

Non-Pharmacological Interventions

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Financial Disclosure

I have no relevant relationships with commercial interest companies to disclose.

Learning Objectives

You will take home:

Skills you can use immediately to enhance quality of life for PWD

PWD = Person with Dementia

Dementia: What is It? What is it not?

- Instead of dubbing dementia as a “memory disease”, start calling it a **brain disease**
- Dementia is a disease that, in the early stages, one can adapt their life to.
 - Depending on progression and type of dementia, the early stage and ability to cope will vary.
- Dementia is not a solo disease.
 - It affects the whole family

Communication is Key

- In order to prevent over-usage of pharmacological interventions, we must first understand how to avoid the need for them.
- Learning how to communicate with a PWD is your number one priority in caregiving.
- Communication makes you or breaks you!

Communication 101

- Speak clearly and tone-appropriate
 - If the person is hard-of-hearing on top of having dementia, this step is even more critical
- K.I.S.S.
 - Keep It Simple, Sweetie
 - About 2 or 3 words of your sentence will be recognized, depending on stage of dementia.
- If you must repeat, repeat it exactly as you said it the first time
- Ask “Can you tell me about it?”

When words are no longer...

- Behavior becomes the mode of communication
- What is the behavior saying?
 - Anger/Agitation
 - Fear
 - Boredom
 - Physiological processes (*infection, pain, sleep*)
- The PWD is always right, except...

Anger/Agitation

- Early to middle stages: PWD may feel frustration because they are not being understood. As speech and language skills deteriorate, communication does, too.
- Surroundings
 - Is the environment person-centered?
 - Angry at new placement?
 - Angry at no longer being able to travel to familiar locations/drive/etc
- Physiological needs met?
 - Pain/Discomfort
 - Constipation
 - Hunger/Thirst
 - Fatigue

Boredom

- PWD need to be stimulated, which can become a catch-22. Not over- or under-stimulated, mind you.

"Nursing home residents often find themselves in an understimulating environment, spending the majority of their time unengaged in any meaningful activity. When coupled with a lack of social contact, this state of inactivity results in boredom, loneliness, and behavioral problems, which can then translate to depression" (The Impact of Stimuli... Journal of Clinical Psychiatry)

Fear

- Combative behavior and agitation can manifest from fear.
- Imagine having a strange environment with strange faces and an unfamiliar routine. Would you be scared?
- Person-Centered Care is the answer.

Why do we medicate?

- Lack of:
 - Education
 - Time
 - Staff
 - Understanding

What does CMS say about medicating?

- "Acceptable clinical indication"
- "Appropriate Monitoring"

<https://www.cms.gov/Medicare/Programs/Quality/Standards/2012/02/12-02-13-Requirements-for-Appropriate-Use-of-Drugs-in-Nursing-Homes.pdf>

Unnecessary Meds/Regimen Review CE Pathway

Use for a sample resident who has potentially unnecessary medications and has experienced a potential adverse reaction to determine whether facility practices are in place to identify, prevent, and respond to potential or actual unnecessary medications.

****If the resident has a diagnosis of dementia and is receiving one psychotropic medication (including but not limited to antipsychotics, antidepressants) the supervisor should enter in the resident's Care Plan a "Behavior Risk Reduction" as a goal to decrease the facility's compliance as it goes to PSN of the RHP Appendix FF. (Add to Facility F and J). (Discussion File: 12/13)**

Review the following to guide your observations and interviews

1. Review all of the medications listed on an assessment for the person being cared for in the most recent signed registration. (Align to the problem of PSN of the RHP Appendix FF. (Add to Facility F and J). (Discussion File: 12/13)

- Medications are not appropriate clinical practice for use
 - The following are not appropriate reasons for use:
 - Wandering, wandering or WTE-prone
 - Sleep problems or medication or medication or medication
 - Delirium
 - Inability or crying alone that is not related to depression or other psychiatric disorder
 - Agitation or aggression
 - Unresponsiveness (i.e., "refusal" difficulty receiving care)
- **Medications monitoring for each medication as appropriate**
 - The following high-risk meds should be monitored:
 - Antipsychotics, mood stabilizers, sedatives, hypnotics, tranquilizers, anti-anxiety medications
 - Anticholinergics (e.g., atropine, benztropine, trihexyphenidyl, etc.)
 - Benzodiazepines, barbiturates, opiates, narcotics, muscle relaxants
 - Antidepressants, anti-nausea medications, anti-anxiety medications
- **Intensive monitoring appropriate for high-risk medications**
 - Is there documentation of a resident for any med that exceeds the manufacturer's recommendations, clinical practice guidelines, evidence based guidelines or needs of resident?
- **Document clinical rationale for continued use of the medication(s) as appropriate**
 - Including a clinical explanation for the continued use of the or new med in the same pharmacological class
 - Potential contraindications between meds
- **Document a system that identifies and addresses the presence of or potential for adverse consequences as appropriate**
 - Does the physician provided a clear clinical rationale for continuing a med that may be causing an adverse consequence, including risks and benefits?
- **Document a system for and document considerations for CDS as appropriate**
 - Has a resident who is receiving an average daily dose of CDS or a resident who is currently administered CDS been assessed for adverse effects in the previous 90 days? Has the facility been notified of any adverse effects in the previous 90 days? Has the facility been notified of any adverse effects in the previous 90 days? Has the facility been notified of any adverse effects in the previous 90 days?

