

Treating dementia, delirium and depression

During the last six months, John seems to have become a different person.

He didn't want the newspaper. The date, time and year were not important. He forgot when it was time to eat. He became agitated when reminded to take his medication and refused to shower or change his clothes. When his family visited, he refused to leave his room. He didn't remember his son's name but was calling for his childhood dog, Scottie.

This is not the man who became a resident here two years ago. At 78, his life had new meaning. Success was measured in his ability to interact with others and to remember to leaf through the paper that he no longer seemed to understand.



Staying active is as important to mental health as it is to physical health. Eugene Tesky enjoys assisting in the garden at Williams House Elder Services in Merrill, Wis.

John wasn't always this way. Thirteen years ago, the retired railroad engineer built his retirement home from an old cabin. He was an avid fisherman and enjoyed working with wood and building things. He was meticulous for correct measurements. He read the paper daily to keep current on local and national news. John always knew the date and time due to the train schedules.

He and his wife, Fern, were active socially. They were active members in their church and enjoyed going out to eat and playing card games, which covered many memorable and happy times for the couple.

Recently, the staff and family gathered for a care conference to discuss John's recent changes. When he was younger, he had abused alcohol and was a social drinker until around 72. He was a heavy smoker for many years.

John's confusion, memory loss, disorientation and intellectual impairment are all characteristics of dementia, delirium and depression. However, it is crucial for the staff at a long-term care facility to understand how to tell them apart.

Points to consider during the care conference include:

- The adjustment to assisted living
- Accurate assessment and diagnosis
- Anticipation for the progression of illness vs. wellness
- Planning for care needs
- Determining the level of care appropriate to meet John's needs

GERIATRIC DEPRESSION SCALE

Choose the best answer for how you feel over the past week

- | | | | |
|-----|---|---|---|
| 1. | Y | N | Are you basically satisfied with your life? |
| 2. | Y | N | Have you dropped many of your activities and interests? |
| 3. | Y | N | Do you feel that your life is empty? |
| 4. | Y | N | Do you often get bored? |
| 5. | Y | N | Are you in good spirits most of the time? |
| 6. | Y | N | Are you afraid that something bad is going to happen to you? |
| 7. | Y | N | Do you feel happy most of the time? |
| 8. | Y | N | Do you often feel helpless? |
| 9. | Y | N | Do you prefer to stay at home rather than going out and doing new things? |
| 10. | Y | N | Do you feel you have more problems with money than most? |
| 11. | Y | N | Do you think it is wonderful to be alive now? |
| 12. | Y | N | Do you feel pretty worthless the way you are now? |
| 13. | Y | N | Do you feel full of energy? |
| 14. | Y | N | Do you feel that your situation is hopeless? |
| 15. | Y | N | Do you think that most people are better off than you are? |
| | | | Total |

The following answers count one point; scores > 5 indicate probably depression:
1N, 2Y, 3Y, 4Y, 5N, 6Y, 7N, 8Y, 9Y, 10Y, 11N, 12Y, 13N, 14Y, 15Y

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FEATURE	DEMENTIA	DELIRIUM	DEPRESSION
ONSET & COURSE	Gradual deterioration	Rapid - hours to days	Rapid - days to weeks
MENTAL PROCESS JUDGEMENT	Impaired	May be impaired	May seem impaired
AFFECT/MOOD	Labile early; apathy later	Fluctuating	Sad, worried, hopeless, guilty
MEMORY	Impaired, especially for recent events	Impaired, especially for recent events	May seem impaired
COGNITION	Disordered reasoning; problems with calculations	Disordered reasoning	May seem impaired
ORIENTATION	Disoriented, confused	Disoriented, confused	May seem disoriented
THOUGHTS	Confused; possible paranoid delusions	Incoherent, confused, possible delusions	Hypochondria, death-related thoughts, possible delusions
PERCEPTION	No change	Simple misinterpretations, illusions, visual hallucinations	Auditory hallucinations
CONSCIOUSNESS	Normal	Clouded	Normal
SPEECH	May be sparse, repetitive; patient unlikely to complain of mental deficits	May be incoherent, sparse or fluent	Understandable, soft or sparse; may complain of mental deficits
BEHAVIOR	May show agitation or apathy, may wander	May be agitated, restless, may wander, change in sleep cycle	Changes in appetite and sleep pattern, fatigue, may show agitation or apathy
MENTAL STATUS	Consistently poor performance, progressively worsens, patient tries to answer questions	Poor performance, improves when patient recovers	Inconsistently poor performance, improves when patient recovers, patient may answer "I don't know"
PROGNOSIS	No return to premorbid function	Return to premorbid function if cause is corrected in time	Risk of suicide, return to premorbid function on recovery, usually requires treatment

Treatment from page 1

Many medical conditions can affect mood, behavior and changes in mental process and judgment, memory, cognition, orientation and speech. Some symptoms are temporary and resolve--other symptoms are a permanent reminder of the medical condition. Medical conditions such as alcoholism, exposure to metals, drugs, strokes, head trauma, and infectious diseases are all known to cause dementia.

