

# A Critical Analysis and Adaptation of a Clinical Practice Guideline for the Management of Behavioral Problems in Residents with Dementia in Long-Term Care

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## KEYWORDS

• Clinical practice guideline • Dementia • Behavioral problems • Long-term care

## KEY POINTS

- Studies show that up to 75% of patients with dementia have behavioral problems.
- Because of the current public concern about the use of antipsychotics for patients with dementia, treatment must be based on evidence-based data.
- As the number of persons with dementia continues to grow and the burden on long-term care staff to provide safe and quality care increases, evidence-based data must be used to develop individualized plans of care.

## INTRODUCTION

According to experts, all persons with dementia will develop a behavior problem or a personality change as the disease progresses.<sup>1,2</sup> Studies show that up to 75% of patients with dementia have behavioral problems.<sup>3,4</sup> Clinical practice guidelines to assist health care providers in managing difficult behaviors have been developed by the American Psychiatric Association,<sup>5</sup> American Geriatrics Society (2012),<sup>6</sup> Group Health Cooperative,<sup>7</sup> University of Iowa Gerontological Nursing Interventions Research Center,<sup>8</sup> and American Medical Directors Association.<sup>9</sup>

## STATEMENT OF THE PROBLEM

Clinical practice guidelines exist for the management of long-term care (LTC) residents' behavioral problems. However, the most commonly referenced guidelines

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detail protocols for psychotropic medication, but lack behavioral interventions other than 2 main categories: redirection and distraction.<sup>10,11</sup> These categories do not take into consideration the residents’ individual needs and the applicability to the environment. Seldom, if ever, are implementation issues such as staff education and buy-in mentioned in the guidelines. Without staff that is trained to perform behavioral interventions, the plan will not succeed.<sup>12</sup> This scholarly project focused on these deficits.

PURPOSE

The purpose of this scholarly project was to critically analyze and adapt guidelines for managing behavioral problems of residents in LTC facilities and to draft an adaptation for implementation in the author’s practice. The adaptation focused on individualizing interventions derived from evidence-based research and included strategies for maximize staff buy-in and implementation. The overall goal was to decrease the use of psychotropic medications, particularly antipsychotics, and develop an evidence-based clinical practice guideline to assist providers in meeting that goal.

BACKGROUND AND SIGNIFICANCE

The incidence of dementia is increasing in the United States. This project focused on the nurse practitioner practice in 2 states: North Carolina and Tennessee. The behavioral problems associated with dementia often prompt psychiatric consultations, which result in residents being prescribed psychotropic medications (Table 1).<sup>13</sup>

Nurse practitioners providing psychiatric consultation face many challenges. First, the administration of psychotropic medications in LTC facilities has the potential to result in deficiencies in federal regulation F222, which addressed chemical restraints, and F329, concerning unnecessary medications.<sup>14</sup> The U.S. Food and Drug Administration<sup>15</sup> has extended black box warnings to all classes of antipsychotic medications that were found to cause increased risk of death in elderly patients with dementia. Because of the current public concern about the use of antipsychotics for patients with dementia, evidence-based data must be used to determine treatment.<sup>16</sup>

Secondly, behavioral problems are a complex issue that is influenced by the biology of the disease, the environment in which the resident resides, psychosocial factors, and the staff’s knowledge and expertise in managing the behavior. Lovheim and colleagues<sup>17</sup> identified that men more often exhibited aggressive and regressive behavior, wherein women more often exhibited depressive behavior. No differences between the sexes were noted for passiveness and hallucinations. Researchers have suggested the importance of assessing medical conditions, environment, medications, and other causes as a source of behavioral problems, and implementing an individualized plan of care incorporating behavioral interventions.<sup>3,4,13,18–23</sup> Pain,

Table 1 Statistics related to targeted population of study		
Demographic	With Alzheimer Disease in Long-Term Care	With Behavior Problems
United States	43% older than age 85 y	—
North Carolina	89,223	80%–90%
Tennessee	70,494	80%–90%
Total	159,737	127,769+

Data from Alzheimer’s Association Report. Alzheimer’s disease facts and figures. *Alzheimers Dement* 2012;8:131–68. Available at: [http://www.alz.org/downloads/facts\\_figures\\_2013.pdf](http://www.alz.org/downloads/facts_figures_2013.pdf).

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