Dementia-related Wandering: Management Interventions

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Part I. Introduction

- definition
- significance
- quality of wandering
- high-risk/low-risk wandering
- what, where, when and course of wandering
What is Wandering?

“a syndrome of dementia-related locomotion having a frequent, repetitive, temporally-disordered and/or spatially-disoriented nature that is manifested in lapping, random, and/or pacing patterns, some of which are associated with eloping, eloping attempts, or getting lost unless accompanied.”

Why Care About Wandering?

“Most common unsafe behavior in persons with dementia”
High-risk/low-risk wandering

- activity of the wanderer
- care setting
- caregiver knowledge and awareness
Qualities of Wandering

- haphazard
- may lack apparent destination
- fretful, pacing
- cannot be easily redirected
- may result in unintended leaving
The “When” of Wandering

- begins in the morning hours
- increases throughout the day
- peaks at 5 pm to 7 pm.
The “Where” of Wandering

- nursing home settings
- community-based settings
- home-based settings
The Course of Wandering

- 60% of all dementia cases
- mild, moderate and severe dementia
- Persistent - lasts for years
- subsides in late-stage, profound dementia
Part II. Causes of Wandering

Wanderer
- Medical
- Personality

Environmental
- Social
- Physical
Medical Causes

- visual/perceptual deficits
- attentional problems
- medication side effects
Personality Causes

- extroversion
- hx. of exercise to manage stress
- pre-morbid occupation
Social Environment Causes

- staff mix and stability
- overall ambiance
- extent of social engagement
Physical Environment Causes

- light
- noise
- temperature
- complexity of architecture
- crowding
Part III.
Problematic wandering: management goals and recommended interventions
Excessive walking

GOAL - Support patient’s physical needs:

• adjust medications
• hydrate
• provide nutrients
• provide safe environment
Elopement, day or night

GOAL - Alert caregivers:

• door alarm systems

• pressure-activated systems

• combined systems
Trespassing

GOAL - Keep patient out of off-limits areas:

- visual exit barriers
- tape barriers
- mirrors
Losing way

GOAL - Guide patient:

• signs, landmarks, cueing
• enhanced lighting
• establish toileting schedule
Exiting-seeking

GOAL - Reduce exit seeking behaviors:

• architectural barriers

• locks

• visual exit barriers
• “Shadowing” in dementia-related wandering is defined in the literature as the patient’s close following or trailing a caregiver’s locomotion.
GOAL - Track patient’s location:

• RFID
• GPS
• personal guidance systems
Patient missing in the facility

Goal: Staff response to quickly locate patient and prevent injury or exit

- policies
- procedures
Patient missing in community

GOAL: Community quickly locates and returns the patient

- Alzheimer’s Assoc. Safe Return® Program
- Community-based search and rescue
VA Patient Safety Center
Safe Wandering Resources

http://www.visn8.va.gov/patientsafetycenter/
Contact

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