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## Aggression in patients with dementia: Causes and non-pharmacological management

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Aggression is one of the most difficult behavioral symptoms of dementia that may occur during care activities, especially in persons with advanced dementia. A patient with dementia may reject the care and may become combative when the carer insists on providing care. This makes providing care very difficult and could result in injury of the carer or the patient. The most common causes of rejection of care are that the patient does not understand why the care is needed and patient's depression. The patient also does not want to cooperate with care activities because she/he does not want to be touched. Thus, improvement of communication and increased tactility prevents rejection of care and resulting aggression. A program that results in both improved communication and increased tactility is "Namaste Care". Two main principles of this program are comfortable environment and loving touch. Patients with advanced dementia, who cannot participate in usual activities, are placed in a comfortable room with at least one carer always present. The loving touch is provided as gentle hand, hair or feet massage and application of a cream to the face. Patients enjoy this type of touch and are less rejecting touch during care activities. The environment and loving touch improves communication, decreases agitation and symptoms of depression. Namaste care was shown to decrease use of psychotropic medications and to increase quality of life and job satisfaction of carers. Namaste care can be implemented without additional staff and with very limited expenses.

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## Update on the evaluation and treatment of agitation

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The evaluation and treatment of agitated patients in the emergency setting is evolving. New treatment modalities, treatment guidelines and research have modified the approach to the care plan. Medical evaluation of the psychiatric patient should be clinically based. Although haloperidol and lorazepam is the mainstay of treatment for all patients; whatever the etiology is being supplanted by early agitation assessment and tailoring medications to the underlying disorder. The BETA (Better Evaluation and Treatment for Agitation) guidelines have mandated use of verbal de-escalation as the first step in treatment as a means to reduce the use of restraints and seclusion. This session will update the evaluation and treatment of psychiatric patients in the emergency setting.

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