Cutting Through the Foggy Myths Using Best Practice Guidelines in Long Term Care

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# BP Blogger

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## Myth Busting: The Wandering Issue

### Myth 1: Wandering isn't common

The need to keep on the move that looks to others as aimless wandering is a common behaviour for persons with Alzheimer's disease or dementia. It's a direct result of physical changes in the brain. Overall estimates in LTC are between 11% to 50% of residents wander and as high as 60% for those with dementia.

*In the literature, the typical person who wanders is usually an older male, is 74 years of age, more cognitively (MMSE 13) and functionally impaired in their ADLs, has sleep problems, is using more psychotropic medications, may be more spatially disoriented with an inability to reason or make judgments, had a more active adult lifestyle, and will wander for several years.*

Staff consider wandering behaviours as one of the most difficult to manage. Residents wander for different reasons, anytime of the day, in different ways and with differing results, some beneficial, some placing them at risk. Residents identified as those who wander are more likely to experience adverse events, such as falls, hip fractures, use of restraints, use of psychotropic medications, and omitted treatments. Wandering is not a single simple behaviour but rather a multitude of behaviours. Residents who wander may have some of the following behaviours:

- Repeatedly shadowing or seeking the whereabouts of a caregiver
- Revisiting one destination many times
- Going into unauthorized or private spaces
- Inability to locate landmarks or getting lost in a familiar setting
- Haphazard, fretful or continuous moving, walking or pacing
- Walking without an apparent destination or purpose
- Searching for 'missing' or unreachable people/places
- Walking that cannot be easily dissuaded or redirected

### Myth 2: Wandering is aimless

Wandering behaviour may appear to be aimless or confused but researchers believe there are reasons for wandering. There has been a recent shift from using the term "wandering" and replacing it with "walking" and increasing recognition that wandering maybe beneficial and adaptive for people with dementia. Unfortunately, the reasons for wandering remain an unsolved riddle. Researchers speculate 3 main reasons for wandering:

1) **Biomedical:** There is an "increased drive to walk" (hyperactivity) as a direct result of brain damage >> Cognitive impairment

2) **Psychosocial:** it's need-driven: searching for people or places associated with security; to ease loneliness and separation; to find social contact or companionship; to deal with boredom and isolation, to cope with depression, stresses and anxiety; to recreate a situation from their past such as going to work, doing previous roles or catching a bus, to find something that is "lost", to do exercise; and trying to communicate need

3) **Behavioural:** a person with impaired cognition is susceptible to influence from and interaction with the environment such as,

- Discomfort or unsettled state (e.g, hunger, pain, thirst, urinary urgency, constipation?
- Medication side effects
- Too much or irritating stimulation (e.g., sound, visual)
- Unfamiliar surroundings
- Change in routine or usual caregivers
- distressing medical or emotional conditions
- Temperature: too hot or too cold
- Desire for more physical stimulation (desire fresh air, see or touch plants, feel sunlight, or simple desire to move)

### More information on This and Other Best Practices

- **Contact your Regional LTC Best Practices Coordinator.** They can help you with Best Practices Info for LTC. Find them at:
- **www.rgpc.ca** Click on Long Term Care
- **www.shrtn.on.ca** Click on Seniors Health
- Check out the **Hamilton Long Term Care Resource Centre www.rgpc.ca**
- Surf the Web for BPGs Some sites and resources are listed on pg 2.

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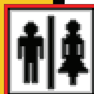

# Myth 3: Same care for all

Wandering is a complex behaviour with each resident having unique wandering behaviours. As of yet, researchers have not identified causes or cures for wandering. We have limited knowledge on why it occurs and how to manage it. For residents with dementia, we should think of wandering as a "health behaviour" and see it as being appropriate and adaptive. No connection has been found between wandering and getting lost; nor between enhancing the environment and decreasing wandering. However, there are several non-pharmacological strategies researchers believe can help you manage wandering and that they must resident-centred to meet each resident's needs.

