

MEDICATION

People with dementia often develop changes as their condition progresses. These include changes in their behaviour and feelings, the things they think and how they perceive the world. Collectively, these changes are referred to as 'behavioural and psychological symptoms' that result in "Responsive or Protective Behaviours". They are often more distressing for the person with dementia and those supporting them than problems such as memory loss.

In most cases, behavioural and psychological symptoms can be successfully managed without medication.

If a person with dementia develops any of these changes, it is important to remember that they are not to blame or 'behaving badly'. Their symptoms may be a direct result of changes in their brain, or because of a general health problem such as discomfort caused by pain or infection and they are unable to communicate this in any other way.

These symptoms can also be related to the care a person is receiving, their environment or how they are spending their time. For example, the person may be agitated because they are anxious or because they are somewhere that is very noisy. Symptoms can become worse because the person's dementia makes it harder for them to make sense of the world.

The underlying principle is that behavioural and psychological symptoms should be seen as a sign of distress or an attempt to communicate an unmet need, such as being in pain or feeling threatened.

The challenge is to figure out the unmet need that lies behind the person's distress, and then find a way to address this. This will mean looking at the person as an individual and thinking about their personality, history, likes and dislikes.

The first step is to find out whether any underlying physical or medical factors may have triggered the person's symptoms or may be aggravating them (making them worse). For this reason, if a person with dementia develops behavioural and psychological symptoms, they should have an assessment by their Physician at the earliest opportunity.

The doctor will look for conditions such as pain, infection, constipation or the side effects of medication. If any of these are found, the doctor will try to manage them appropriately. If a mental health problem (such as depression or anxiety), is identified, treatment can be offered.

It is important to ensure that the person with dementia is comfortable (for example, not thirsty or hungry) and well cared for. If the person has a hearing aid or glasses, these should also be checked. If they are not being worn or are not working properly, this can contribute to confusion, suspicion or misperceptions, and can cause the person distress.

The next step is to consider the person's environment to make sure it is not too noisy, too bright or cluttered. These can all cause the person to become over-stimulated and agitated.

Some behaviours will be a response to a specific event, perhaps an offer of personal care (such as help to undress) that was misunderstood. Keeping a diary of when behaviours happen, and what was going on at the time, may show a pattern and in doing so suggest a solution.

A person's behavioural and psychological symptoms often lessen if they are helped to stay active and stimulated. Finding interesting and engaging daily activities that are matched to the person's abilities can help. These could include life story work, physical exercise, music, dance

and hand massage, arts and crafts, reminiscence or anything else that is meaningful for the person.

When communicating, it is important to listen carefully to the person, look for non-verbal cues (such as facial expressions and body language) and try to understand the reality they are experiencing.

If these general approaches do not work, more specialist advice may be needed. For more specialised non-drug approaches this could mean referral to a Geriatric Specialty service, or perhaps to a music therapist or speech and language therapist. These professionals will develop a care plan created specifically for the person.

If non-drug approaches fail after they have been applied consistently, introducing medications may be appropriate when individuals have severe symptoms or have the potential to harm themselves or others. Medications can be effective in some situations, but they must be used carefully and are most effective when combined with non-drug approaches.

•Early in the disease, people may experience irritability, anxiety or depression.

•Later in the disease, people may develop:

- Agitation (verbal or physical outbursts, general emotional distress, restlessness, pacing, shredding paper or tissues)
- Sleep disturbances
- Delusions
- Hallucinations

Contributing medical conditions may include:

- Infections of the ear, sinuses or urinary or respiratory tracts
- Constipation
- Uncorrected problems with hearing or vision
- Pain
- Medication side effects or drug interactions

Contributing environmental influences may include:

- Change in caregiving arrangements
- Admission to a hospital to treat a coexisting condition
- Travel
- Presence of houseguests
- Being asked to bathe or change clothes
- Moving to a new home
- Difficulty with expressing needs and wishes
- Fear and fatigue from trying to make sense out of an increasingly confusing world

Non-drug strategies should always be tried first. General principles of success in non-drug intervention include:

- Creating a calm environment
- Attempting to identify the cause of the behaviour and change the environment accordingly
- Appreciating that the person does not intend to be mean or difficult
- Checking for hunger, thirst, full bladder and constipation
- Monitoring comfort factors, including room temperature, glare and excessive background noise from television or other sources
- Providing an opportunity for exercise
- Redirecting the person's attention rather than arguing or being confrontational
- Simplifying the environment, tasks and routines

- Allowing adequate rest between stimulating events
- Alleviating confusion with labels to cue or remind the person
- Using lighting to reduce night time confusion and restlessness

Helpful hints when a person becomes agitated

- Use calm, positive statements
- "Back off" and ask permission
- Reassure
- Slow down
- Add light
- Offer guided choices between two options
- Focus on pleasant events
- Offer simple exercise options
- Try to limit stimulation

Things to say:

- May I help you?
- Do you have time to help me?
- You are safe here.
- Everything is under control.
- I apologize.
- I'm sorry that you are upset.
- I know it's hard.
- I will stay with you until you feel better.

