Date: Sept 17, 2019

PLEASE NOTE that Project ECHO® Care of the Elderly case recommendations do not create or otherwise establish a provider-patient relationship between any ECHO Care of the Elderly Hub team member/presenters and any patient whose case is being presented in a Project ECHO® setting.

All resources are posted in the COP website, under Long-Term Care Resources "Session 02: Responsive Behaviours – Sep 17 2019". You must be logged in to view the resources.

Case Synopsis:

An 88 y.o. female with a 5 year history of dementia with significant anxiety, aggressive behavior and inappropriate language with staff. Recently has delusional thoughts and often not taking her medications. Interventions tried: 1:1 support staff, music therapy, recreational activities with temporary benefit. POA is resistive to pharmacological interventions due to side effects.

Questions:

1. What management strategies (non-pharmacological and pharmacological) have you found effective in dealing with such symptoms in patients with dementia?

2. What strategies have you found beneficial in speaking to families and getting their "buy in" to using medications to deal with such symptoms when non pharmacological strategies alone are not effective?

3. How would you advise managing this in case of an acute situation where the patient becomes agitated and distressed to the point where they are risk to themselves in a nursing home?

Summary of Recommendations:

Non-Pharmacological interventions:

1. Provide caregiver/family support to daughter (POA). Recommended programs include the First Link® Program and Montessori Dementia Program
2. Provide a simulated presence of the daughter through video recording, memory books, talking photo albums of family and daughter.
3. Consider room relocation to minimize potential environmental triggers of responsive behaviours.
4. Help gain consent from family by discussing the distress of the resident. Use descriptive language to portray this distress, such as, 'suffering'.
    a. Seek permission to ethically record instances of responsive behaviours to convince family of the occurrence of these behaviours.
5. Consider potential unmet needs of the resident with a thorough assessment of the resident's pain status, urinary tract infection, or constipation.
6. Non-pharmacological aids in sleep: melatonin, and lavender oil (aromatherapy)

Pharmacological interventions:

1. Medications review using PIECES framework. Discontinue some medications, examples include:
    a. Sertraline
    b. Senokot – if not constipated, consider discontinuing as side effects can cause abdominal pain and discomfort.
    c. Vitamin
2. Replace Sertraline with Citalopram to treat mood related symptoms and psychosis.
    a. Note: Citalopram has cardiac adverse effects of QT prolongation and will need to evaluate benefit to risk of using SSRI with history of atrial fibrillation
3. Start low dose of an atypical antipsychotic, such as, Risperidone 0.25g and monitoring effects before increasing dose. (Note: Follow Health Canada Recommendations).
4. Treating acute agitation PRN – if the resident's behaviour is perceived to be a danger to themselves or to others, lorazepam can be administered either orally or intramuscularly depending on how the situation is escalating.
    a. Olanzapine is an alternative medication for acute agitation.

Resources:

1. Alzheimer Society Canada – First Link® Program: https://alzheimer.ca/en/Home/We-can-help/Resources/For-health-care-professionals/first-link
2. Montessori Dementia Program: https://www.montessoridementiaprogram.com/