Faculty Guide to Behavioral Management: Ertha Williams

This faculty guide provides highlights of specific behavioral management issues in each of the scenarios from the simulation. The guide is not meant to be inclusive of all of the issues that may arise but may be helpful in processing the overriding themes.

Simulation 1 Scenario

- Think about how wandering disturbs Henry.
- If wandering occurs at night, think about sleep hygiene (avoiding caffeine, decreasing day sleep, increasing physical activity during the day) and alarming doors at night for safety. This is difficult for the care partner because they remain awake when wondering occurs.
- It is extremely difficult to change sleep patterns with medication. The new medication Suvorexant is prescribed for mild to moderate Alzheimer's Disease (AD) and causes insomnia.
- If wandering occurs during the day, promote a safe place to wander. It is important to promote activity. Wandering with a hired companion a few hours a day can also offer a respite to Henry.
- Offer Ertha activities that may satisfy her desire to rummage such as folding towels or napkins, cleaning out a drawer, and sorting items such as buttons.
- Diphenhydramine is anticholinergic and can contribute to increased confusion. It is difficult to reverse sleep with medication.
- Sleep disturbances are best addressed initially with increasing day activities, sleep hygiene, and avoiding day naps. Curtains are open during the day, lights are on.

Simulation 2 Scenario

- Behavioral changes are common with change in routine, and in this scenario, Ertha is experiencing not only a change in routine but the loss of Henry.
- Ertha is likely constantly reliving Henry's death secondary to her cognitive impairment. Discuss with students to not tell Ertha that Henry is dead when she asks where he is. She will grieve the loss again.

- Distraction may help Ertha process her grief. Ask questions such as:
    - Tell me about Henry?
    - Where did you meet Henry?
    - Where was your first home?
    - Tell me about Henry's family?
- Help Betty with distraction techniques. In addition, help her to devise a routine to talk with Ertha once or twice a day. Ertha has no sense of how often she is calling, nor of the conversations.
- Increasing Ertha's day activities may be helpful. Find a friend who lives there and participates in group activities. Get the church ladies involved (they might pick her up for church, come visit, engage her in other activities. Hiring a one-on-one companion may be helpful but not financially feasible. A day program may be an option.
- Interventions may allow her to stay in assisted living for a longer period of time; previously Henry was providing this structure for Ertha.
- Wandering needs to be addressed in other ways, not medications.
- Get church pastor to visit.

Simulation 3 Scenario

- Ertha's dementia has progressed, and her behavioral symptoms have expanded. The transition to another unit without her husband will take time and adjustment.
- Velcro barriers on doors or a stop sign or simulated pond in front of an exit door may help to distract her from an area that should be avoided. Avoid using the word "no" with attempts to distract. Starting with the word not often sets up a dynamic of conflict and can increase the agitation
- Allow her to rummage safely and to hoard items. It will be difficult to distract her away from doing this. Educate the staff to clean out Ertha's area when she is not present. She will likely not remember.
- Ertha is on two antidepressants. Fluoxetine is being used for behavioral and mood management and trazadone for sleep. The low dose of the trazadone is a clue that it is being used for sleep vs for mood management. Students will see anti-psychotic medications used to treat behavior, and it should be noted that they generally do not work. A black box warning for anti-psychotics: Do not sedate or restrain a person.
- Donepezil, which is an acetylcholinesterase inhibitor, is the medication used to help to slow the progression of dementia and maintain the highest level of functioning possible. Subsequently, the maintenance of functioning can help to maintain optimum behavior. Some practitioners may change from donepezil to the rivastigmine transdermal patch to

see if a change in acetylcholinesterase inhibitors will elicit a better response. Rivastigmine po has significant gastrointestinal disturbances and the transdermal delivery virtually extinguishes the gastrointestinal side effect, as it bypasses the GI system. In the past memantine was used as an add-on medication to the acetylcholinesterase inhibitor, in an attempt to boost function. However, more recent studies support memantine, a drug that acts on the glutamatergic system, as a monotherapy and used for moderate-severed AD. Donepezil and memantine are combo meds for moderate to severe AD.

- Students need to understand what each class of medication is targeted to treat and how the medication is working. There may not be any major changes with the use of donepezil or rivastigmine, but the goal is to preserve functioning for the longest time possible, but not seeing change with the use of this class of medication may not indicate discontinuation. It is measured by the slowing or preservation of functional and cognitive decline. The use of antidepressants in a case such as Ertha's might be to treat the restlessness and behavioral issues. The outcome students would measure is a decrease in these behaviors. They would not necessarily see a total change in the behavior. Look at overall functioning when evaluating the behavior, such as Ertha's ability to stay in activity for a longer period or Ertha needs less redirecting now compared to previous week. Watch for side effects that mimic signs of dementia such as dizziness, confusion, and loss of appetite.