

Curbside Consultation

Peer to peer consultations facilitated by dementia care experts



Seniors Health
Strategic Clinical Network

Repetitive Vocalizations

Case study

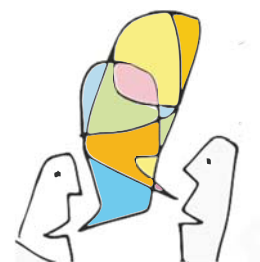
A 77 year old woman developed a variety of behaviours after a diagnosis of Pott's Puffy Tumor (frontal lobe) in April 2015. She recently moved to a secure unit. Her diagnoses include anemia, anxiety, asthma, cardiomegaly, CVA, COPD, depression, Type II diabetes, hiatal hernia, hypothyroidism, osteoarthritis, peripheral vascular disease and atrial fibrillation.

Behaviours include repetitive verbalizations mostly around meal times, physical aggression, wandering and social inappropriateness. The repetitive verbalizations include constant and offensive profanity for extended periods of time, resulting in other residents threatening her.

Attempted strategies

- Change of environment: moved to secure unit and was initially better but within 2 weeks her behaviours returned and escalated.
- Redirecting the resident to low sensory areas: rarely successful.
- Serving meals in her room: rarely successful.
- Changing medications: discontinued antipsychotics – no change, so they were restarted
- Family involvement: using resident history to redirect – i.e. her farm, children & husband. Unfortunately this occasionally led to the resident becoming upset, as her husband passed away, her son committed suicide and she feels alone.
- Counselling services – i.e. trying to find the root cause of her anger, frustration, etc.
- Volunteer services – most volunteers do not feel comfortable, as the resident is unpredictable and has physically and verbally lashed out.

Repetitive Vocalizations ... continued



- Inspirational/religious music, she is a woman of faith: this sometimes settles agitation.
- Resident enjoys reading, so reading materials of interest have been placed in her room and at her dining seat – there has been limited success with this strategy.
- Consult with continuing care psych team who made several of the recommendations we tried as well as changes to medications.

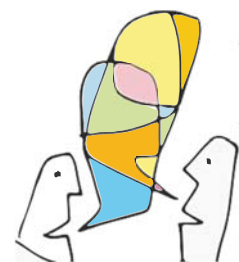
What would the care team ask that the participants focus on?

- We want to know how to support the resident and the team in dealing with these behaviours.
- How can we provide optimal care, considering her diagnosis?

Medications

Medication	Class of medication and why prescribed	Possible side effects related to responsive behaviours	Anti-cholinergic
Advair 500 Diskus bid	Bronchodilator and steroid to relax the airways, used for asthma	Confusion headache, cough, blurred vision, bone pain, nausea/vomiting, throat irritation, hoarseness, stuffy nose	yes
Acetaminophen 325mg tid	Analgesic used to treat mild to moderate pain	Dizziness, ringing in the ears. Bitter tasting when crushed.	
Citalopram 20mg daily	Antidepressant (SSRI)	Dizziness, drowsiness, weakness, blurred vision, tunnel vision, headache, anxiety, feeling shaky, insomnia, sweating	yes
Folic Acid 1mg daily	B vitamin helps the body build and maintain new cells	Anorexia, nausea, flatulence, bitter taste, sleep disturbances, lack of concentration, irritability, anxiety, depression, confusion	
Laxative SF 3.4g/5.8g bid	Laxative used for constipation	Cramping, loose or urgent BMs	
Relaxa PEG 3350 Powder 17g bid	Stool softener for constipation, retains water in the stool	Cramping, loose or urgent BMs	

Repetitive Vocalizations ... continued



Bisoprolol 2.5mg daily	Antihypertensive used to lower blood pressure	Fatigue, dizziness, hypotension, insomnia, anxiety, depression, restlessness, joint pain, nausea, headache, masks symptoms of low blood sugar and hyperthyroid	yes
Spiriva 18mcg daily	Control wheezing and shortness of breath due to lung disease	Dry mouth, constipation, dizziness	yes
Synthroid 175mcg daily	Thyroid hormone replacement for hypothyroid conditions	Fatigue, dizziness, heat intolerance, racing heart, difficulty swallowing, pain in arms/jaw/back/neck, tremors, headache	
Quetiapine 12.5mg bid @ 1000 & 1600 plus 25 mg bid PRN	Antipsychotic medication used to manage responsive behaviours	Dizziness, drowsiness, fatigue, upset stomach, sore throat, muscle stiffness, tremors	yes
Trazodone 12.5mg bid @ 1000 & 1600	Antidepressant used to manage responsive behaviours (pharmacologic restraint)	Confusion, agitation, insomnia, diarrhea or constipation, dizziness, drowsiness, tiredness, blurred vision, headache, muscle pain, bad taste, dry mouth	yes
Fluticasone Nasal Spray 50mcg, OD	Corticosteroid used to treat nasal symptoms	Nasal dryness, nausea, vomiting, eye pain, facial pain, nosebleeds, sore throat	yes
Methotrexate 10mg weekly	Disease modifying agent used to treat autoimmune diseases not responding to traditional treatment	Mental foginess, fatigue, mouth sores, nausea, diarrhea, stomach pain, swelling in legs/feet, blurred vision, confusion, cough, drowsiness, bruising or bleeding	
Lantus SoloStar Pens, 13 units @ 0800 and 16 units @ 2100	Insulin to treat high blood sugar	Irritation with daily injections, potential hypoglycemia	
Coumadin (as per weekly INRs)	Anticoagulant for atrial fibrillation	Nausea, stomach/abdominal pain, unusual bruising, blood in the urine, feeling cold	yes
Imovane 7.5mg daily at hs recently started, assess in 14 days	Central nervous system depressant used to treat insomnia	Confusion, falls, agitation, dizziness, trembling, tingling/burning sensation, rapid heart rate, nausea, dry mouth, bitter taste in mouth, appetite changes	

