

COGNITION CASE STUDY 2 – MRS. BEE

FACILITATOR'S GUIDE

GOAL: The goal is to assist participants to apply understand the multidimensional causes of behaviour to inform possible interventions by using the PIECES approach

Supporting Documents:

1.1.5 Dementia - Case Study 2

DISCUSSION QUESTIONS

INFORMATION FROM CASE STUDY & ADDITIONAL QUESTIONS TO ASK

IDENTIFY

1. WHAT HAS CHANGED?

- What are the triggering factors
- What are the behaviours
- How severe are the behaviours?
- How frequently do they occur?
- How long do they last?
- What are the consequences of the behaviours?

• **WHAT HAS CHANGED?**

- **What are the triggering factors?**
 - Recent relocation to a new living environment (new physical surroundings, new people, less autonomy, more involvement of people providing her care, sharing living space with a roommate)
 - Her perception of how staff are not providing sufficient care to her roommate
- **What are the behaviours?**
 - Angry outbursts, calls to 911, leaves the premises, declining assistance with person care
- **How severe are the behaviours?**
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- **How frequently do they occur?**
 - Occasional
- **How long do they last?**
 - Uncertain
- **What are the consequences of the behaviours?**
 - Potential for physical harm to self (impact of angry outbursts, of decrease attention to personal care, if becomes lost after leaving premises) and others (if anger escalates)
 - Potential for emotional harm (impact of angry outbursts)
 - Potential for strained relationship with staff

SCREEN/ASSESS

2. WHAT ARE THE POSSIBLE CAUSES? (Use the P.I.E.C.E.S.™* Framework)

- **PHYSICAL**
 - Delirium
 - Disease
 - Drugs
 - Discomfort
 - Disability

PHYSICAL

- **Any causes from her medical conditions? Any medical instability?:**
 - Fibromyalgia, Chronic pain, Vertebral fracture, Hypertension, Depression, Dementia (2017), Hypothyroidism
- **Any causes from her medications?:**
 - Effexor, Wellbutrin, Hydromorphone Contin, Lyrica, Eltroxin, Vitamin D, Biscodyl, Peglyte, Calcium Carbonate, Actonel

Additional assessments to complete for further possible causes

- **Delirium assessment:**
 - Complete Confusion Assessment Method to detect delirium
 - Request Delirium screening blood work and urinalysis; assess for constipation
 - Assess for other causes of delirium: think 4 Ms – Medicine, Microbials, Metabolic and Medical disorders.
- **Pain assessment:**
 - Flags include emotional or behavioural changes (increased intensity of dementia, delirium or depression) and/or physical changes (gait, posture, appetite, sleep patterns, elevated BP, respirations, diaphoresis and pupil changes)
- **Fall prevention assessment:**
 - Request, physiotherapy assessment

- **INTELLECTUAL**

Amnesia,
Aphasia,
Apathy,
Agnosia,
Anosognosia,
Apraxia,
Altered perception,
Attention Deficits

- **EMOTIONAL**

Adjustment disorder,
Mood disorder,
Delusional,
Personality Disorder

INTELLECTUAL

- Decreased insight and judgment (no recent changes)
- MoCA: 13/30

Additional information to obtain and strategies to do

- Consider additional flags for cognitive changes include near misses, excuses and confabulation.
- Consider how the person's illness/disease impact their ability to think, reason, understand and make decisions?
- Look for previous MoCA scores you can reference and see where the points were lost.
- Consider mapping behaviour as it elicits the occurrence, frequency and duration of target behaviours and helps to establish the risk of targeted behaviours in comparison with behaviours that should be accommodated.
- Administer the Cohen Mansfield Agitation Inventory – a retrospective rating questionnaire consisting of 29 “agitated behaviours” rated on a 7-point scale of frequency.
- Adapt care plan and environment to maximize person's remaining strengths.
- Consider use of psychotropic and cognitive enhancer medications to manage BPSD.

