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Early detection. Better care.

UCLA Health

Behavioral Symptoms in Dementia, Part 2: Behavioral Modifications

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Introduction

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Financial Disclosures

- All presenters have no financial disclosures to report.

Housekeeping

We will leave 10-15 minutes at the end of this session for Q&A. Throughout the webinar, you can put your questions into the Q&A/chat functions and some may be answered in real time.

We will share instructions for claiming Continuing Education (CE) credit at the end of this webinar and via email within 48 hours.

You will receive the recording of this webinar via email within 48 hours

You can also access the webinar slides and recording from the Dementia Care Aware website and YouTube channel.

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Dementia Care Aware Program Offerings

Warmline:

1-800-933-1789

A provider support and consultation service that connects primary care teams with Dementia Care Aware experts

Trainings:

- Online Training, e.g., Cognitive Health Assessment training
- Monthly Webinars
- Podcasts

Interactive Case Conferences:

- UCLA and UCI ECHO conferences - *Sign up now!*

Practice change support:

- UCLA Alzheimer's and Dementia Care Program
- Alzheimer's Association Health Systems

Our Training

Welcome!

Welcome to the Dementia Care Aware (DCA) learning management system. This site provides access to the training modules for the DCA program. When you registered, you were automatically enrolled in the "*The Cognitive Health Assessment: The Basics*" course. Select Start in the "The Cognitive Health Assessment: The Basics" block below to begin.

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Screening for Dementia: The Cognitive Health Assessment (CHA)

Goal: Screen Patients Over Age 65 Annually (Who Don't Have a Pre-existing Diagnosis of Dementia)

Part 1	Part 2	Part 3
		
Take a Brief Patient History	**Use Screening Tools**	**Document Care Partner Information**

Allows you to start a brain health plan at the earliest detection of symptoms.

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Learning Objectives

At the end of this presentation, participants will be able to:

- Recommend three behavioral modifications for common behavioral disturbances in dementia
- Utilize the Neuropsychiatric Inventory Questionnaire (NPI-Q) to assess improvement/resolution of symptoms and caregiver distress
- Identify free resources for caregivers

Brief Review from Part 1

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NPI-Q: Symptoms Reviewed

Delusions	Hallucinations	Agitation or Aggression	Depression
Anxiety	Apathy	Elation	Irritability
Disinhibition	Motor Disturbances	Sleep Disturbances	Appetite Changes

NPI-Q

Delusions	Does the patient have false beliefs, such as thinking that others are stealing from him/her or planning to harm him/her in some way?		
Yes **No**	**SEVERITY: 1 2 3**	**DISTRESS: 0 1 2 3 4 5**	

What are behavioral modifications?

- Changes in the caregiver's approach aimed at reducing or improving behavioral problems
  - After reversible causes have been ruled out
- Person-centered approach
- Implement before considering psychotropic medications
- Should be continued even if management includes pharmaceuticals
- Helps caregivers feel empowered to be part of the solution (and not the problem)

Case Study: Mrs. Johnson

- 90-year-old female with late onset Alzheimer's disease, diagnosed in 2019. She lives at home with her husband, who has chronic health issues and has a private caregiver. Their daughter, Melissa, lives one hour away and visits weekly to coordinate care.
- PMHx includes HTN, moderate depression, HLD, and hypothyroidism
- Medications: Lisinopril 5 mg po qd, levothyroxine 25 mcg po qd, and sertraline 25 mg po qd
- Social: Lives in single family home >60 years. Retired musician, performed worldwide. Graduate degree in music. No alcohol or drug use. Financially stable, has long-term care insurance with lifetime benefit.

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Mrs. Johnson (continued)

- General: Elderly female, thin frame. Casually groomed in jeans and a sweater. Ambulatory without assistance, gait steady. Distressed, argumentative with daughter and nursing staff. Visibly upset, noted to be physically threatening toward her daughter.
- Physical exam: Refused on day of visit.
- MOCA: 11/30 (July 2022). Refused on day of visit.
- Daughter Melissa noted to be screaming at the patient, tearful and visibly upset at her mother's behavior. Noise level sufficient for clinic staff to alert security.

