Understanding Behaviors

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Causes of Behavioral Problems in Older Adults

"Psychiatric illness"

- Regressive symptoms of psychiatric illness
- Depressive disorders
- Anxiety and anxiety based behaviors
- Neuropsychiatric or Behavioral and Psychological Symptoms of Dementia
- Delirium
- Personality "issues"
- Effects of Institutionalization

Causes of Behavioral Problems in Older Adults

Treatment of psychiatric illness" is more than medical management!

Causes of Behavioral Problems in Older Adults:

Regressive Symptoms of Psychotic Illness

Regressive Symptoms of Psychiatric Illness

- Schizophrenia
- Delusional Disorders
- Schizoaffective Disorder
- Psychotic Disorder due to a General Medical Condition
- Bipolar Disorder

Psychotic Disorders

- Psychotic Symptoms
  - Illusions
  - Hallucinations
  - Delusions
    - Systematized vs. simple/fragmented
    - Paranoid / somatic / grandiose
  - Thought disorder
    - Loose associations
    - Flight of ideas

Psychotic Disorders

- It is not helpful to confront or contradict a delusional belief.
- Focus on the distress, anxiety or bewilderment of the resident.
- Psychotic symptoms contribute to functional decline.
- Prevalence of psychotic disorders is variable in older adults is at least 10%.

Psychiatric Symptoms of Dementia

- ✓Dementia is the greatest risk factor for the development of psychotic symptoms in the older adult population.
  - Dementia process itself and;
  - An increased vulnerability to delirium

Brown, FW. "Late-life Psychosis: Making the Diagnosis and Controlling Symptoms." Geriatrics 1998.

Neuropsychiatric or Behavioral and Psychological Symptoms of Dementia

- Affects up to 90% of all individuals with dementia over the course of their illness
- Causes: psychological, social and biological factors?
- Recent research have emphasized the role of neuropathological and genetic factors underlying the clinical manifestation.

Psychiatric Symptoms of Dementia

- More than **half** of individuals with dementia experience psychotic symptoms during the coarse of their illness.
  - Delusions are the most common (up to 70%)
    - House is not their house
    - Spouse not their spouse (Capgras syndrome)
    - Infidelity
  - Hallucinations (up to 50%) – usually visual
    - Lewy Body Dementia up to 80% experienced visual hallucinations, usually early on in the disease.

Brendel, R., and Stem, T. "Psychotic Symptoms in the Elderly," Primary Care Companion, Journal of Clinical Psychiatry. (2005); 7 (5): 238-241.

Psychiatric Symptoms of Dementia

- Hallucinations and delusions are commonly associated with aggression, agitation and disruptive behaviors.
- Psychotic symptoms are associated with more caregiver distress.
- Associated with institutionalization.
- Psychotic symptoms disappear in the more advanced stages of the disease.

Causes of Behavioral Problems in Older Adults:

Depression

Depression and the Older Adult

- As many as 10% of older adults in primary care have clinically significant depression.
  - Only ½ are recognized
  - Only 1 in 5 received effective treatment

    Park, M and Unutzer, J., "Geriatric Depression in Primary Care," Psychiatric Clinics of North America, 2011 June:34 (2): 469-487.
- 16 to 25% of all reported suicides in the United States are in the 65 plus population.
- Individuals with dementia have a 25 - 30% risk of getting depressed.

Depression and the Older Adult

- Individuals who get depressed for the first time in later life have a depression that is related to medical illness
- Community surveys have found that depressive disorders and symptoms account for more disability than medical illness.
- Medical illness is the most common stressor associated with major depression and it is the most powerful predictor of poor outcome.
- Relationship between chronic illness and mental health.
- Untreated depression can lead to physical illness, institutionalization, psychosocial deterioration and suicide.

