



## Dealing with Difficult Behaviors Communication Techniques with Dementia Patients

### Communication

- Verbal - words, tone, speed, inflection
- Non-verbal – facial expression, body language, touch, gestures

### Reasons for problem behavior

- Internal – physical illness, hunger, pain, etc.
- External – situational, emotional, structural

### Problem Solving Techniques

- Identify the Problem – is the behavior really a problem??
- Assess the Problem – what is happening? When? Who is involved? What else?
- Plan of action – be creative, address the cause
- Re-evaluation – behavior changes

### Avoid Conflict

- Don't correct or argue
- Stay calm

### The four "R's"

- REASSURE that everything is alright
- REDIRECT to other distracting activities
- RESTRUCTURE environment so that it is not so stressful
- RETHINK reevaluate, be flexible

### Use all of your Resources

- Family/caregivers
- Staff
- Physicians

BE FLEXIBLE

BE PATIENT

ASK FOR HELP WHEN NEEDED

## Differential Diagnosis and the Alzheimer's - Nots

Kathleen Houseweart, MBA  
Sarasota Memorial Hospital Memory  
Disorder Clinic  
Sponsored by the Florida Department of  
Elder Affairs

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## Understanding Dementia

- Changes in
  - memory - new learning/recall
  - aphasia - language
  - agnosia - visio- spatial orientation
  - apraxia - movement
  - executive function - judgement/planning
- Affects daily function

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## Dementia Vs Alzheimer's Disease

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| <ul style="list-style-type: none"><li>■ List of symptoms that include impairment in Memory, and at least one other brain function (language, visual spatial, executive function, movement)</li><li>■ Prevalence increases exponentially with age</li><li>■ A.D. approximately 80% of all cases</li></ul> | <ul style="list-style-type: none"><li>■ Cause of dementia that leads to death of brain cells and the formation of plaques and tangles in the brain</li><li>■ Affects 7 million patients with A.D. in U.S</li><li>■ Annual cost 50-100 billion dollars</li></ul> |
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### **Differential Diagnosis of Dementing Illnesses**

- Alzheimer's Disease
- Mild Cognitive Impairment
- Vascular Dementia
- Lewy Body Disease
- Frontotemporal Dementias

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### **Alzheimers**

- Memory-Retention and retrieval of new material
- Slow gradual progression
- Family history
- Neurological exam usually normal
- Pathology
  - Amyloid deposition
  - Loss of Cholinergic activity

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### **Cholinesterase Inhibitors**

- Aricept, Exelon, Razadyne,
- No comparison studies
- Escalating dose schedule
- Improve cognition, behavior, functioning
- No clear proof that prevent progression

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### **Memantine (Namenda)**

- Tested on moderate to severe AD
- Improvement in ADLs
- Fewer side effects
- Works on different system & can be used in conjunction with Cholinesterase inhibitors

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### **Other Treatment Strategies**

- Vitamin E- high doses said to slow progression (1000 IU BID)
- Anti-inflammatory agents/statins
- Estrogens
- Ginko Biloba

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### **Mild Cognitive Impairment**

- Isolated memory loss – or mild changes in multiple areas of thinking
- Other cognitive skills intact
- ADLs normal- continue to complete daily activities independently
- Pre-Alzheimers - approximately 50% will progress to dementia within 5 years ?
- 70% of Memory Disorder Clinic cases last year

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## **Vascular Dementia**

- History of Stroke or risk factors
- Step-wise progression
- Focal deficit
- MRI evidence of multiple infarcts or extensive white matter disease
- Very common to find multiple causes (AD + Vascular)

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## **Treatment Vascular Dementias**

- Manage Hypertension
- Antiplatelet agents
- Focus on prevention of further incident

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## **Lewy Body Disease**

- Parkinson features without tremor
- Syncope - falls/blackouts
- Visual Hallucinations-(phantom boarder)
- Marked fluctuations in attention
- Neuroleptic Sensitivity

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## Communication is an art not a science

- Be patient with yourself
- Keep your sense of humor
- Be flexible
- communicate with your coworkers
- Take joy in the WONDERFUL job you are doing.



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## Let's Problem Solve



- What is the problem?
  - For who??
- What is happening?
  - Is there disruption for staff? Patients?
- When?
- What else is going on?
- Who is involved?
- PLAN?

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## Problem Behavior

- Wandering/pacing
- repeated questions
- cursing or name calling
- calling out
- possessive behaviors
- others

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## Managing Difficult Behavior in Alzheimer's Disease & Other Dementing Illnesses

Kathleen Houseweart MBA  
SMH Memory Disorder Clinic &  
Florida Department of Elder Affairs

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## Dementia

- Includes changes in
  - **MEMORY** - new learning, recall
  - **APHASIA** - language
  - **AGNOSIA** - visual - spatial orientation
  - **APRAXIA** - movement
  - **EXECUTIVE FUNCTIONS** - judgement & planning

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## Memory – New Learning/Recall

- Encoding, Storage, Retrieval
- Making new memories most impaired
- Does not benefit from cueing (reminding)
- Mastering new routines or skills more difficult