Do not:

- Raise your voice
- Make sudden movements
- Show alarm or offense
- Corner, crowd or restrain
- Demand, force or confront
- Rush or criticize
- Ignore or argue
- Shame or condescend

Coping tips

- Monitor personal comfort. Check for pain, hunger, thirst, constipation, full bladder, fatigue, infections and skin irritation. Maintain a comfortable room temperature.
- Avoid being confrontational or arguing about facts. For example, if a person expresses a wish to go visit a parent who died years ago, don't point out that the parent is dead. Instead, say, "Your mother is a wonderful person. I would like to see her too."
- Redirect the person's attention. Try to remain flexible, patient and supportive by responding to the emotion, not the behaviour.
- Create a calm environment. Avoid noise, glare, insecure space and too much background distraction, including television.
- Allow adequate rest between stimulating events.
- Provide a security object.
- Acknowledge requests, and respond to them.
- Look for reasons behind each behaviour.
- Explore various solutions.
- Don't take the behaviour personally, and share your experiences with others.



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CHANGES WITH DEMENTIA	APPROACHES	APPROACHES
<p>The person with dementia may not remember that they have health conditions that require them to take medications.</p> <p>Persons with dementia lose control over major parts of their life and saying “no” to medication allows them to feel in charge of something.</p> <p>Some medications just taste nasty and the person with dementia does not have the reasoning ability to balance the positive effects of the medication with the negative taste.</p> <p>As the condition progresses, the sense of taste changes and the ability to detect bitterness remains strong.</p> <p>The person with dementia may not like the way the medication makes them feel, but may not be able to express why they don’t like the medication, so will just refuse to take them. After starting a new medication, watch for any changes that may indicate it is causing a side effect or adverse reaction.</p> <p>The person with dementia may feel they can’t afford the medication.</p>	<p>Caregiver approaches</p> <p>Make medication time a calm, pleasant time. Don’t try to give medications when your loved one is upset or agitated. Remove distractions such as other people, TV, radio etc. to provide a quiet environment.</p> <p>Keep the explanation as to why they need to take the medication simple- don’t overload them with facts.</p> <p>Give them a choice as to which pill to take first, what liquid to use, etc. to give them a sense of control.</p> <p>If you take medications, take them at the same time to let your loved one know that they aren’t the only one to take medications. It may normalise the situation for them and let you model the behaviour.</p> <p>If possible, create a routine of sitting in the same spot, giving the medication the same way, using the same cup or glass. Give a cup of tea or favourite beverage or some treat after every medication session to link the memory of pill-taking with something pleasant.</p> <p>Don’t push the issue. If your loved one refuses to take the medication, back off and approach</p>	<p>Medication delivery approaches</p> <p>Encourage a drink of water or other fluid before you give the pills. This will make sure the mouth and throat are moist and pills won’t stick.</p> <p>Make sure your loved one drinks lots of fluids after swallowing their pills to ensure they don’t stick in the mouth or throat. This also has the added benefit of ensuring that the person is drinking plenty of fluids.</p> <p>Give pills one at a time- even though it may be tempting to give all at once. Start with the easier to swallow pills or the pills that are the most “important” if they don’t have a preference.</p> <p>Sometimes putting a whole pill in food such as mashed potatoes, pudding, yoghurt or apple sauce makes it easier to swallow than with fluids. You may need to try different types of foods to see which one works the best.</p> <p>Some pills can be crushed and put into food. Check with the pharmacist as to which pills can be crushed as some have a coating that requires pills to be taken whole. Common vehicles for crushed pills are applesauce, yoghurt, and pudding.</p>

<p>As the disease progresses, swallowing may become difficult, especially with some pills that seem to “stick” in the mouth or throat.</p> <p>Because the person with dementia is not able to understand why they need to take the medication, they may become suspicious and/or paranoid that someone wants to hurt them or take advantage of them by giving them medications.</p>	<p>later.</p> <p>Discuss with family physician which medications can be given in a different form (liquid, under the tongue, spray) that may be more acceptable to your loved one.</p> <p>Discuss with family physician which medications could be discontinued, so that you only need to give ones that are crucial to your loved one’s health.</p> <p>You may have to reconcile the fact that though your loved one should be taking their medications for their health, the battle to get them to take pills is just not worth it. This is something you will want to discuss with the family physician.</p>	<p>Remembering that the ability to detect bitter is very strong, crushed pills can alter the taste and/or texture of the food that you are putting it in. This can result in your loved one refusing to eat that food again as they may remember the bitter taste or unpleasant texture.</p> <p>Some medications come in liquid form which may be easier for the person to take.</p> <p>Hiding crushed medications in food can make your loved one angry because they think you are trying to “trick” them or “poison” them.</p> <p>If you feel you need to crush pills and put them in food, try jam. Jams are very sweet so usually cover any bitterness and have seeds or bits of fruit that will disguise the particles of medication.</p> <p>If the person is diabetic consult your Physican or clinic for alternative suggestions.</p>
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