

# Managing Behavioral Disturbances in Patients with Dementia

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## Background

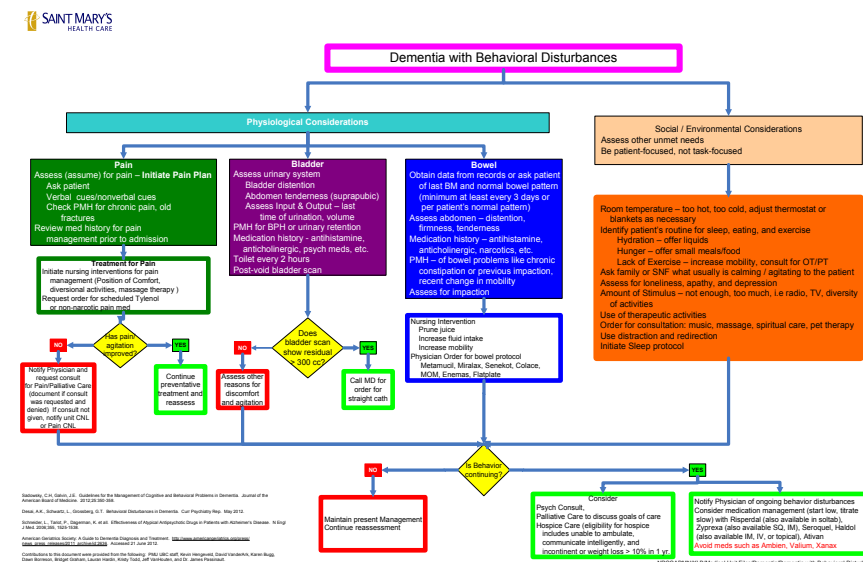
- In February of 2011 Saint Mary's Health Care opened a 32 bed acuity adaptable senior adult unit (3 Lacks)
- The unit was designed to treat medically ill patients with diagnosis such as:
  - Pneumonia
  - Sepsis
  - GI Bleed
  - Acute Coronary Syndrome
  - Heart Failure
  - Cardiac Rhythm Disturbances
- Shortly after opening the unit began to get an increase in admissions with patients with behavioral disturbances related to dementia

## Review of Literature

- Dementia is a major health challenge, with an estimated 35.6 million people with dementia worldwide
- 5 million people in the United States have dementia
- Behavioral disturbances are frequently the most challenging manifestations of dementia
- Common behavioral disturbances are grouped into four categories:
  - Mood Disorders
  - Psychotic Symptoms
  - Sleep Disorders
  - Agitation
- Behavioral disturbances can be the earliest sign of dementia and can occur over months or years depending on the underlying cause
- Common factors that contribute to behavioral disturbances include:
  - Medications
  - Medical Conditions
  - Environmental Factors
  - Psychosocial Factors
  - Factors related to Caregiving
- Behavioral Disturbances are associated with:
  - Accelerated Functional and Cognitive Decline
  - Prolonged Hospitalization
  - Premature Institutionalism
  - Increased Length of Stay
  - Increased Cost of Care

## Objective

- The project focused on the development of dementia pathway that addressed all causes of behavioral disturbances that attributed to changes in behavior
- The pathway was developed to be nurse driven so early recognition and intervention could be initiated
- The "dementia with behavioral disturbances" pathway was developed to address such issues as:
  - Pain
  - Bladder and Bowel Management
  - Social/Environmental Needs



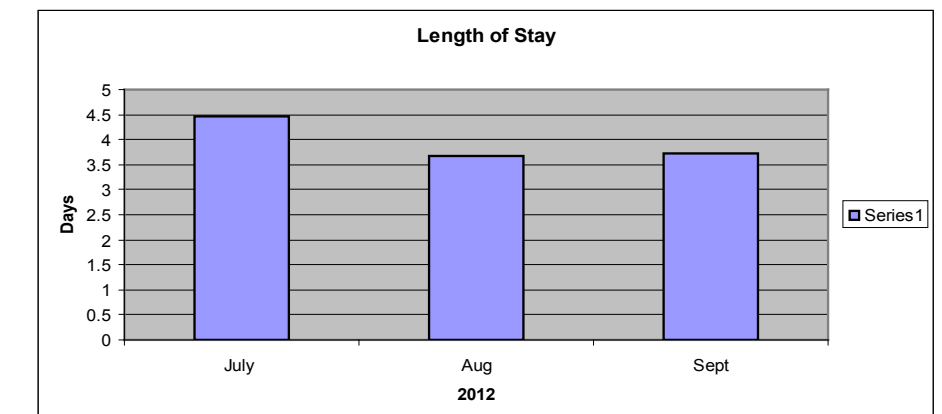
## Case Study

Ruth is a 70-year-old female with a past medical history of dementia, urinary tract infections (UTI), and arthritis. Before her diagnosis of dementia, Ruth was an active member of her community and always spent time with her children. She enjoyed staying busy by participating in craft shows, singing in the church choir, exercising, and knitting. Ruth has been admitted to the hospital for IV antibiotics and dehydration. Ruth's dementia has progressed significantly and now she sits in a chair all day and cries out at anyone who walks by her room. She has no family to visit with her and staff are exhausted by her constant crying out and frequent attempts at getting out of her chair. Ruth is unable to communicate what is wrong and the staff are at a loss at how to help her.

## Outcomes

- Length of stay decreased from baseline by 0.74 days
- The nursing staff felt more confident in providing care for patients with behavioral disturbances after the implementation of the pathway
- Nurses were able to go through the pathway and assess for the patient for possible causes of the behavioral disturbances
- The staff was able to proactively intervene by recommending changes in medical treatment, such as around the clock Tylenol dosing or suggesting appropriate medications for behavior control as recommended by the BEERS list and from The American Geriatric Society.

## Length of Stay



## References

- American Geriatrics Society Panel on Pharmacological Management of Persistent Pain in Older Adults. (2009). Pharmacological management of persistent pain in older persons. Journal of American Geriatric Society, 57, 1331-1346.
- Desai, A., Schwartz, L., Grossberg, G. (2012). Behavioral disturbances in dementia. Current Psychiatry Report, 14, 4, 298-309.
- Sadowsky, C., Galvin, J. (2012). Guidelines for the management of cognitive and behavioral problems in dementia. Journal of American Board of Medicine, 25, 350-358.