Curbside Consultation

Peer to peer consultations facilitated by dementia care experts

Alberta Health Services

Seniors Health Strategic Clinical Network

The Over-protective Resident

Case study

And 81 year old male living in secured unit in LTC since November 2015 has diagnoses of Alzheimer's dementia with aphasia (receptive and expressive), hypertension and depression. He grew up on a farm and worked in the oilfields while he trained as an engineer for oil and gas. He is married and has two children; his wife is his decision maker. He was an avid golfer and enjoyed spending time with his Oil Executive friends.

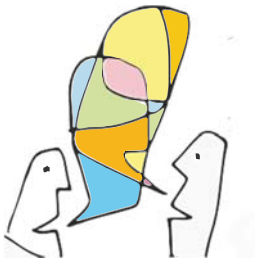
Behaviours:

Protection of other residents: He was in a semiprivate room and chased the staff out of the room when they came to assist his roommate. He entered a room of another resident while she was having care and shook his fist at the staff members. He guarded two female residents in the lounge, blocking staff from giving them lunch. He followed a female resident until she became so upset she cried. When staff tried to intervene he swung repeatedly at their faces, trying to strike them.

Attempted strategies

- Staff follow his cues closely and if he refuses they re-approach later.
- A HCA he trusts gives his pills one at a time, some meds are crushed in cranberry juice.
- At meals the staff cue his table mate and he follows along with his friend. They make sure he has plenty of time to eat.
- He is bathed with his wife standing next to the tub holding his wallet, change purse and comb where he can see it.
- His clean clothes are laid out for him in his room. Items for the laundry are removed when he's not present.
- Recreation has supplied activities such as a VCR to work on & a wooden box to sand and paint. He does not like to be given directions; he works on a project for 10 minutes at a time.

The over-protective resident … *continued*



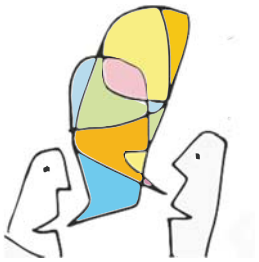
What would the care team ask that the participants focus on?

- Did the medication changes cause the behavior changes?
- Some alternate ideas for keeping him and the other residents on his unit safe.

Medications

Medication	Class of medication and why prescribed	Possible side effects related to responsive behaviours	Anti-cholinergic
Amlodipine (Norvasc) 5 mg daily	Calcium channel blocker used to treat high blood pressure and prevent angina	Hypotension, dizziness, fatigue, stomach pain, nausea, flushing	
Calcium Carbonate 1250mg daily	Calcium supplement		
Valsartan (Diovan) 320mg daily	Angiotensin II Receptor antagonist used to treat high blood pressure	Confusion, low urine output, dizzy, fainting, lightheaded, increased thirst, loss of appetite, nervousness, fatigue, weight gain, coughing	
Vitamin D 1000 units daily	Vitamin Supplement		
Galantamine 8 mg daily	Cholinesterase inhibitor to treat mild to moderate dementia	Decreased appetite, heartburn, indigestion, feeling generally unwell, muscle spasms, insomnia, drowsy, lightheaded, shortness of breath, urinary incontinence	
Cipralex 15mg daily	Antidepressant (SSRI), treats anxiety and obsessive disorder	Insomnia, drowsy, fatigue, heartburn, loss of appetite, agitation and restlessness. Recommended maximum daily dose for seniors is 10 mg.	yes
Trazadone 25mg q am	Antidepressant used to manage responsive behaviours (pharm. restraint)	Drowsiness, confusion, dizziness, agitation, insomnia, tiredness, blurred vision, headache, muscle pain, dry mouth	yes

The over-protective resident … *continued*



Ideas suggested by Alberta LTC teams

Resident assessment/evaluation

- **What medications were changed and what were the behaviour changes?**
    - We decreased the Cipralex from 20 mg to 10 mg but his wife noted some additional irritability and so his dose was increased to 15 mg.
    - We decreased the Galantamine on May 25th and noted his behaviour went from eloping to being over-protective of other residents.
- **Was his behaviour helped when he started on Trazadone**?
    - He was transferred from the unit before we could determine if this was helping.
- **Review of medications:** a complete medication review is often beneficial, with the aim of reducing un-necessary medications. The Galantamine increases acetylcholine; the Trazadone and Cipralex decrease acetylcholine, together they may cancel each other out. The Galantamine increases risk of urinary incontinence; staff will no longer be able to handle this client as soon as he becomes incontinent. This is not an easy case, and there are many challenging factors to weigh.
- **Pain Assessment**: the wife did not feel he was in pain.

Person centred strategies

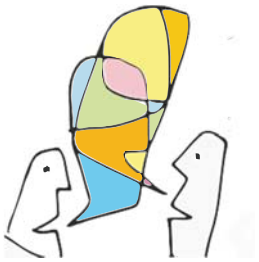
- Assign a male caregiver. (The site has only one male caregiver on staff)
- Recreation therapy assessment to determine activities that may be of interest: watering the garden, raking grass/leaves, things he might have done around his own home, pet therapy (farmers tend to respond well to pet therapy), set up a mini golf area for putting, provide a notebook and pen so he can take notes for the staff, invite him to post stock prices (especially for oil) on the unit, provide the newspaper, give him checklists to complete.
- With his tendency to be over-protective: doll therapy, work with/follow the maintenance staff, give him a project or task that he can supervise.
- Communication is a main issue with this resident; we have used flash cards or a white board to help communicate with this kind of resident with some success.

Site specific strategies

- Residents often respond well to staff in plain clothing instead of uniforms
- Unit meeting and care planning session
- Non-violent crisis intervention training

***Update on this case study:** This resident was transferred to an MDE unit at Bethany Calgary after he became incontinent, as his behaviour became violent with continence care. See Curbside Consultation “Managing Aggression on a Specialized Dementia Unit”.

The over-protective resident … *continued*



Staff education and resources

- AUA toolkit
  - Meaningful Activities
  - Care Planning to Prevent Responsive Behaviours
- Alzheimer's Society of UK: https://www.alzheimers.org.uk
  - Communicating
- Vancouver Coastal Health Geropsychiatric Education Program
  http://geropsychiatriceducation.vch.ca/downloads.htm
  - Tips for Successful Communication
  - Strategies for Improving Communication
  - 5 Common Responsive Behaviours & Care Strategies.
- Crisis Prevention Institute (CPI): Non-Violent Crisis Intervention http://www.crisisprevention.com/
- RxFiles: http://www.rxfiles.ca/rxfiles
  - Dementia Overview: Cognitive & Behavioural Treatment

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