NPI-Q

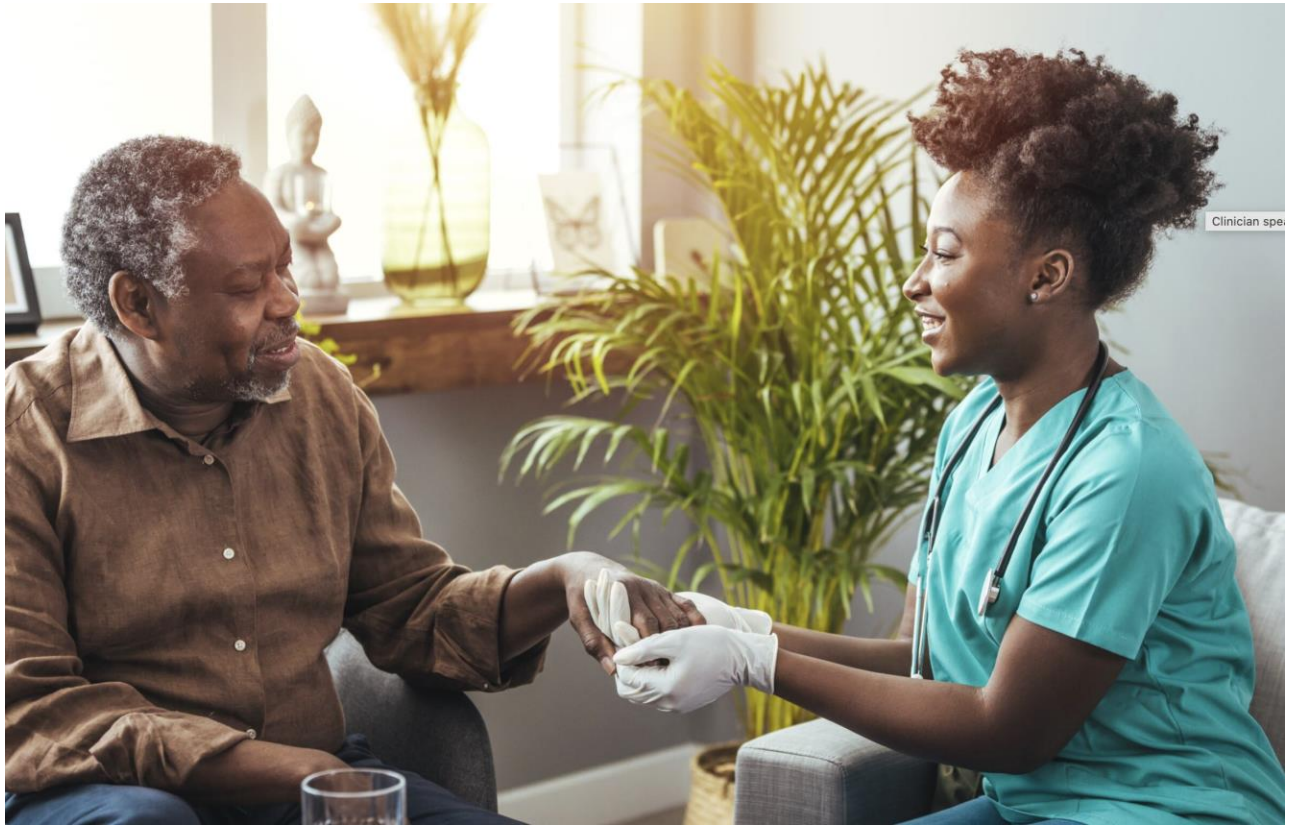
- Delusions: 3, 5
  - Thinks her husband is having an affair with his caregiver
- Agitation and Aggression: 3, 5
  - Verbally and physically aggressive toward family and caregiver
  - Often prevents caregiver from taking care of her husband
- Anxiety: 3, 5
  - Sundowns, often leaves the house “to look for her parents”
  - Wandered into traffic and unable to find her way home. Found by neighbor.
- Disinhibition: 3, 5
  - Cursing and yelling at caregiver and family. Melissa reports her mother never used to curse or yell.
- Irritability: 3, 5
- Appetite: 2, 4
  - 10 lb. weight loss in 3 months (89 lbs)

Delusions

- False Beliefs:
  - People/family stealing from them
  - Spouse/partner is having an affair
  - Neighbors are conspiring against them
  - Delusions of grandeur
  - Often result in paranoia and agitation
- Capgras Syndrome:
  - Delusion that certain people are impostors
  - * Symptoms are very real to the patient

