3-9 Screaming and psychotropics after ruling out other causes

TIPS Question:

This resident has frequent episodes of yelling for help repetitively. Folstein indicates severe dementia; DOS alerted us to when this behaviour occurred (evenings & nights) but not exclusively. Physical care needs are met. Staff visit 1:1 at times when resident not yelling. Seroquel has had only slight impact. Is there another more effective psychotropic in treating this resident? Recreation has increased involvement, family only able to visit some evenings – state it is a staff problem. Have used diversional techniques eg. Folding linen, radio, TV.

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

- When yelling occurred
- Yelling not associated with physical needs
- Yelling affects other residents, staff, visitors
- Increased stress of unit with noise
- Yelling stops when someone is with resident
- As soon as family, staff, visitor leaves – yelling resumes

Response:

Noisy behaviour secondary to dementia is perhaps the most difficult behaviour to treat. It sounds that you have followed the proper steps to identify the possible causes and associated factors with the yelling. It also sounds that this is late day occurrence most of the time i.e. sun-downing.

In my experience atypical antipsychotics are not utilized to its maximum potential doses in most cases. For example with Seroquel doses up to 400-600 mgm daily are not unusual while monitoring for side effects. If ineffective I would try another atypical antipsychotic such as Risperidone or Olanzapine instead of Quetiapine (Seroquel).

Other alternatives includeTrazadone or a SSRI such as Celexa. Sometimes combinations may be helpful targeting agitation through the day and sleep e.g. combination of an antipsychotic and Trazadone

You can also visit www.pieces.cabhru.com for additional TIPS responses.

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.*