EMOTIONAL

- **M:** Irritable
- **S:** sleeps well at night
- **I:** overly concerned about her roommate
- **G:** denies feelings of guilt
- **E:** restless & agitated
- **C:** poor concentration
- **A:** appetite is good
- **P:** psychomotor agitation
- **S:** denies suicidal ideation

Additional questions to ask and information to obtain

- History
 - What do we know of her previous Psychiatric History?
 - Is there a history of self-harm or suicidal ideation?
 - What can Mrs. Bee tell us about her past life history that might give us clues to her current behaviour?
- Is there a psychosis present? (7D's – **D**angerous, **D**istressing, **D**isturbing, **D**irect action, **D**efinite (fixed), **J**eopardizing **I**ndependence, **D**istant vs Present.
- Is Mrs. Bee's brother able to give us any insight into her behaviour?
- Are we able to connect with her supports in the community?

GERIATRIC EDUCATION SERIES

DEMENTIA

- **CAPABILITIES**

ADLs
IADLs

- **ENVIRONMENT**

Over/under stimulation,
Relocation,
Change in routine,
Noise lighting colours

- **SOCIAL**

Social network,
Life story,
Cultural heritage

CAPABILITIES/FUNCTION

- **ADLs:** One person assistance for bathing and grooming
- **Mobility:** Foot propels in wheelchair, one person assist for transfers
- **Bowels/Bladder:** Bowels move regularly, continent of urine
- **Nutrition:** Appetite is good, weight is stable

Additional information to look for

- Previous functional assessment
- What are the retained capabilities (ADLs & IADLs)?

ENVIRONMENT

- Recently admitted to Long Term Care. She lived in her own apartment prior to this.

Additional information to look for or questions to ask

- What is her environment like now?
- What possible triggers for her behaviours exist in her environment?

SOCIAL

- Mrs. Bee is a 78 year old woman born in Saskatoon, Saskatchewan. She has one older brother who still lives in Saskatoon.
- Mrs. Bee is a retired social worker who worked as a guidance counsellor in a local high school. She is divorced and has one child, Elizabeth from whom she is estranged.

Additional information to obtain

- Consider the values, wishes, beliefs and life experiences of the person and how these factors influence the decision for care.
- Encourage activities tailored to her personal experiences such as work life and personal likes and dislikes.
- What were her social supports in the community?



GERIATRIC EDUCATION SERIES

DEMENTIA

3. WHAT RISKS ARE ASSOCIATED WITH MRS. BEE'S BEHAVIOURS?

- **Roaming:** attempted to leave the home, exit seeking behaviours pose a risk to self
- **Imminent:** further decline in cognition due to delirium and/or depression
- **Suicidal ideation:** denied
- **Kinship relations:** loss of rapport with staff, roommate and estrangement from family
- **Self-neglect:** declining self-care – skin breakdown, decline of mobility, inability to comply with care

RGPEO

INTERVENE

4. WHAT STRATEGIES AND INTERVENTIONS WOULD YOU RECOMMEND? (Use the P.I.E.C.E.S.[™]* Framework)

Consider non-pharmacological, pharmacological and investigations

- **Create a holistic priority of care:** therapeutic Interventions which include biopsychosocial and pharmacological, in response to what has surfaced as contributing factors based on the P.I.E.C.E.S.[™] review.
 - P:** Treat any medical causes of the behaviour.
 - I:** Optimize cognitive abilities by encouraging physical, mental and social activities.
 - E:** Consider treating the psychosis and possible low mood.
 - C:** Encourage participation in the ADLS that she can do.
 - E:** Consider environmental concerns such as noise & lighting.
 - S:** Encourage activities tailored to her personal experiences such as work life and personal likes and dislikes.
- **Risks:** Minimize risks that have been identified, both priority risks and imminent risk. For example: consider a wander guard for exit seeking behaviours. Remove visual triggers for exit seeking such as a coat and purse.
- **Acute changes:** If the person is experiencing an acute change provide immediate interventions to minimize risk and reduce complications.
- **Transitions:** Prevent unnecessary decline and/or reoccurrences especially in times of transition. Share with the team priority risks, investigation findings and intervention strategies.

APPLY

5. HOW WOULD YOU APPLY THE *P.I.E.C.E.S.[™] FRAMEWORK TO YOUR WORK CONTEXT?

- **What would your role be in identifying, screening, assessing and/or intervening?**
- Local resources for behaviour management:
 - **Community:** Referral to Geriatric Psychiatry Community Services of Ottawa
 - **Long-term Care:** Referral to Geriatric Psychiatry Outreach, Behavioural Support program and/ or Behavioural Therapist