Practical Approaches to Dementia Care - Wandering

NSW Falls Prevention Network Meeting
Wednesday June 23rd 2010

Daneill Haberfield, Behaviour Consultant / Occupational Therapist
Behaviour Assessment & Intervention Service (BASIS), NSCCAHS.
Email: dahaberfield@nsccahs.health.nsw.gov.au
Phone: 0421839173
Dementia – Brief overview

Cognitive Symptoms
- Alzheimer’s
- Lewy Body
- Vascular
- Fronto temporal

Behavioural and psychological symptoms
- Parkinson’s
Focus today on **wandering**
Wandering as “pathology”

- Meandering, aimless, or repetitive locomotion that exposes a person to harm… (North American Nursing Diagnosis Association, 2001).

- More likely to experience adverse events… (Siders et al 2004)
Wandering can be purposeful

- Wandering can be therapeutic and improve the person’s sense of wellbeing and agency (Wigg, 2010).
- Physiological benefits of exercise
- Stimulating appetite
- Relieving boredom
- Improves mood / Coping with stress
- Feeling of empowerment & better self-esteem
- May improve sleep

http://wanderingnetwork.co.uk
Risky wandering vs safe wandering

- Depends on a number of factors including:
  - The person doing the wandering
  - Knowledge & skills of the caregiver
  - Context or setting of care
  - Workplace culture
In general...

- Efforts to reduce wandering should be attempted only when...  (Siders et al 2004).
Research suggests…

Assessment should include:
- Identification of the reason for wandering
- An examination of wandering patterns (type, time of day, consequences etc)

Interventions:
- A range of that are tailored to the individual’s need, the specific behaviour in question and the underlying reasons for it (Robinson et al 2006)
Medications for wandering??

- Some people who wander are prescribed psychotropic medications to reduce wandering, but ...(Siders et al 2004).

- Antipsychotic “drugs appear to have only a limited positive effect in treating symptoms but can cause significant harm to people with dementia” (Banerjee, 2009)
Practical & non-pharmacological ideas in working with people who wander

A person-centred approach
Risk versus Benefit

“‘Risk assessments’ should be replaced by ‘risk-benefit assessments’.” (Nuffield Bioethics, 2009)
Wandering – Non-pharmacological interventions

1. We are not aiming to stop wandering.
2. We are aiming to reduce risks associated including:
   - Fractures
   - Absconding
   - Intrusiveness
   - Worsening mobility
   - Restraint
Reducing risk of fractures

- Environmental assessment
- Equipment
- Nutrition & Hydration
Reducing risks associated with absconding

- Identification bracelet
- Names on clothes
- Safe 2 walk

www.safe2walk.com.au

$9.90 plus GST per week (Alzheimer's Australia member) or $12.90 plus GST per week (non members).
Reduce intrusiveness

- Boredom is a big issue!!
- Engage the person in something that matches their skill & interest
- Try to get into their reality.
Cupboards - Themed nooks

Grace O'Sullivan 2010
Sensory aprons & boxes
Maintaining mobility

- Exercise programs or structured mobility.
- Give the person a reason or meaning to wander.
- Poor balance, mobility & muscle strength are confirmed risk factors for falls in community dwelling older people (NSW DOH, 2009).
Staff supervision issues

- CCTV
- Boundary fence laser
- Volunteer ‘sitters’ program
Summary

- Assess the whole person (bio-psycho-social / person centred model)
- Match interventions to the needs that are identified in the assessment.
- Weigh up risks versus benefits & get the family involved.
- Enable “Safe walking” rather than stopping them “wandering”
References

- NSW Dept of Health 2009, Prevention of falls in residential aged care. Centre for health advancement population health division.
References continued

- www.alzstore.com
- www.alzheimers.org.uk
- www.safe2walk.com.au
- Sensations in dementia care catalogue 2009.