1-139 Screaming

TIPS Question:

Resident is severely cognitively impaired. She constantly makes very loud repetitive bleating noises. Her medication has been Trazodone and Zyprexa 2.5 BID.

1. How long must she be trialed on these drugs?
2. Is there any medication that can control this without sedating her?

Current medications do not seem to be working.

Response:

Screaming behaviour is a very distressing and often difficult symptom to treat in people with dementia. The most important strategy is to define the screaming perhaps using the DOS or ABC charting. This will give you a baseline for drug response but more importantly perhaps may identify triggers that are causing the screaming or factors that may decrease the screaming behaviour.

It is important to consider the usual suspects, i.e. using the P.I.E.C.E.S. framework.

P Is the screaming due to a physical cause or is it exacerbated by physical issues, particularly pain? Is there a mechanism to increase the person's physical health that may improve their overall well being?

I Intellectual: Is the person interpreting the environment due to changes in the brain?

E Emotional: Is the person depressed or paranoid, responding to fears associated with misinterpretation of his/her surroundings? In some individuals, particularly those with a history of depression, screaming has been decreased by using antidepressant medication.

C Capabilities: Are we over stimulating or under stimulating the resident?

E Environment: Are there environmental triggers that precipitate the screaming behaviour?

S Social: Is the screaming responsive to personal interaction or autonomous, i.e. occurs no matter what or who is around? If responsive, perhaps taping of the family or music at strategic times may be of assistance.

Once these issues have been identified, the person may indeed require some type of medication as an adjunctive process. However, to my knowledge, there is no one drug that works better than another does. As we discussed in the sessions during the P.I.E.C.E.S. training, the psychotropic in this case certainly should be considered a clinical trial, monitoring closely for benefits and side effects.

All classes of medication have been used clinically, antidepressants, antipsychotics, Benzodiazepines, mood stabilizers with at most, modest success.

Lastly, I think in this situation, as with other behavioural difficulties, we need to ask one of the questions in the 6- Question Template, who has the problem? Is the patient distressed, or are we distressed? If it is us, perhaps there is something we can do to increase our tolerance level.

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.*