Depression in Older Adults

- ✓ Causes may be physical, social, or psychological in origin, including:
  - Specific events in a person's life, such as the death of a spouse, a change in circumstances, or a health problem that limits activities and mobility
  - Medical conditions - Parkinson's disease, hormonal disorders, heart disease, or thyroid problems
  - Chronic pain
  - Nutritional deficiencies
  - Genetic predisposition to the condition
  - Chemical imbalance in the brain

Causes of Behavioral Problems in the Older Adult

- **Depression**
  - Behavioral symptoms of depression includes appetite changes,, sleep disturbance, irritability/ agitation, refusal of "care", uncooperativeness, social isolation, withdrawal, tearfulness, and sad mood.

Depression and the Older Adult

- Untreated depression can lead to physical illness, institutionalization, psychosocial deterioration and suicide
- 16 to 25% of all reported suicides in the United States are in the 65 plus population
- Individuals with dementia have a 25 - 30% risk of getting depressed

Depression and the Older Adult

- With proper diagnosis and treated more than 80% of individuals with depression recover and return to normal lives (GMHF)

Depression

- Major Depressive Episode
  - **Depressed mood**
  - **Loss of interest or pleasure**
  - Appetite disturbance
  - Insomnia or hypersomnia
  - Psychomotor agitation or retardation

Depression

- Major Depressive Episode
  - Fatigue or loss of energy
  - Feelings of worthlessness or guilt
  - Decreased concentration; indecisiveness
  - Thoughts of death or suicide
  - Impaired level of functioning

Depression and the Older Adult

- May not complain of feeling depressed
- May present with anxiety or confusion
- Somatic equivalents
- Loss of motivation, withdrawal and irritability
- May become suicidal
- Brain chemical changes

Late Onset Depression

- Depression occurring for the first time in late life – onset later than age 60
- Usually brought on by another "medical illness"
- When someone is already physically ill, depression is both difficult to recognize and treat.
- Greater apathy/ anhedonia
- Less lifetime personality dysfunction
- Cognitive deficits more pronounced
- In some individuals late life depression may be a precursor to dementia

Assessment of Depression

- Previous treatment history
- Family History
- History of response to treatment
- Alcohol use

Depression Scales

- Geriatric Depression Scale - Short and Long Form - (Yesavage)
- Patient Health Questionnaire PHQ-9 for Depression
- Center for Epidemiologic Studies Depression Scale
- Beck Depression Protocol
- Cornell Scale for Depression in Dementia

Treatment Interventions for Depression

- Behavioral Interventions
- Therapy
- Medications
- Electroconvulsive Therapy

Behavioral Interventions for Depression

- Structured activities
- Maintain social contacts
- Exercise
- Sleep hygiene
- Relaxation techniques
- Consistent staff
- Issues of autonomy and choice

Behavioral Interventions for Depression

- **For "Care Facilities":**
  - Know your resident!
  - Utilize consistent staff, which assists in building relationships and trust.
  - Administer "touch" and positive interactions.
  - Remember issues of autonomy and choice. We "all" need to feel we "have control" over our environment.

Therapy and the Older Adult

- Life review/ reminiscing
- Psychotherapy
  - Cognitive Behavioral Therapy
  - Problem Solving Therapy
  - Insight Oriented Therapy
  - Family therapy
  - Psycho-educational approaches
- Religious/Spiritual needs
- Support groups

Causes of Behavioral Problems in Older Adults:

Anxiety

Anxiety in Older Adults

- Affects as many as 10 – 20% older adults, though it is often under diagnosed.
- Some argue that anxiety disorders in older adults are "different".
- Most common behavioral health problem for women, second most common behavioral health problem for men after substance abuse.
- Co-morbidity with physical problems make diagnosis difficult.

