Consequences of Behavioral Symptoms

Behavioral symptoms generate more harmful consequences to patients and families than symptoms attributable to memory loss from cognitive decline.[7,13,20,21] Individuals with dementia, such as Mr P, typically have limited insight into their behaviors and how they impact caregivers. Caregivers for these individuals frequently have no training in how to manage these behaviors. Managing behavioral symptoms is associated with increases in health services utilization, direct care costs, and family time spent in daily oversight, as with Mr P and his caregiver.[22,23]

Behavioral symptoms increase risk of engagement in dangerous activities, hasten disease progression, and may result in nursing home placement, restraint use, and psychiatric admissions.[9,24-28] Depression, delusions, agitation, hallucinations, and caregiver distress are also associated with nursing home placement.[29,30] Managing a patient's sleep disturbances, wandering, repetitive vocalizations, or other common behavioral symptoms (restlessness, anxiousness, overactivity, resisting or refusing care), are the most problematic and distressing aspects of care provision (as with Mr P).[2,21,31,32] Caregivers of patients with behavioral symptoms are more distressed and depressed than those not managing behaviors.[33]

Nonpharmacologic Approaches to Managing Behavioral Symptoms

Pharmacological treatments typically involve off-label use of atypical antipsychotics. These medications result in mod-

Table 1. Potential Nonpharmacologic Strategies Targeting Mr P's Behaviors

Targeted Behavior by Presenting Dementia Stage	Select Nonpharmacologic Strategies[a]
Mild cognitive impairment	
Forgetfulness about taking medication	Evaluate capacity for taking medications independently Use assistive aids (calendar to remind of time for medication, checklists, pill dispenser[b]) Supervise medication taking and secure medications
General forgetfulness; disorientation to time	Use memory aids (calendar or white board showing current date) Simplify daily routines
Moderate dementia	
Falling and poor balance	Use a fall alert system if patient can remember to activate[b] Consider referral to occupational therapy for home safety evaluation and removal of tripping hazards Minimize alcohol intake Consider referral to physical therapy for simple balance exercise
Hearing voices or noises (especially at night)	Evaluate hearing and adjust amplification of hearing aids[b] Evaluate quality and severity of auditory disturbances[b] If hallucinations are judged to be present, evaluate whether they present an actual threat to safety or function in deciding whether or not to use antipsychotic treatment[b]
Inability to respond to emergency (difficulty calling for help)	Educate caregiver about need to supervise patient[b] Inform neighbors, fire department, and police of situation Develop emergency plan involving others if possible
Leaving the home; wandering outdoors	Outfit with an ID bracelet (eg, Alzheimer Safe Return Program) or badge with patient's name and address[b] Notify police and neighbors of patient's condition[b] Identify potential triggers for elopement and modify them
Memory-related behavior (eg, disorientation or confusion with object recognition)	Label needed objects Remove unnecessary objects to reduce confusion with tasks Present a single object at a time as needed Keep all objects for a task in a labeled container (eg, grooming)
Nighttime wakefulness, turning on lights, awaking caregiver, feeling insecure at night	Evaluate sleep routines[b] Evaluate environment for temperature, noise, light, shadows, level of comfort, or other possible disturbances Eliminate caffeinated beverages (starting during the afternoon)[b] Create a structured schedule that includes exercise and activity engagement throughout the day[b] Limit daytime napping[b] Address daytime loneliness and boredom that may contribute to nighttime insecurities[b] Implement good sleep hygiene[b] Use nightlight[b] Hire nighttime assistance to enable caregiver to sleep[b] Create a quiet routine for bedtime that includes calming activity, calming music
Repetitive questioning	Respond using a calm, reassuring voice[b] Use calm touch for reassurance Inform patient of events as they occur (vs indicating what will happen in near or far future) Structure daily routines Provide meaningful activities during the day to engage patient Use distraction

[a] Strategies are potential approaches used in randomized clinical trials but are not exhaustive. A suggested strategy may be effective for one patient but not another. Any single strategy may not have been evaluated for effectiveness for use with all dementia patients with the same presenting behavior. These strategies should only be considered once a thorough assessment has been completed (Figure, steps 2 and 3).
[b] Strategies discussed, considered, or implemented by Mr P's physician and caregiver.