Appropriate Placement for Persons living with Dementia and Behavioral Issues

Children, Families, Health, and Human Services Interim Committee

Patricia Jay Coon, MD

March 4, 2022

MONTANA ALZHEIMER'S/DEMENTIA WORKGROUP

Goals for today

- What is dementia?
- What constitutes best practice management?
- What are the behavioral symptoms associated with dementia?
- Which settings in Montana can appropriately meet these best practices?
- Is the Montana State Hospital an appropriate place for persons living with dementia?

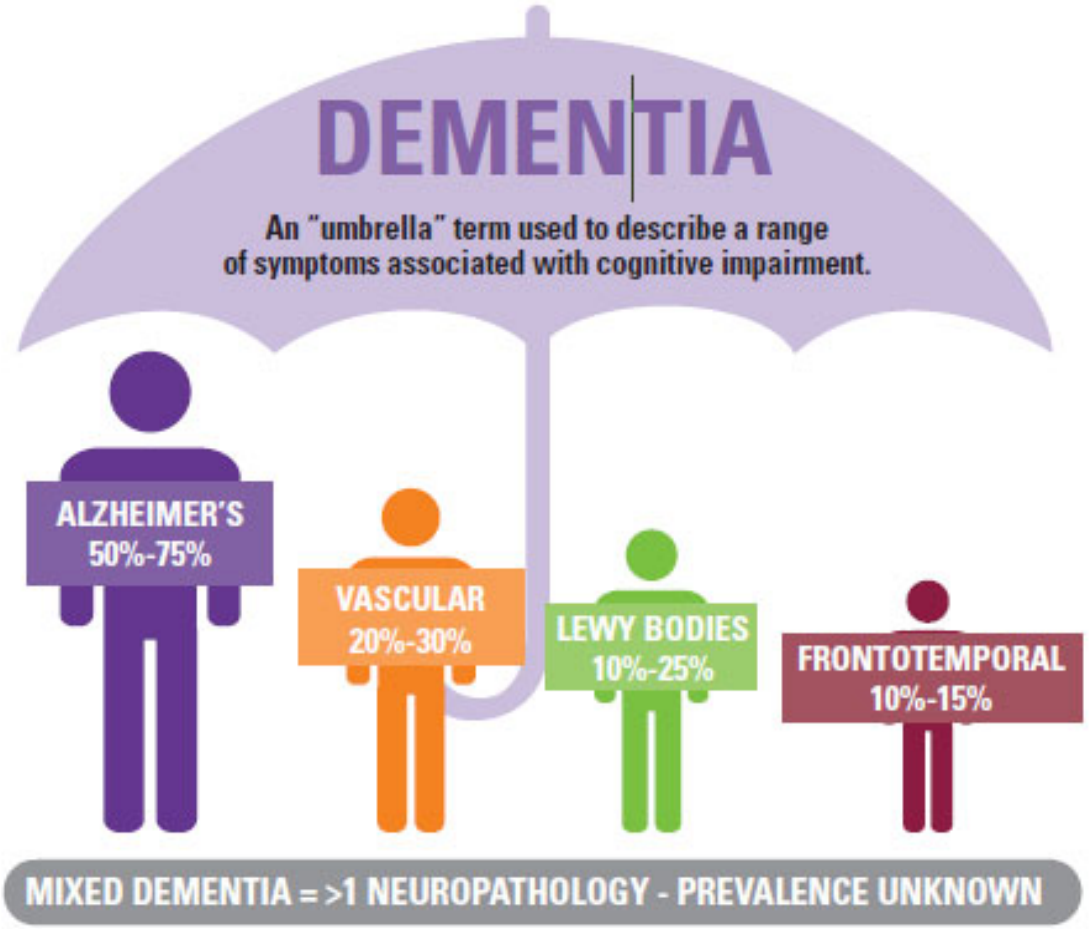
What is dementia?

- Not a specific disease, dementia is a group of conditions characterized by "organic" impairment of at least two brain functions, such as memory loss and judgment.

- Symptoms include forgetfulness, limited social skills, thinking abilities so impaired that it interferes with daily functioning, and behavioral issues (non-cognitive, neuropsychiatric).

- Medically complex – significant medical and psychosocial needs

Common Forms of Dementia



Best Practice Dementia Care

- **Person-centered care**
- Detection and diagnosis – As early as possible
- **Comprehensive assessment and care planning** – to include preventative care and safety concerns, e.g., fall risk, vaccinations
- **Medical management** – dementia, chronic medical conditions, acute problems, end-of-life decisions
- Information, education, and support
- **Trained staffing** – to handle both acute and chronic medical and behavioral issues
- Supportive and therapeutic environments
- Smooth transitions and coordination of services
- Ongoing **care for behavioral and psychological symptoms** of dementia, and support for activities of daily living

