Enhanced Care for Older People
Learning Session Number 23
Older People living with Cognitive Frailty : Management of Distressed Behaviours

Chris Cairns
Nurse Consultant Older Persons
**South Tyneside & Sunderland NHS Foundation Trust**

EnCOP
Enhanced Care for Older People

EnCOP Lead: Lynne Shaw , Tuesday 28th November 2023 1.30 – 3pm

Housekeeping

- Please ensure microphones are muted and during presentation cameras are turned off.

- The event will be recorded and shared.

- The webinar recording and presentation will be circulated and uploaded on to the website following the event.

- If you have any questions during the session then please use the chat facility. We will attempt to address questions, if we can't then we will follow up after the event.

- Please also use the chat facility to inform us of any technical issues as this will be monitored closely throughout by one of the EnCOP team.

- Occasionally you may have difficulty seeing or hearing video clips that are played, this will usually be due to your own device or software settings and not something we can influence during the webinar session. Please be assured all content will be shared following the event so you will have an opportunity to view afterwards.

- If you need to take a break at any time throughout the session please feel free to do so.
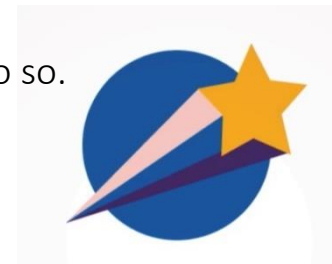
Session Aim & Linked Competencies

Aim:

Increase understanding of factors which influence behavioural symptoms in dementia and delirium and evidence based approaches which support older people through positive and proactive management

Linked EnCOP Domains:

Domain A: Values, Attitudes and Ethical Practice
Domain B: Evidence Based Care : Supporting learning, leadership and improving care for older people
Domain C1: Partnership working and communication with older people, families and others
Domain D2 : Ageing Well: Assessing, planning , implementing and evaluating care and support with older people
Domain D3 : Ageing Well : Promoting & Supporting Independence, Autonomy & Community Connectivity for Older People
Domain D4 : Ageing Well : Promoting and supporting holistic physical health and wellbeing with older people
Domain D5: Ageing Well: Promoting and supporting holistic psychological health and wellbeing with older people

Aims

- Provide a delirium and dementia overview
- How movement can be beneficial
- Socialising within an inpatient setting
- Discussing the benefits of therapy games
- How to tackle eating and drinking encouragement

Overview

- Dementia - is a collection of symptoms:
  - memory loss
  - personality change
  - impaired intellectual function

  Dementia results from disease or trauma to the brain.
- Delirium - is a common syndrome characterised by:
  - disturbed consciousness
  - distractibility
  - perceptual abnormalities
  - impaired cognitive function.

 However, it can be prevented and treated if dealt with urgently.

Problem and Context

- Dementia and Delirium can cause the following:
  - Falls
  - Poor oral intake and swallowing difficulties
  - Poor sleeping pattern
  - Low mood
  - Memory loss
 - Loss of communication skills
 - Disorientation to time and place

