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Need-Driven Dementia- Compromised Behavior (**NDB**)

The Facts . . .

- ⇒ *Disruptive, agitated, and aggressive behaviors often result from one or more unmet needs — physical, psychological, emotional or social.*
- ⇒ *Loss of ability to express needs in language causes the person to “communicate” through behavior.*
- ⇒ *NDB Model emphasizes the interaction between stable individual characteristics and fluctuating environmental factors that may cause stress or discomfort.*
- ⇒ *Assessment is the key to accurate interventions and quality of care.*

The NDB Model

Need-Driven Dementia-Compromised Behaviors (NDB) Model presents a different way of thinking about “problem” behaviors.

- Developed by a group of nurse researchers¹ who sought to better understand and manage “problem” behaviors in dementia.
- Arose out of the desire to “re-frame” caregivers’ thinking and provide an alternative view.
- Provides a framework to understand behaviors that have been called
 - ⇒ Difficult
 - ⇒ Disturbing
 - ⇒ Disruptive
 - ⇒ Problematic

Essential Features

- Problem behaviors are the result of interaction between:
 - ⇒ Relatively stable INDIVIDUAL CHARACTERISTICS
 - ⇒ Ever-changing ENVIRONMENTAL TRIGGERS
- Problem behaviors are an “expression” of one or more “unmet needs” — physical, psychological, emotional, or social.
- Persons with dementia are unable to form thoughts or express needs in language.
- Unmet need emerges in behavior symptom(s).
- Comfort and quality of care depend on accurate assessment and intervention.

NDB Behaviors

NDBs take many forms, including the following:

- Wandering, elopement
- Disruptive vocalizations
- Agitation and aggression
- Sleep disturbance
- Resistance to personal cares

¹Algase, D., Beck, C., Kolanowski, A., Whall, A., Berent, S., Rickards, K., & Beattie, E. (1996). Need-driven dementia-compromised behavior: An alternative view of disruptive behavior. *American Journal of Alzheimer's Disease*, 11(6), 10-19.

Management Strategies

- Are highly individualized.
- Arise out of assessment data.
- Rely on thoughtful review and assessment of
 - ⇒ **INDIVIDUAL CHARACTERISTICS** that are fairly stable and longstanding:
 - ✓ Health conditions
 - ✓ Level of disability due to dementia
 - ✓ Personal history and experiences
 - ✓ Long-standing personality traits and coping patterns
 - ⇒ **ENVIRONMENTAL TRIGGERS** that tend to fluctuate and vary:
 - ✓ Personal environment
 - ✓ Social environment
 - ✓ Physical environment

Assessment is Key

Comprehensive and ongoing assessment is vital.

- Describe the behavior: WHO? WHAT? WHEN? WHERE? HOW LONG? HOW OFTEN?
- Ask: Who is this a problem for?
 - ⇒ The patient?
 - ⇒ Others around him/her?
- Listen carefully for the message the person is attempting to convey.
- Observe for possible “hidden meanings” in actions, words.
- Involve family who may understand meanings of words or phrases.
- Look for patterns and document habits.
- Attend to nonverbal cues and messages.
- Rule in, rule out medical and/or physical problems.
- Seek to understand the person’s internal reality.
- Re-frame the problem: Think of the person as DISTRESSED VS. DISTRESSING.
- Brainstorm with staff and family regarding possible causes and interventions that work even *part* of the time.
- Reevaluate frequently.
 - ⇒ As person’s status changes due to dementia, so will the response to interventions. Keep trying!

Assessing NDB

1. OVERSTIMULATION

- Noise?
- Confusion?
- Number of people?
- Level of activity?
- Competing demands for attention?
- Lighting, visual illusions, level of stimulation?
- Need for privacy?
- Hurried approach of caregiver?
- Confused by directions or requests?
- Dislikes being “done to” in personal cares?

2. UNDERSTIMULATION

- Hearing?
- Vision?
- Touch?
- Smell?
- Taste?
- Prosthesis in place?
- Prosthesis working?
- Alone in room?
- Visitors, social contacts?

3. PAIN/DISCOMFORT

- New, reoccurring health conditions?
- Joint pain, stiffness (e.g., arthritis, medication side effects, immobility)?
- Skin, mucous membrane integrity?
- Infections (e.g., UTI, respiratory)?
- Ingrown toenails?
- Incontinence?
- Constipation, gas, gastric upset?
- Comfortable clothing, shoes?
- Room temperature?
- Hunger, thirst?
- Dentures fit?

4. IMMOBILITY

- Level of movement?
- Ability to ambulate?
- Gait stability?
- Bedfast?
- Positioning challenges?

- Bedfast?
- Positioning challenges?
- “Fit” of wheelchair?
- Use of assistive devices?
- Physical barriers to movement?
- Use of restraints?

5. PSYCHOSIS

- Level of distress to person?
 - ✓ Simple delusion due to “time confusion”
 - ✓ Troubling, fear-provoking experience?
- Misleading stimuli causing illusions?
 - ✓ Reflections?
 - ✓ Pictures?
 - ✓ Televisions?
 - ✓ Radio, other noise?
 - ✓ Public address system?
 - ✓ Clutter?
 - ✓ Voices?
- “Orienting” physical features?
 - ✓ Calendars?
 - ✓ Clocks?
 - ✓ Family photos?
 - ✓ Signs, labels?
 - ✓ Understandable physical features?

6. DEPRESSION

- Observable signs?
 - ✓ Facial grimacing?
 - ✓ Sad expression?
 - ✓ Crying?
 - ✓ Anxious, worrisome appearance?
 - ✓ Words/phrases sound sad, helpless, fearful?
 - ✓ Appetite disturbed?
 - ✓ Weight loss?
 - ✓ Sleep disturbed?
 - ✓ Energy level reduced?
 - ✓ Attention span reduced?
 - ✓ Psychomotor activity disturbed?
 - ✓ Unwilling to conduct ADLs when has ability?
 - ✓ Withdraws to room, bed?
 - ✓ Resists socialization?
- MDS score?
- Real-life stress, loss, grief reaction?
- Past history of depression?
- Past “nervous” problem?

- History of vascular problems?

7. FATIGUE

- Daily routines consistent with past routines?
 - ✓ Hour of rising?
 - ✓ Rest, napping?
 - ✓ Level of activity?
 - ✓ Type of activity?
 - ✓ Bedtime?
- Appropriate level of stimulation?
 - ✓ Too much?
 - ✓ Wrong type?

8. PHYSICAL DESIGN

- Institutional vs. homelike
- Signs & symbols to promote wayfinding?
 - ✓ Picture of toilet
 - ✓ Stop sign near doors
 - ✓ Orienting objects near doors (e.g., memory box)
- Personal items to comfort, orient?
- Familiar pictures on walls?
- Furniture inviting?
- Adequate color contrast? Use of bright, primary colors?
- Adequate level of light? Use of natural light?
- Opportunities to sit, visit?
- Inviting smells, views?
- Disguised exits?
- Outdoor opportunities?
 - ✓ Courtyards
 - ✓ Fenced areas
 - ✓ Things to safely do outside

NDB: Part 1 of a 4-Part Series

Part 2: Disruptive Vocalizations

Part 3: Sleep Disturbance

Part 4: Wandering and Elopement

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