The first step in determining a differential diagnosis is to gather information. A complete medical exam should be conducted with neurological testing, psychosocial assessments, behavioral health screening and symptom identification.

Dementia, delirium and depression symptoms vary and are identifiable by the features noted in the above chart provided by Marcie D. Cooper, Generations Counseling & Care Management LLC.

Additional areas to investigate include if there were multiple medications with drug interactions, sleep disturbance, nutritional status, pain management or psychosocial issues.

The family noted John slipping about four years ago. The family noticed John was letting the house maintenance go and was having some difficulty in his organization and building calculations.

They were relieved when John and Fern came to the assisted-living facility. Although the couple exhibited signs and symptoms of depression over the loss of their independence, it seemed short lived. They rapidly made new friends. John appeared happy; talked with residents and staff and attended many social events, including visiting friends and family often.

However, John declined rapidly during the last six months. A complete medical exam revealed John's history of alcoholism and heavy smoking appears to have taken its toll.

Due to the rapid changes in John, there also might be some delirium in addition to the dementia. Delirium is caused by the reduction of oxygen or glucose to the brain that can cause small reductions of acetylcholine to the brain. Drugs, sensory deprivation and many medical conditions are known to cause delirium. About 60 percent of all nursing home residents

and 25 percent of the general population have medications that are capable of blocking acetylcholine to the brain. The drugs might be alcohol or medications like narcotics, sedatives or corticosteroids. Sensory deprivation can occur due to changes in eyesight and hearing that causes the person to misinterpret stimuli. This will increase their susceptibility to delusions and hallucinations.

The medical management is recognition of the condition, identifying the specific cause, managing the agitation or disruptive behavior and providing general supportive care.

Following the assessment and diagnoses, discussions need to take place for the anticipation for the progression of the disease, plan for care needs and identification of treatment. Treatment can include drug intervention, psychotherapy, family support, staff training and determining the level of care to meet the resident's needs along with identification for crisis intervention.

John's success of yesterday will not be how to gage his success for tomorrow or the following week. For John, success would be a day without agitation--a day of peace. ■

Mental health awareness

There are many factors that influence who people are, how they see themselves, how they relate with others and the environments they live in. It is important to be aware of and identify mental health issues as the population ages. Screening and assessment provides the identification of signs and symptoms that assist in identifying specific types of mental health diagnoses. Although the causes vary, dementia is one of the largest mental health factors seen today. The physical, structural and psychosocial environments play a leading role in the treatment of mental health. This is followed by medication treatment.

Personal history also plays an important role in the treatment of mental health. Consideration includes facts such as birthday, education, religion, marriage, family, hobbies, typical work day, holidays, abuse, temperament, conflict resolution, stress management and use of money.

Handling residents with mental health issues can be trying and difficult at times. When caregivers are trained, they are able to understand resident history and behavior and not take it personal. It takes compassion and sensitivity to effectively deal with residents. While medications are helpful, they alone are not the answer. Alternative approaches are often more effective and easily available in the treatment of mental health.

Screening and Assessment

- Physical health--assess what is contributing to the problem
- Medication profile (look at the half-life of the medications)
- Neurological testing
- Psychosocial assessments
- Behavioral health screening
- Symptom identification
- Social history/personal history
- Cultural factors influencing resident

Differences in Mental Health

- Onset
- Progression
- Patient awareness
- Memory loss
- Social skills
- Responses
- Patient emphasis

- Performance of tasks

Symptoms of Dementia

- Occurs over several months to years
- Initial impairment in language, memory, recognizing visual and spatial relationships, cognitive thinking skills
- A change in personality that interferes with social and occupational functioning

Causes of Dementia

- Autoimmune Disorders--multiple sclerosis, lupus erythematosus
- Degenerative--Alzheimer's disease, Pick's disease, Parkinson's disease
- Hereditary--Huntington's disease
- Psychiatric Disorders--schizophrenia, bipolar disorders, depression
- Infectious--AIDS, syphilis, tuberculosis
- Metabolic--thyroid dysfunction, Vitamin B12 deficiency
- Toxins--alcohol, heavy metal exposure, drugs, carbon monoxide
- Vascular--multiple strokes
- Other--trauma (head), cancer, blood clots in the brain, brain tumors

