

### 3-162 Sudden Change in Behaviour

**TIPS Question:**

63-year old male resident with moderate to severe dementia is on Risperdal 0.25 mg BID and Trazadone 75 mg QHS. Resident's condition has been stable with no changes in medication in the past 2 weeks. Now pacing, going up to staff and staring in their face and crying out for his wife. In the past he has never cried out for his wife. Why the sudden change in behaviour? What are the best strategies to overcome these behaviours?

**What are the significant factors you have learned as a result of working through the six-question template?**

- Identifying problems
- New strategies
- New ways to describe and record what you see

**Response:**

An acute change in behaviour should automatically result in looking for possible acute or sub-acute delirium secondary to a medical cause, drugs, and/or infections.

In addition, a good rule of thumb for a new behaviour is to line up the possible precipitants using the P.I.E.C.E.S. checklist, i.e., is it a **P**hysical cause as defined above; due to an **I**ntellectual change, a stroke, a deterioration in cognitive abilities for some reason or the onset of misinterpretation such as agnosia, i.e., not recognizing people as a result of dementing illness. Is this due to an **E**motional change, either a concurrent depression or some sort of psychosis; and finally, are we talking about some mismatch between **C**apabilities and demands as well as changes in the **E**nvironment, either **P**hysical or **S**ocial environment.

In this sudden change, the above may be helpful in terms of determining the causes as well as the multiple strategies for intervention. I would also suggest a careful review of his medication for side effects or non-compliance; and in this case, it might be wise, once you have gone through this process, to refer to a psychiatric team.

In terms of strategies to overcome these behaviours, clearly this will be determined by the cause. Usually there are multiple causes for behaviour. (Sometimes a single cause can be found, but this is rare in individuals with complex cognitive and mental health difficulties.)

Interventions may involve:

- medical strategies;
- understanding and appreciating the changes in brain and behaviour and modifying one's response to these;
- looking at possible co-morbid psychiatric illnesses and using appropriate psychotropic/non-psychotropic management strategies; and,
- looking at environmental and social interventions.

**Please note:** TIPS information should be used similar to the way you would use information from a text book! TIPS is not intended to serve as an individual consultation service! P.I.E.C.E.S. participants should use this information in context and always work closely with the family physician involved in the care of the resident or client and with other Partners In Care to find solutions to individual resident/client issues.