Repetitive Vocalizations ... continued



Voltaren Emulgel 1.16% - apply to affected areas bid	Non-steroidal anti-inflammatory to relieve pain and reduce inflammation	Skin rash, blisters, itching, redness, sensitivity to the sun	
PRN Ventolin 100mcg, 1 to 2 puffs QID prn	Bronchodilator, relaxes muscles in the airways; used for COPD	Confusion & misunderstanding about how & why. Nervousness, shakiness, dizziness, rapid heart rate	
PRN Lorazepam Injection/PO 4mg every 4 hours	Benzodiazepine used to treat anxiety	Drowsy, dizzy, loss of coordination & balance, blurred vision, changes in mood or behaviour, sleep problems, muscle weakness, restlessness. Anxiety about getting an injection.	yes

Ideas suggested by Alberta LTC teams

Resident assessment/evaluation

- Evaluate and de-prescribe medications; she's on 9 drugs with anticholinergic properties, and a total of 19 medications. 5 or more medications puts her at risk for delirium, 4 or more puts her at risk for malnutrition.
- Re-evaluate tumor, pain, depression.
- Review Lantis: She is only on long acting insulin – are pre-meal blood sugars higher than 12, or is she symptomatic with high blood sugar? See Canadian Diabetes Association recommendations <http://guidelines.diabetes.ca/browse/Chapter37> .
- Is on 5 meds with sedative properties; evaluate and reduce. Quetiapine doesn't work for vocalizations; behaviour didn't change when discontinued, why restart? Too many sedatives can cause or worsen repetitive vocalizations and also worsen breathing.
- Medication review for atrial fibrillation: current or past issue? Goals of care, benefits versus risks. Beta blocker interferes with melatonin (insomnia, anxiety and headache).
- Lab tests: recent thyroid levels, blood sugar levels: is blood sugar too tightly regulated?
- Sleeping patterns? Does a poor sleep translate into behaviour escalation the next day?

Patient Centered strategies

- Consult with her family re likes and dislikes, are they comfortable visiting, do they need support?
- Are her dentures fitting well?
- Would she do better with a change in roommates or table mates in the dining room?
- Toileting schedule
- Sing with her to break up the vocalizations/distract her
- Light massage to the back and shoulders
- Validation that she seems frustrated, "I'll give you a little time now", try to engage later
- Is she able to express herself? Try sitting down with her and ask what she would like

Repetitive Vocalizations ... continued



Alternate strategies

- Listening to talking books such as the Bible or stories she likes
- Request 1:1 visitor from her church, perhaps for Bible studies

Site Specific strategies

- A quiet area she can be directed to
- Strategies to support the staff

Staff education and resources

- Sunnybrook Veterans Centre: <http://sunnybrook.ca>
 - [Responding to Behaviours Due to Dementia](#)
- Pott's puffy tumor <http://www.ncbi.nlm.nih.gov/pubmed/19098585>
- Care Support Services: <http://thecaresupport.com>
 - [Repetitive-behaviors-and-the-frustration-they-present-to-the-dementia-caregiver/](#)
- Rx files: <http://www.rxfiles.ca/rxfiles>
 - [Behaviour Management in Dementia, Where do Antipsychotics Fit?](#)
- Canadian Diabetes Association <http://guidelines.diabetes.ca/browse/Chapter37>

Curbside Consultation info

The Appropriate Use of Antipsychotics (AUA) team hosts monthly peer to peer call-in meetings to discuss specific challenges related to care of persons with dementia. A case study is prepared in advance and sent out to care teams on our contact list. During a call on the third Wednesday of each month, care teams share their expertise. The case study and suggested strategies are summarized and shared or later used for staff education.

If you have a topic or resident case study you'd like help with, or would like to be on our e-mail list, contact:
AUA@ahs.ca