Curbside Consultation

Peer to peer consultations facilitated by dementia care experts

Alberta Health Services

Seniors Health Strategic Clinical Network

The Resident Who Screams

Case study

A 72 year old female has diagnoses of dementia, optic nerve atrophy, irritable bowel syndrome and history of a TIA and DVT. In February 2016 she went to hospital for treatment of a DVT and waited in hospital until her placement in May 2016. Prior to her hospitalization she lived at home with her husband who is her primary caregiver; she was continent and independent with walking. After hospitalization she was unable to walk and is no longer continent. She sits up in a Broda chair during the day. She has a catheter and her bowel movements are regular on her current bowel regime.

While in hospital, she began to scream. She screams loudly and piercingly; the screaming can be heard throughout the unit and on the unit next door. She screams for hours at a time when she is alone, when out with other residents and with staff. When asked why she is screaming, sometimes she says she is in pain, once she said she was singing, usually she can't explain why. Often she can't be comforted. She has scared away a few of her visitors.

Many nights she does not sleep well and screams through the night. She is given Buscopan prn for potential abdominal cramping and Olanzapine and Haldol prn in attempt to settle her. The antipsychotic medications do not seem to be effective for managing the screaming. Her family has requested that she not be given Tylenol as she seems to be "loopy" when on it.

Attempted strategies

- Ask her what is wrong – why she is screaming. Assess for pain.
- Tuck her in with her own quilt and a Teddy bear tucked under her arm.
- She enjoys her baths; she likes warm milk and a warm blanket.
- Leave her in her room to minimize disruption; play her radio on a country station.

The Resident Who Screams … *continued*

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

What can we do to help this lady who is obviously in distress? Her screaming is disruptive to everyone including her family, the other residents and the staff. She is socially isolated in her room to reduce stimulation and to minimize the impact of her screaming on the other residents. We feel she is in danger of injury from other residents who are frustrated and irritated by her screaming.

Medications

Medication	Class of medication and why prescribed	Possible side effects related to responsive behaviours	Anti-cholinergic
Candesartan (Atacand) 16 mg daily	Antihypertensive – angiotensin receptor blocker	Dizziness, fatigue, light-headedness, headache, abdominal discomfort, diarrhea, sore throat, muscle weakness, slow heartrate, elevated potassium levels	
Vitamin D 1000 IU daily	Vitamin - osteoporosis prevention		
Seroquel 62.5mg three times daily	Atypical antipsychotic (pharmacologic restraint)	Dizziness, drowsiness, fatigue, upset stomach, sore throat, muscle stiffness, tremors	yes
Rivaroxaban 20mg daily	Anticoagulant to reduce the risk of recurrence of a DVT	Muscle spasms, watch for signs of bleeding/slow clot forming such as bruising, tarry stools, blood in urine, coughing up blood, coffee grounds emesis, painful/swollen joints, dizziness, fatigue, headaches, fainting, blurred vision	
Sennosides 17.2mg at bedtime	Stimulant laxative for chronic constipation	Abdominal discomfort, nausea, cramping, diarrhea	
Haloperidol 2.5-5mg IM/SQ q4-6 hrs prn	Antipsychotic used as a pharmacologic restraint	Difficulty speaking/swallowing, muscle spasms, restlessness, stiffness/weakness of arms & legs, urinary retention, dizziness, light-headedness, fainting, hallucinations, extrapyramidal side effects	yes
Buscopan 20 mg q6 hrs prn	Antispasmodic for possible abdominal cramping	Blurred vision, constipation, diarrhea, dizziness, dry mouth, nausea, difficulty urinating	yes
Olanzapine 5 mg q 4 hrs prn	Antipsychotic used as a pharmacologic restraint	Dizziness, drowsiness, fatigue, upset stomach, sore throat, muscle stiffness, tremors	yes

Use of PRN medications in the last 30 days:

- Haloperidol: 1 dose given; unknown if effective
- Buscopan: 40 doses given, most frequently between 2200 and 0400
- Olanzapine: 36 doses given, most frequently between 2200 and 0400
- Buscopan and Olanzapine given together: 35 times
- Number of times that either Buscopan or Olanzapine were charted as effective: 3

Ideas suggested by Alberta LTC teams

Resident assessment/evaluation

- A full medication review is recommended as the current treatments are not helping:
  - Antipsychotics are not a long term treatment for screaming, and will make it worse. Screaming may improve by decreasing or eliminating antipsychotics and all unnecessary medications. Screaming and insomnia can be related to antipsychotic side effects such as akathisia (inner restlessness) and dystonia (painful muscle contractions).
  - Consider withdrawing all anticholinergics to see if symptoms improve (it may take weeks to months to clear her system). Her anticholinergic side effects include constipation, urinary retention and incontinence, loss of muscle strength/coordination/mobility, and insomnia.
  - Evaluate Rivaroxaban and Candesartan to see if they are causing distressing side-effects. Involve patient and family in the best treatment plan to maximize her quality of life.
  - Sennosides are not recommended for daily use, and cause cramping. If her anticholinergics are reduced, does she still need a laxative? If so, consider ground flax seed in oatmeal.
  - Would she benefit from a medication for potential neuropathic pain? A regularly scheduled analgesic? Was she previously on Tylenol plain or with codeine when “loopy” on Tylenol?
- Pain Assessment:
  - Does she have pain from her IBS or for other reasons?
  - How long is she in the Broda chair; is this comfortable or contributing to discomfort?
  - Could she have optic nerve pain?
  - Other causes of pain: vertebral micro fractures, joint pain, dental pain, peripheral vascular disease?
- Could diet be contributing to cramping? Consider dietary tracking and a dietician assessment.
- Hearing assessment – maybe she can’t hear herself. Are her ears plugged with wax? Provide a pocket talker with ear buds (when she screams, her own voice is amplified).
- Assess her thyroid function.
- Behaviour mapping - look for positive or negative responses to stimulation such as the environment, care, food, comfort measures, activity or visitors.

The Resident Who Screams … *continued*

Person Centered strategies

- Consider removing her catheter and providing additional hydration and regular toileting.
- Consider a referral to Geriatric Mental Health.
- She may be feeling isolated because of visual (and potential hearing) losses.
- Provide hard candies as oral stimulation which may quiet her.
- Consider options to the Broda chair – ask for an OT assessment.
- Therapeutic napping – no more than 1 hour up to twice per day.
- Update the care plan with assistance of her family and the care team.
- Individualized activities to provide stimulation e.g. working with plants and pots of soil.
- Gather a playlist of music she enjoys and play it for her with headphones.
- Consider sensory activities (see link below) for people with dementia and sensory losses.

Site specific strategies

- Look at your unit and evaluate which areas could be considered a low stimulation environment (quieter area, able to control how many people are coming through, less clutter) and which areas are considered high stimulation environments (more noise, TV is available, people coming and going, lots of clutter and items for recreation all around the area).
- Consider lighting on the unit: is it bright enough during the day and are you able to dim the lighting in the evening and night?

The Resident Who Screams … *continued*

Staff education and resources

- Pain and Dementia: Interactive Learning Module
- Vancouver Coastal Health Geropsychiatric Education Program http://geropsychiatriceducation.vch.ca
  - Dementia and Responsive Behaviours
  - Pain Assessment tool for the Cognitively Impaired
- Finding Joy: Strategies for Meaningful Activity
- Canadian Association of Occupational Therapists http://www.caot.ca
  - Using the senses to connect with someone who has Alzheimer's
  - Emotional awareness and emotional memory

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