

Abstracts: Grip op probleemgedrag – Sandra Zwijsen

Abstract: [Studieprotocol](#)

Title: Grip on challenging behaviour: a multidisciplinary care programme for managing behavioural problems in nursing home residents with dementia. Study protocol

Authors: Sandra A Zwijsen, Martin Smalbrugge, Sytse U Zuidema, Raymond TCM Koopmans, Judith E Bosmans, Maurits W van Tulder, Jan A Eefsting, Debby L Gerritsen, and Anne-Margriet Pot.

Background: Behavioural problems are common in nursing home residents with dementia and they often are burdensome for both residents and nursing staff. In this study, the effectiveness and cost-effectiveness of a new care programme for managing behavioural problems will be evaluated.

Methods/Design: The care programme is based on Dutch national guidelines. It will consist of four steps: detection, analysis, treatment and evaluation. A stepped wedge design will be used. A total of 14 dementia special care units will implement the care programme. The primary outcome is behavioural problems. Secondary outcomes will include quality of life, prescription rate of antipsychotics, use of physical restraints and workload and job satisfaction of nursing staff. The effect of the care programme will be estimated using multilevel linear regression analysis. An economic evaluation from a societal perspective will also be carried out.

Discussion: The care programme is expected to be cost-effective and effective in decreasing behavioural problems, workload of nursing staff and in increasing quality of life of residents.

Trial registration: The Netherlands National Trial Register (NTR). Trial number: NTR 2141

Abstract: [Belasting verzorgenden](#)

Title: Nurses in distress? An explorative study into the relation between distress and individual neuropsychiatric symptoms of people with dementia in nursing homes

Authors: S. A. Zwijsen, A. Kabboord, J. A. Eefsting, C. M. P. M. Hertogh, A. M. Pot, D. L. Gerritsen and M. Smalbrugge

Objectives: To optimize care and interventions to improve care, and to reduce staff burden, it is important to have knowledge of the relation between individual neuropsychiatric symptoms and distress of care staff. We therefore explored the relation between frequency and severity of individual neuropsychiatric symptoms and distress of care staff.

Design: This is an explorative study with a cross-sectional design.

Participants and setting: Care staff was interviewed regarding 432 residents of 17 nursing homes for people with dementia.

Measurements: Behavioural problems were assessed using the Nursing Home version of the Neuropsychiatric Inventory (NPI-NH) questionnaire. The distress scale of the NPI-NH was used to determine the distress of care staff.

Results: Agitation/aggression had the highest mean distress score and was also the most prevalent symptom. Disinhibition and irritability/lability also had high mean distress scores, whereas euphoria/elation, hallucinations and apathy had the lowest mean distress score. The symptom severity of each symptom strongly predicted the distress score, whereas the frequency of the symptoms was a less important factor.

Conclusions: Although some of these findings are in accordance with studies among informal caregivers, there are also notable differences. Apathy caused little distress among care staff. Therefore, care staff might not feel the urgency to explore the causes of this symptom. The findings of this study emphasize the importance of supporting care staff in the management of behavioural problems, especially aggression and apathy.

Abstract: [Ontwikkeling zorgprogramma](#)

Title: The development of the Grip on Challenging Behaviour dementia care programme

Authors: Sandra A Zwijsen, Debby L Gerritsen, Jan A Eefsting, Cees MPM Hertogh, Anne Margriet Pot, Martin Smalbrugge

Background: Current guidelines and theories on the origin of challenging behaviour in dementia indicate that a structured multidisciplinary approach to its management is necessary. In the Grip on Challenging Behaviour study, a care programme was developed to improve the management of challenging behaviour.

Method: In developing the care programme, the overlapping parts of dementia care guidelines were supplemented with discipline-specific parts. Three meetings with experts were arranged to further develop the structure of the care programme and to ensure a good fit with practice.

Results: The care programme consists of four steps: detection, analysis, treatment, and evaluation. For each step, forms were developed to guide and structure the process and assign responsibilities for each discipline. As well as a description of the development and the content of the care programme, this paper presents two case studies in which the programme was used.

Conclusion: The Grip on Challenging Behaviour care programme provides a way for dementia special care units to manage challenging behaviour in a structured way and with a multidisciplinary approach making use of their own resources.

Abstract: [Resultaten bewoners](#)

Title: Coming to Grips With Challenging Behavior: A Cluster Randomized Controlled Trial on the Effects of a Multidisciplinary Care Program for Challenging Behavior in Dementia

Authors: Sandra A. Zwijsen, Martin Smalbrugge, Jan A. Eefsting, Jos W.R. Twisk, Debby L. Gerritsen, Anne Margriet Pot, Cees M.P.M. Hertogh

Objectives: The Grip on Challenging Behaviour care programme was developed using the current guidelines and models on managing challenging behaviour in dementia in nursing homes. It was hypothesised that the use of the care programme would lead to a decrease in challenging behaviour and in the prescription of psychoactive drugs without increase in use of restraints.

Design: A randomised controlled trial was undertaken using a stepped-wedge design to implement the care programme and to evaluate the effects. An assessment of challenging behaviour and psychoactive medication was undertaken every four months on all participating units followed by the introduction of the care programme in a group of three to four units. A total of six-time assessments took place over 20 months.

Setting: 17 dementia special care units of different nursing homes.

Participants: 659 residents of dementia special care units. All residents with dementia on the unit were included. Units were assigned by random allocation software to one of five groups with different starting points for the implementation of the care programme.

Intervention: A care programme consisting of various assessment procedures and tools which ensure a multidisciplinary approach and which structure the process of managing challenging behaviour in dementia.

Measurements: Challenging behaviour was measured using the Cohen-Mansfield Agitation Inventory (CMAI) and the Neuropsychiatric Inventory (NPI). Research assistants (blinded for intervention status of the unit) interviewed nurses on the units about challenging behaviour. Data on psychoactive drugs and restraints were retrieved from resident charts.

Results: A total of 2292 assessments took place involving 659 residents (1126 control measurements, 1166 intervention measurements). The group of residents who remained in the intervention condition compared to the group in the control condition differed significantly in the CMAI change scores between successive assessments (-2.4 CMAI points, 95%CI -4.3 to -0.6). No significant effects were found for the control-to-intervention group compared to the group who remained in the control group (0.0 CMAI points, 95%CI -2.3 to 2.4). Significant effects were found on five of the twelve NPI items and on the use of antipsychotics (OR 0.54, 95% CI 0.37 to 0.80) and antidepressants (OR 0.65, 95%CI 0.44 to 0.94). No effect on use of restraints was observed.

Conclusion: The Grip on Challenging behaviour programme was able to diminish some forms of challenging behaviour and the use of psychoactive drugs.