1. Allow for Safe Wandering. Create a safe space for wandering. Remove clutter and obstacles.
2. Look at the Immediate Environment /Specific Cause(s). Identify triggers that the resident consistently reacts to and eliminate, reduce or modify stressors/cues that trigger wandering, use music to calm, offer food/fluids if hungry/thirsty; address toileting needs, provide social interaction
3. Develop Meaningful Activities to encourage the resident's participation considering their past skills. Change activities when they become bored. Provide distraction such as something to do with their hands. Take them outside for walks, ensure they enjoy fresh air regularly, provide interaction activities
4. Exercise. Have them attend a regular exercise program to burn extra energy and help them sleep.
5. Provide Visual Cues of familiar objects, furniture and pictures to give the person a sense of comfort and belonging. Leave a nightlight on to reduce confusion. Provide a visually appealing environment.
6. Document the Wandering especially the times, patterns and cues that trigger wandering. Ensure the resident has identification on them at all times.
7. Install Technological Devices such as motion detectors and alarm systems, create a safe area
8. Communicate with the resident. Be supportive, reassuring and work with their needs

Any of these non-pharmacological strategies and others are best used in combination.

Find it on the Web at www.rgpc.ca or www.shrtn.on.ca

# Myth 4: Stop the wandering

For many people, the term "wandering" suggests that it should be stopped. It's better to support a resident's movement and exploring, as it provides stimulation, social contact, helps maintain mobility and strength, prevents skin breakdown and constipation, and enhances mood. **It's normal. Wandering or "walking" should not be stopped.** However, wandering may be detrimental when it results in the resident leaving the LTC home, entering unsafe or other resident spaces or results in injuries, weight loss, dehydration, falls, excessive fatigue agitation or even death.

Physical restraints haven't been shown to reduce wandering, successful exiting or enhance safety in residents who wander. Rather, it's linked with an increased risk of injury, pressure ulcers, infection, falls, sedation, agitation, anxiety and violence.

**There are different types of wandering associated with Alzheimer's disease:**

- Aimless wandering or non-focused walking with little or no direction or destination, puttering around
- Purposeful wandering – goal-oriented
- Night-time wandering – with broken sleep pattern, restlessness, disorientation
- Industrious wandering – repetitive or excessive/busy behaviour, continue habits, recreate past

**Describe Wandering Pattern as:**

- Direct pattern – straight forward to a destination
- Lapping – roundabout movement and revisiting points
- Pacing – back and forth between two point, restless (akathisiacs)
- Random – haphazard movement, repeating movements
- Modelers -tag, shadow others, checking whereabouts of others
- Self-stimulators do activities in addition to continuous pacing e.g., turning doorknobs continuously
- Exit seekers - attempt to leave

Residents who wander persistently are the source of 80% of success-ful exiting. 45% of exiting occurs within the first 48h of admission to a new LTC home. Successful exiting occurs when a resident who needs supervision leaves the LTC home without staff awareness or supervision. Wandering and elopement are not the same! Elopement or successful exiting is a serious consequence of wandering. It can result from a desire to return to a secure place, home or workplace, trying to reconnect with family members or may be following old habits, such as leaving for work. They may be drawn outside by a sunshine or a desire for fresh air or daily walk.

**Goals for Wandering Care**

- Encourage, support and maintain a resident's mobility and choice, enabling them to move about safely and independently
- Ensure that causes of wandering are assessed and addressed, with particular attention to unmet needs
- Prevent unsafe wandering and successful exit seeking.

**Special thanks in Central Ontario** PRCs Alzheimer's Society Hamilton & Halton, Regional Geriatric Program-Central, Seniors Health Research Transfer Network, The Village of Wentworth Heights LTC Home-Hamilton

**Check out these Best Practices & Guidelines. Answers to the Myths came from them. Find out more!**

**Canadian:**

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