DEMENTIA

What to do in a Crisis

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DEFINITION of a crisis in Dementia

- ‘A process where a stressor causes an imbalance requiring an immediate decision to be made which leads to a desired outcome and therefore a resolution of the crisis. If the crisis is not resolved the cycle continues’
- Vroomen et al 2012
- Crises come in all kinds of formats and every crisis has a unique solution

STRESSORS

- Psychological
- Medical
- Social
- Environmental

- And lead to a change in the ‘status quo’

Stressors/Predictors of Crisis in PWD

- At the time of diagnosis
- Inability to live alone
- Comorbid conditions incl acute illness
- Malnutrition
- Falls
- BPSD
- Newly institutionalised

Medical conditions

- Exacerbation of chronic disease
- Acute illness/delirium
- Pain
- Infection
- Nutrition
- Constipation
- Hydration
- Medication/metabolic
- Endocrine

BPSD-Behavioural and Psychiatric Symptoms of Dementia

- Hyperactivity
- Affective
- Psychosis
- Apathy

Stressors/Predictors of Crisis in caregivers

- Lack of knowledge
- Miscommunication with GP
- Lack of time for social/personal activities
- Emotional toll
- Financial toll
- Illness/death
- PWD institutionalisation

MANAGING DEMENTIA CRISIS

- General principles

- For PWD
- For care givers
- In Nursing Homes

Person with Dementia

- Counselling/support post diagnosis
- Control of comorbid conditions
- Social support- proactive
- Advanced planning and respite care
- Acute assessment in hospital for physical and psychiatric symptoms of BPSD
- Good management plan on leaving acute hospital

Caregivers

- Support, education and information
- Awareness of role
- Address physical and emotional needs
- Social support
- Respite
- Advanced and crisis planning

NURSING HOMES

- Need to be attuned to environmental, physical and psychological needs of person with dementia and need to be able to communicate well with family and loved ones

PHARMACOLOGICAL INTERVENTIONS

- Analgesia
- Cholinesterase inhibitors
- Memantine
- Haloperidol for delirium 0.25-0.5-1mg bd
- Risperidone for psychiatric symptoms 0.25-0.5mg OD or BD
- Lorazepam 0.5 mg bd
- Antidepressants- SSRI, Mirtazepine
- Trazodone
- Melatonin
- Inc risk stroke, sedation, FALLS accelerate cognitive and functional decline

SERVICES

- Rapid response Teams
- Dementia Wellbeing service 9am-8pm
- Rapid Access /HOT clinics
- Crisis service- within 4 hrs 24/7
- Ambulance
- Police
- Social services
- Acute hospital

Case 1

- 70 year old man
- Semantic Dementia (Frontal lobe dementia) since 2008. Gradual deterioration in his dementia with behavioural disturbances.
- He has been to hospital for constipation with impacted faecal matter.
- Recently he has been disinhibited in public places and urinated in a shop.
- he has been incontinent of urine and faeces.
- He is physically aggressive towards his wife and daughter if they tried to clean him.
- His wife completely exhausted in managing him at home and Dementia services also weren't able to provide support at home.
- medication by mixing it in his food.
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Case 2

- 80 year old man referred to the Bristol UHB/NBT Later Life Mental Health Liaison Team at the Bristol Royal Infirmary (BRI).
- **Clinical Impression including Risk factors.**
  1. Acute confusion following death of his wife and fall leading to head injury.
  2. Collateral evidence that he has had increasing memory problems for some time and was relying on his wife and his cognitive impairment has been unmasked by his wife's death.
  3. Agitated and aggressive behaviour on ward, hitting staff, aggressive towards other patients

Case 3

- 80 year old spinster admitted with a 1 week h/o lower abd pain. She had also been experiencng some urinary frequency and nocturnal incontinence.
- Problems- 1. chronic depression and anxiety
- 2. dependant personality disorder- makes unreasonable demands n neighbours and people who try and befriend her
- 3.vascular dementia diagnosed during prev long admission to BRI
- 4. Social isolation and loneliness
- 5. Somatises anxiety causing freq calls to GP and paramedics
- While on he ward her neighbour rang in some distress. Since she was discharged in November it has been very difficult for the 2 neighbours who try and support her. She rings day and night and asks for the neighbours to pick things off the floor and do things she is able to do. She rings both neighbours 8-10 times daily and both find this distressing an disruptive to their own family lives.
- I explained that it was done in her best interest and we had to see how she got on with the increased POC (5 times daily)
- The neighbour felt strongly that the social situation had broken down .