Behavioral Symptoms of Dementia

Aggressive	Nonaggressive
Verbal • Screaming • Cursing **Physical** • Hitting • Biting • Kicking • Scratching • Grabbing **Can occur between PLWD and** • Family caregivers • Professional caregivers • Another resident in care facility or community **Can lead to** • Caregiver stress • Psychiatric placement, short or long term	**Verbal** • Repetitive questioning • Complaining **Physical** • Wandering and pacing • Taking other people's belongings • Resistance to care • Intrusiveness **Mood** • Agitation/Anxiety/Irritability • Depressive symptoms • Anger outbursts **Thought and perception** • Delusions • Hallucinations • Paranoia **Vegetative** • Sleep disturbance • Sexual disinhibition

Behavioral Symptoms of Dementia

Prevalence and Consequences

Prevalence

- One or more symptoms in 60 to 90 percent of persons living with dementia (PLWD) and can occur throughout the course of dementia

Effect on function and placement if not effectively treated

- Leads to greater functional and cognitive impairment
- Leads to caregiver “burnout” and loss of empathy
- Often leads to nursing home placement
- May place themselves and others in danger
- Lead to acute hospitalization and long-term institutional placement in psychiatric facility due to uncontrolled aggression and safety concerns

Behavior Management Recommendations

- Identify behavioral symptoms early – Screening by providers
- Assess for underlying causes
  - Identify precipitating factors, the “triggers”
  - Rule out and treat **medical causes** or superimposed delirium (confusion), vision/hearing loss
- Person-centered Nonpharmacologic approaches
  - Sensory practices (e.g., aromatherapy, massage, bright light therapy)
  - Psychosocial practices (e.g., validation, reminiscence, music, pet therapies, meaningful activities)
  - Structured protocols especially for personal care (bathing, mouth care)
  - Supportive and therapeutic environment (e.g., simplified, calm, free from clutter and distractions, well-lit)
- Pharmacologic choices
  - Antidementia drugs (memory agents)
  - Antidepressants
  - Antipsychotics, usually reserved for severe or refractory symptoms

Placement Options for Persons Living with Dementia with Behavioral Issues

Placement options –goal is least resistive care environment:

- Home
- Assisted living facility (ALF) or group home – custodial care
- Skilled nursing facility (SNF) – custodial care
- Montana State Hospital (MSH) – active treatment of psychiatric diseases

Able to provide appropriate evidence-based care and services:

- Homelike environment - custodial care
- Appropriate trained staff and staff ratio
- Rehabilitation services
- Comprehensive assessment and care planning
  - To include preventative measures (e.g., vaccinations) and safety concerns (e.g., falling)
- Medical management of dementia and other acute and chronic medical problems across the continuum of the disease
- Maintain highest level of physical and mental functioning and support for activities of daily living
- Ongoing care for behavioral and psychological symptoms of dementia

Placement Options – LTC vs. MHA

Long term care facilities – ALF and NH

- Designed to deliver custodial care
- Evidence-based model of care for these facilities meets the needs of the dementia population – predominately medical model of care
- Struggles and opportunities for improvement
  - Medical providers, nursing staff, care teams, and administrative staff may not be comfortable detecting and managing behavioral issue that arise.
  - Limited, if any, consultative psychiatric services available
  - Regulatory concerns, e.g., resident to resident abuse

Montana State Hospital

- Designed to acutely manage serious mental illness
- Mixed populations – seriously mentally ill and patients with dementia and uncontrolled behavioral problems
- Struggles and opportunities for improvement
  - Need to implement two separate evidence-based levels of care (skilled nursing home and impatient psychiatric treatment) with different staffing and regulatory requirements
  - Providers, nursing staff, care teams, and administrative staff may not beas comfortable detecting and managing medical issues that arise.
  - Discharge barriers

Potential Strategies

Bring all stakeholders together to identify concerns, opportunities, and potential solutions.

Educate and Train Care Teams in both LTC and MSH to ensure they have the skillset to provide evidenced-based care for this medically complex population.

Standardize training and care processes when appropriate.

Provide Psychiatric Backup (in person or via telehealth) when needed in LTC settings.

Create new ways to manage this population

- Proactively prevent need for acute psychiatric hospitalization
- Supportive or Alternative Living Situations
- Crisis intervention programs or processes


Thank you!

Distinguishing Alzheimer's from other Types of Dementia

Dementia Type	Prominent Clinical Features
Alzheimer's disease Decline: Gradual	Cognitive issues: Memory loss and impaired learning early in the disease, time/space and language deficits in moderate to severe stage of disease, **Behavior issues:** Apathy, delusions, agitation, wandering Motor issues: Gait and swallowing problems later in disease
Frontal temporal Decline: Gradual	Cognitive issues: Loss of word memory and word finding, grammar and comprehension problems. Difficulty speaking, planning, and organizing **Behavior issues:** Personality change, disinhibition, compulsive behavior, lack of empathy Motor issues: May have Parkinson-like motor problems
Lewy body Decline: Gradual	Cognitive issues: Fluctuating cognition, changes in attention, planning and organizing, judgment **Behavior issues:** visual hallucinations, delusions, REM sleep problems Motor issues: Parkinson-like motor problems early in disease
Vascular Decline: Stepwise	Cognitive and motor deficits based on extent and location of stroke(s) or vascular event. Memory loss is usually secondary to impairments in planning and organizing and judgment. **Behavior issues:** Personality and mood changes