



## Nursing Interventions in Managing Wandering Behavior in Patients With Dementia: A Literature Review



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### ABSTRACT

Wandering behavior is common in patients with dementia. The purpose of this literature review was to define wandering, describe the factors of wandering and analyze different interventions and nursing skill of managing this behavior. Finally, barriers to and effective nursing intervention for wandering behavior will be reviewed as they appear within the literature. The search was conducted to use the PubMed, ProQuest, CINAHL, MEDLINE databases from 1990 to 2015. Search terms used included 'wandering', 'intervention', 'dementia or Alzheimer', 'nursing', and 'elopement'. The inclusion criteria were: implementing the effective nursing intervention to manage wandering behavior, scholarly and peer reviewed journals, and publication in the English language.

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### BACKGROUND

Dementia is a syndrome that affects memory, thinking, behavior and ability to perform everyday activities, which affecting almost 35.6 million people worldwide (WHO, 2014). This number will double by 2030 (WHO, 2014). Dementia is becoming increasingly common among older people. It is overwhelming not only for the people who are suffered from dementia, but also for their caregivers and families.

#### Wandering

Wandering is a common problem associated with dementia, with suggested 60 percent of people with dementia displaying the behavior (Jayasekara, 2009). Wandering has been described as one of the most challenging behaviors to manage for caregivers (Lai & Arthur, 2003). Wandering is defined as a collection of different behavioral abnormalities in dementia that includes: checking, pottering, aimless walking, walking with inappropriate purpose, walking with appropriate purpose but inappropriate frequency, exercise activity, night-time walking, being brought back home and attempts to leave home (Jayasekara, 2009). Wandering is frequently defined as aimless movement (Colombo et al., 2001; Heard & Watson, 1999). However, Kiely, Morris, and Algase's (2000) study identified that some wandering has purpose. Wandering is also frequently used to describe the situation where someone with dementia has become lost in the community (Rowe, 2008). Patients have the high risk of death after them not being found when they go missing. Therefore wandering away is dangerous for the patients themselves (Rowe, 2008).

#### Factors of Wandering

Three different factors are associated with wandering behavior, which are stress and coping patterns, previous work roles and tendencies towards greater affiliation, such as seeking familiar places and people to provide security (Goldsmith, Hoefler, & Rader, 1995). In addition, wandering seems to be increased when the environment is unfamiliar (Hong & Song, 2009); evidence demonstrates wandering occur most often when people are alone (Kolanowski, Richards, & Sullivan, 2002). Elopement is one characteristics of wandering. The act of wandering away from a safe residence is the most dangerous behavior for the older adult with dementia (Rowe et al., 2011). In order to prevent the elopement, some external factors that cause elopements should be identified first. 1) a lack of effective precautions to prevent elopement when residents had indicated intent to elope, had repeatedly attempted to elope, or had a history of elopement; 2) a lack of awareness by the staff of resident location; and 3) ineffective use of alarm devices intended to alert staff to elopement attempts (Stefanacci & Haimowitz, 2013). According to Stefanacci and Haimowitz's (2013) analysis, many nursing homes are using elopement warning systems, such as alarms that sound when residents leave the bed, chair, or room, or when a wheelchair is set in motion. The sound from the alarms can cue the residents to their behavior and interrupt an attempt to wander, but in some residents the noise from the alarms might cause stress, thereby increasing the possibility of wandering.

### METHODS

#### Search Strategy

An initial search of ProQuest, PubMed, CINAHL, MEDLINE databases was conducted. Search terms used 'wandering or elopement', 'intervention' and 'dementia or Alzheimer' were contained in abstracts. The year of publication was limited to 2009 to 2015. The inclusion criteria were:

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implementing the effective nursing intervention to manage wandering behavior, scholarly and peer reviewed journals, and publication in the English language. The type of study included surveys of opinion, qualitative studies and discussion papers. A total of 22 articles abstract were screened during the search process. Of these articles, only 3 studies met the inclusion criteria. Additional search strategies were employed by extending the year of publication from 2005 to 2015, resulting in 9 papers. Finally, the year of publication was extended to 1990. Thirteen papers were used to analyze.

