



Aggressive Behaviors in patients with brain damage: Tools for Staff

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Objectives

- Define problematic behaviors
- Know how to document
- Recognize important triggers
- List risk factors
- Know common medical causes
- Practice how to prevent or lessen problem behaviors
- Advocate for solutions

Descriptions of (aggressive) problem behaviors. *[associated with distress]*

➤ Verbal

- Repetition
- Screaming/ crying/ Profanity
- Verbal Threats

➤ Physical

- Agitation/ pacing/ rocking/ picking
- Escaping/ destroys property
- Resisting care
- Aggression
 - Hits, bites, pushes, strikes out, grabs, throws

➤ Withdrawal/ lethargy

Documentation

- Baseline behavior
- Type of behavior
- Severity: High, medium, low
- Frequency: Rare, Intermittent,
Daily, Constant or nearly constant
- Duration
- Triggers*
- What helps*

Environmental Triggers

- Staff or visitor approach**
- Poor communication**
 - Arguing, correcting, reasoning
 - Attempting to orient
- Too much or too little stimulation
- Too many choices
- Temperature**
- Change of shift/ Schedules

Discomfort Triggers

- Constipation**
- Incontinence**
 - Full diaper
- Too cold or hot**
- Pain**
- Fear/Anxiety
- Hunger
- Fatigue/Sleep deprivation

Risk factors

- Age
- Dementia
- Polypharmacy
- Other brain damage
 - Stroke, Trauma (TBI), brain tumor, Subdural hematoma, Parkinson's, Normal Pressure Hydrocephalus, MS, Chronic traumatic encephalopathy (CTE)

Medical causes

- Dehydration**
- Medications** anesthesia, cold meds, sleep meds, anxiety meds
- Infections: UTI, Pneumonia, sepsis**
- Seizures or Post seizure
- Hallucinations/ Delusions
- Alcohol / Benzodiazepine withdrawal
- Organ failure:
 - Renal, Hepatic, Respiratory, Pulmonary, Cardiac, Thyroid, Pancreas (Diabetes)

Fluctuations

- "Sun-downing"
- Fatigue
- Stress/anxiety
- Hunger
- Anger
- Siesta time
- Shift change
- Delirium with or without dementia
- Lewy Body Disease

Pharmacologic interventions

- There are no FDA-approved drugs for Agitation in dementia.
- Treatments include off-label use of antipsychotics, antidepressants, prazosin, analgesics, anticonvulsants, or cannabinoids.
- These options may not be effective and are very controversial.

Prevention

- Hydration, Nutrition
- Maximize vision / hearing
- Monitor bowel movements
- Monitor for pain or signs of distress
- Mobilize
- Therapeutic activities
- Simple / frequent communication
- Nighttime relaxation / sleep
- De-escalation before trying drugs

Reduce occurrence

- Simplify routine or distract from the trigger.
- Create a calm place. Reduce background noise from TV or radio, clear clutter.
- Make tasks as simple as possible.
- Look for physical reasons like hunger, thirst, needing to toilet, or being too hot or cold.
- Limit caffeine

Patient



- A planned escape - foiled
- “I’m a prisoner here and they say you are responsible.”
- Abusive facilities / critical role of family caregiver
- The real escape and another move
- MAR s- 2 of same drug, drugs should have been stopped.
- Pills in drawers
- Disappearing pants
- “I want to go home”- therapeutic fib



Patient cont...

- Showers: requested meds
- Wrong shoes
- Is it hot in here or is it me?



Short Term Solutions

- Reduce Environmental / Discomfort Triggers
- Look for signs of over sedation
- Redirect (knife story)
- Avoid arguing, correcting, painful truth telling

Medium Term Solutions



- Hearing aids, glasses, teeth
- Activity-
 - Music, arts
 - Physical: walks / gardens
- Animals: dog, cats, birds, fish
- Intergenerational programming with children

Long Term Solutions

- Increase staff training
 - Alzheimer's Association training in behavior management*
- Increase staffing
- Increase staff pay and benefits
- Increase retention
- Leadership must be invested in quality care over profits

Lessons

- We ALL need advocates
- Don't assume rapid decline is normal, usually medical
- Monitor shoes, drawers, temperature, MARs
- Avoid painful truth telling
- Beware of sedated patients



Take Alzheimer's
Association training

Check out Teepa
Snow