Geriatric Mental Health Foundation

Anxiety and Older Adults

- ✓High level of co-morbidity of anxiety and depression
  - 50% of clinically depressed older adults suffer from co-morbid anxiety
  - 25% of those with anxiety suffer from major depression

Beekman et al, 2000

Causes of Behavioral Problems in the Older Adult

- **Anxiety**
  - Universal human experience
  - Emotionally based physical symptoms
  - Question the cause of the anxiety
    - Anxiety Disorders
    - In the aged anxiety rarely occurs in the absence of depression
    - Physical cause
    - Environmental issues

Anxiety

- **Symptoms**
  - **Cognitive** – nervousness, worry, apprehension, fearfulness, irritability
  - **Behavioral** – hyperkineses, pressured speech, exaggerated startle response
  - **Physical** – muscle tension, chest tightness, palpitations, hyperventilation, parasthesias, sweating, urinary frequency

"Organic Anxiety"

- Anxiety associated with illness or medications
  - Common presentation
  - Maybe co-morbid as psychiatric illness with common medical illness
    - Cardiac
    - Respiratory
    - Endocrine disorders
    - Neurological disorders

Anxiety

- Common Medical Disorders that can produce anxiety symptoms –
  - Endocrine disorders – hyper- and hypo-thyroidism, hypoglycemia, menopause
  - Cardiovascular disorders – Congestive Heart Failure (CHF) Pulmonary Embolism, Angina, Arrhythmias
  - Pulmonary conditions – Chronic Obstructive Pulmonary Disease (COPD), Pneumonia
  - Neurological disorders – Parkinson's disease

Anxiety

- Common medications/ substances that can produce anxiety symptoms –
  - Stimulants – caffeine, Theophylline, ephedrine or pseudoephedrine
  - Steroids
  - Thyroid preparation
  - Anticholinergic medications
  - Antidepressants (first 1 -3 weeks of treatment)
  - Alcohol

Anxiety Association with Dementia

- ✓Anxiety occurs commonly with Dementia
  - Depression and anxiety early to middle stages
  - Anxiety/ agitation in moderate to late stages
    - Frequently with motor restlessness and inappropriate behavior
- ✓Need to identify "triggers" – **Examples**
  - Environmental stimuli
  - Medications
  - Inability to communicate

Interventions for Anxiety

- ✓Cognitive Behavioral Therapy
  - Education
  - Self Monitoring
  - Relaxation training
  - Exposure and Response Prevention
  - Cognitive Restructuring

Interventions for Anxiety cont.

- ✓Problem solving skills training
- ✓Sleep hygiene
- ✓Other therapies – Interpersonal Therapy, Family therapy, Supportive therapy,

Therapy for Anxiety Disorders

- A study by Stanley and Novy demonstrated after 14 weeks of treatment for anxiety that 50% of individuals receiving Cognitive Behavioral Group therapy and 77% of individuals receiving Supportive Psychotherapy showed significant improvements and maintained those improvements for 6 months.
- Cognitive-Behavioral Interventions consisted of Cognitive Interventions and Relaxation techniques

Stanley , M and Novy, D. "Cognitive-behavioral and psychodynamic group psychotherapy in treatment of Geriatric Depression." Journal of Consulting and Clinical Psychology, 2000 52, 180-189.

Causes of Behavioral Problems in Older Adults:

Dementia

Dementia

- Recognized since ancient times as consequence of aging
  - Today it is a major public health concern.
  - Approximately 5.2 million people in US with Alzheimer's Disease at all ages
- One in nine individuals 65 and older (11 percent) have Alzheimer's Disease.
  - If no cure, 14 million will be affected by 2030.

Alzheimer's Disease

- Statistics – 5.2 million Americans
  - The majority of those with the disease are women
    - Age-specific incidence, however is the same for men and women
  - People with lower levels of education appear to be at higher risk of Alzheimer's and/or other dementias
  - African-Americans are twice as likely to develop Alzheimer's disease and/or other dementias
  - Hispanic individuals are 1½ times more likely to develop Alzheimer's disease and/or other dementias

2013 Alzheimer's Diseases Facts and Figures

Causes of Behavioral Problems in the Older Adult

Dementia - Irreversible chronic brain failure

- Structural damage to the brain
- Loss of mental abilities
- Involves memory, reasoning, learning and judgment
- All patients with dementia have deficits, but how they are experienced depends on their personality, style of coping and their reaction to the environment*

Dementia – DSM 5

- The term dementia is eliminated.
- Replaced with "major" or "minor" neurocognitive disorder.
- The definition focuses on the decline as opposed to deficit.
- Old definition required memory impairment, which is not always the first symptom.
- The presence of a "neurocognitive" disorder needs to be established, and then it is determined whether it is minor or major.