Delusions: Behavioral Modifications

- Keep calm
- Do not engage in the argument
- Distract
- Change environment

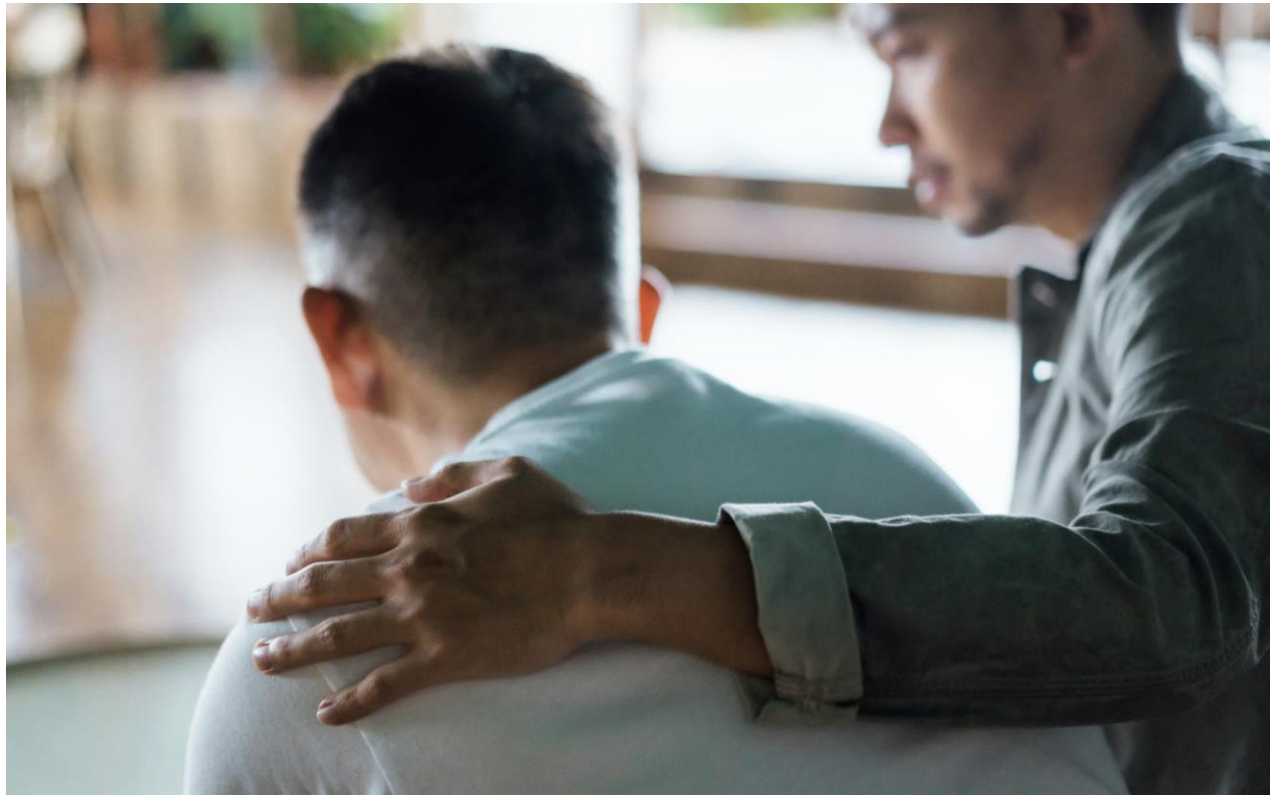


Hallucinations

- False visions or voices
  - Angels
  - Demons
  - Bugs or snakes
  - Small children
  - Intruders in their home
- Treatment strongly depends on severity and distress

Hallucinations: Behavioral Modifications

- Bright lights
- Hearing aids and glasses
- Close windows in the afternoon and at night
- Minimize shadows
- Cover or remove mirrors
- If they are speaking to the TV, turn off TV
    - Animal shows
    - Animated (Disney)
    - No news, especially at night!



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Agitation/Aggression

- #1 reason for placement in a facility
- Resisting help
- Threats toward caregivers
- Verbal and/or physical
- Mild: "Leave me alone. Stop telling me what to do."
- Severe: Physical aggression, such as hitting, kicking, pushing, etc.
- Assess patient's ability to inflict physical harm

Agitation/Aggression: Behavioral Modifications

- Identify triggers
- Keep calm
- Do not engage
- Walk away and take a break
- Do not argue with the patient
- Caregiver safety
- Discuss the importance of help in immediate situations (911)
- Psychiatric hospitalizations (5150)

Aggressive Language and Behavior

Depression

- Irritability
- Tearfulness, wishing they were dead
- Sadness
- Pessimism
- Isolating themselves from loved ones
- Dementia and depression often coincide. Untreated depression is associated with faster cognitive decline.

Depression: Behavioral Modifications

- Peers and activities should be appropriate for the level of dementia
- Physical activity (daily)
- Social activities
  - Adult day care
  - Senior center activities
  - Cognitive training programs
- Outside activities

