

Understanding challenging behaviour in patients with dementia

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Summary

The fifth and final article in the series on patients with dementia in acute care examines challenging behaviour. Hospital admission, combined with unfamiliar surroundings and memory problems, can be frightening and disorientating for those with dementia. This can lead to behaviour which is perceived as 'disruptive' or 'difficult'. Aspects of the hospital environment or care practice can contribute to problems that may be misinterpreted and lead to challenging behaviour. Staff should seek to understand the cause of challenging behaviour, assess the possible causes and use strategies to reinforce familiarity and minimise distress for these patients.

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This article considers some of the experiences that patients with dementia may have on an acute ward that can trigger challenging behaviour. The effect of the ward environment on people with dementia will be considered and suggestions for improving communication with these patients are proposed. The antecedents, behaviour and consequences (ABC) analysis of behaviour (Stokes 2000) is presented as a tool to aid staff understanding of people with dementia and to assist in developing appropriate responses.

Behaviour that challenges

Not all people with dementia have disturbed behaviour (Archibald 2002), but some do require support to manage their behaviour (Garratt and Hamilton-Smith 1995). When admitted to hospital, most patients feel anxious and stressed. People with dementia are more likely to experience the ward setting as frightening and disorientating, because symptoms of dementia include loss of recent memory and reduced functioning when stressed. It is important to consider how patients with dementia may be feeling when they are admitted to hospital (Box 1).

The scenario outlined in Box 1 illustrates that if someone has forgotten where they are, a frightened response is perceived to be appropriate. In Martin's situation, where he is woken in an unfamiliar environment and asked to undress, his response might be seen as aggressive, challenging and a ward management problem.

Patients with dementia have reduced cognitive skills and are at risk of misidentifying and misinterpreting the social, emotional and physical environment (Lowery *et al* 2000). The nursing assistant described in the scenario may have told Martin who she was and what she planned to do but, as people with dementia have reduced ability to perceive and interpret all the cues provided to them, this would not necessarily have improved the situation. They also have decreased ability to filter out unwanted noise, which may lead to confusion (Harrington 1998). Staff need to allow sufficient time and use

IT IS DIFFICULT to determine how to respond to the behaviour or responses of a person with dementia, if we do not know what caused it or how the person interprets it (Kerr and Cunningham 2004).

Acute wards are fast-paced environments and place increasing demands on staff (Archibald 2002). When a person with dementia is admitted to an acute ward, the first concern for staff may be the potential impact of the patient's behaviour on the ward and the time needed to provide support (Dementia Services Development Centre 2001, Archibald 2003).

If the behaviour of patients with dementia is found to affect ward routines, then the patient can be perceived as disruptive, aggressive or difficult. Such perceptions do not help to determine the cause of behaviour or enable solutions other than some form of restraint (Mental Welfare Commission for Scotland (MWCS) 2002).

effective communication skills when assisting patients with dementia (Goldsmith *et al* 1997); for example, when assisting a patient to change his or her clothes, the nurse should make sure that he or she looks directly at the patient when speaking, rather than communicating while facing the locker to take out the clothes.

Nurses should understand the range of disabilities that people with dementia experience and provide appropriate responses (Archibald 2003). The challenges these patients experience in acute hospital settings may include:

- ▶ Coping with the stress of hospitalisation.
- ▶ Transfer trauma from ambulance to accident and emergency (A&E), and from A&E to at least one ward.
- ▶ Being bombarded with new information and unfamiliar people.
- ▶ An unfamiliar environment, resulting in patients forgetting where they are and trying to find their home.

Ward environment

The ideal environment for someone with dementia should be a place that is calm, well-organised, familiar and suitably stimulating (Kerr 1997). Although it is difficult to achieve and maintain all these elements on acute wards, there are a number of measures that can be undertaken to support patients with dementia in the acute ward setting (Archibald 2002). The second case scenario outlines an incident on the ward involving a patient with dementia, and the environmental factors that may have contributed to this (Box 2).

