

Agitation and Aggression in Long-Term Care Residents with Dementia in Newfoundland & Labrador

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The Issue

- Antipsychotic medications are administered more frequently in this province's long-term care (LTC) facilities than in similar facilities elsewhere in the country. While judicious use of antipsychotic medications is an essential component of LTC for some severely-impaired residents, considerable scope remains for reducing inappropriate use of these medications.

The Question

Other than use of physical restraints or prescription of psychotropic medications, what interventions, strategies, and/or practices have proven effective in preventing and managing agitation and aggression in long-term care residents with dementia?

The Results

This table describes the evidence for the various interventions covered in the review:

PROMISING- <i>decision makers can be reasonably confident in the effectiveness of these interventions:</i>	<ul style="list-style-type: none"> • Music • Staff training • Reducing inappropriate use of anti-psychotics
SUGGESTIVE- <i>these interventions may be worth trying in LTC, though administrators would be well-advised to carefully evaluate their effects on the observed incidence of agitation and aggression:</i>	<ul style="list-style-type: none"> • Animal-Assisted Intervention • Aromatherapy • Dance Therapy • Pain Treatment • Personalized Activities • Person-Centred Bathing • Simulated Family Presence
INSUFFICIENT AT PRESENT- <i>decision makers are cautioned against expecting that these interventions will, by themselves, yield significant reductions in agitation or aggression:</i>	<ul style="list-style-type: none"> • Light Therapy • Special Care Units • Staff Case Conferences

The Local Context

- Collaborative research projects like the CFHI-sponsored *Reducing Antipsychotic Medication Use in Long Term Care* create opportunities for funders in NL to maximize the impact of their support for LTC by building on initiatives that have already been started.
- In order to maximize their benefit to the entire provincial network of LTC facilities, innovative care practices adopted in one region could be disseminated to other regions and facilities.
- The ability of the NL healthcare system to deliver high-quality person-centred care for LTC residents will likely depend in large part on its ability to resolve the various human resources challenges it faces.
- There is probably no client population that would be better served by reduced worker absenteeism and greater consistency in staffing assignments than LTC residents with moderate to severe dementia.
- The management and supervisory skills of those who occupy leadership positions at the unit level are crucial to ensuring that team members work together to provide seamless resident care.
- By regularly reaffirming learned messages and ensuring that staff members actively follow through on their training, unit-level leaders can play a vital role in the success of person-centred care staff training.
- Decision makers would be well-advised to continue building on recent improvements to the province's aging LTC infrastructure; many existing facilities are challenged by the necessity of serving a high-need population they were never designed to accommodate.

Read the full report here: www.nlcahr.mun.ca/chrsp