - Better appetite
 - Fewer medications
 - Fewer medical conditions
- Pre-morbid patterns
 - Motor behavior used as stress coping
 - Walking as part of daily habit
 - Pre-morbid lifestyle or work involved outdoor activity
- Pre-morbid personality (e.g., active, sociable characteristics)
- Personal comfort and experience
 - Discomfort or boredom
 - Stress or tension
 - Lack of control
 - Lack of exercise
 - Nighttime delirium
 - Medical problems (e.g., pneumonia, constipation, congestive heart failure)
 - Language deficits (cannot understand or make self understood)
 - Mood disturbance (e.g., fear, anxiety, depression)



Environmental Factors

- Unfamiliar environment
 - Inability to wayfind
 - Anxiety and fear
- Cues to leave (e.g., coat or keys by door)
- Cues to investigate or walk
 - Long corridors
 - Doors at end of corridor

Consider wandering and elopement as Need-Driven Dementia-Compromised Behaviors (NDB), caused by interaction between stable individual characteristics and ever-changing environmental triggers.

Early Intervention

- Increase safety while maintaining dignity
 - Sew labels, including name of person and name to contact, into outerwear
 - Purchase customized jewelry engraved with name of person to call if lost
 - Maintain recent photographs
 - Register person with *Alzheimer's Association Safe Return Program*
- Develop personalized care plans
 - Address special needs of person's wandering or elopement risk
 - Document patterns, frequency, duration
 - Consider life history and possible triggers
 - Identify range of potential interventions
 - Identify strategies to distract or reassure
 - Document person's responses

Interventions: Environmental Adaptations

- Create safe wandering areas
 - Create halls and rooms that are free of hazards
 - Divert persons away from kitchens, storage areas, and outdoor exits
- Camouflage exits
 - Use cloth panels across width of door to conceal door knob
 - Place full-length mirror in front of door
 - Paint or wallpaper door trim, wall, and door in same vs. contrasting color
 - Paint door knob to match color of door
 - Place mini-blinds or curtains over window of door to reduce outside view
 - Place drape or curtain over door to conceal from view
 - Use bright orange mesh netting across open doorway to detour persons
- Place grid pattern at exits. Patterns create a 3-dimensional appearance on a 2-dimensional surface
 - 8 horizontal stripes beginning 3 feet from the door
 - 8-stripe horizontal and vertical pattern in front of door
- Provide cues with signs
 - Mark important destinations clearly, using both symbols and words
 - Use stop signs on exit doors
 - Place "Off Limits" signs by fences
- Create stopping places
 - Inviting spots to sit, converse, or rest
 - Simulated nature scenes indoors (bench, plants, aromas)
- Use music to facilitate wayfinding
 - Play familiar tunes to introduce bedtime or mealtime
 - Cue arrival near bathroom or dining room with music
- Create secure outdoor areas
 - Courtyards, gardens, parks, patios, or fenced areas
 - Easy access with visibility from inside
 - Walk paths, outdoor activities
 - Adequate outdoor lighting
 - Seating options (e.g., benches) to reduce pacing

Interventions: Behavioral Management

- Ignore the behavior if not a threat or hazard
- Provide reality orientation when appropriate and not upsetting
- Offer comfort measures
 - Food, fluids, warmth
 - Pain management
 - Relief from overstimulation and/or understimulation
 - Other unmet personal needs
- Accommodate habits or traits
 - Change rooms to change travel patterns
 - Move to interior of building to reduce exit access
 - Position to facilitate wayfinding (e.g., in sight of bathroom)
 - Reduce distractions in travel path to important locations
- Reduce unsafe or excess wandering
 - Clarify intended destination; escort or direct to promote wayfinding
 - Provide rest periods
 - Distract to another repetitive activity like rocking or folding clothes
 - Distract from going “home” or “to work” via validation techniques or fantasy therapy
 - “Bus is late” or “flat tire”
 - “No transportation until tomorrow”
 - Telephone call to distract or inform of change in plan

Activity Principle: Engage Them or Chase Them

- Structure activities to reduce stress or anxiety
 - Develop or maintain routines to balance activity with rest
 - Encourage quiet time with soft music
 - Create special activities to redirect or calm
- Create diversion through normal, social, and recreational activities
 - Provide activities to reduce boredom or increase socialization
 - Modified craft or model work
 - 3-dimensional interactive wall art
 - Simulated cooking, baking, cleaning
 - Simplified recreational games
 - Engage in normal activities (e.g., household chores, gardening)
 - Offer person-centered work activities (e.g., mechanical, business, agricultural)
 - Use self-care as activity (e.g., grooming)
- Offer walking as a scheduled activity, indoors and/or outside
 - Incorporate music, reminiscence to promote socialization while walking

Medication Management: Treating Possible Causes of Wandering

Medications may help treat some possible causes of wandering

- Antipsychotics: psychotic symptoms (e.g., hallucinations, delusions)
- Antianxiety: anxious, fearful, restless symptoms
- Antidepressants: depression, anxiety, sadness, tearfulness

Speak with your provider or pharmacist about symptoms and medication options