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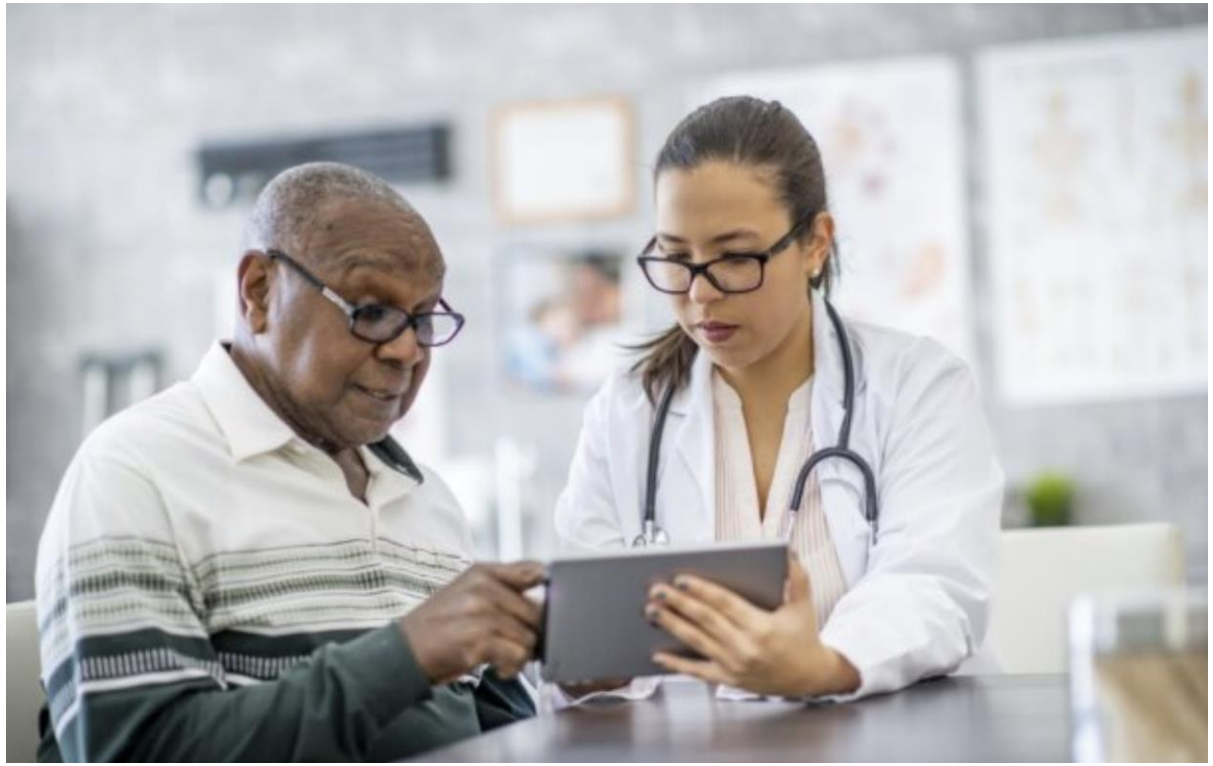
Anxiety

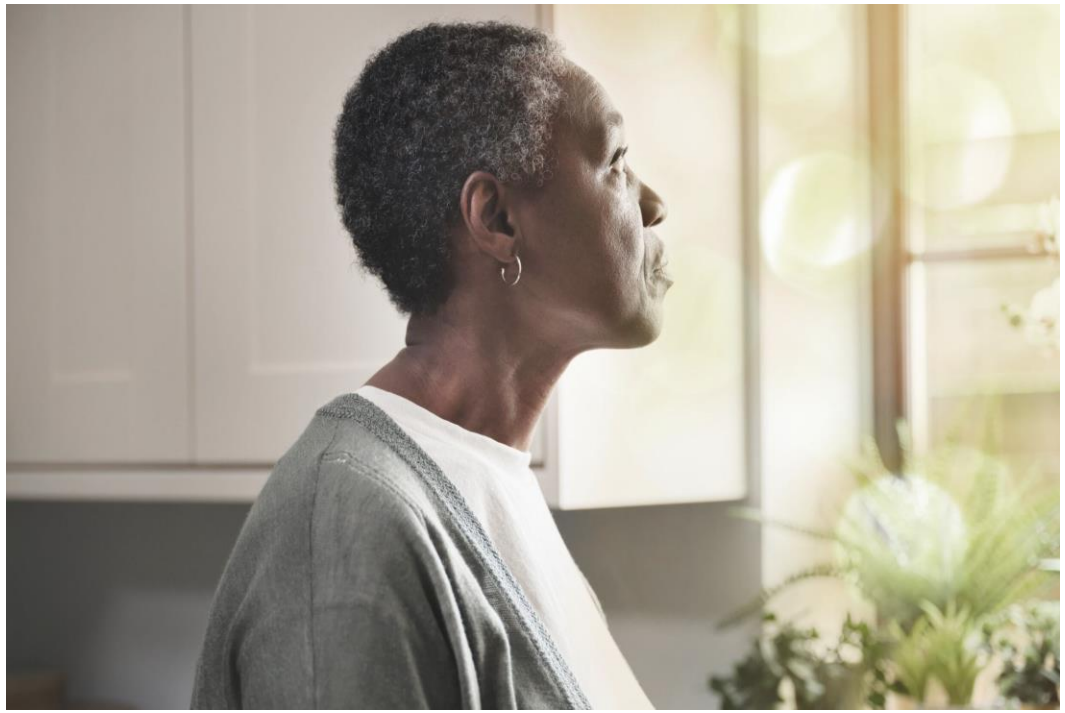
- Feelings of nervousness for no apparent reason
- Sundowning
- Wandering
- Pacing or unable to sit still
- Panic attacks
- Often stems from boredom and/or unspent energy



Anxiety: Behavioral Modifications

- Calm approach
- Physical exercise
- Unmet needs (pain, hunger, fatigue, not enough cognitive or physical stimulation during the day)
- Safety issues
  - ID bracelet
  - GPS trackers