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**Aphasia -  
Language/Communication**

- Comprehension more difficult for patient & caregiver
- Uses all cues available
- Words you say and how you say them become important
- Unable to distinguish between important and unimportant information
- Understanding is literal

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**Effective Communication**

- Be aware of your surroundings
  - the walls have ears
- Be aware of your:
  - tone of voice
  - facial expression
  - language
- Don't rush or surprise a patient

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**Visual spatial - Agnosia**

- Unable to locate items in space
- Unable to identify objects in space
  - faces
  - objects
- Tasks become more difficult
- Safety

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## **Apraxia - Movement**

- Not related to other physical problems
- Unable to move in smooth sequences
- May respond to modeling
- Parkinson like in later stages

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## **Executive Functions**

- Planning difficult
- Organizing ideas and steps in complex tasks
- Judgement impaired
- Emotional leakage
- Changes in mood and personality

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## **Problem Behaviors** **No behavior occurs in a vacuum**

- Reasons for problem behavior
- Internal: Pain, temperature, fatigue, need to use bathroom, constipation or illness
  - External: caregiver mood or attitude, other patients, scheduling, environment

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## Avoiding Conflict



- Do NOT argue
- Keep safety as first concern
- avoid contradictions or direct confrontation
- promote comfort & security
- STAY CALM

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## Getting the job done

- Allow patients to do as much as possible
- Keep it simple
- simple choices
- say exactly what you mean
- be positive
- don't contradict
- be flexible and willing to repeat yourself



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## Problem Solving



- Identify the Problem
  - is it a problem?
- Assess the problem
  - what is happening?
  - When?
  - What else is going on?
  - Who is involved?
- Plan of Action
- Re-evaluate/be flexible

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## The Four R's

- REASSURE that everything is OK
- REDIRECT to other distracting activities
- RESTRUCTURE environment, situation or patient condition to something less stressful
- RETHINK reevaluate and be creative and flexible

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## Use all your tools

- Family / caregivers who know the patients behavior, moods and HISTORY
- Staff who have spoken to family and caregivers
- Peers
- Physicians who know the patient and family

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## Personality vs. Pathology

- "Denial"
- "lazy, tired, not a joiner"
- "Depressed, cries a lot," "angers easily"
- Inability to self assess
- loss of initiative
- emotional leakage

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## Memory & Aging

Understanding Memory in Older Adults

Kathleen Houseweart, MBA  
Sarasota Memorial Hospital Memory Disorder Clinic  
Sponsored by the Florida Department of Elder Affairs

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## Aging & Memory

- Slower recall
- More difficult to learn new information
- Naming - talking around the word (vocabulary spared)
- mental flexibility - more rigid thinking

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## What is normal ?



- Varies by education
- Varies by situation
- Varies by physical condition
- Statistics show . . . .

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## Dementia & Aging

- 65 years old 2-4%
- 70 years old 4-8%
- 75 years old 8-16%
- 80 years old 16-32%
- 85 years old 32-64 % (about 1/2)

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## What is not Normal?

- Anything that interferes with normal daily activities
- Anything that affects your quality of life
- Anything that is progressive
- Something that a friend or loved one notices as a change

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## Things to look for

- Difficulty with planning
- Disorientation to time or place
- Difficulty with familiar tasks
- Change in mood or personality
- Problems with word-finding/misplacing things
- Loss of initiative

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## What affects memory ?

- Medication
- Alcohol use
- Vitamin/dietary deficiency
- Physical problems/pain
- Depression/grief
- Anxiety & stress

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## How memory works

- Encoding - Learning new information/making the memory
- Storage - putting new information into memory / filing it into the cabinet
- Retrieval - finding the information needed /finding it in the cabinet

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## Why do we forget?

- Encoding
  - Selective Attention
  - We filter out or ignore most information
- Storage
  - We never really learn it/never stored
  - store inappropriately
- Retrieval
  - can't get to the information



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## Managing Memory

- Law of Recovery
  - we remember things we see most recently
- Law of Vividness
  - we remember things are most vivid in our minds
- Law of Frequency
  - we remember things that we see most frequently

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## Improving Memory

- Pay attention
  - More likely to remember something that has been given 8 seconds of attention
- Repeat things/Rehearse
  - More likely to remember things that we see more than once
- Chunk
  - More likely to remember manageable chunks of information

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## Improving Memory

- Use Cues
  - Mnemonic devices (HOMES)
  - Associations
- Use External Aids
  - GET ORGANIZED/establish routines
  - Take notes
  - Appointment books/Timers
  - Old tricks

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## Treatments

- Cholinesterase Inhibitor (Aricept, Exelon, Razadyne) – increases acetylcholine in brain, but does not stop disease
- Memantine (Namenda) – works on different receptor, does not stop disease
- Supplements – controversial or limited evidence

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## Living Right

- Reduce alcohol intake/stop smoking
- Treat depression
- Reduce stress
- Eat right & exercise
- Exercise your brain
- Avoid Injury
  - wear helmet while biking
  - wear a seatbelt

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## Healthy Memory

- Physical Fitness
- Mental Fitness
- Sense of control



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