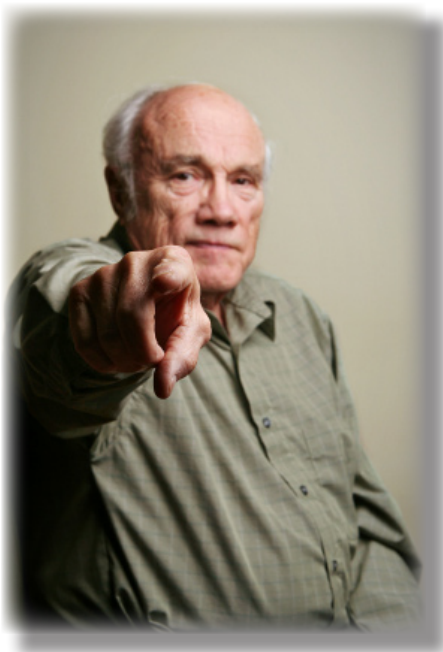


DEALING WITH DIFFICULT ELDERLY PEOPLE



For several different reasons, dealing with the elderly person can be a difficult experience. Many are used to being independent in their finances, their cares and the general feeding and eliminating that goes on in normal adult lives. Others have difficult

personalities in their early years and continue that behavior as adults, albeit exaggerated at times. Such individuals tend to be behavior problems for the caring adult, who might be a home health aide, a nursing home health aide or a family member struggling at home.

Behaviors to expect in the Difficult Elderly Adult

- Refusal to eat—spitting out food
- Hitting or thrashing out
- Biting
- Hitting especially when having clothes changed
- Smearing feces
- Spitting
- Yelling incessantly
- Refusal to take medication
- Refusal to undergo oral cares
- Opposing medical care

- Paranoid ideation
- Incessant talking and following another individual around
- Starting arguments that have no merit
- Kicking others
- Refusing to wear shoes
- Refusal to bathe
- Refusal to have hair cut
- Wandering or escapism

The list goes on. The difficult elderly individual either wants to be left completely alone or they want to be around others all the time. Most are very resistant to touch and that is why most of the behaviors are related to doing something to the body of the elderly individual. And yet, these are the same individuals who cannot do these things on their own and need the help of one or more individuals to get them bathed, fed and generally well cared for in their aged state.

Causes of Difficult Behavior in the Elderly

Not every difficult elderly person is difficult for the same reason. Some have brain diseases that contribute to their inability to participate in their cares. Others have personality disorders or physical issues which contribute to their difficult behavior.

- **Dementia.** Alzheimer's, multi-infarct (vascular) and other causes of dementia represent the number one reason why the elderly person is unable to participate in their cares. They are frightened of being touched and have physical aversions to certain types of food on the basis of their dementia. Often they are resistant to all cares simultaneously, although there are some who feed well but will resist the bath vehemently. Many people erroneously assume that dementia patients are just like children but this is not the case. These people have personality changes that

make them less placid than a child can be made to be and resist being taken care of, often yelling or calling out over many hours at a time. Most of the problems occur in moderate dementia, when there is a great deal of confusion going on and the individual does not understand what's being done to them. When they develop more severe dementia, there is much more passivity and they become more placid with their cares.

- **Personality Disorders.** There are some people who are naturally suspicious or paranoid and resist having anyone touch them or care for them. This is a personality trait the individual has had for the bulk of his or her life and is one that becomes exaggerated when the individual gets older and the mind isn't the same as it once was. The personality disorders most commonly associated with behavioral issues include passive-aggressive personality disorder, paranoid personality disorder or sociopathic personality disorder. Some of these disorders alone will cause an elderly person to become difficult and others need the combination of the personality disorder and a mild dementia to become obvious to those who care for the person. Like dementia, there is no cure for these personality disorders but there are things that can be done to help facilitate the cares of the elderly individual.

