Culture Change Can Alter Dementia Care

BY JOANNE KALDY

WASHINGTON — Rethinking treatments for dementia can have a positive impact on nursing facility residents in the world of culture change, according to G. Allen Power, MD, a physician and Eden Alternative mentor at St. John's Home in Rochester, N.Y. Speaking at a Pioneer Network conference, Dr. Power talked about how practitioners and caregivers can move beyond medications to treat dementia.

Dr. Power stressed that getting practitioners to "think out of the box" about treating dementia can be challenging. "You have to make a case for this in a way that people who are medically trained will understand," he said. "And, unfortunately, most culture change initiatives—though anecdotally positive—don't have a lot of evidence-based studies to back them yet."

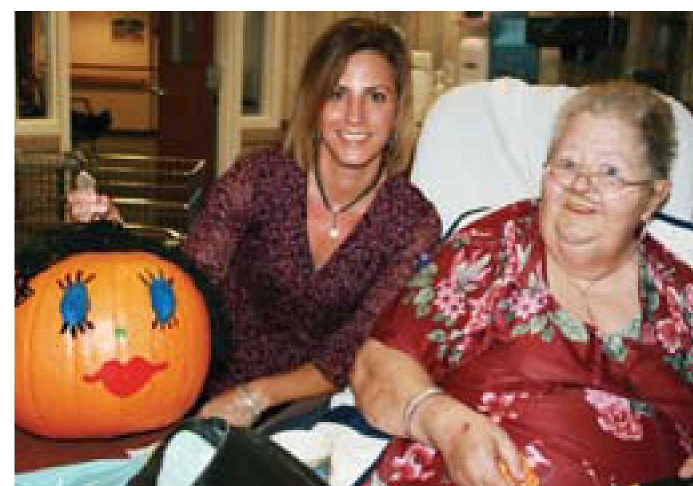
"We tend to focus on prevention and cure when it comes to dementia, but we don't pay enough attention to improving the quality of life for people who have the disease," Dr. Power noted. As a result, he suggested, " practitioners and staff resign themselves to the idea that there is little they can do for patients with dementia. Words such as 'life,' 'engagement,' and 'growth' aren't heard much in regard to dementia, but they should be."

According to Dr. Power, dementia has two comorbidities: neuropathologic changes and excess disability. The latter, he said, is because of "the way we treat people with dementia. When we treat them differently and remove this disability, we create a different environment, and it makes a big difference."

Operational changes are even more important. "This requires getting rid of the institutional mind-set of top-down decision making," said Dr. Power. "Instead, involve people who know the residents best—such as [certified nursing assistants] and family members—and include them in care planning." When possible, he suggested, involve the patients themselves.

Strong relationships are essential to non-drug efforts to treat dementia. "Culture change initiatives such as Eden Alternative encourage permanent assignments for caregivers and staff such as maintenance and housekeeping. This enables staff to really get to know residents and who they were before their dementia—their hobbies, their careers, their likes and dislikes, and their fears," he said.

"This helps create lives that have meaning and connection. It also enables staff to obtain information they can use to address behavioral issues and enhance quality of life," said Dr. Power. For example, if a resident becomes agitated in the evenings as his dementia worsens, it may help to know that he worked the night shift at a factory. Staff can give him puzzles or tools that will keep him safely occupied and content.



St. John's Senior Communities

Holiday activities involve chief dietitian Mary McGowan and resident Beverly Eckelberger at St. John's in Rochester, N.Y.

Dr. Power urged physicians to reconsider the rush to treatment of dementia with antipsychotics. He questioned the value of many studies reporting the usefulness of these medications. "Virtually all drug intervention trials have been funded by pharmaceutical companies," Dr. Power reminded. "Few primary end points are met, and many results often come from secondary or post hoc analyses of data. There often are high levels of somnolence and gait disturbance, and there is a very high, sustained placebo response."

He further suggested that, "at best, improvements exceed placebo by an average of about 18%, but well-being is not measured; nor is sedation well addressed as a possible cause of positive outcomes." He also cited a recent meta-analysis (JAMA 2005;293:596-608) and a study of community-based elders (N. Engl. J. Med. 2006;355:1525-38) that have cast doubts on the safety and efficacy of using antipsychotics to address dementia-related behaviors.

"My antipsychotic use is 7%-8%, compared to 40% nationwide," said Dr. Power. "It is possible to get the numbers down without increasing the number of behavioral problems. There are huge inroads that can be made." This starts, he said, by breaking away from the traditional medical model of care that "views elders with dementia as primarily impaired; views behavioral symptoms as confused, purposeless, and/or neurochemically mediated; and seeks to return elders to their 'normal' state through medications."

Instead, he suggested, "we need to view elders through their own eyes as much as possible, recognize and plan care around retained strengths and abilities, conform the environment to patients' perception of the world and not vice-versa, and view behavioral symptoms as an attempt to problem solve, cope with stressors, achieve control, and/or communicate needs."

Reducing antipsychotic use helps improve patient quality of life, Dr. Power said. He noted, "One positive effect I saw with 130 residents I worked with at one time was that 21 months went without one person having a fall-related fracture." There are "lots of effects we aren't measuring with medications," he adds, and "drugs probably cause a lot of little changes we don't realize."

Dr. Power suggested that practitioners often are concerned about how such initiatives will affect regulatory compliance or survey outcomes. "If you go back to [the Omnibus Budget Reconciliation Act], it is about culture change. The devil is in the way it is interpreted. The key is education and working more proactively with regulators so that they know what you are doing and why."

Culture change is not without risks, Dr. Power admitted. "However, fear of retribution is no excuse not to do the right thing. … Tough ethical questions arise when you implement culture change, but we have to put our patients' interests first and weather the challenges with education, teamwork, and commitment to quality care."

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The AMDA Foundation's Silent Auction
"Art at The Wall"

The AMDA Foundation will hold a silent auction at the 32nd Annual AMDA Symposium on March 5-7, 2009, in Charlotte, North Carolina. The auction will showcase art from residents of long term care facilities, as well as other artisans from around the country to support the Foundation's mission to "advance excellence and innovation in the long term care continuum through research and its translation into practice..."

We are currently soliciting art, including paintings, drawings and handcrafted items from residents in long term care facilities. In addition to artwork, we are also accepting other donated items, such as jewelry, vacation home rentals, or sports memorabilia. For more information or to send digital photos of the art to be donated, please contact Christine Danihel at cdanihel@amda.com or 410-992-3134. All artwork must be received in our office by December 31, 2008.

Ample Tamiflu Supply Exists

A sufficient amount of the prescription antiviral medication oseltamivir will be available throughout the United States during the upcoming flu season, according to a statement released by its manufacturer, Roche.

Oseltamivir (Tamiflu) can be distributed to pharmacies with low supplies of the drug within 24 hours through a rapid response system that Roche has set up through distributors nationwide.

The drug is indicated for the treatment and prevention of influenza in adults and children aged at least 1 year. It is the only oral antiviral medication with this indication that is recommended by the Centers for Disease Control and Prevention.

Oseltamivir must be administered within the first 48 hours of flu symptoms in order for it to be effective. It is designed to be active against all clinically relevant influenza virus strains by preventing the virus from spreading inside the body.

—Jeff Evans

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