Parts of the Human Brain

frontal lobe

parietal lobe

occipital lobe

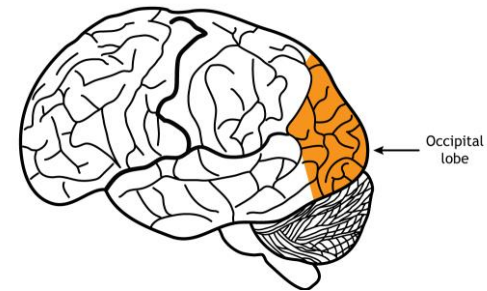temporal lobe

cerebellum

spinal cord
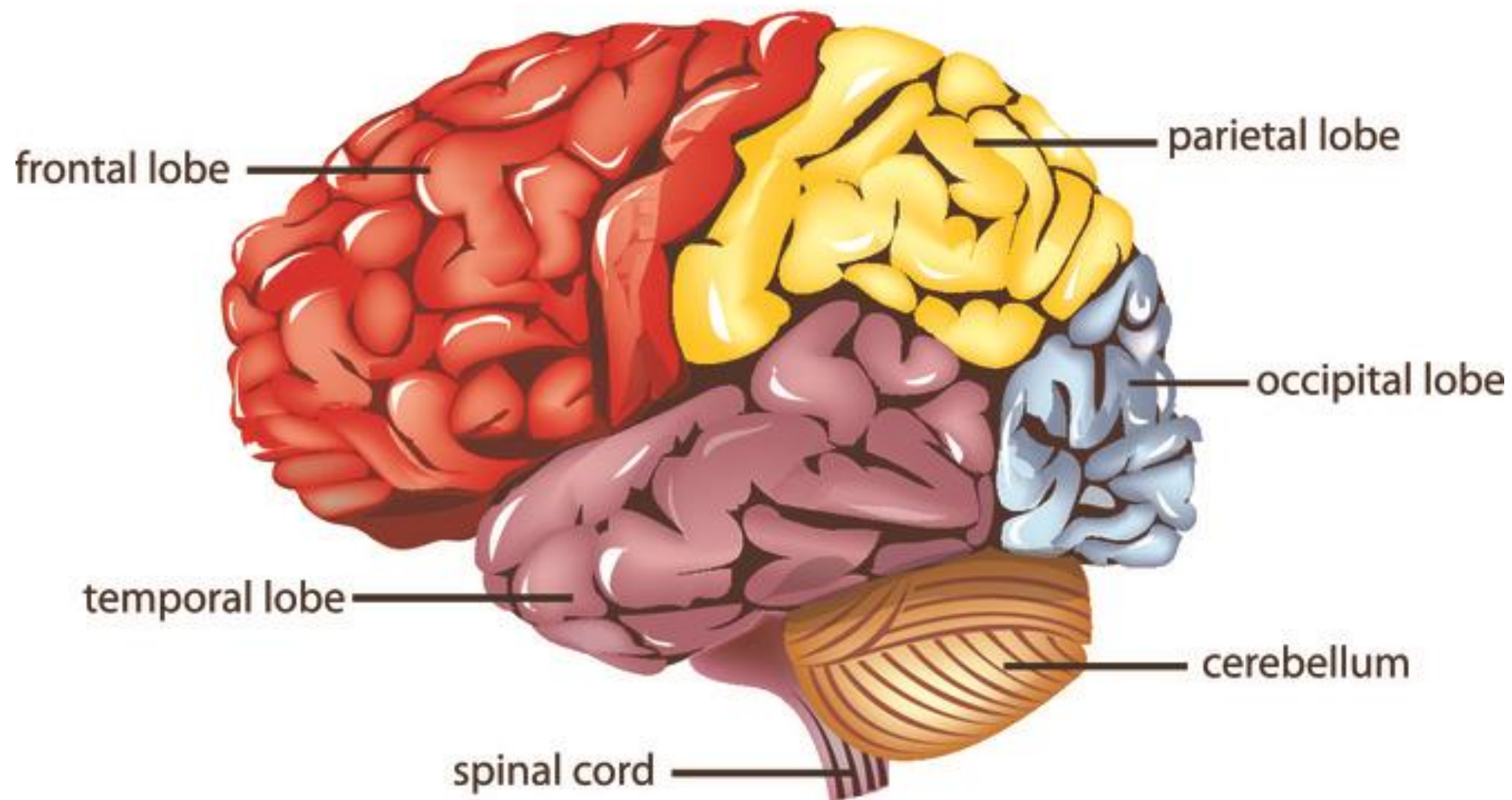
Which part of the brain is affected?

- **Parietal Lobe** – Remembering sequence of actions, body sense (e.g. sensing where one limb is in relation to the rest of the body), sentence construction. Interpreting visual information received from the occipital lobe, locating objects

- **Frontal Lobe-** Planning and organising actions. Learning new tasks. Initiating and stopping, regulating behaviour, abstract thought, logic, language and personality.
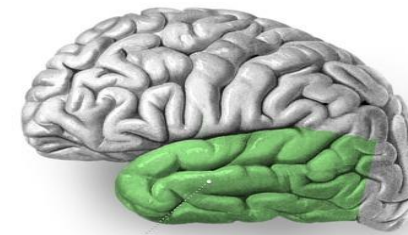

