Effectively Coping with Mood and Behavioral Symptoms Related to Alzheimer’s Disease

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Alzheimer’s Texas

A privately funded voluntary health organization formed in 1982 to serve Central Texans with Alzheimer’s disease and their caregivers.

MISSION
To eliminate Alzheimer's disease and related disorders through the advancement of research and to enhance care and support for individuals, their families, and caregivers.

VISION
To create and sustain a dementia capable Texas in which persons with Alzheimer’s and related disorders, and their families, receive quality care, effective treatments, and meaningful support.
Learning Objectives

• To better understand common mood and behavioral symptoms associated with Alzheimer’s Disease, their etiology, and impact.

• To learn about a practical approach to effectively coping with Alzheimer’s Disease mood and behavioral symptoms

• To learn about other evidence-based strategies to treat mood and behavioral symptoms related to this disease process.
### Common Psychological and Behavioral Symptoms

<table>
<thead>
<tr>
<th>Psychological Symptomatology</th>
<th>Behavioral Symptomatology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anger/Frustration</td>
<td>Wandering</td>
</tr>
<tr>
<td>Anxiety</td>
<td>Agitation/Aggressive Behavior</td>
</tr>
<tr>
<td>Depression/Sadness</td>
<td>Using Foul language/Yelling</td>
</tr>
<tr>
<td>Delusions</td>
<td>Tearfulness/Crying</td>
</tr>
<tr>
<td>Mood swings</td>
<td>Eating Difficulties</td>
</tr>
<tr>
<td>Apathy</td>
<td>Sleep Disturbance</td>
</tr>
<tr>
<td>Mania</td>
<td>Impulsiveness</td>
</tr>
<tr>
<td>Irritability</td>
<td>Inappropriate Sexual Behavior</td>
</tr>
<tr>
<td>Personality Changes</td>
<td>Refusing Help</td>
</tr>
<tr>
<td>Paranoia</td>
<td>Hoarding</td>
</tr>
<tr>
<td>Aggressiveness</td>
<td>Accusations</td>
</tr>
<tr>
<td>Hallucinations</td>
<td>Incontinence</td>
</tr>
</tbody>
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Physiological Causes:

- Neurons (nerve cells) are being lost in the brain due to plaques and tangles

- Mood and Behavioral changes depend on which part of the brain is being impacted by these losses

Other physiological causes:

- Pain
- Infection
- Metabolic Changes
- Medication side effects
- Another cooccurring change in health or incident: stroke, cancer, fecal impaction, etc.
Secondary/Environmental Causes

- Difficulty with tasks
- Inability to communicate
- Unfamiliar surroundings
  - May create behavior problems
- Loud noises, frantic environment
- Physical discomfort

https://www.helpguide.org/articles/alzheimers-dementia-aging/alzheimers-behavior-management.htm

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How are patients and caregivers impacted?

“Disruptive behaviors are more disturbing partly because of the adverse impact on the emotional connection between the caregiver and the care-recipient and partly because they exacerbate difficulties in other domains (e.g., caring for activities of daily living).”
Cheng (2017)

A recent meta-analysis found overall prevalence rates of 34 and 44%, respectively, of elevated depressive and anxiety symptoms for caregivers.
Sallim et al. (2015)

A recent longitudinal study found incidence rates of 37 and 55% for major depressive and anxiety disorders in a 24-month interval for caregivers.
Joling et al. (2015)
Practical Strategies for Caregivers

7 Steps to Managing Mood and Behavioral Symptoms

• Reassure the person
• Review the possible causes
• Remove any triggers
• Redirect behavior or attention
• Restore yourself
• Review what happened
• Reach out for help as needed

Surviving Alzheimer’s: Practical Tips and Soul-Saving Wisdom for Caregivers – Paula Spencer Scott
Reassure the Person:

- Collect and calm yourself.
- Use body language that matches your words: Approach slowly and from the front. Be aware of your body language and movement and make eye contact.
- Avoid urging or arguing. Stop yourself from reacting with logic.
- Respond to the emotion being expressed, rather than the behavior.
- Validate the emotion.
- Take time to really connect with the person you’re caring for.
- Remind the person that they are safe, and you are there to help.
Review the Possible Causes:

