3-334 Assessment tool

TIPS Question:

I wasn't sure which assessment tool to use for cognitive impairment when I'm not able to communicate directly with the resident. When I ask direct questions, he mumbles quietly and I am unable to understand his response.

Other than EPS, what other side effects could occur if Zyprexa is withdrawn abruptly?

Response:

Question A: Assessment tools to assess those who cannot communicate.

The first question to ask if you are looking at identifying a particular assessment tool is to identify why he or she cannot communicate. Is this due to brain disease such as advanced dementia? Is it due to toxicity from a drug? Is it due to a language problem? Is it due to psychosis? Is it due to Parkinson's that affects the ability of person to articulate and to speak clearly?

The second area to look at is what are the means he or she can communicate other than verbal language. Can he or she understand directions and respond not through verbal response but through motor response, i.e., pointing to particular answers. Does he or she, although not having declarative memory, still have visual memory or procedural memory available to them, and therefore, could start to look at cognitive assessments that may enable one to see the strengths and weaknesses of a particular individual.

Depending on the above, one could then select the appropriate method. I would also, perhaps, reflect on what is the most sensitive way to assess cognitive functioning. These are not tests like the Folstein, but behaviour and history of present and past function, i.e., change. It may be better in this particular case to carefully enquire on past abilities and function and see if theirs still can be done to assist in diagnosis. Similarly, in identifying what the person can do now will be critical in retesting those areas later.

I would refer you, particularly, to any speech pathologist that you have in the area as I have found them a wonderful source to assist me in identifying how best to tease out cognitive functioning and also to relate more effectively as they are often involved in treating individuals with aphasia.

Question B: Re: Zyprexa

Extrapyramidal symptoms actually occur as a result of taking antipsychotics, not when you withdraw them. What emerges is another type of motor change called tardive dyskinesia. This often relates to tremors in the tongue and oral/facial movements and sometimes may be dystonic, episodic movements of the diaphragm causing vomiting. These tardive dyskinetic-kind of symptoms may be what is called emergent that occur when the medication is withdrawn, but others are longstanding and are the full-blown persistent tardive dyskinesia that I am sure you have read about. It is fortunate that tardive dyskinesia appears to be much less with the atypicals such as olanzapine/Zyprexa than the older drugs.

Other withdrawal or discontinual side effects may be due to the cholinergic rebound as olanzapine or Zyprexa has anticholinergic properties, or it may in fact be a re-emergence of the primary disease or disorder or symptoms that you initially were treating with the medication.

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.*