

Non-pharmacological therapies for the treatment of behavioural symptoms in people with dementia



'People with dementia are among the most vulnerable in our society. Symptoms often need to be treated expediently, and drugs, although moderately effective, can be hazardous. Aromatherapy and bright light treatment seem to be safe and effective and may have an important role in managing behavioural problems in people with dementia.'

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Non-pharmacological therapies for the treatment of behavioural symptoms in people with dementia

Non-pharmacological therapies can be effective in treating the symptoms of dementia. They can help with both behavioural symptoms and memory problems. They include aromatherapy, sensory stimulations, light therapy, herbal medicine, dietary supplements, acupuncture, homeopathy, osteopathy, chiropractic and reflexology. This booklet looks at how they can help with the treatment of behavioural symptoms and how best to use them.

Non-pharmacological therapies can be an alternative or a supplement to other treatments, and it is important to follow advice from your doctor about the way in which a treatment should be used. Prescribed medication should never be discontinued without medical supervision.

Also remember that no treatment is risk free. Some herbal remedies can interact with other medications and, although it is rare, some therapies can cause bad reactions. Doctors should always be kept informed about the use of any complementary therapies.

What are behavioural symptoms?

More than half of people with dementia have behavioural symptoms that affect their moods and behaviour (see box below). They are more common in the middle or later stages of dementia. These symptoms will not necessarily be a problem for the person with dementia. The behaviour often improves by itself, and may stop without treatment over a few months. However, the

Behavioural symptoms in people with dementia

- restlessness or over-activity
- depression
- irritability, anxiety or suspicion
- aggression (verbal or physical)
- hallucinations (seeing or hearing things that aren't there)
- delusions (being disturbed by thoughts, and believing things that aren't true)
- tendency to shout repeatedly or become noisy
- loss of normal inhibitions - for example, touching their private parts.

behaviour may continue, and can sometimes cause problems and stress for the person with dementia as well as their carers, friends and family.

Often the best approach at first is to keep an eye on the person with dementia, and to see a GP if behavioural symptoms get worse. It is also worth checking whether there might be a physical cause for their symptoms. These can include colds and urinary infections, which can make a person with dementia more confused, restless or irritable. Physical discomfort and pain can also lead to changes in mood and behaviour. Physical contact, which is often a routine part of caring for someone with dementia, can increase discomfort if someone is already feeling unwell or is in pain. This may lead to agitation, irritability or aggression. If someone with dementia starts to behave differently, the first thing to consider should be whether an illness or infection could be the cause.

What causes behavioural symptoms?

Other than physical causes, two things are thought most likely to cause anxiety, distress, agitation and other changes in the behaviour of people with dementia:

- 1 The damage in the brain that causes dementia may also cause the changes in behaviour. For example, if there is damage to the part of the brain that is responsible for working out what is appropriate behaviour, it may lead to 'inappropriate' behaviour, such as shouting, or strong emotions, such as anger.
- 2 The person with dementia is trying to make sense of the world around them, but is reacting in a disorganised way.

Most changes in behaviour are probably caused by a mixture of the two.

Non-pharmacological treatment approaches

Aromatherapy and massage

Aromatherapy is based on the theory that essential oils, derived from plants, have healing powers. The oils are generally either:

- applied directly to the skin, often through massage
- heated in an oil burner to produce a pleasant odour
- put in a bath.

The oils should be diluted according to the instructions before being applied to the skin. Aromatherapy and massage are generally seen as helpful for reducing stress and improving relaxation.

Three studies have shown that aromatherapy works when used to treat people with dementia who are agitated

There are now three studies (Burns et al, 2002) that have shown that aromatherapy works when used to treat people with dementia who are agitated. It is not clear how aromatherapy works, although the oils contain complex chemicals that are quickly delivered to the brain after being absorbed through the lungs when inhaled.

The Mental Health Foundation funded one of these studies in 2000 (Ballard et al, 2002). Two groups of people with dementia had a lotion containing either lemon balm or sunflower oil rubbed onto their hands and arms twice a day. The people who received the lemon balm treatment became less agitated than those who had the sunflower oil. The improvements were clear in the first week of the study, and carried on for the full three weeks.

Another study on a hospital ward showed that lavender oil, delivered through an aroma steam, also reduced agitation.