The process of ageing coupled with dementia can significantly affect how people experience and function in an environment. Martin's ability to find the toilet may be impaired by a number of factors, including eyesight. The eye muscles weaken with age, resulting in the direct field of vision being reduced and the angle of the eyeball being lowered. This can be further complicated by shortening of the spine. The height at which signs and significant information are placed needs to be lower for older people (Harrington 1998). The ability to see contrast is also compromised in older age, particularly if the person has dementia (Pollock 2003).

Visual difficulties may also be present, because of neural changes which are associated with dementia and are present in older age (Koncelik 2003). Adequate and appropriate lighting is essential to enable people with dementia to see and orientate themselves in their environment because adaptation to changes in light is slowed (Netten 1989, Stuart-Hamilton 2000). There is also a

reduced ability to see the violet end of the colour spectrum. This, coupled with the yellowing of the eyes in older age, means that the colours red, orange and yellow are more easily seen and can be important cues for older people (Marshall 2005).

Martin (Box 2) walked past the main ward toilet, but it had not been obvious to him because:

- ▶ The toilet door was the same colour as all the other doors and was a pale colour similar to the walls.
- ▶ The lighting in this area was poor.
- ▶ The sign for the toilet door was positioned for the visual field of someone of above average height.
- ▶ The sign for the toilet was a modern

BOX 1

Scenario 1

Martin has arrived on the ward at 11.30pm to be admitted following a transient ischaemic attack. He has a diagnosis of Alzheimer's dementia. The lights are dimmed on the ward because most patients have settled to sleep. Staff are busy with two patients who are unwell and require care in side rooms.

The nurse in charge requested that Martin should not be sent to the ward for another half an hour, but he has arrived early. The nurse in charge asks one of the nursing assistants to help Martin get comfortable in his bed and assist him to change into his night clothes.

The nursing assistant comes away from the side room and greets Martin. She makes sure he is safely at his bed and lets him know she will be back in a few minutes to assist him to change, and pulls the screens around the bed as she leaves.

When the nursing assistant returns and enters behind the curtain, Martin has fallen asleep. The nursing assistant wakes Martin and begins to help him, by asking him to take off his shirt.

Consider if you were Martin what might you do?

You might:

- ▶ Scream
- ▶ Hit out
- ▶ Fight back
- ▶ Cling to your clothes
- ▶ Try to run away

(Kerr and Cunningham 2004)

BOX 2

Scenario 2

At 2am on Martin's second night on the ward he gets up to go to the toilet. He goes to a number of doors, but they all look the same. He cannot seem to find any door that indicates it is a toilet. He eventually goes into one of the side rooms where another patient, Arthur, is sleeping. The door is open to the side room en-suite toilet and the light is on. Martin goes in to use the toilet. Arthur wakes up on hearing Martin in the toilet and shouts at him to come out of his toilet. Martin tells him to go away. Arthur goes to get the nurse in charge. On their return they find Martin going through Arthur's locker. Arthur shouts at Martin to get out of his locker and an argument ensues.

matchstick man symbol and had no other cues, such as the word or image of a toilet.

Poor lighting and signage could have contributed to Martin not finding the toilet; however, in such cases blame for the cause of 'disruption' can be placed on the person with dementia. Martin might have been looking in Arthur's locker as he could not remember where he was and was trying to make sense of his environment by searching for something familiar. The hospital environment also has implications for staff workload and patient dignity. Research has shown that when environmental factors are considered, continence is improved (Bignall 1996).

Environmental factors, in combination with the physiological changes of old age and the disability of dementia, can contribute to situations that patients such as Martin find themselves in (Brawley 1997, Pollock 2003). By asking Martin's carer to bring some familiar objects into hospital, such as a picture and a small clock, Martin's orientation to the bedside area may be improved (Archibald 2003, Marshall 2005).

To enable staff to have appropriate responses to patients and their subjective experiences, information from carers can be useful. Personal profile charts, which document important information about the individual, can help nurses to support and reassure patients during their stay in hospital (Archibald 2003).

