For hospitalized dementia patients, do non-pharmacological interventions reduce agitation?

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Purpose
To determine if non-pharmacological interventions decrease agitation in hospitalized patients with dementia.

Background
Studies have shown strong evidence supporting the use of non-pharmacological sensory interventions to decrease agitation in patients with dementia in long-term care settings (Livingston et al., 2014; Moyle et al., 2012; Suzukamo, Sato, & Izumi, 2013; Wierman et al., 2011). There is a lack of research surrounding the use of non-pharmacological sensory interventions in the acute care setting. Hospitalized patients with dementia can pose a significant risk to themselves and others when agitated behaviors are insufficiently or inappropriately managed. These patients are at great risk for falls, injury to self, staff and visitors, and can be time-consuming, emotionally upsetting, and disrupt the therapeutic milieu.

Assessment
On a 29-bed medical unit, nursing staff expressed concerns over the growing population of patients with difficult behaviors related to dementia diagnosis. As medications have adverse side effects, there is a need to reduce agitation non-pharmacologically for dementia patients. Nurses gathered baseline data for 3 weeks on patients with a diagnosis of dementia using our modified Cohen-Mansfield Agitation Inventory scale (CMAI) (short form) three times a day. The scale was originally used in the long-term care setting where agitated behaviors were scored by weeks, days, and hours; it was modified to fit the acute care setting by only scoring behaviors in occurrences per hour and day. CMAI total scores ranged from 14 (no agitation) to 42 (highest agitation).

Goal
To decrease agitation in our dementia patients using non-pharmacological interventions including hand massage, music, and heat (ie, hot packs and/or warm blankets).

References

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