

DEMENTIA CARE IN ED

INTRODUCTION

Patients with primary or secondary diagnosis of dementia accounted for 1755 emergency admissions to Stepping Hill Hospital for the period 2014-15, from an estimated community prevalence of 3787 diagnosed and undiagnosed cases (NHS Stockport Clinical Commissioning Group- Dementia Dashboard, 2015).

This group of patients have specific needs when treated anywhere in the hospital. As a result of this, Stockport NHS Foundation Trust has developed the Dementia Strategy 2014-2018 - 'Making a difference in Dementia'. This refreshed strategy promotes patient focused values and behaviours, and specific actions. It advocates for patient-centred care, with a focus on seeing the **person** not just the diagnosis of dementia.

Looking at interventions that could improve the experience of these patients and their relatives whilst in ED, a **Dementia trolley** has been developed. It incorporates a series of resources, listed below to be utilised by the ED staff to acknowledge the individuality of the patient, support and reassure relatives, and to assess and respond to pain needs and behavioural symptoms of this group of patients.

The resources in the trolley include:

[‘THIS IS ME’ DOCUMENT](#)

[ADMIRAL NURSES LEAFLET](#)

[BOLTON Pain Assessment Tool](#)

[DEMENTIA CAREGIVERS PASSPORT](#)

[TACTILE STIMULATION](#)

[REMINISCENCE and PAINTING](#)

[MUSIC](#)

[DOLL THERAPY FOR AGITATED PATIENTS](#)

[Stockport Directories -](#)

http://snt-webcluster/stores/DocumentManagement/Docs/live/Guidelines/38834_Stockport-Dementia-Directory-November-2012.pdf

‘THIS IS ME’ DOCUMENT

NICE (2014), through its *Quality statement 2: Choice and control in decisions* for dementia patients, states:

‘People living with dementia must have the opportunity to take all the decisions they are able to - from choosing when to get up, what to wear, when to eat and how to fill the day, right up to making decisions about their healthcare...’

‘This is me’ is a tool developed by the Alzheimer’s society and the Royal College of Nursing, that acknowledges the person as an individual and lets others know about their needs, preferences, likes and dislikes.

The booklet contains a brief biography and a description of care aspects that responds to the singularity of every person. It can be completed by the patients themselves or their relatives, and it should be offered whilst in ED to promote patient-focussed behaviours and commit to high quality, person-centred care.

It is also available in the Dementia intranet site, or can be downloaded from: https://www.alzheimers.org.uk/site/scripts/download_info.php?fileID=1604

ADMIRAL NURSES LEAFLET

Admiral Nurses provide specialist practical and emotional support to patients and relatives through a phone helpline or via email. Despite no Admiral Nurse service for Stockport, patients and carers can access Admiral Nurses services including advice in navigation or referral to other local resources through their Dementia Helpline on 0800 888 6678.

Admiral Nurses website: <https://www.dementiauk.org/how-we-help/admiral-nursing-direct/>

Bolton Pain Assessment Tool

The National Dementia Strategy (2009) stresses the need to recognise, assess and manage pain for all patients admitted to hospital. Evidence reveals that pain is under detected and undertreated in people with communication difficulties, amongst them people living with dementia (Scott et al 2011). As an example, hip fracture patients with cognitive impairment had comparatively one third of the amount of morphine administered to cognitively intact patients in a study of Scherder et al (2009).

The difficulty in articulating pain experience and self-reporting for this group of patients, leads to the consideration of implementing an observational behavioural pain assessment tool. Stockport NHS Trust has adopted the Bolton Pain Assessment Tool (2011) for this purpose.

It rates from 0 to 3 different manifestations on:

- vocalisation
- facial expression
- change in body language
- behavioural change
- psychological change
- physical change

and it also incorporates comments on pain expression by family or usual care givers.

The final score will discriminate pain into:

- No pain (0-2)
- Mild pain (3-7)
- Moderate pain (9-13)
- Severe pain (>14)

prompting a series of actions for each category.

DEMENTIA CAREGIVERS PASSPORT

The Dementia Caregivers Passport is an initiative that provides the holder with unrestricted visiting times and a free parking permit issued by the travel office (located off the main hospital corridor in the Rowan Suite) when presenting to them with the passport.