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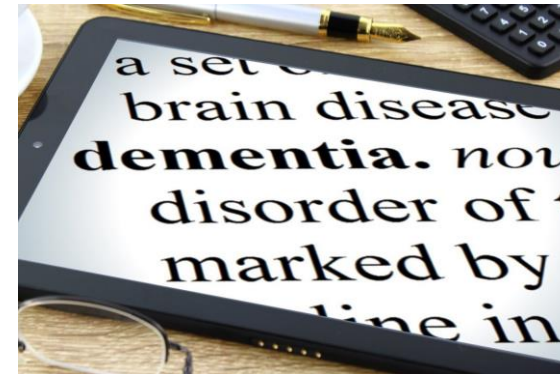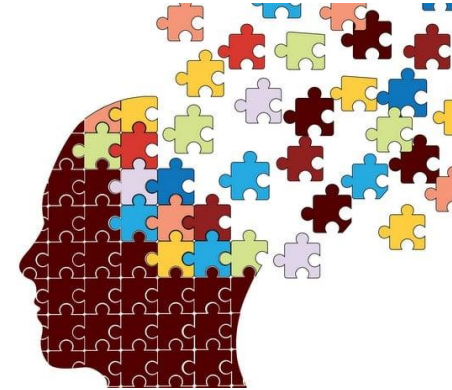
Continued…

- **Occipital Lobe** – processing information about colours. Shape and movement received from the eyes

- **Temporal Lobe** - Learning new information. Recording and storage of verbal memory (such as names) and visual memory (such as faces, attention.

Occipital lobe

Temporal lobe

Temporal lobe

Communication

- Verbal communication
  - Difficulty getting words out
  - Jumbled sentences
  - Reading and writing skills loss
  - Loss of social conventions
  - Inability to express emotions

Communication

- Body Language
  - Facial expressions, posture and gestures are approximately 55% of communication.
  - Tone and pitch is 38% of communication.
  - The words we use only account of 7% of communication.

What can we do about this?

Literature review BPSD

- Pooled prevalence of apathy, depression, anxiety, irritability, agitation and aggression, sleep disorders, and eating disorder was generally high in patients with dementia(Kwon Et al,. 2021)

- Valid responses to inappropriate external circumstances and relational approaches Kitwood, 1988)

- The individuality of people living with dementia, and how their personality and life experiences influence their response to dementia (NICE, 2018).

- Despite the tentative efforts to group different symptoms into clusters (to facilitate clinical/diagnostic investigations), there is not yet an established model. The pathogenesis of these symptoms is not well understood, and the current knowledge supports multifactorial causes (Cerejeira, 2012).

- Motor behaviour (i.e., wandering), sleep, and night-time behaviour may also be present (Kim et al, 2021).

- Antipsychotic and other psychotropic have limited evidence of efficacy (Scales et al, 2018)

Stigma

- Not all behaviours, are the direct result of dementia (Cunningham et al., 2019).

- *#BanBPSD*, (Cunningham et al., 2019).

- Dupuis et al. (2012) Problem based approaches ultimately stigmatize.

Themes

- Unmet needs
- Communication impairment
- Disturbances in motor function
- Disturbances in perception
- Circadian rhythm disruption
- Appetite and eating behavioural changes

Communication

Perception

Feelings and needs

Body Language

Psychosocial approach

What can we do about this - Socialising

Socialising

- Studies show one hour a week of social interaction improved quality of life and reduced agitation and aggression in people with dementia.
- 1 hour of social interaction a week can reduce the risk of dementia significantly.
- People who never marry are 42% more likely to develop dementia.
- People who have been widowed risk increases by 20%.
- People who have untreated mild hard of hearing caused dementia risk to double.

But not everyone…..

Wandering ....

- Allow person to mobilise if they are safe
- Find ways to make mobilisation safer
- Consider supervised walks
- Exercise
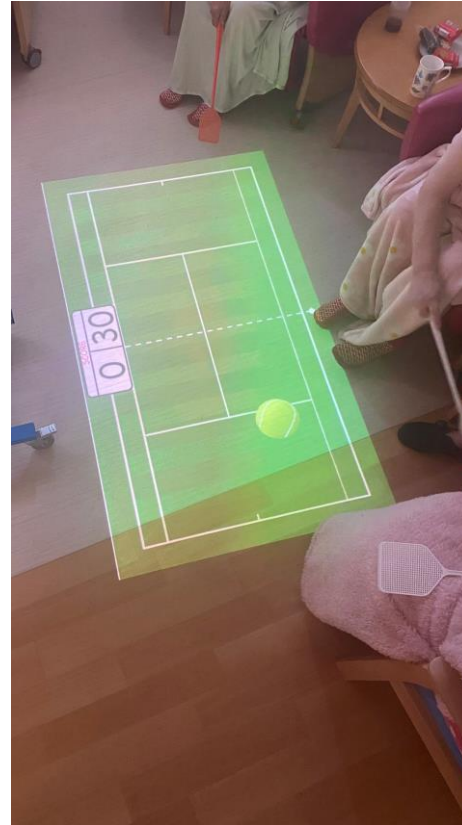
Movement

