

## Better strategies to treat dementia

## December 13 2013, by Angela Herring

Imagine waking up in an unfamiliar room surrounded by strangers telling you what to do. On top of the confusion you feel, you are also in severe pain and cannot find the words to describe it nor the trust to even want to. For many residents of the nation's 15,600 nursing homes, this scenario is the daily reality, and many of them react with behaviors that clinicians often find difficult to manage.

Approximately 50 percent of the nursing home population suffers from dementia, said Alice Bonner, an associate professor in the Bouvé College of Health Sciences' School of Nursing. While evidence suggests that anti-psychotic medications are ineffective at best and often have serious side effects, many nursing home residents are still treated with these drugs.

"Antipsychotics may seem to help because they sedate some patients," said Bonner, who joined the faculty this fall. "But there are better ways to prevent and treat confusion and combative behavior."

Bonner would know. In 2011—as director of the Division of Nursing Homes at the Centers for Medicare and Medicaid—she helped establish the National Partnership to Improve Dementia Care, a public-private initiative focused on the overuse of antipsychotic medications.

Her work with the CMS team and colleagues from around the country is highly regarded; she recently received both the John Mackey Award for Excellence in Dementia Care from Johns Hopkins University and the Cernoria Johnson Memorial Advocacy Award from the National Consumer Voice for Quality Long-Term Care.



In Bonner's view, the best strategies for helping people with dementia live more comfortably range from environmental modifications and daily routine adjustments to music and aromatherapy. "Most important," she said, "caregivers need to try to understand behaviors as a form of communication. The patient is trying to communicate but may be unable to express what he or she needs or wants."

Bonner's healthcare career began in the 1990s, when she worked as a nursing home clinician. She noted that she was immediately inspired by the long-term care nurse's power to make positive changes in their patients' lives.

According to Bonner, every <u>dementia patient</u> requires a nuanced form of care. They don't just live in <u>nursing homes</u>—family members and homecare workers also treat dementia patients living at home or in assisted living facilities around the country, Bonner explained, noting that "researchers need to figure out the best strategies for the best outcomes in these different settings."

The National Partnership, which Bonner co-chaired for two years before coming to Northeastern, targeted dementia's multimodal nature. She helped establish broad coalitions in every state, bringing together doctors, nurses, consumers, families, government agencies, and advocates, all of whom approached dementia from a different angle and added unique takes on solutions.

The partnership also focused on providing quality training for facility leaders who, in turn, train their own employees in best practices.

In just two years, the initiative helped improve some of the lowest performing facilities by up to 30 percent while national rates of antipsychotic use dropped by 11.4 percent. Though impressive, Bonner said experts need to create better measures for comparing various non-



pharmacological <u>dementia care</u> strategies to determine which are most effective for individual residents. "If you change ten things in a person's environment, you need to understand which of those changes are influencing better outcomes," she explained.

## Provided by Northeastern University

Citation: Better strategies to treat dementia (2013, December 13) retrieved 3 July 2024 from <a href="https://medicalxpress.com/news/2013-12-strategies-dementia.html">https://medicalxpress.com/news/2013-12-strategies-dementia.html</a>

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