

PROMISING PRACTICES TO REDUCE THE USE ANTIPSYCHOTIC MEDICATIONS

Oftentimes, residents in long-term care facilities need to communicate unmet needs, but have lost the ability to do so due to dementia, aphasia or other cognitive issues so they may become agitated, combative, or have experience a dramatic change in behavior. Rather than prescribing unnecessary medications to change the residents' "behavior," caregivers must identify and address the underlying issue the resident is trying to communicate. The following chart highlights some of the primary mental, physical and psychosocial issues that should be considered as potential underlying causes of significant changes in resident behavior and some techniques to meet those needs. Many providers have successfully reduced the use of unnecessary medications (including antipsychotics) using some of these alternatives. The purpose of this document is to provide a brief introduction and overview of potential needs residents with cognitive issues may try to communicate and ways to meet their needs, but **this is not a comprehensive list**. We encourage you to share successful alternatives, best practices and resources with us so we can continue to expand our educational materials.

PAIN

Residents with cognitive impairments may not be able to tell caregivers when they are in pain. If a resident has a change in behavior caregivers must evaluate to see if the resident is in pain. There are pain assessment tools, such as PAINAD (Pain Assessment in Advanced Dementia) that will assist caregivers in recognizing behaviors typical of residents with dementia that may not normally be associated with pain. PAINAD has the following pain indicators (ADvancing Care, March/April 2012, www.alznyc.org/LTC) :

- **Breathing:** periods of hyperventilation, noisy, labored breathing
- **Negative vocalization:** crying, loud moaning or groaning, wails or laments
- **Facial expression:** very distressed look on face, may squeeze eyes shut
- **Body language:** the person holds themselves rigidly, or pulls or pushes, hits, kicks or grabs others
- **Consolability:** the person is visibly upset, and cannot be soothed or comforted

Resources/Best Practices

ADvancing Care. Alzheimer's Association New York City Chapter. March/April 2012.
<http://www.alznyc.org/nyc/advancingcare/marapr2012.asp>

Efficacy of treating pain to reduce behavioural disturbances in residents of nursing homes with dementia: cluster randomised clinical trial. Bettina S Husebo, Clive Ballard, Reidun Sandvik, Odd Bjarte Nilsen, Dag Aarsland. 2011.
http://www.bmj.com/highwire/filestream/386556/field_highwire_article_pdf/0?sid=249d83a1-9de2-4bf3-b500-20df1bec4495

PERSON-CENTERED CARE (Individualized care)

Person-centered care means providing individualized care based on the resident's needs, preferences and routine. Personalizing care for residents with cognitive impairments enhances the quality of care and life of the resident and may prevent changes in behavior and the use of psychotropic medications. **Comfort care or palliative care** is one example of person-centered care and "focuses on relieving pain and other distressing symptoms including agitation, anxiety, poor appetite, loneliness, and boredom" (Encouraging Comfort Care Guide- see below).

Resources/Best Practices

Bathing Without a Battle: Person-Directed Care of Individuals with Dementia, Second Edition. Ann Louise Barrick, PhD, Joanne Rader, RN, MN, PMHNP, Beverly Hoeffler, DNSc, RN, FAAN, Philip D. Sloane, MD, MPH, Stacey Biddle, COTA/L. 2008. http://www.springerpub.com/product/9780826101242#.UD_VAVaeLwk

Beatitudes Campus, Arizona: Vermillion Cliffs, the memory support unit of this community, was featured in the December 31, 2010 New York Times article, *Giving Alzheimer's Patients Their Way, Even Chocolate*.

Article: <http://online.santarosa.edu/homepage/mvercoutere/ALZ.pdf>

Beatitudes Dementia Training Program: <http://www.beatitudescampus.org/aging-research-and-training/palliative-care-for-advanced-dementia-program/>

Encouraging Comfort Care: A Guide for Families of People with Dementia Living in Care Facilities

http://www.alzheimers-illinois.org/pti/comfort_care_guide.asp

Ecumen, Minnesota: Ecumen's Awakenings program was featured in a December 4, 2010 article in the Minneapolis Star Tribune, *Nursing Homes Are Seeking to End the Stupor*.

Article: <http://www.startribune.com/lifestyle/111326224.html?refer=y>

Awakenings program: <http://www.changingagingblog.org/posts/view/1343-reducing-antipsychotic-medications-in-nursing-homes-ecumen-awakenings-initiative/>

Finding alternatives to potent sedatives: Nursing homes increasingly take new tack in dealing with dementia. Kay Lazar. 2012.

http://www.boston.com/lifestyle/health/articles/2012/04/30/finding_alternatives_to_potent_sedatives/

SENSORY STIMULATION

In seeking the underlying cause for a significant change in behavior caregivers should consider whether the resident has enough sensory stimulation or if a resident will respond positively to alternative treatments prior to administering medications. Resources for a few types of therapies are below:

Animal-Assisted Therapy

How Animal Therapy Helps Dementia Patients: <http://www.everydayhealth.com/alzheimers/how-animal-therapy-helps-dementia-patients.aspx>

Dance/Movement Therapy

American Dance Therapy Association: <http://www.adta.org/resources/Documents/Info-Sheet-DMT-Alzheimer-s-with-Resource-Bib.pdf>

Chicago Bridge: <http://www.thechicagobridge.org/dancing-through-dementia-benefits-of-dancemovement-therapy/>

Music Therapy

Alzheimer's Association: <http://www.alznyc.org/nyc/advocatecare/julyaugust2012.asp>

Alive Inside (documentary): <http://www.ximotionmedia.com/>

Sensory Stimulation

Sensory Stimulation in Dementia Care:

http://www.sld.cu/galerias/pdf/sitios/rehabilitacion-adulto/sensory_stimulation_in_dementia_care.pdf

Christian Care Centers (Texas)- Snoezelen room for sensory stimulation: <http://www.wfaa.com/news/health/Garland-facility-uses-Snoezelen-rooms-to-relax-Alzheimers-dementia-patients-118682054.html>

St. Leonard Franciscan Living Community (Ohio)- Facility uses Behavior-Based Ergonomics Therapy (BBET) program: <http://www.itlmagazine.com/article/engaged-and-transformed>

Touch Therapy

The effect of therapeutic touch on behavioral symptoms of persons with dementia.

<http://www.ncbi.nlm.nih.gov/pubmed/15712768>