

The Benefits of Memory Care Tools

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In collaboration with Hoag Hospital, Alzheimer's Family Services Center, affiliated with the Hoag Neurosciences Institute, developed the Memory Care Tools (MCT) – a creative, activity-based approach to improving care of hospitalized patients with Alzheimer's disease or another dementia. Nurses are encouraged to use the Memory Care Tools, which include a teddy bear, a squeeze ball, hand towels for folding, and music, to alleviate challenging behaviors before resorting to psychotropic medications or physical restraints. Offering both comfort and purposeful activity, the Memory Care Tools can lessen difficult-to-manage behaviors, such as repeated questioning, resistance to care, agitation, and wandering. In a 2008 pilot study, the tools proved effective at reducing agitated behaviors in dementia patients and preventing or delaying the use of physical restraints and/or a one-on-one sitter. As a result, Hoag Hospital adopted the MCT as a standard of care.

The MCT were developed based on the expressed need of Hoag Hospital nurses for non-pharmacological strategies to address difficult-to-manage behaviors in elderly patients. With the number of persons 65+ in Orange County expected to grow 54% from 326,916 in 2007 to 504,226 by 2020 (Orange

County Health Needs Assessment, 2010), Hoag is likely to see a rise in admissions of older adults in the coming years, and many of those older inpatients can be expected to

have cognitive impairment. It has been estimated that at least 25% of older hospitalized patients at any given time have Alzheimer's disease or a related disorder (Maslow, 2006).

Why is it important to try a MCT before using physical restraints?

Cognitive impairment, coupled with a sterile hospital environment, intimidating procedures, and unfamiliar health care professionals can precipitate difficult-to-manage reactions and behaviors such as anxiety, agitation, resistance to care, verbal and physical aggressiveness, and attempts to get out of bed or leave. Due to impaired memory, judgment, and comprehension, hospitalized older adults with dementia are at the highest risk for being restrained (Cotter & Evans, 2007) and, therefore, suffering many associated negative consequences. Immobilization by forced bed rest or restraint may

worsen behaviors and result in difficulties with balance, strength, and gait, loss of bone and muscle mass, cognitive decline, skin breakdown, urinary tract infection,



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incontinence, pneumonia, cardiovascular stress, depression and other neuropsychiatric disturbances such as delirium, posttraumatic stress, and anxiety, and even death (Evans and Cotter, 2008; Wang & Moyle, 2005). Deconditioning from immobilization also places older adults at greater risk for falls and fall-related injuries upon being released from restraints (Evans & Cotter, 2008; Luo, Lin, & Castle, 2011; Wang & Moyle, 2005). Nurses have so little time, but it is critical that they take a few extra moments to intervene with a MCT before turning to physical restraints.

While physical restraints are often initiated to protect the patient, research suggests that restraint use may actually worsen behaviors as well as cause injury and death (Wang & Moyle, 2005). Additionally, there has been increased at-

tention being placed on reducing use of physical and chemical restraints by accreditation agencies. Although healthcare professionals can also be quick to resort to pharmaceuticals, recent meta-analyses suggest that both the traditional and non-traditional antipsychotic medications typically prescribed for neuropsychiatric symptoms associated with dementia are minimally, if at all, effective (Sink et al., 2005; Schneider et al., 2006). Notably, the atypical antipsychotic medications have adverse effects that include extrapyramidal symptoms, somnolence, and increased risk for death due to stroke (U.S. Food and Drug Administration, 2005; Sink et al., 2005).

Person-centered behavioral interventions that emphasize interpreting patient behavior to identify and respond to unmet needs are considered optimal for manag-

ing neuropsychiatric symptoms of dementia (Evans & Cotter, 2008). Educating nurses to effectively manage agitated behaviors increases knowledge, changes attitudes about restraints, and reduces their use (Pellfolk et al., 2010; Testad et al., 2010). Combined with education, the availability of Memory Care Tools is improving quality of care for dementia patients at Hoag Hospital.

Alzheimer's Family Services Center, the only Alzheimer's Day Care Resource Center in Orange County, and proudly affiliated with the Hoag Neurosciences Institute, helps families facing dementia through comprehensive services, including dementia-specific adult day health care, caregiver counseling and support, education and outreach. To learn more, call (714) 593-9630 or visit www.AFSCenter.org.

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