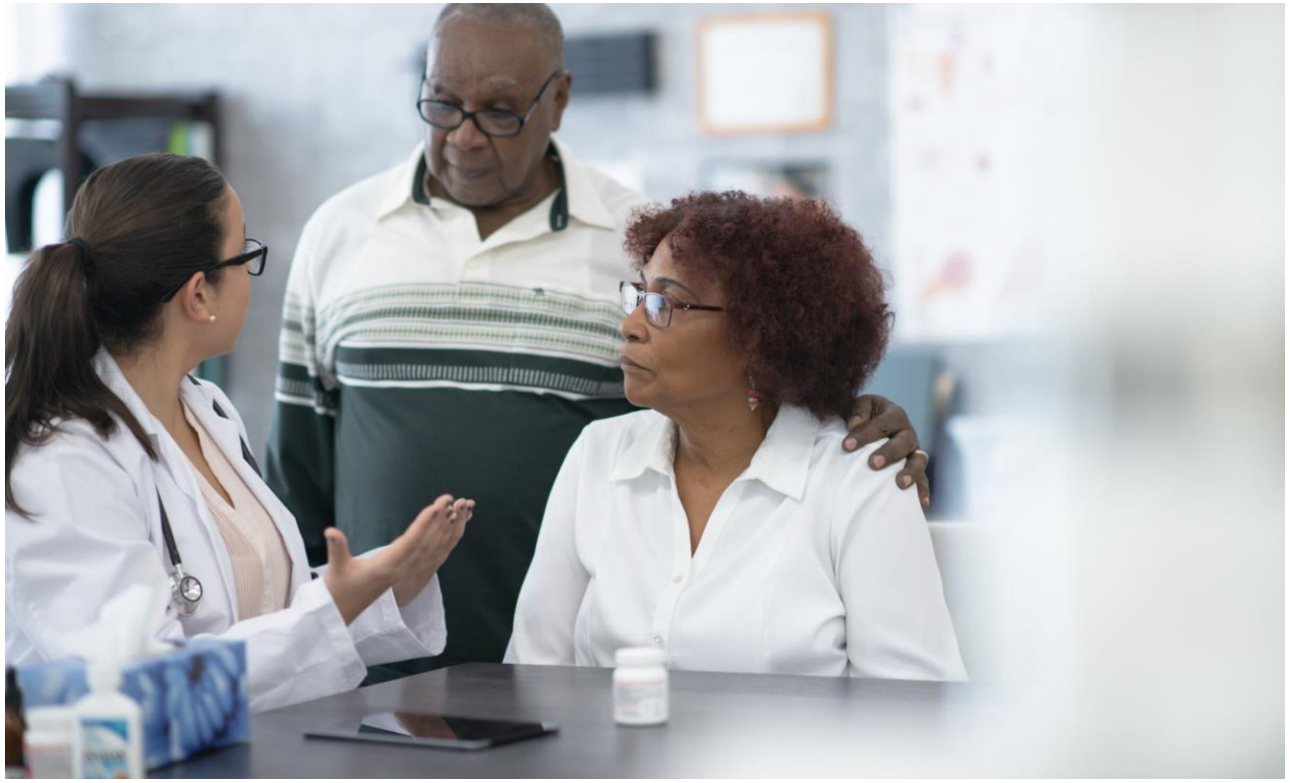
Apathy/Indifference



- Lack of interest in usual activities or previous interests
- Can be very distressing to families and a big change in previous personality
- Examples
  - "Wants to stay in bed all day"
  - "Doesn't want to do anything"
  - "Doesn't appreciate anything I do"

Apathy/Indifference: Management

- Educate families
  - "It's important to realize that it's the disease progression, not your caregiving, leading to the gradual narrowing of your mom's world. Your understanding and support are truly valuable to her care."
- Active engagement from families
  - “It’s no longer okay to expect your dad to shower properly on his own”
- Often challenging to treat



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Elation/Euphoria

- Rare
- Feeling too good or excessively happy for no reason
- Seems “high on something”
- Examples
  - Singing
  - Dancing
  - Laughing (even if family has bad news)

Elation/Euphoria: Behavioral Modifications

- Educate families
- Bothersome versus annoying
- Avoid situations that puts the patient in a bad position:
  - Funerals
  - Church
  - Movie theaters

Disinhibited Behaviors

- Behaviors that are inappropriate
- Hurtful comments or cursing
- Overtly friendly behavior (can be toward children)
- "No filter"
- Inappropriate comments to family or strangers
- Can be problematic in public (going outside naked or public urination)
- Sexual disinhibition

Sexually Disinhibited Behaviors

Presentation

- Disrobing in public
- Exposing genital areas
- Delusions of spousal infidelity
- Overt or offensive sexual behaviors (public masturbation)
- Intimidating sexual behavior
- Pursuing pornographic material (magazines or videos)

Disinhibited Behaviors: Modifications

- Identify and avoid triggers
- Be firm
- Sexual disinhibition
  - Educate families and caregivers
  - SSRI often beneficial

Sexually Disinhibited Behaviors: Modifications

- Socialization and patient engagement (adult day care)
- Use patient clothing that opens in the back
- Allow for privacy
- Caregivers
  - Wear appropriate clothing (scrubs) and maintain professional behavior
  - Call the PLWD by their preferred name. Avoid using terms as honey, sweetie, etc.
  - Hire caregivers who are opposite of the patient's preferred gender
- Verbally reinforce their options for emergent situations (911)