- **Physical disorders.** This includes conditions like osteoarthritis and neuralgia, which are painful medical conditions that hurt especially when the elderly individual is touched, such as in the doing of cares. The person often suffers from dementia so that they don't understand anything else other than they are being hurt. Moving them causes agony and they lash out because of the pain. The dementia prevents them from telling the caregiver what's really wrong so they appear oppositional without anyone knowing that pain is the real issue. The pain tends to be worse in the joints or in the feet, making things like dressing, bathing and putting on one's shoes very painful.

- **Food Texture Issues.** Often there is a lot of pain in the mouth due to ill-fitting dentures or due to other dentition issues. The food then has to be pureed. This is often unpalatable food with a questionable texture that the individual spits out and refuses to eat. Pureed meat is commonly of a texture that is not tolerated by the elderly individual and they will refuse to eat it.

- **Anxiety Disorders.** Once anxious, an elderly person

often remains anxious and lashes out due to the fear they're experienced. They often don't want to be touched and, if dementia is part of the condition, they don't really recognize anyone they meet. This causes them to be suspicious and to show aggression when they feel they are being attacked.

- **Depressive disorders.** A depressed person just doesn't want to be there and are, as a result, often nonparticipatory in their cares. They don't help a caregiver get themselves dressed, they won't eat and they are generally difficult to treat because they won't help themselves. They may seem to have a degree of dementia and many of them have it to a degree but there are cases where the patient is merely mutely depressed and really need an antidepressant in order to solve the problem. There are some who simply have depressive personalities and antidepressants do not help these people as much.

- **Psychotic Disorders.** This is when the person has had hallucinations and delusion much of their adult life and the condition doesn't seem to fade as they age. They often suffer from delusions or hallucinations.

WAYS TO HANDLE A DIFFICULT ELDERLY PERSON

Before launching into a program of holding the elderly person down and forcing them into doing their cares, there are things you need to do as an individual or as a caregiver team that can help handle the problems before resorting to force. Let's take a look at the ways in which you approach a difficult elderly patient.



- **Identify the cause of the problem.** It makes a difference if an elderly person is resistant to cares because of osteoarthritis as opposed to dementia or a personality disorder. Have a physician do an evaluation on the individual to assess their physical and mental status in order to direct what the baseline

cause or causes of the difficulty is.

- **Communicate with your healthcare team.** Identify when exactly the patient is difficult and under what circumstances. Perhaps the individual is fine with a bath during the morning but when tired in the late afternoon, he or she is resistant to cares. Maybe the individual needs an hour or so to wake up before cares are given during the day. Talk to a nutritionist about ways to make sure the individual is getting food that tastes good. Sometimes the nutritionist can do taste tests to see what the individual likes best and what causes them revulsion. Find out who the resident likes the best—who the person doesn't resist cares from—and who the resident does not like. Change who cares for the person if there are preferences. Does the resident resist cares when given by a male (or female)? Is there an element of embarrassment about receiving cares? Does the individual seem to prefer things done in a certain way and refuse cares if they are done another way? If the healthcare team discusses these issues, often a healthcare plan can be written up.
- **Develop a healthcare care plan.** Plan out behavioral controls that can be implemented as a healthcare team. Decide who should do what and make the decision as to what needs to be done so that no one gets hurt and the healthcare needs and hygiene needs get managed.

BEHAVIORAL TOOLS THAT HELP A TEAM OR INDIVIDUAL CARE FOR THE DIFFICULT ELDERLY PERSON

First of all, there is no one technique that works on everyone and some experimentation need to be done in order to find what works the best on a given difficult elderly person. A lot depends on the individual, the social setting and on what the underlying cause of the behavioral issue. Nevertheless, the following tricks tend to work in general on the difficult elderly person.

- Consider telling white lies. If the elderly person is anxious about an upcoming bath, tell them they're not getting it until you get up to the actual time of the bath. Then be soothing and helpful in giving the bath, using your "cheerful self" and knowing that the behavior they exhibit isn't something he or she has control over. Similarly, if the resident is after you constantly to call her dead husband, it's okay to tell her you called him and he "wasn't home".