Mental Health Act

- Indications:
- Mental disorder
- Nature and/or degree
- Necessary for health and/or safety of person or safety of others
- Must be managed in hospital
- S136/S135 (police)
- S2- 28/7 for assessment

Mental Capacity Act

- There must be a disorder of the mind present.
- Capacity is always assumed
- Person must-
- Understand
- Retain
- Weigh up
- Communicate

SUICIDAL IDEATION/RISK MANAGEMENT

- Must be willing to make direct, tactful enquiries about intent
- Be alert to factors that can predict suicide(but low specificity and sensitivity)
- Most obvious warning sign is a direct statement of intent -2/3 of people who die by suicide have told someone
- Ask about plans, availability and lethality of means

Factors increasing risk of suicide

- Marked hopelessness
- Previous suicide attempts
- Social isolation
- Older age
- Depression (severe)
- Substance misuse
- Schizophrenia (esp young men with recurrent severe disease)
- Chronic painful illness
- Epilepsy
- Abnormal personality

OLDER ADULTS

- Less likely to admit to suicidal ideation
- More likely to overdose and arrive in hospital by ambulance -v. unwell
- Higher death rate
- Attempted :completed ratio 4:1
- (adolescents 200:1)
- More successful at completed suicide

WARNING SIGNS other than suicidal ideation

- Direct intent
- Indirect – future events
- Depression/anxiety
- Tension, agitation,guilt, dependency
- Rigidity, impulsiveness, isolation
- Changes in sleep and eating
- Sudden recovery from severe , deep depression
- Failed suicide attempts
- Medication hoarding
- Putting affairs in order
- Writing a will
- Renewed interest in church/religion
- Moving home
- Retirement/loss of job
- Loss of spouse, child, close friend
- New diagnosis of serious illness

Deliberate Self Harm

- 1 in 6 repeat within 1 year
- 1in 4 repeat within 4 years
- 1 in 40-200 will commit suicide within 1 year
- 1 in 15 will commit suicide within 9 years
- Prev attempts and personality disorder inc risk of repeated attempts

Precipitating/predisposing Factors

- Stressful life events within prev 6m
- Familial and developmental issues
- Personality disorder
- Long term relationship problems
- Poor economic and social environment
- Ill health
- Psychiatric disorder (90%)

CASE 1

- 22 year old man tried to hang himself on high railings after row with partner and drinking excess alcohol.
- Detained on S 136
- 4 yrs h/o low mood following death of grandmother, worse last 9m following move from North East. Loss of appetite, social withdrawal, diurnal variation in mood,
- Prev self harm, threw himself down stairs 3m prev, cutting on and off since teens
- Suicidal ideas, surfing internet, talking to people about methods
- Relationship problems
- Enjoys job but struggling
- No excess alcohol and no recreational drug use

CASE 2

- 50 yrs old divorced lady 2 children, lives alone in flat, disclosed to crisis team she had taken 72 paracetamol tablets in previous 48 hrs. Refused to get in to ambulance
- Recently discharged from inpatient ward
- Long h/o severe depression and Emotionally unstable PD
- Many previous attempts at self harm and suicide
- Very depressed, suicidal, refusing treatment

CASE 3

- 42 year old man with 20 year h/o severe alcohol dependence and self harm. Many previous overdose attempts and serious laceration of wrists . Not accepting help with alcohol.
- Attended morning surgery as urgent appt, intoxicated, highly distressed threatening suicide.
- After half an hour of trying to engage he left abruptly saying Goodbye and this was why he had come to see me