There are many different types of massage, but all require a therapist to touch the person and manipulate the soft tissue beneath the skin. Massage can be given with or without aromatherapy oils. It can be helpful for specific problems, such as muscle tension, but can also help with general relaxation.

One project found that aromatherapy and massage given together helped to reduce 'wandering' in people with dementia. People with dementia seem to particularly enjoy hand massage. It is not yet clear whether the benefits come from the actual massage or from being given time and attention.

Music therapy and white noise

Music can have a powerful effect on a person's state of mind. Music therapy uses music and sound to restore or improve physical and mental well-being. This kind of therapy can also use 'white noise', which is produced by combining different sound frequencies. White noise can mask other sounds and is sometimes combined with natural calming sounds such as waves lapping on a beach or birdsong.

Treatment usually involves playing music or sounds that the person enjoys for up to 30 minutes in a quiet room. Someone else should be present for at least some of the time to make sure that the person with dementia is comfortable and happy with the level of sound. They can also make comments linking the sounds to the person's experiences and can encourage the person to join in with the rhythms or sing along.

If there is a certain time of the day when the person with dementia becomes agitated, music therapy can be scheduled just before this time.

Research in care homes has shown that music or white noise therapy has beneficial effects in people with dementia (Cohen-Mansfield and Werner, 1997, and Gerdner, 2000). In this study the treatment significantly helped people who were frequently shouting. In another study (Cohen-Mansfield et al, 1999) there

Music therapy can help to reduce the incidence of shouting and agitation, and can even be as effective as sedative drugs

Studies on light therapy have had promising results, reducing restlessness and improving sleep

was no worsening of behavioural symptoms when sedative drugs were swapped for music therapy.

Bright light therapy

Many people with dementia become more confused and restless at dusk, and this sometimes continues throughout the night. It is often referred to as 'sundowning' and may be caused by an upset body clock.

Melatonin is a hormone that helps to keep our sleeping patterns in tune with the 24-hour cycle of day and night. Every day, as the sun goes down, our levels of melatonin rise and we begin to feel less alert. When the sun comes up our levels of melatonin drop quickly. Increasing light levels during the day could help to prevent 'sundowning' and disrupted sleep for people with dementia.

In bright light therapy, a person sits in front of a light box that provides about 30 times more light than the average office light, for a set amount of time each day. Research has shown promising results for the effect that this has on restlessness and on disturbed sleep for people with dementia (Lyketsos et al, 1999). Light therapy equipment is widely available from high-street chemists.

Psychological therapies for behavioural symptoms

Psychological therapies, as described below, have also proved to be effective for the behavioural symptoms of dementia.

Behaviour does not usually change for no reason and this is as true for people with dementia as for anyone else. Even though dementia can be blamed for symptoms such as 'wandering' or shouting, there are probably specific reasons, or 'triggers', for changes in behaviour. It is important to try to understand what these triggers might be.

The triggers may be linked to something that happens just before the behaviour begins. Sometimes, triggers are easy to identify – for example, a difficult or stressful social situation, such as a party, may lead to restlessness or anxiety. Help with going to the toilet, eating or dressing may also trigger a reaction, perhaps because the person is afraid or misunderstands the situation. Over-stimulation can also lead to changes in behaviour – for example, people with dementia who live in a care home may become agitated at busy or noisy times of the day, such as mealtimes.

Understanding the person

Each person with dementia is an individual with his or her own emotional and social needs. It is important to gain as much information about the personality, life history, interests and skills

of the person being cared for as possible. This will give a better understanding of the person's needs and can give clues as to why the person behaves in a particular way in a certain situation. For example, someone who has always taken pride in their appearance may not react well to having their clothes chosen for them.

Daily activities, such as dressing, washing or using the toilet, that involve close contact between the person with dementia and their carer often trigger behavioural symptoms. It is important to make these activities as positive as possible and use reassuring verbal and non-verbal communications.

Tailored interventions

If there is a clear trigger for the person's change in mood or behaviour, a clinical psychologist or other specialist can plan a quick and effective non-drug treatment. They will carefully consider the situation, and then plan a strategy to meet the needs of the person with dementia and the carer.