Role of the Environment

- Stimulate--provides a place that is pleasant to be in, to interact in and participate with routines of daily living
- Inform--identifies what behavior is expected
- Cue--prompts the person how to dress and act
- Support--provides the lighting, sound and physical structure
- Adapt--allows flexibility to compensate abilities

Behaviors

Type 1--behaviors that are open to environmental intervention:

- Angry outbursts
- Resistant to allow care to be given
- Repetitive words or phrases
- Suspicion/accusation
- Rummaging and hoarding
- Sexual promiscuity
- Forgetfulness

Type 2--behaviors that are open to medication and environmental intervention:

- Hazardous behavior--financial problems, household dangers, driving
- Anxiety
- Psychosis
- Depression
- Sleeplessness
- Forgetfulness
- Wandering/elopement
- Staff/resident physical interaction
- Communication difficulties

Treatment - Drug Therapy – (Aricept, Cognex, Xanax, Ativan, Librium, Halcion, Haldol). These medications have many side effects that require monitoring for:

Parkinsonism, liver toxicity, sedation, worsening cognition, confusion and delirium.

Treatment - Non-drug Therapy (Alternative Approaches)

- Create a structured routine
- Increase and encourage enjoyable activities with a purpose
- Include familiar people (family, staff in activities)
- Surround them in a pleasant, clean, happy environment
- Reality orientation
- Reminiscence therapy--family photos, scrapbooks, music
- Validation therapy
- Behavior management
- Psychiatric management

Placement/Environment

- Warm, loving environment
- Home-like atmosphere
- Clutter free
- Well organized
- Areas for privacy and family gatherings

Architectural Design Accommodation

- Well thought out design--easy walking distances
- Color and lighting that is safe and calming
- Sound consideration--minimal overhead paging, echoing
- Types of monitoring--sensors, cameras, bed alarms, secured units
- Visual supervision--design to see large areas from a central location

See Healing, page 4

Employment Practices Liability insurance

It is becoming more difficult for long-term care facilities to make ends meet. You are seeing changes in the payment of Medicare and Medicaid, employee turnover, increased insurance costs, along with increasing number of lawsuits against homes by residents and their families.

In addition, there are increasing numbers of lawsuits in which employees are suing their employer for inappropriate employment practices. Areas where most of the suits are dealing with include discrimination, wrongful termination and sexual harassment.

According to the Bureau of Justice Statistics Report, more than 80,000 new employment practices liability lawsuits are filed each year. The report also stated that the average employment practices verdict is approximately \$415,000.

Although many complaints are settled before they get to court, anytime an employee has an employment practices claim or allegation, it will be expensive, time-consuming and disruptive to your operations.

There are a number of steps you can take to help prevent employment practices claims from happening:

- Be committed to provide a fair workplace, one open to accepting employee's suggestions.
- Have a statement of work rules; even better would be an employee handbook.
- Make sure your risk management procedures include an antidiscrimination and harassment policy. You must make your policy known to all your employees.
- Develop retaliation-free reporting procedures for employees to inform employers of allegations of harassment. Make sure the employees have options available to them to report their claim to someone other than their direct supervisor.

To help you develop a good employment practices policy, you should contact an attorney whom specializes or has experience in employment practices liability.

Although you can reduce the chance of a situation at your facility from happening, you cannot eliminate the

possibility of one occurring. That is why it is important to make sure you have the proper insurance coverage in place.

Most general liability policies do not provide coverage for workplace discrimination, harassment or wrongful discharge. Directors and officers liability policies might provide some coverage for the directors and officers but not for the corporation or its employees. Take the time to contact your insurance representative to find out if your facility is properly protected if an employment practices claim should happen. ■

Healing from page 3

- Continual corridors--exit doors that look like the wall
- Visual reminders--use of universal signs rather than words
- Furniture, counters and surfaces that are durable, unbreakable, clean easy
- Handicapped accessible
- Abilities based--to promote optimal function

New Meaning of Success

Be flexible and realistic in what the resident is capable of and how success is measured. ■



Long-Term Care Connection is designed to be a resource tool for the owners, operators and employees of long-term care facilities. Topics including insurance, risk management, health, safety and employment will be covered in the quarterly publication.

For more information on receiving *Long-Term Care Connection*, or to submit a comment or story idea, please call Karen Osman at 1-800-554-2642, Extension 4459, or send her an e-mail at kosman@churchmutual.com.

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