Minor Neurocognitive Disorder – DSM 5

- Modest cognitive decline from a previous level of functioning based on the concerns of the individual, knowledgeable informant or the clinician;
- Decline in neurocognitive performance in the range of one or two standard deviations below appropriate norms.
- The cognitive deficits are insufficient to interfere with independence (IADL's), but more complex tasks require compensatory strategies or accommodation.
- The cognitive deficits do not occur in the context of a delirium.
- The cognitive deficits are not attributable to another mental disorder.

Major Neurocognitive Disorder – DSM 5

- There is evidence of a substantial cognitive decline from a previous level of performance in one or more of the domains based on the concerns of the individual, a knowledgeable informant, or the clinician;
- Decline in neurocognitive performance typically involving test performance in the range of two or more standard deviations below appropriate norms on formal testing or equivalent clinical evaluation.

Major Neurocognitive Disorder – DSM 5 (cont.)

- The cognitive deficits are sufficient to interfere with independence requiring minimal assistance with instrumental activities of daily living.
- The cognitive deficits do not occur in the context of a delirium.
- The cognitive deficits are not attributable to another mental disorder.

Changes in DSM 5

"The DSM IV terminology required the presence of memory impairment; often memory impairment is not always the first domain affected in dementia or neurocognitive disorders."

Causes of Dementia

- Alzheimer's Disease
- Vascular or Multi-infarct Dementia - strokes, mini-strokes, TIA's
- Lewy Body Disease
- Pick's Disease
- Jacob-Creutzheldt Disease
- Parkinson's Disease
- Substance abuse

Alzheimer's Disease

- Slow and progressive; varies day to day
- Course of the disease is gradual, about 8 -10 years.
- Causes?
- Diagnosis is one of inclusion.
- Presence of neurofibrillary tangles and senile plaques in brain matter
- Assessments make sure there are no other psychiatric illnesses or medical diseases causing the cognitive problems.

Alzheimer's Disease: Complex Disorder

- Genetics
- Aging
- Amyloid deposits
- Inflammation
- Plaques and tangles
- Neuronal damage and loss
- Neurochemical changes
- Patient may have other dementias also.

Risk Factors for Alzheimer's Disease

- Older age
- Genetics
- Head injury
- Ethnic background
- Rural background
- Lower social economic scale
- Lower education level
- Poor diet
- Lower levels of exercise
- Lower levels of cognitive engagement
- Lower levels of social engagement

Vascular or Multi-Infarct Dementia

- The second most common type of dementia
- Affects more men than women, ages 55 – 75.
- Caused by a series of small strokes
- Different pattern than Alzheimer's Disease (but can also be present in patients with AD).

Alzheimer's Disease and Cerebrovascular Disease

- Vascular risk factors have been linked to risk for Alzheimer's disease in many epidemiological studies:
  - High blood pressure and/or high cholesterol
  - Obesity
  - Elevated homocysteine
  - Atherosclerosis
  - Carotid stenosis
  - Atrial fibrillation
  - Diabetes
  - Coronary disease

Alzheimer's Disease and Cerebrovascular Disease (cont.)

- There are disagreements as to how to "integrate" the vascular risks into the "amyloid cascade".
- Late-onset Alzheimer's disease likely has a "multi-factorial" cause.
- Given the number of people worldwide who are affected by vascular risks, we must work on an integration of these factors.
- Could lead to early intervention efforts via education, lifestyle modification, and clinical trials of novel protective strategies.

Alzheimer's Disease and Diabetes

- Individual with diabetes are twice as likely to develop Alzheimer's disease.
  - Even individuals with impaired glucose tolerance (a level of poor glucose control that precedes diabetes) were 35% more likely to develop some type of dementia.
  - Theories
    - Vascular disease → Vascular dementia; diabetes can accelerate the disease.
    - Diabetes may play a role in that poor blood sugar control makes it harder for the body to clear away amyloid.
    - Or… high levels of glucose may create a toxicity-related or oxidative stress where harmful free radical molecules build up and damage tissue in the brain.