For example, the person with dementia may become restless and irritable at various times during the day. A clinical psychologist might evaluate the situation and suggest that perhaps the person becomes restless because he or she needs to go to the toilet but is unable to express their need clearly or to find the toilet themselves. Taking the person to the toilet regularly could address this need, and stop the person feeling restless and irritable.

Structured interventions

This is where a person with dementia has a regular 'structured social interaction' with their carer. This is a ten-minute-long series of prompts that help the carer to maintain an activity or conversation with the person with dementia. The prompts focus on the individual and encourage the person to reminisce about important or enjoyable personal events. Further conversation can usually be maintained with simple additional prompts, such as 'That's interesting, tell me more about....'.

This approach does not need much specialist training. Family carers and professional care staff can quickly learn the necessary skills. So far, this type of treatment has mainly been used in care homes. As well as increasing the social interactions and activity levels of people with dementia, it helps to develop the relationship between the carer and the person with dementia.

Studies of this kind of treatment have had positive results. For example, one study showed that when people swapped sedative drugs for structured social interactions, their behaviour did not get any worse. Another study showed that this kind of treatment was very helpful for people with dementia who were shouting frequently (Cohen-Mansfield and Werner, 1997).

Family carers and professional staff can quickly pick up the skills needed for psychological intervention

Simulated presence therapy

This type of therapy helps to calm people with dementia by reminding them of events in their life. Friends or members of the person's family make a video or audiotape of positive memories or familiar events and activities. The tape can encourage participation, perhaps by leaving gaps for the person with dementia to respond, or by having a sing-along or actions section.

The tape can be used in a similar way to music therapy – for example, when the person with dementia usually becomes agitated. When used in care homes, this treatment has helped people with dementia stop taking sedatives without their symptoms getting worse. It has also helped people who shout and can help with other symptoms, such as restlessness.

If the person with dementia is in a care home, this type of therapy can also help families and friends to feel more involved in their care. And it helps staff to learn more about the life of the person with dementia.

Choosing a therapist

It is vital that the person with dementia feels comfortable with any therapist. The therapist must have the right qualifications, experience and facilities to help with the condition. Always ask a practitioner any questions that will help to decide whether they are the right professional to work with. Useful questions to ask at a first meeting could include:

- What the treatment will be
- How it will be carried out
- How long it will take
- Whether it is available on the NHS, and if not, what the cost will be
- What you can expect from the treatment
- What the practitioner's qualifications and experience are
- Whether they are regulated by a professional organisation

The relationship between the person being treated and the therapist or practitioner is very important. It can actually make a difference to the success of the treatment.

Further information

General

For general information on complementary therapies contact:

British Complementary Medicine Association

PO Box 5122
Bournemouth BH8 0WG
Telephone 0845 345 5977
Website www.bcma.co.uk

British Holistic Medical Association

59 Lansdowne Place
Hove
East Sussex BN3 1FL
Telephone 01273 725951
Email bhma@bhma.org
Website www.bhma.org

Institute for Complementary Medicine

PO Box 194
London SE16 7QZ
Telephone 020 7237 5165
Email info@i-c-m.org.uk
Website
www.icmedicine.co.uk

Aromatherapy and massage

For registered practitioners contact:

International Federation of Aromatherapists

182 Chiswick High Road
London W4 1PP
Telephone 020 8742 2605
Website www.int-fed-aromatherapy.co.uk

General Council for Massage Therapy

46 Millmead Way
Hertford SG14 3YH
Telephone 01992 537637
Email admin@gcmt-uk.org
Website www.gcmt-uk.org

Music therapy

To locate a music therapist contact:

Association of Professional Music Therapists

26 Hamlyn Road
Glastonbury BA6 8HT
Telephone 01458 834919
Email APMToffice@aol.com
Website www.apmt.org.uk

Music therapists should also be registered with:

Health Professions Council Park House

184 Kennington Park Road
London SE11 4BU
Telephone 020 7582 0866
Email info@hpc-uk.org
Website www.hpc-uk.org

Psychological therapies

For further information about psychological therapies and counselling, contact:

British Association for Counselling and Psychotherapy

BACP House
35-37 Albert Street
Rugby CV21 2SG
Telephone 0870 443 5252
Email bacp@bacp.org.uk
Website www.bacp.co.uk

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