- Motor function –
    - Regular exercise can improve a patients strength. For every day spent in bed can lead to muscle wastage.
    - This wastage speeds up for anyone over the age of 60.
    - Physical exercise can reduce you risk of dementia by 30%.
    - Physical activity levels and cognitive performance.
    - 60% of patients suffer from functional decline in hospital.

Therapy Games – Mobility

- You lose 1 percent of your lean muscle mass each day you spend in bed.
- Spending three to five weeks immobilized can lead to a 50 percent decrease in muscle strength.
- This wastage speeds up for anyone over the age of 60.
- Studies showed health care professionals didn't mobilise patient due to:
  - Too sick
  - Fear of injury
  - Lack of time
  - Lack of clarity about responsibility
  - Patient medical devices
  - Non-encouraging environment.

What can we do about this - Movement

Modern ethical problem

What can we do about this - Eating and Drinking

Eating and drinking

- Depression
- Communication
- Pain
- Tiredness
- Medication
- Physical activity
- Constipation

Eating and Drinking

- Visual problems:-
  - Shape and movement received from the eyes can be impaired with dementia.
  - Patient may not be able to recognise the food.
- Concentration:-
  - People with dementia and particularly delirium can have a very short attention span.
  - Average meal can take 20-30 mins to consume.
  - Smaller portions.
  - Finger foods may be more suitable.

Eating and Drinking

Motor difficulties:-

- Assisting a patient to cut up food may be useful.
- Specially adapted cutlery.
- Let the person eat where they feel comfortable.

Sensory difficulties:-

- Loss of ability to judge temperature.
- Not drinking enough due to loss of thirst. It is recommended that a minimum of 1.2L of fluids be drank a day.
- Ensure drinks are within reach and can give foods that are high in fluids.
- Sense of smell and taste decline.

What can we do about this? Environment

Environment

- Providing a calm environment can significantly help calm behavioural and psychological symptoms of dementia.
- Hospitals are noisy environments:
  - Multiple voices and overlapping conversations
  - Equipment being operated or moved
  - Noises reverberating from hard surfaces
  - Telephones ringing
  - White noise

Sundowning

- Causes not fully understood
- Sunlight exposure
- Mood disorders
- Circadian rhythm disruption
- Significant cause of carer stress
- Sensory impairment.

Another ethical issue

- Doll Therapy..

Training staff

Questions?

Thanks

Ideas for Learning Consolidation & Competency Conclusion

Consolidating Learning:

Reflection on the session & considering application to practice & what this means 'your people'

- Think about this session in relation to your own role

- How much of this was revision?

- What have you learned today ?

- How will this help you in your role ?

- Think about your EnCOP self–assessment; consider which performance indicators this session may relate to and how this can be used as part of your own development / competency achievement.

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Enhanced Care for Older People
Learning Session Number 24

TO BE CONFIRMED

Feedback about today's session and any future sessions you may like to see included in our webinar series….

All feedback welcomed; You may want to consider the following –

Was it easy to book onto the session?
Did you find the session went well in this online format ?
Was the content of the session relevant to your area of practice / job role?
Did you enjoy the session?

Thinking about future webinar's, which topics linked to older person's care would you be most interested in?
Please put any suggestions in the chat.

Please comment in the chat today or feel free to email us: ghnt.encop@nhs.net

More information can be found within the Frailty icare website

www.frailtyicare.org

Our EnCOP pages are located in the workforce section

EnCOP Library of Learning & Development Resources can be found at:
http://frailtyicare.org.uk/making-it-happen/workforce/enhanced-care-of-older-people-with-complex-needs-encop-competency-framework/encop-learning-resources/learning-resources/