Irritability

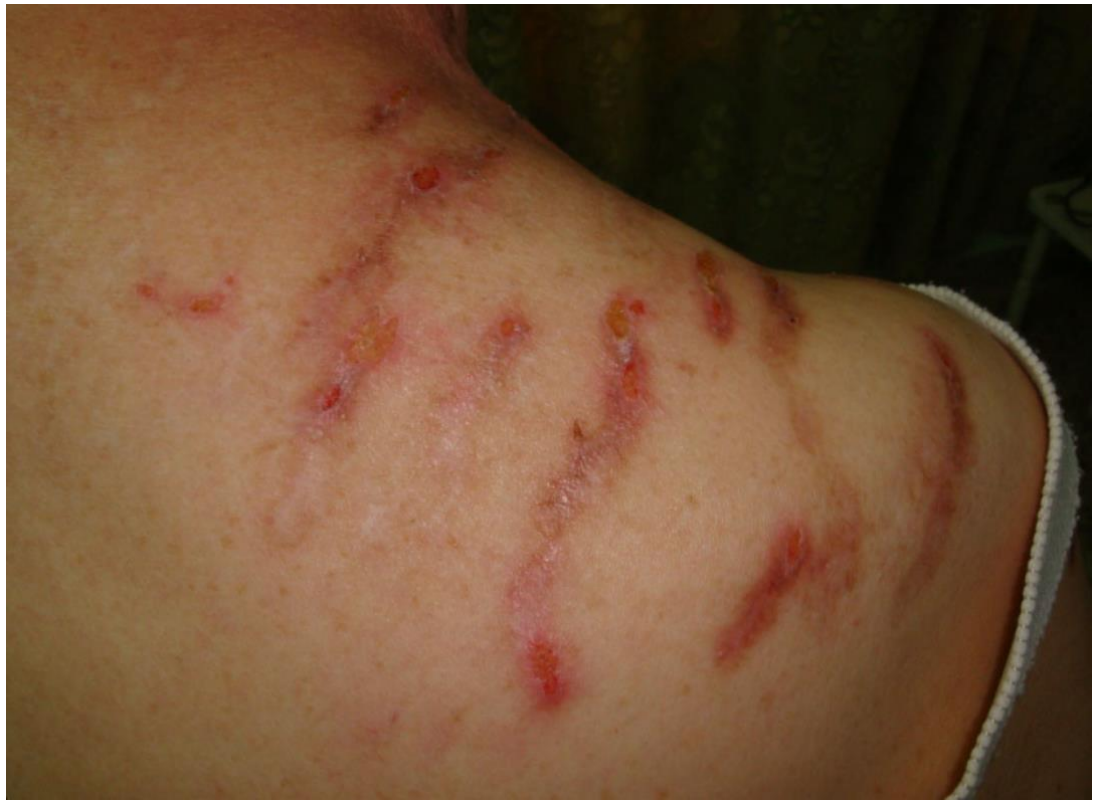
- Impatient with delays
- Medical appointments
- Cranky
- Short-tempered

Irritability: Behavioral Modifications

- Identify and avoid triggers
- Caregivers should prepare ahead of time for known appointments
  - Prepare medications, clothing, food, snacks, etc.
  - Driving directions
  - Know where to park
  - Anticipate delays
- Telemedicine Appointments

Motor Disturbances

- Falls
- Pacing
- Dysphagia
- Neurotic excoriations
- Trichotillomania



Motor Disturbances: Behavioral Modifications

- Fall Precautions
    - Home safety (nightlights, secure rugs with double sided tape, shower handles, entrance ramps)
- Aspiration Precautions
- Speech and physical therapy

Sleep Disturbances

- Affects 25-50% of all PLWD, often gets worse when disease progresses
- What is insomnia?
  - Difficulty falling asleep >30 mins
  - Problems maintaining sleep (frequent awakenings)
  - Difficulty going back to sleep
  - Early morning awakenings
  - Daytime-nighttime reversal
  - Nightmares

Usual Causes of Sleep Disturbances

- Daytime napping
- Lack of physical exercise
- Immobility or prolonged periods in bed
- Lack of daytime activities
- Caffeine intake (coffee, tea, soda)
- Alcohol intake
- Irregular sleep schedule
  - Going out of town
  - On vacation
  - Plane rides
- Poor sleep hygiene

Sleep Hygiene: Behavioral Modifications

Medical issues: Address pain, depression, anxiety, etc.	Abstain from "screen time" at least 1 hour prior to sleeping (phones, television, tablets)	Avoid reading e-books or tablets with light-emitting device.	Only use the bed for sleeping
Sleep only in your bedroom	No television watching in the bedroom. Turn off TV when it's time to sleep	Play soothing noise while asleep (white noise)	Physical environment (temperature, noise level, etc.)