- Consider the timing.
- Ask yourself if there’s a pattern to when or where the problem seems to happen.
- Make a mental sweep of what’s new/different that might have set the person off.
- **Consider possible unmet needs:**
  - Physical need: Hunger, sleep, etc.
  - Pain
  - Another physical cause: constipation, dehydration
  - Overstimulation
  - Frustration
  - Feeling unsafe or insecure

- Assess the person’s body language.
- What happened just before the behavioral or emotional response?
- How did I initially react to the behavior or emotional response?
- Ask the person questions that show you’re on their side and to better understand the problem.
Remove Any Triggers:

- Visual triggers: car keys, coat by the door
- Auditory triggers: unidentifiable sounds, loud noises
- Activity triggers: sounds of meal prep or the lawnmower
- Misperception triggers: shadows as people; perceiving a known visitor as a stranger
- Discomfort triggers: hunger, feeling too hot or cold

Frustration triggers: Identify validating narratives, “We stored your tools in the garage so they wouldn’t get rained on.”
Redirect Behavior or Attention:

• Introduce a diversion.
• Provide options when possible.
• Change the scenery.
• Utilize peacefully distracting and safe activities: “Fold laundry, watering a plant”
• Use bridge phrases to change the topic of conversation.
• Steer toward a positive aspect of the past, reminisce.
• Break down complex tasks into smaller manageable steps
• Give the person a task that allows them to have a say in what is happening
• Exercise is one of the best stress-relievers for everyone: take a walk
• Play calming or favorite music.
• Interact with a pet or special loved one in the home
• Speak slowly, with a calm tone. Avoid quick movements that could be misunderstood.
• Move to a quieter area.
• Give brief and simple directions/Ask simple, close-ended questions. Say one thing at a time.
• Pause or back off when something isn’t working.
• Have a daily routine, so the person knows when certain things will happen.
Restore Yourself/Restore the Caregiver:

- Give yourself a moment: Deep Breathing, Mindfulness
- Practice Self Compassion and giving yourself credit
- Take a break, if possible
- Make plans to de-stress – “This evening I will need to . . .”
- Access respite care or your social support system. Who can you call?
- Make sure your basic needs are met. Did you eat lunch?
Review what happened, when you are able:

- Keep a written or electronic log of incidents: time, date, severity
- Consider any recent changes to routine, medication, etc.
- What other symptoms have been present, if any? increased lethargy, physical agitation, etc.
- Consult with others who might have witnessed the behavior: Home health, hospice, other family members.

https://zapier.com/blog/best-journaling-apps/
Reach Out for More Help:

• Consult with any other personal or professional caregivers involved in the person’s care.
• Reach out to a primary care physician if symptoms persist.
• Join virtual communities for dementia caregivers.
• Local Alzheimer’s support groups, such as those offered by many of you through Alzheimer’s TX.
• Consultations with a dementia-care expert, like a geriatric care manager.
• Take a course or workshop.
• Review books and materials about dementia care.
Non-pharmacological Interventions

- Sensory Stimulation Interventions
- Cognitive/Emotion-Oriented Interventions
- Other Evidence Based Interventions
  - Exercise Therapy
  - Animal Assisted Therapy
  - Tailored Dining Room Environment
Sensory Stimulation Interventions

- Shiatsu and Acupuncture
- Aromatherapy
- Massage Therapy
- Light Therapy
- Sensory Garden and Horticultural Activities
- Music, dance, and art therapy
- Snoezelen Multisensory Stimulation Therapy
Cognitive/Emotion-Oriented Interventions

• Cognitive stimulation
• Reminiscence Therapy/Life Review
• Validation Therapy
• Behavioral Management Techniques:
  – Cognitive Behavioral Therapy
  – Functional analysis of specific behavior
  – Behavioral Reinforcement Strategies
  – Communication Training
  – Habit Training
  – Progressive Muscle Relaxation
  – Token Economies
Other Evidence Based Interventions

- Exercise Therapy
- Animal Assisted Therapy
- Tailored Dining Room Environment
One Example of Art Therapy

Creativity and theater in a skilled nursing setting.

*The Royal Papers, West Oaks Rehab Residents*

[https://www.youtube.com/watch?v=zAqCRe41i0w](https://www.youtube.com/watch?v=zAqCRe41i0w)
Alzheimer’s Texas

- Information and Referral
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For a personalized consultation, call:

512-241-0420

Or visit us at:
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Questions?

What do you want us to know?
References