Alzheimer's Disease, Vascular Disease and Diabetes

Treating diabetes and vascular risk factors such as hypertension and high cholesterol may help prevent dementia.

Frontotemporal Dementia

- Uncommon form of dementia.
- Second or third most common cause of dementia in individuals under age 65.
- Damage to the frontal lobe and/or the temporal parts of the brain.
- A more rapid onset than in Alzheimer's disease.
- May experience language difficulties, such as mutism, difficulty with word-finding, or aphasias.

Dementia with Lewy Bodies

- One of the most common types of dementias
- Lewy body dementia exists either in pure form, or in conjunction with other brain changes, including those typically seen in Alzheimer's disease and Parkinson's disease.
- Presents as "cognitive decline" plus three defining characteristics

Dementia with Lewy Bodies

- Defining features:
  - "Fluctuations" in alertness and attention, such as frequent drowsiness, lethargy, lengthy periods of time spent staring into space, or disorganized speech;
  - Recurrent visual hallucinations,
  - Parkinsonian motor symptoms, such as rigidity and the loss of spontaneous movement.

Neuropsychiatric or Behavioral and Psychological Symptoms of Dementia

- Symptoms of disturbed perception, thought content, mood or behavior that frequently occur in persons with dementia
- BPSD are treatable!
- BPSD can result in:
  - Suffering
  - Premature Institutionalization
  - Increased Costs of Care
  - Loss of quality of life for the individual and caregivers

Causes of Behavioral Problems in Older Adults:

Delirium

Delirium

- Delirium is sudden severe confusion and rapid changes in brain function that occur with physical or mental illness.
- Fluctuating level of consciousness
- Reversible/ treatable

Delirium

- Symptoms:
  - Decrease in short-term memory and recall
  - Disrupted or **wandering attention**
  - Disorganized thinking
  - Emotional or personality changes
  - Incontinence
  - Psychomotor restlessness

Delirium

- Symptoms:
  - Changes in alertness
  - Changes in feeling (sensation) and perception
  - Changes in level of consciousness or awareness

Delirium

- Symptoms:
  - Changes in movement
  - Changes in sleep patterns, drowsiness
  - Confusion (disorientation)
  - Decrease in short-term memory and recall

Delirium

✓**Causes:**
- Medications
- Infections
- Metabolic/ endocrine
- Vitamin Deficiency
- Dehydration
- Anesthesia
- Trauma
- Alcohol or sedative drug withdrawal

Assessment Scales

- Confusion Assessment Method – (CAM) - http://consultgerirn.org/uploads/File/trythis/try_this_13.pdf
- Mini-Cog - http://consultgerirn.org/uploads/File/trythis/try_this_3.pdf
- American Geriatric Society BEERS Criteria - http://www.americangeriatrics.org/files/documents/beers/2012AGSBeersCriteriaCitations.pdf

Assessment Scales

- Montreal Cognitive Assessment – MOCA
- St. Louis University Mental Status Examination - SLUMS
- Mini-Mental Status Examination MMSE-(Folstein - Copyrighted)
- Clock Drawing
- Cornell Scale for Depression in Dementia

Causes of Behavioral Problems

Personality Style

Causes of Behavioral Problems

Institutionalization

(Physical and philosophical)

- The effects of the "total institution" (Goffman)
- Learned helplessness
- Social breakdown

Learned Helplessness

- The ego is aware of it's helplessness in regards to its aspirations and gives up
- Increasing feelings of apathy, frustration and depression

Social Breakdown Syndrome

- Discrepancy between what a person can do and what they are expected to do
- Social labeling – old, ill, frail and incompetent
- Induction into the "sick role"
- Atrophy of work and social skills
- Development of "chronic sick role"

Causes of Behavioral Problems

Catastrophic Reactions

"Environmental Issues"

- Stimulation
- Privacy issues
- Lack of autonomy
- Inconsistent staff approaches
- "Communication" difficulties

Understanding Behaviors!

