Non-pharmacological Approaches in Dementia Care

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What is Dementia

• Dementia is a group of symptoms that may accompany certain diseases or conditions
• Symptoms may involve changes in personality, mood, and behavior
• Severe enough to interfere with a person’s daily life
  – Losses of cognitive function
  – Losses of physical function
  – Occurrence of behaviors
    (abnormal reaction to the environment)
Prevalence of Challenging Behaviors

- 80% of people with dementia residing in care environments experience behavioral and psychological symptoms of dementia:
  - Agitation (75%)
  - Wandering (60%)
  - Depression (50%)
  - Psychosis (delusions, hallucinations, distorted perceptions of reality) (30%)
  - Anxiety (25%-40%)

Source: Lawlor, 2002
Identify & Examine the Behavior

• What did he/she do?
• What happened before and after the behavior?
• When did this behavior start happening?
• What are the side effects of the medications he/she is currently taking?
Interpretation of Behaviors

- **Unmet needs**
  - Repetitive vocalizations may provide auditory stimulation

- **Learning and behavioral**
  - Inadvertent reinforced behaviors such as learning to get attention by screaming

- **Environmental**
  - Mismatch between person’s environment and ability to cope with the situation (e.g., too much noise)
Interpretation of Behaviors

• Behavior is a form of communication
• How are we responding?
Psychotropics

- 53% of nursing home residents have dementia
- 50% of older adults are prescribed psychotropic agents within 2 weeks of admittance to a nursing home
- 1 in 3 elderly nursing home residents with dementia received antipsychotic agents

Sources: Kamble et al., 2009; Kales et al., 2007
Atypical Antipsychotic Use

• Government audit showed:
  – Elderly nursing home residents were prescribed atypical antipsychotic agents such as:
    ► Abilify
    ► Clozaril
    ► Zyprexa
    ► Seroquel
    ► Risperdal

• These medications are not FDA approved for the treatment of behavioral symptoms in elderly patients with dementia

Source: Kirshner, 2008
Ineffective Medication Use

• Medications do not help with behavioral problems such as:
  – Wandering/pacing
  – Restlessness/fidgeting
  – Poor self care
  – Disrobing
  – Inappropriate things being said

Sources: Magnuson, 2011; AHCA/NCAL, 2013
Non-pharmacological Approaches

• Try non-pharmacological interventions first
• As the dementia progresses:
  – People become less able to instigate meaningful activities
  – Does not mean that they do not want to engage in activities, only that they can no longer start them themselves

Sources: Dodd, 2010; Kerr, 2007; Camp 2013
Music Therapy (auditory)

• General memory deteriorates in dementia, memory for music remains relatively intact (auditory)
  – Memory stirring activity
  – When people hear familiar and preferred music, they mentally follow it
• Live music may be more beneficial than prerecorded music
  – Had immediate and positive engagement effects in subjects with apathy, regardless of the severity of their dementia

Sources: Kallmyer, 2013; Hanna-Pladdy, 2013; Nair et al., 2013
Aromatherapy (smell)

- Gives pleasant feelings and calming effect
- Relieves anxiety and emotional disturbances
- Studies have shown:
  - Lemon balm is claimed to be useful in reducing excitability, restlessness, stress, and insomnia
  - Rosemary and lemon oils in morning, lavender and orange in evening
  - Lavender can decrease stress and pain intensity and assist by reducing insomnia
  - All individuals showed reduction in problematic behaviors

Sources: Soo Lee, Choi, & Ernst, 2012; Johannessen, 2013; Ballard et al., 2002; Bowles et al., 2002
Pet Therapy

- Pet therapy (tactile)
  - Short-term memory – “sit”
  - Triggers long-term memory
  - Communication – motivated to talk to pet
  - Helps avoid loneliness

- Research has shown:
  - Increase in social behavior & self-care ability
  - Decrease in agitation & wandering

Source: Laun, 2003
Art Therapy

• Art therapy (visual/psychosocial)
  – Allows communication in a non-verbal way
  – Expresses thoughts
  – Improved concentration
  – Can improve mood, promote relaxation
  – Eye-hand coordination

Sources: Beard, 2012; Peisah, Lawrence, & Reutens, 2011
Montessori Approach in Dementia Care

“Montessori is one approach that maximizes activity engagement for any one of the non-pharmacological approaches.”

• Dr. Cameron Camp, research scientist
  – Conducted studies for NIH on Montessori and dementia
  – Began developing uses for the dementia community approximately 20 years ago

Source: Camp, 2013
Montessori Principles

• Use real life materials
• Materials are familiar in terms of sight and touch
• Interacting with these materials provides access to long-term memory through reminiscence and sensory stimulation
Montessori Principles

• Progress from simple to complex
• Activities are structured to help ensure success
  – In clear steps
  – With visual cues
Non-pharmacological Approaches

• Effects are dose dependent
• To have strongest effect:
  – Provide programming throughout the day
  – Instead of a one-time event
• Purposeful activities are more powerful
Non-pharmacological Approaches

• Fold and hang clothes
• Roll yarn
• Sort
The Importance of Ripping Paper

- Sensorial stimulation
- Auditory
- Sound
- Visual
- Hand-eye coordination
Montessori Activities

Mild

• Higher level of thinking
• Art drawing
• Short reading and discussion
• Science experiments
Montessori Activities

Music

Art

Matching
Motor Skills

Pouring

Pincer Grip

Polishing/Brushing
Montessori Activities
Moderate

- Construct a personal timeline
- Matching
  - What to eat with different silverware (spoon, fork, knife)
  - Activities associated with morning, noon, and night
  - Old time movies or songs with famous people
Matching

Shapes

Sizes

Cards

Fabrics
Transfer Activity

Cognitive
Motor
Vision
Sensory

With Tongs

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Montessori Activities
Severe Dementia

Hand-eye coordination activities

- Folding cloths
- Sorting
- Knobbed cylinders

- Tearing paper
- Seriation activities
  - Small to large
  - Short to tall
Sensorial Activities

- Books
- Cards
- Cognitive games
- Flower arranging
- Gardening
- Instrument playing
- Memory book
- Painting/drawing
- Puzzles
- Reminiscing
- Singing
Best Practice Recommendations

• Montessori approach is a proven non-pharmacological intervention in dementia care
• Customizes the activity and addresses abilities of every individual
• Montessori activities were of more benefit than regular activities
  – Improved ability to perform a task
  – Reduced problematic behaviors
  – Reduced psychotropic use

Source: Malone, Skrajner, & Camp, 2004
Helpful Resources

• netnebraska.org/nowwhat
• www.cen4ard.com
• ahca/ncal.org
• http://www.nehca.org
• http://www.alz.org
Best practices for engaging patients with dementia

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Questions