12/13/13 (12/13/13)

Review the following to guide your observations and interviews (continued)

2. Did the pharmacist conduct a MRR (medication regimen review)?
 - o Did the pharmacist identify and report any med irregularities?
 - o Did the MD and DDP act on the reported irregularities?
3. Allergies.
4. The most recent comprehensive MDS-CAL (focus on areas pertinent to the med-related such as adverse consequences and behaviors, etc.), and
5. Care plan for high risk needs and individualized interventions, including non-pharmacological interventions.

Observation

Make observations as appropriate, use various skills to corroborate the information obtained during the record review. You may also find it important to make further observations for information obtained from staff interviews. Potential pertinent observations are listed below. If further guidance is needed, supervisors should refer to the regulations and RI as they conduct the investigation.

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Are any placed interventions implemented for needs that pose a high risk for adverse consequences? <ul style="list-style-type: none"> o Are non-pharmacological interventions being used? <input type="checkbox"/> Observe for need effectiveness such as: <ul style="list-style-type: none"> o Analgesia - is pain relieved? o Psychotropic - is identified behavior/need addressed? <input type="checkbox"/> How does staff respond and interact with the resident? <ul style="list-style-type: none"> o Does staff address the resident request for a need appropriately? <input type="checkbox"/> Does the resident show mood or behavior concerns? <ul style="list-style-type: none"> o Does staff appropriately impact when the resident shows mood or behavior concerns (e.g., redirected, invited to an activity)? | <ul style="list-style-type: none"> <input type="checkbox"/> Observe for side effects and/or adverse consequences that may be related to the resident's current medication regimen. <ul style="list-style-type: none"> o Abnormal vital signs (changes, values, o Behavioral changes or unusual behavior patterns, o Mental status changes or decline in physical functioning, o Sedation (excessive), changes in alertness, o Incontinence or sleep disturbances, o Rash, pruritus, o Blurred or tearing, spontaneous or unexplained, o Respiratory changes, o Bowel dysfunction, urinary retention, incontinence, o Dehydration or swallowing difficulty, o Fall, dizziness, or lightheaded, and o Muscle/tremorless pain or unexplained abnormal movement. |
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<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationContractors/Downloads/CMS-20082-Critical-Elements-Unnecessary-Medication.pdf>

Non-Pharmacological Interventions

- Environment:
 - Lighting
 - Noise
 - Aromatherapy
- In a study conducted by researchers Koulivand and Ghadiri, it was found that “relaxing effects with increases of alpha wave activities after administering lavender; indicating the EEG evidence of relaxation by lavender aromatherapy”.³

Non-Pharmacological Interventions: Person-Centered Care

- Music Therapy
- Pet Therapy
- Massage, Manicures, Curling Hair
- 1:1
- Bathing
- Take a Walk
- Play a board game
- Snack

The Eden Alternative Values

- **The Ten Principles of The Eden Alternative:**
- The three plagues of loneliness, helplessness, and boredom account for the bulk of suffering among our Elders.
- An Elder-centered community commits to creating a Human Habitat where life revolves around close and continuing contact with people of all ages and abilities, as well as plants and animals. It is these relationships that provide the young and old alike with a pathway to a life worth living.
- Loving companionship is the antidote to loneliness. Elders deserve easy access to human and animal companionship.
- An Elder-centered community creates opportunity to give as well as receive care. This is the antidote to helplessness.

The Eden Alternative Values cont'd

- An Elder-centered community imbues daily life with variety and spontaneity by creating an environment in which unexpected and unpredictable interactions and happenings can take place. This is the antidote to boredom.
- Meaningless activity corrodes the human spirit. The opportunity to do things that we find meaningful is essential to human health.
- Medical treatment should be the servant of genuine human caring, never its master.
- An Elder-centered community honors its Elders by de-emphasizing top-down, bureaucratic authority, seeking instead to place the maximum possible decision-making authority into the hands of the Elders or into the hands of those closest to them.
- Creating an Elder-centered community is a never-ending process. Human growth must never be separated from human life.
- Wise leadership is the lifeblood of any struggle against the three plagues. For it, there can be no substitute.

Resources

- 1) Aggression and Anger. <https://www.alz.org/help-support/caregiving/stages-behaviors/aggression-anger>. (2018 September).
- 2) Cohen-Mansfield J, Marx MS, Thein K, Dakheel-Ali M. The Impact of Stimuli on Affect in Persons With Dementia. *The Journal of clinical psychiatry*. 2011;72(4):480-486. doi:10.4088/JCP.09m05694oi.
- 3) Koulivand, P. H., Khaleghi Ghadiri, M., & Gorji, A. (2013). Lavender and the Nervous System. *Evidence-Based Complementary and Alternative Medicine : eCAM*, 2013, 681304. <http://doi.org/10.1155/2013/681304>
- Mission, Vision, Values, Principles. <http://www.edenalt.org/about-the-eden-alternative/mission-vision-values/>. (2018 September).