Sleep Hygiene: Diet

Snacks	If hungry, have a light snack before bed (unless there are symptoms of GERD or it is otherwise medically contraindicated), but avoid heavy meals at bedtime.
Abstain	Abstain from alcohol or illicit substance use
Avoid	Caffeine or stimulant consumption (coffee, tea, chocolate and cola drinks) after early afternoon
Avoid	Large meals and limit fluids close to bedtime

Sleep Hygiene: Daily Routine

- Maintain a daily routine (go to bed and get up at the same time each day)
- Get out of bed at the same time each morning regardless of how much they slept the night before
- only get into bed when you are sleepy and not because it's bedtime. If you cannot sleep within 20 minutes, get out of bed.
- Keep bedroom cool, quiet, and dark
- Warm showers or drinking warn liquid
- Spend time relaxing before going to bed
- Decrease or eliminate naps, unless necessary part of sleeping schedule
- Consider bladder training
- Don’t use bedtime as worry time
    - Caregivers: Avoid discussing issues that might upset the PLWD at night

Appetite Changes

- Weight loss
- Weight gain
- Preferences for sweets/carbs
- “He only wants to eat _____ all the time”

Appetite Changes: Behavioral Modifications

Weight loss or weight gain

- Work up or monitor?
- Caregiver supervision

Weight Loss: Offer food rich in calories first (peanut butter, olive oil, avocado)

Caregiver supervision of caloric intake

Supplementation (Boost, Ensure, etc.)

Goals of Care Discussion

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Back to Mrs. Johnson: Care plan

- Safety
  - House alarm
  - Apple watch
  - Remove knives from home
- Caregiver education (daughter Melissa)
  - Disease process and progression
  - Identifying triggers and behavioral modifications
- Caregiver counseling with a LCSW to assist with coping mechanisms and self-care
- Part-time caregiver
  - Additional part-time caregiver for daily walk and senior center two times per week
  - Weight loss: Mrs. Johnson "helping" caregiver with food preparation.
  - Three meals per day with an afternoon snack
- Medications
  - Increased to sertraline 100 mg over two months

Revisiting the NPI-Q

Initial Assessment

- Delusions: 3, 5
- Agitation and Aggression: 3, 5
- Anxiety: 3, 5
- Disinhibition: 3, 5
- Irritability: 3, 5
- Appetite: 2, 4
    - Severity: 15
    - Caregiver Distress: 24

3 Months After Initial Assessment

- Delusions: 1, 2
- Agitation and Aggression: 2, 3
- Anxiety: 1, 2
- Disinhibition: 2, 2
- Irritability: 1, 3
- Appetite: 2, 2
    - Severity: 9
    - Caregiver Distress: 14

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Dementia Mini-course

- An evidence-based, practical, and functional approach to the comprehensive care of older adults

PROCESS OF PARTICIPATION

Recorded videos can be viewed on the DCA website

TIME COMMITMENT:

1 hour to 7 hours

TARGET AUDIENCE:

- Geriatricians
- Internists
- PCP and family medicine clinicians
- Hospitalists and intensivists
- Pharmacists
- Other interested healthcare providers

FEE

Free of charge

CME CREDITS

1 CME credit for 1 hour

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ADC ECHO Series

- Connects dementia care experts with health care teams from community-based settings in a free continuing education series of interactive, case-based video conferencing sessions.

Process of participation:

Sign up for free by emailing the Alzheimer's Association

rbgoldberger@alz.org

Time commitment:

an ECHO series lasts six months with a bi-weekly meeting. Each ECHO topic is 1 hour long

Target Audience:

Health care providers who would like to better understand Alzheimer's and other forms of dementia and emphasize high-quality, person-centered care

Fee:

Free of charge

CME Credits available:

1 CME credit for 1 hour

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Resources

- Free Resources: UCLA ADC Program Caregiver Videos: https://www.uclahealth.org/medical-services/geriatrics/dementia/caregiver-education/caregiver-training-videos

English

Spanish

- Caring for a Person with Alzheimer's Disease (NIH)
  - Available in English and Spanish
  - https://order.nia.nih.gov/publication/caring-for-a-person-with-alzheimers-disease-your-easy-to-use-guide

- Alzheimer's Association caregiver Tip Sheets
  - Available in English, Spanish, Tagalog, Chinese, and Japanese
  - https://www.alzheimersla.org/for-families/caring-for-a-person-with-memory-loss/caregiver-tip-sheets/

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ADC Dissemination

ADC partners with community-based organizations (CBOs) to provide comprehensive, coordinated, person-centered care for patients with Alzheimer's and other dementias. The program aims to maximize patient function, independence, and dignity, minimize caregiver's strain and burnout, and reduce costs through improved care.

