



VITAS WEBINAR SUMMARY

Featured VITAS Expert

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Evaluation and Management of Behaviors in Persons with Cognitive Impairment

GOAL: To enable healthcare clinicians to implement a comprehensive approach to non-pharmacologic and pharmacologic management of dementia-related behaviors for the benefit of patients and their caregivers. The DICE approach to behavior management in hospital, nursing home, and community settings involves describing the behavior, investigating underlying contributors/causes, creating an intervention (non-pharmacologic or pharmacologic) and evaluating the intervention's effectiveness.

Key Takeaways:

1. Cognitive behaviors and their management contribute to one-third of total dementia-related costs in the US. Regulations govern the use, administration and limitations of psychotropic medications in patients with cognitive impairment.
2. Numerous factors contribute to difficult end-of-life behaviors: pain, shortness of breath, depression/anxiety, hunger, under/over stimulation, infection, constipation, medication side effects and poor vision/hearing. Agitation—a leading symptom of end-stage dementia—differs from delirium, terminal restlessness and aggression.
3. Pharmacologic and non-pharmacologic interventions for dementia-related behaviors should identify the target symptoms to be treated and characterize their impact on the patient/caregiver.
4. Non-pharmacologic interventions that are supported by evidence include physical activity (for depression and sleep), hand massage and personalized bathing experiences (for relaxation). Family caregiver problem-solving can help identify, modify and reduce behavioral symptoms in patients.
5. Pharmacologic interventions are most helpful with agitation, aggression, psychosis, depression and irritability; they are less helpful for day/night reversal, calling out, repetitive behaviors, wandering, apathy and resistance to care. Clinicians should familiarize themselves with available medications, indications, benefits and possible side effects.

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