- Avoid using the word "NO". People, even elderly people, react negatively to the word "no". Agree with everything they say and then go about doing what it is you really want to have done. If they want to eat breakfast and don't want to get dressed for them, say "Yes, let's go eat but first you must get properly dressed for the meal." The person wasn't told no but was creatively redirected so that the actual care is being done.
- Use humor. Tell jokes and laugh with the elderly person. They pick up on the cheerfulness and tend to be much easier to care for. You often don't need a large bunch of jokes to choose from because many elderly demented persons forget the joke and just pick up on the fact that you were being humorous. Tell the demented man who refuses his bath that you're going out on a nice date with him and you want him to be cleaned and spiffed up first.
- Speak and move slowly when you care for the elderly. Sudden movements can frighten or anger an elderly person. Make sure you tell them slowly and clearly what you're planning to do but do so in an authoritative way. Moving slowly helps the arthritic patient get bathed, moved or dressed without pain or suffering.
- Ask the doctor to prescribe something for arthritic or neuropathic pain. There are relatively safe medications that can be used to control the pain of these conditions that can be given prior to cares given. The person will be more comfortable and therefore less combative with cares if they feel better.
- Ask the doctor about tranquilizer medications in severe cases. It is generally not a good idea to use tranquilizers such as benzodiazepines or anti-psychotics in the elderly as there is a greater fall risk and it may oversedate them. However, that having been said, there are severe situations in which nothing else works and the care and safety of all persons involved is such that some medical intervention is necessary.
- Control your body language and don't show your anger. Even very impaired elderly people will sense if you're angry at them and it can show up in the tone of your voice or in the way you carry yourself. Try to be open and as cheerful as possible, reserving anger for when it is extremely necessary.
- Get rid of clutter. Clutter means stimulation to an elderly person and too much stimulation leads to agitation and brain-overload. Remove furniture and

things on the walls that are not near and dear to the heart of the person who is living there, namely, the resident.

- Let some things go. If you can't get the elderly person to wear clothing that matches or if you find them hoarding bottlecaps or silverware, let some of that go. It isn't hurting anyone and if it gives the elderly person some measure of control over their life, so be it.
- Pay attention to sudden behavioral changes. If an elderly person is at a certain level of functioning and then suddenly becomes aggressive or combative, consider the possibility of a urinary tract infection or metabolic reason behind such a change. This might warrant a doctor's visit or a phone consultation with the doctor.
- Watch the way you approach a combative person. Don't frighten them or give them the idea that you might hurt them. Approach the elderly person from the front or the side and make your presence known so they aren't startled and won't lash out at you.
- Distract the individual. If the individual has a favorite snack or object, offer it to them as a way of diffusing volatile situations and keeping the elderly person happy and not feeling aggressive or angry.
- Acknowledge that the individual has lost control over his or her life. Sometimes stating the obvious or validating the feelings of the elderly person diffuses his or her feeling that no one understands what they're going through. Be gentle and validate them.
- Don't try to convince the person they're not delu-

sional. When an elderly person is suffering from a delusion, you will only be exhausted and frustrated trying to talk them out of it. Just go with it and let it run its course.

- Respond to the emotion underneath. Recognize that what looks like anger may really be fear or anxiety. Find out what's going on beneath the angry-appearing individual and deal with that underlying feeling.
- Reassure the hallucinating elderly person. If the individual is having an active hallucination, tell them you'll take care of it and do what you can to "make it all better" as the individual is likely frightened and doesn't understand what is happening.
- Ignore hallucinations that aren't upsetting the elderly person. If the elderly person is talking to an old friend or having a drink with his or her dead spouse, just ignore it and let it be. It's not harmful and might do a lot to improve his or her mood.
- Give the elderly person tasks that give them a sense of purpose. There was one nursing home that had the elderly women folding wash clothes. When the collection was done, the wash clothes were removed, messed up and given back to the women to fold again. It left them content and reduced agitated behavior.
- Keep difficult patients on a separate ward than sick patients. Having a special section or hallway for patients with dementia or difficult behavior disorders allows many anxiety- and aggression-reducing ideas to be implemented. The area can be relatively clutter free and soft music can be played to soothe the residents.