AGITATION

Persons diagnosed with dementia can exhibit agitated behaviour, which is often a symptom of unmet needs in this population (Dewing, 2010).

Agitation can manifest in diverse forms such as verbal or physical aggressiveness, withdrawal, wandering, or sleep problems (Cohen-Mansfield 2008). (See Trust's guideline in dementia-related walking on the Dementia microsite) -http://snt-webcluster/stores/DocumentManagement/Docs/live/Guidelines/37687_37687_Guidelines_for_patients_with_dementia_related_walking.doc

It is important to think about what might cause challenging behaviour. Some of the first things to consider are the following aspects (a 'PAIN' assessment):

P	Physical problems e.g. infection, pain, constipation, dehydration (think delirium!), sensory impairment, depression, hunger Psychotic symptoms: delusions / hallucinations
A	Activity related: dressing, washing Activities: lack of activities / overstimulation Attitude of others: rushing, startling, ignoring, 'doing to' instead of explaining what you want and doing it together
I	Iatrogenic: e.g. side effects of drugs or medication toxicity
N	Noise or other environmental factors like lighting, signage, colours, and behaviour of others

(Adapted from the Stockport Dementia Directory, 2012)

NICE (2016) recommends multisensory stimulation and therapeutic use of music for these patients, once early assessment to identify factors that may cause the behaviour has been performed.

TACTILE STIMULATION

The Dementia trolley contains knitted twiddle muffs/activity mitts with buttons and beads, as well as different textured rubber balls. Handheld objects have been reported to produce a calming effect on dementia patients (Nassisi et al 2006). The Alzheimer's Society UK promotes the use of these resources as a means to provide sensory stimulation through massage, reduce the urge to fidget and relieve stress for the user.

The twiddle muffs/activity mitts are to be kept by the patient once given; the spa balls could be cleaned following infection control principles.

REMINISCENCE and PAINTING

The dementia trolley contains a series of reminiscence cards with diverse subjects, and water auto-colouring laminate with scenes that patients can relate to. Both are acceptable, meaningful forms of entertainment and distraction that can promote engagement and prevent restlessness and wandering (Robinson et al, 2006).

The water auto-colouring cards can be used over and over again as once dry it will return to a blank card.

MUSIC

Wall and Duffy (2010) reported the positive influence of music in older people's behaviour by decreasing agitation and improving mood and socialisation skills. Also, a literature review by Sung and Chang (2005) found that preferred music decreases agitated behaviours in older people with dementia.

The dementia trolley has an iPad dedicated to this purpose with access to Spotify for streaming of appropriate music for this group of patients. Relatives will be asked about patients favourite artists or type of music the patient enjoys, otherwise the selection could be directed as per appropriate decade according to the patient's age (e.g: '1940's/50's/60's hits') or looking for 'relaxing classical music' amongst the reproduction lists available under 'My Lists' option of the program.

DOLL THERAPY IN AGITATED PATIENTS

The therapeutic use of dolls in patients with moderate and advanced dementia is associated in the available literature with positive outcomes. Whilst the level of evidence is limited, the benefits reported include increase of patient's engagement and improvement of verbal communication, display of positive behaviours, and reduction of agitation and aggressive behaviours (Mackenzie et al, 2006; Ellingford et al, 2007). Moore (2001) also suggests that a doll can also fulfil attachment needs by providing a sense of security and comfort.

There are associated problems to doll therapy: relatives can find it patronising and demining, and some patients may not respond positively to a doll. There are case studies describing how those initial resistances were overcome once the positive impact of doll therapy use had been perceived by relatives, and equally there are documented examples of patients engaging with their dolls after a period of familiarisation.

With this in mind and looking at useful tips from diverse studies, some points could be considered when introducing their use to patients with a diagnosis of experiencing agitation:

1. Communicate the purpose of the use of dolls to relatives or carers, explaining the benefits that it pursues
2. Introduce the doll to the patient and ask if they would like to 'look after her/him for you'.
3. Avoid calling the doll a doll or a baby, let the patient decide how to treat or call him/her.

4. Do not force a doll on any patients. Allow them to interact with the doll in their own time.

The intention of the intervention is sessional; this is, whilst the patient is in ED. Nevertheless, if a patient develops an attachment with the doll, it can be given to them. Otherwise, doll and clothing will have to be cleaned as per Infection Control principles before new use.

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