Process of participation:

Fill out an interest form

https://www.adcprogram.org/interest-form

to schedule a call with the team

Time commitment:

UCLA will provide support for two years to implement

Target Audience:

- Academic and Non-academic health centers
- Health Plans
- CBO
- Medical groups
- VA facilities
- CCRCs
- PACE

Fee:

Through DCA, the $50,000 fee is waived for the first 8 sites

CME Credits available:

N/A

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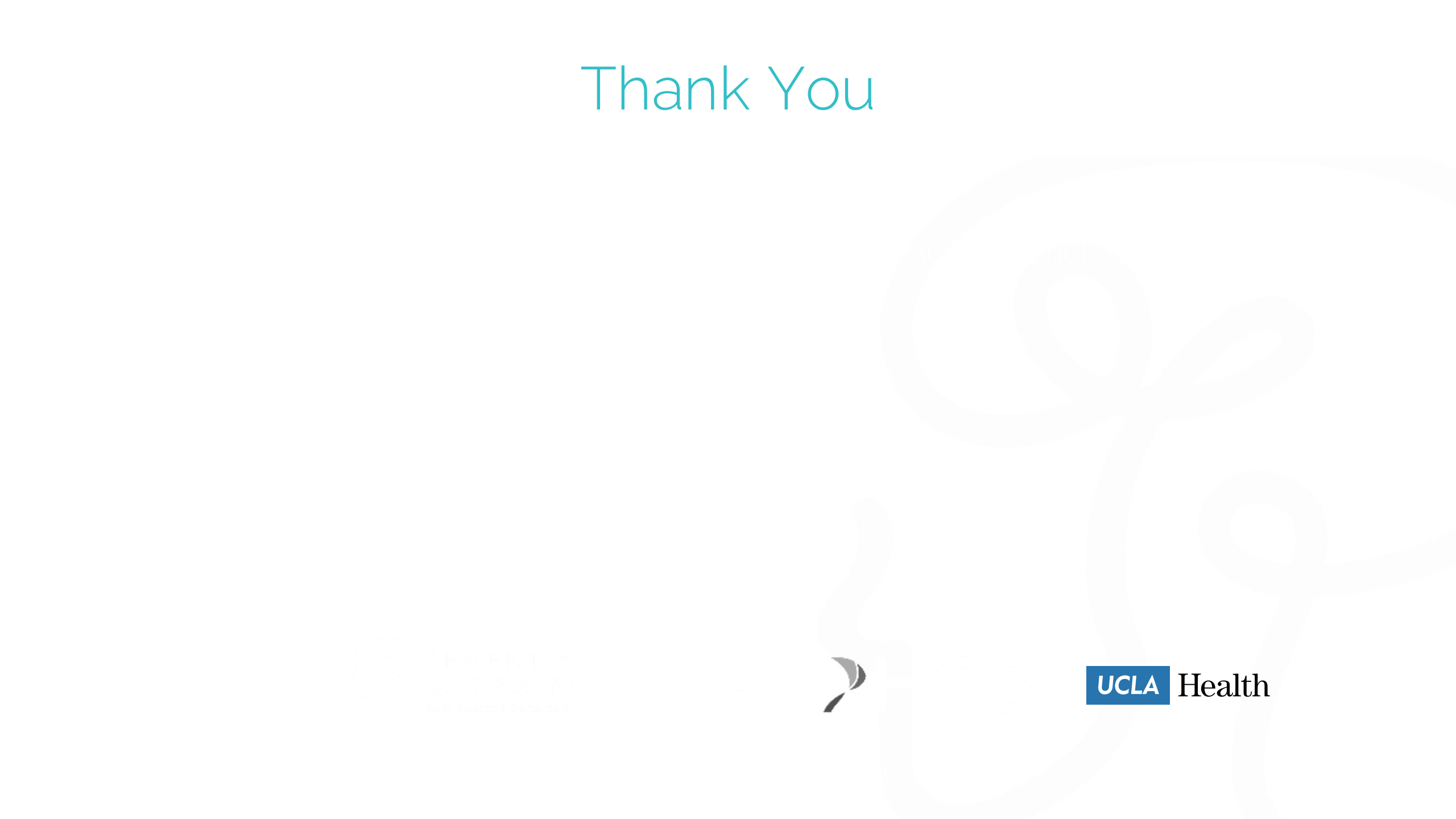
Thank You



Have more questions? Get answers through our warmline @ **1-800-933–1789** or our support page.

Here are some examples.

What do I prioritize after a positive CHA?

Is the CHA covered for patients over age 65 who have Medicare, but not Medi-Cal?

Can I use the CHA for a patient with limited literacy?

Open your phone camera and scan the QR code to submit questions:

Or visit: www.dementiacareaware.org

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How to claim Continuing Medical Education (CME) credit

Step 1. Please complete our evaluation survey using the link provided in the chat and a follow-up email after the webinar. For this activity, we provide CME and California Association of Marriage and Family Therapists (CAMFT) credits. Please select the correct link based on the credit type you are claiming.

Step 2. Upon completing the evaluation survey, please scan a QR code or link to claim credit:

- Use your phone camera to scan a QR code and tap the notification to open the link associated with the CME portal.
- Enter your first name, last name, profession, and claim **1 CE credit** for the webinar.

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