Understanding challenging behaviour

An essential skill for nurses is the ability to recognise the early signs of distress, because this can be a precursor to the development of challenging behaviour. Recognising distress requires an understanding of the individual and situations that trigger his or her behaviour. Throughout this series of articles on dementia, pain, dehydration, delirium and the environment have been highlighted as some of the potential triggers of challenging behaviour.

The key to successful management of challenging behaviour is to determine what triggers it in an individual. The challenges for nurses are to:

- ▶ Discover what the trigger is.
- ▶ Understand the emotions behind the behaviour.
- ▶ Understand what the person is trying to communicate.
- ▶ Understand the meaning of the behaviour.
- ▶ Imagine themselves in the position of someone with dementia in hospital, and consider the situation from his or her perspective.

Assessment of behaviour

The ABC analysis of behaviour is a useful tool for understanding behaviour in patients with dementia (Table 1 and Figure 1). This system provides an opportunity to record all of the factors which interact to create a challenging situation.

Any situation will involve a complex interaction between the environment and the people involved, including their histories, personalities and needs (Cheston and Bender 1999). The retrospective recording of antecedents (A), behaviour (B) and consequences (C) associated with an event, can help to define the problem and prevent further incidents that may arise if the patient's needs are misunderstood (Table 1).

When conducting the assessment, it is important that staff use it to describe what they observe. For example, the terms 'wandering', 'aggressive' and 'unco-operative' provide little insight to help determine the problem and inform the assessment and care-planning process.

The information derived from the assessment should be recorded on a chart to help develop a

TABLE 1

The antecedents, behaviour and consequences (ABC) analysis of behaviour

A	Antecedents	Who was present at the time or just before the event? When did the behaviour occur? Where did the behaviour occur? What was the person doing immediately before the behaviour occurred?
B	Behaviour	Is this new behaviour? What form did it take? Was it verbal or physical? Who or what was the focus of the behaviour? How long did it last? What are the precise details? How did others respond to the event?
C	Consequences	What were the consequences for the person? Did the person calm down or become more agitated?

(Stokes 2000)

FIGURE 1

Sample chart for analysis of challenging behaviour

Date	A	B	C

(Stokes 2000)

picture that informs the assessment (Figure 1). This information should be recorded for each incident, ideally at the time it occurred and it is important that as many of the staff as possible participate in using this tool (Stokes 2000).

By understanding what the person is trying to communicate, nursing staff can respond appropriately to the patient's needs (Cheston and Bender 1999). It is neither legally nor ethically acceptable that the general response to challenging behaviour is the use of chemical or physical restraint (MWCS 2002), yet the use of antipsychotic medication, or other forms of restraint, remains one of the primary responses to challenging behaviour (Hopker 1999, Kirkevold *et al* 2004). Staff understanding and attitudes towards patients with dementia have a significant effect on how behaviour is interpreted and responded to (Carlisle 1997).

Conclusion

This series of articles on dementia has highlighted the experiences of patients with dementia in acute hospital settings. This final article in the series has demonstrated that lack of understanding of the experiences of patients with dementia can lead to challenging behaviour and misinterpretation of their needs.

Lack of awareness and knowledge about the needs of patients with dementia and the

competence to adequately support them are major barriers to improvements in care. Until the perspectives of people with dementia are understood, the concerns highlighted in this series will continue to be prevalent in acute hospital settings.

The rapidly-changing and streamlined NHS presents challenges for patients with dementia. Nurses are also under increasing pressure. However, improved care for those with dementia has positive implications for nursing staff as well as other patients. Potential problems can be foreseen and managed, thereby reducing complications and making effective use of limited nursing time. By increasing knowledge of dementia and the associated challenges in acute hospital settings, care can begin to improve for this vulnerable patient group whose needs are often overlooked **NS**

USEFUL RESOURCES

Dementia Services Development Centre
www.dementia.stir.ac.uk

Dementia Services Development Centre Network (England)
www.dsdcengland.org.uk/dsdc.php

Dementia Services Development Centre (Wales)
www.bangor.ac.uk/dsdc/welcome.html

Alzheimer's Society
www.alzheimers.org.uk

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