

Best Practice for the Management of Dementia Patients in the Acute Care Setting

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Introduction

Dementia is a term that has a Latin root and results in loss of cognitive ability beyond what is expected of the normal aging process. The disease results in loss of brain functions and is often associated with certain diseases. In most cases, patients suffering from dementia are likely to display difficulty in memory, thinking, behaviour, judgment and language (Cowdell 2010). These are critical human capabilities that affect the management of patients in any setting. Within an acute management unit, the loss of these vital human capabilities has a significant impact on management of patients. This paper will explore various issues relating to management of patients within an acute setting to determine the best practices.

Discussion

The notable increase in research focusing on caregivers, ethics, medication, culture and person focused management of dementia are all aimed at ensuring that its management is improved in practice (Cowdell 2010). A key difficulty in managing dementia is a result of its non-specific illness syndrome. It is noteworthy that dementia may affect memory, problem solving and even language. Moreover, there are a number of neurological conditions that may result in display of dementia as a symptom. Parkinson's disease, Alzheimer's disease, canavan disease, urea cycle disorders and kufs' disease may all result in dementia (Cowdell 2010). In such cases, the management of the condition becomes complicated.

Delirium

Delirium is an acute confusion state that is associated with severe neuropsychiatric syndrome (Chodosh *et al.* 2006). It is noteworthy that delirium is a core symptom of the acute onset of attention deficit and severe disorganization of behaviour. Most diseases that affect the functioning of the brain are associated with delirium (Kada *et al.* 2008). Delirium is one of the main symptoms associated with dementia and is a factor that affects its management in an acute care setting. It is important to note that dementia and delirium are different

diagnostic conditions. Research has found that in most cases delirium are caused by medicines and hospital borne pathogens. This is another issue that nurses should be aware of and take measures to ensure that the risk is minimized (Cowdell 2010). To bring out the role played by delirium in management of dementia a thorough understanding of its effects on patients is necessary.

Delirious patients tend to rummage as a result of the loss of the ability to think clearly and coherently. This affects their ability to communicate with the caregivers and may result in stress. Without proper communication with the patient, management of dementia becomes complicated (Chodosh *et al.* 2006). This is mainly because interaction with patients is important in management of medical conditions and forms a critical aspect in improving nurse-patient relationship (Hinton *et al.* 2007). Disorientation or loss of awareness on the environment associated with delirium may place demented patients at risk of bodily harm. This implies that demented patients displaying delirium should be watched carefully to ensure that they do not harm themselves.

Management

The most common complications associated with dementia include abuse by stressed caregivers; increased infections; loss of the ability to take care of self which may cause depression and stress and side effects of the medications used in treating the disorder (Kelley, Siegler & Reid 2008). It is evident from the symptoms and complications associated with dementia that its management in an acute setting is complex. However, a number of researchers have analyzed the common challenges in management of dementia within acute medical setting and developed a set of recommendations for use in practice. First, nurses should be involved in pain assessment and selection of dosing regimen. This is a move that is aimed at minimizing pain associated with certain activities and the side effects associated with certain medications (Law 2008; Kelley, Siegler & Reid 2008). It is noteworthy that this

is a measure that is oriented towards ensuring a person centred approach to management of dementia within acute care setting. Importantly, the medication side effects profiles should be evaluated and an agent with the least risk to a patient selected (Black & Hyer 2010). This is a measure that aims at minimizing negative side effects of medications known to aggravate delirium and complicate the management of dementia.

Management of the side effects associated with medications used for dementia is an aspect that is widely incorporated in various studies relating to the best practices in management of dementia in acute care setting (Black & Hyer 2010). It is noteworthy that a common pitfall in the management of dementia is that the side effects may be harder to treat than prevent (Kelley, Siegler & Reid 2008). This implies that emphasis in management of dementia within acute setting should be on prevention of the side effects. This is best done through initiation of bowel regimen with opioid medications (Kelley, Siegler & Reid 2008). Involvement of interdisciplinary teams that involve nurses and psychiatrists may also help avoid delirium (Kelley, Siegler & Reid 2008).

Most dementia patients are unable to comprehend and appreciate their pain trajectories (Kelley, Siegler & Reid 2008). This implies that the patients cannot accurately tell whether pain is reducing with the administration of therapeutic regimen. Another complication is that the aetiology of pain may shift during treatment (Chodosh *et al.* 2006). These are challenges that are best managed with the involvement of interdisciplinary teams in the serial assessment of pain over time, considering changing agents rather than escalation of doses and lastly evaluating patient's ability to assess pain with time (Kelley, Siegler & Reid 2008). The last strategy may involve considering the use of non-pharmacological methods to help in the management of pain. It is important to note the implied continuous interaction with the patients in ensuring that these best practices are adopted in acute care setting.

Maintenance of broad differential diagnosis including depression and psychosomatic syndromes and bearing in mind that significant reduction of pain may not be achieved for all patients are important in management of dementia in acute care settings (Kelley, Siegler & Reid 2008). These are measures that are aim at dealing with treatment failure which may be manifested in patients' report of pain not changing or resolving with treatment and intolerable and dangerous side effects that may accompany treatment of pain.

Nurse's Roles

Management of dementia in an acute care setting is a complex process. Emphasis is placed on continuous assessment of patients and inclusion of interdisciplinary teams. The recommendations developed for the best practices in management of dementia in an acute care setting highlight the importance placed on the nurse's role (Chodosh *et al.* 2006). Demented patients are gullible to depression and stress and therefore require empathy and care from the nurses (Law 2008). In addition to feeling helpless and sometimes confused, demented patients may have difficulty in communication thus nurses should be tolerant of the patients and display a greater appreciation of the difficulties their patients face (Persoon *et al.* 2009). This requires a greater appreciation of the difficulties that the demented patients face and professionalism. Nurses should therefore take the initiative to study and understand the challenges that patients suffering from dementia face (Law 2008).

Inclusion of nurses in pain assessment and selection of dosing regimen, evaluation of differential diagnosis of pain during the course of treatment and evaluation of medication side effects profile all highlight the importance of their role in the management of medical conditions (Chodosh *et al.* 2006). Since nurses interact with the patients directly, they are better placed to observe the effects of medication on the patients and any bodily side effects that the medications have (Law 2008). Additionally, due to the proximity of nurses to the patients they can develop a bond or a relationship with the patients which are important in

communication (Law 2008). Communication skills displayed by nurses and their ability to decipher non-verbal information through observation are therefore critical in promoting their role in the management of demented patients in an acute care setting (Bezzant 2008).

Interdisciplinary teams are required in management of dementia to prevent delirium and in serial assessment of pain over time. Nurses have to be members of these interdisciplinary teams since they are better placed to provide information on the patients. Thus nurses should display great team spirit and take the initiative to report accurate and reliable information on patients' progress to the interdisciplinary team (Law 2008). Importantly, nurses should implement the strategies suggested by the interdisciplinary teams relating to the management of delirium and pain on the patients and report back the results (Hinton *et al.* 2007). It is thus evident that nurses should take a person centred approach to management of dementia within acute care setting to ensure that their impact on the physical and emotional health of the patients is maximized (Law 2008).

Conclusion

Nurses play a critical role in the management of dementia within acute care setting. Nurses are a platform for communication with the patients and must therefore interact positively with the patients. Additionally, the nurses should provide professional insight on the manifestation of dementia in a patient. This is vital due to the non-specific disease syndrome associated with dementia that makes it different in every patient.

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