- Our interactions may affect behaviors
- Behaviors may be a response to care giving
- Problem behaviors may be maladaptive attempts to meet one's needs
- Behaviors have meaning!

Developing a Therapeutic Alliance

Know your client/resident

In Developing a Therapeutic Alliance

- Consistency in approach
- Consistency in staffing
- Recognizing strengths not weaknesses/ illnesses or "behavioral problems"
- Provide a "therapeutic" environment
- Recognize family involvement as an asset

Developing a Therapeutic Alliance

- Use the family as a resource during the intake/admission process and when "issues" develop
- Orient the family to your "agency"
- Create an alliance with the family by sharing positive interactions
- Remember the dynamic issues of families and "placement"

Developing a Therapeutic Alliance

Client/ Resident and family involvement is crucial to avoiding social breakdown in all avenues of care

Communication

10 Keys of Communication

- Set a positive mood for interaction
- Get the person's attention
- State your message clearly
- Ask simple, answerable questions
- Listen with your ears, eyes and heart

Fact Sheet: Caregiver's Guide to Understanding Dementia Behaviors, Family Caregiver Alliance

Communication (Cont.)

10 Keys of Communication

- Break down activities into a series of steps
- When the going gets tough, distract and redirect
- Respond with affection and reassurance
- Remember the good old days
- Maintain your sense of humor

Fact Sheet: Caregiver's Guide to Understanding Dementia Behaviors, Family Caregiver Alliance

Handling Troubling Behaviors

- Check with the doctor first!
- We cannot change the person
  - Try to accommodate the behavior, not control the behavior.
  - Remember that we **can** change our behavior or the physical environment.

Fact Sheet: Caregiver's Guide to Understanding Dementia Behaviors, Family Caregiver Alliance

Handling Troubling Behaviors (Cont.)

- Behavior has purpose.
- Behavior is triggered.
- What works today may not work tomorrow.
- Get support from others!

Fact Sheet: Caregiver's Guide to Understanding Dementia Behaviors, Family Caregiver Alliance

Three Steps in Identifying Causes of Behaviors

1. Identify and examine the behavior:
   - ✓ Could it be related to medication or illness?
   - ✓ What was the behavior? Could it be considered harmful?
   - ✓ What happened before the behavior?
   - ✓ What was the trigger?
   - ✓ What happened immediately after the behavior occurred? How did individuals react?

Alzheimer's Association – *"How to respond when d dementia causes unpredictable behaviors."*

Three Steps in Identifying Causes of Behaviors (Cont.)

2. Explore potential solutions:
   - ✓ What are the individual's needs? Are they being met?
   - ✓ Can adapting the surroundings comfort the person?
   - ✓ How can you change your reaction or your approach to the behavior? Are you responding in a calm and supportive way?

Alzheimer's Association – *"How to respond when dementia causes unpredictable behaviors."*

Three Steps in Identifying Causes of Behaviors (Cont.)

3. Explore different responses:
   - ✓ Did your new response help?
   - ✓ Do you need to re-evaluate for other potential causes and solutions?
   - ✓ What could you do differently?

Alzheimer's Association – *"How to respond when dementia causes unpredictable behaviors."*

Remember Behaviors may be related to:

- Physical discomfort – illness or medication
- Overstimulation – loud noises or a "busy" environment
- Unfamiliar surroundings – new places or the inability to recognize home
- Complicated tasks – difficulty with activities or chores or even simple requests
- Frustrating interactions – inability to communicate effectively

Alzheimer's Association – *"How to respond when dementia causes unpredictable behaviors."*

The Case for Individualized Care

Accessing Services

- Community Mental Health Centers
- County Aging System
- Crisis Intervention/ emergency services
- Inpatient Psychiatric Services
- Alzheimer's Association
- Private consultants

Resources

- Alzheimer's Association – www.alz.org
- ADEAR – adear@alzheimers.org
- Family Caregiver Alliance – www.caregiver.org
- Geriatric Mental Health Foundation – www.gmhfonline.org
- PA Behavioral Health and Aging Coalition – www.olderpa.org