The Sparkle Is Gone

In many geriatric patients, anti-psychotic medications can have unwanted sedating effects, without effectively treating the underlying problem.

RESULT: lethargy, confusion, incontinence, wandering, and an increase in management problems.

BUT THERE ARE ALTERNATIVES. . .

Personal contact may be more effective than drugs.

Demented patients may become agitated because of frustration at their inability to express their needs. Nursing interventions may work better than medications in calming the agitated patient.[1]

LOOK FOR THE TREATABLE DISEASE:
Medical history and physical examination may uncover a treatable cause of agitation.

Some medical conditions can cause agitation: hypoxia, thyroid disease, acute myocardial infarction, drug therapy,[2] and many others. These may require specific diagnosis and treatment.

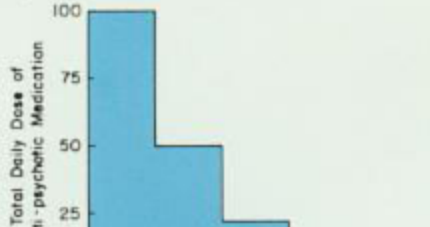
Is the patient:

thirsty?—offer fluids
hungry?—check caloric intake
bored?—encourage participation in activities
restless?—increase ambulation and exercise
afraid?—reassure and change environment
in pain?—an analgesic may be indicated
wet?—alter toileting routine; evaluate incontinence
constipated?—increase fiber, fluids; soften stools

ENVIRONMENT IS IMPORTANT. Some patients need more stimulation and others need less. Some residents feel more secure in quiet environments, while others enjoy interaction with other people. Loud voices frighten some residents while others feel safer with noise. As much as possible, it's important to individualize the environment for each patient.

PLAN A TRIAL OF GRADUALLY WITHDRAWING anti-psychotic medications from non-psychotic patients currently receiving them. Many will do equally well, or better, off drugs.[3,4]

WHEN CONSIDERING WHETHER TO MEDICATE, whenever possible establish the patient's behavior pattern over several days. Many behavior problems are short-lived and will resolve on their own, without sedation.



USE ANTI-PSYCHOTIC DRUGS ONLY AS A LAST RESORT, in the patient with severe behavior disorders when other interventions have failed.

- Before starting an anti-psychotic drug, identify the specific target behavior to be treated and define the goals of therapy;
- Use the lowest possible doses;
- Prescribe short courses;
- Monitor closely for side-effects in all patients receiving these drugs.[5]

Withdrawing medications, personal contact, looking for treatable conditions, and environmental changes may take some extra time at first. But in the long run, these approaches will benefit both residents and staff as the side effects of unnecessary anti-psychotic drugs diminish.

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