## INTERVENTION

### *The Use of Mirror*

The intervention to decrease wandering and prevent the elopements will be reviewed as follows. Firstly, the use of mirrors: A mirror placed in front of the exit door appears to reduce exiting in many cases (Mayer & Darby, 1991; Roberts, 1999; Tabak, Bergman, & Alpert, 1996). In Mayer and Darby's (1991) study, they observed nine habitual wanderers on a psychogeriatric ward compare with the rate of successful exit door contact over a 2-week period under three experimental conditions which include the use of a full-length mirror, placed in front of the door, the mirror reversed, and neither. Compared with no mirror, using mirror reduced the exit door rate from 76.2% to 35.7% (Mayer & Darby, 1991, p.608). Due to the less number of participants and short time observation, this study has limitation. The survey conducted by Tabak et al. (1996) was carried out on 100 patients suffering from dementia. The findings showed that most responses to looking in the mirror were positive and raised the patients' awareness regarding self-care. Robert's (1999) research lasted 1 year, and 20 habitual wanderers participated. The researcher also uses a mirror placed in front of the exit door which seems most effective to decrease exiting for those patients who suffer severe cognitive impairment.

### *Camouflage and Change Floor Pattern*

Secondly, in Robert's (1999) research, camouflage and change floor pattern has been used to prevent elopement. Camouflage, covering the door knob or lock with a cloth panel, is quite successful in many cases; however, it is less effective on those patients who suffered from moderate/marked cognitive impairment (Roberts, 1999). Changing floor patterns in this study seems least effective, which is placing strips of insulating tape in front of an exit door (Roberts, 1999). It is useful in reducing exiting with some patients (Roberts, 1999). Padilla, González, Agis, Strizzi, and Rodríguez (2013) also use black tape to alter the exit door that significantly decreased the number of escape attempts (see Fig. 1).

### *Use electronic Tagging System*

Thirdly, using electronic tagging system (Miskelly, 2004) is also a good intervention to prevent elopement. In Miskelly's (2004) research, the tested equipment is derived from prisoner tagging systems; clients wore an electronic bracelet during the study. Five clients from two wards at a large teaching hospital had participated last 4 weeks; four clients from the residential home had participated for 6 months; three clients from community had participated for 8 weeks. This study proved that the electronic tagging system successfully detected the escape incidents and compliance was excellent as well. This study tested the electronic tagging system in different care settings, so that this system can be used in wide-range health care settings. However, there are only 12 participants in this study; it is not representative of a large sample. A further study is required.

### *Other Effective Non-Pharmacological Interventions*

In addition, some other effective non-pharmacological interventions can be used, such as intervention which is focused on increasing staff-resident interactions (Allen-Burge, Stevens, & Burgio, 1999), environmental interventions (Yao & Algase, 2008), and behavioral interventions (Kohn & Surti, 2008). Moreover, the work characteristics of staff in residential care may influence the frequency of wandering behavior (Edvardsson et al., 2008). Furthermore, other management interventions including policy-mediated can be used (Moore, Algase, Powell-Cope, Applegarth, & Beattie, 2009). All those non-pharmacological interventions will be analyzed as follows.

### *Increasing Staff-Resident Interaction Intervention*

Okawa et al. (1991), Goldsmith et al. (1995) and Allen-Burge et al. (1999) found that increasing residents' social interaction with nursing staff is effective in reducing wandering behavior. However, these studies did not provide the detail about the staff training procedures, so that it is difficult for other researchers to conduct the intervention.

### *Environmental Interventions*

According to Yao and Algase's (2008) review, outcomes following environmental interventions for wandering include architectural design interventions, and milieu therapy in long-term care settings is encouraging. "Environments with low stress or stimuli, special care, homelike and, more recently, transformed environments (e.g., Eden Alternative), and multisensory environments (e.g., Snoezelen) have demonstrated therapeutic benefits (Yao & Algase, 2008)." Hong and Song's (2009) study found that a familiar feeling with the environment was an important factor affecting persons with dementia's specific features of



Fig. 1. Subjective barrier (Padilla et al., 2013).

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