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Great Escapes:
The Wandering Dilemma

The Facts . . .

⇒ *Wandering is defined as ambulating behavior of a person with dementia who walks away from, or walks into, an area "without permission."*

⇒ *Elopement occurs when wandering extends outside the environmental "limits" of the person's home or facility.*

⇒ *Wandering is a common problem for persons with dementia — 36% of community dwellers wander; 65% of nursing home residents wander.*

Overview

Wandering regularly precedes elopement, and often is the only way to predict who is at risk.

Before creating an intervention program, the following general facts should be understood.

- **It causes substantial stress for caregivers.**
  - ⇒ Often leads to institutionalization
  - ⇒ Causes significant stress for nursing home staff
- **It is the source of many negative outcomes.**
  - ⇒ Restraint use and associated immobility
  - ⇒ Retaliation by other residents for "trespassing"
  - ⇒ Increased risk of falling and fractures
  - ⇒ Danger of exposure to elements
  - ⇒ Risk of getting lost or injured, or even death

Wandering Varies Considerably

Wandering behaviors vary from person to person, and from time to time. Take a minute to assess the following:

- What is the volume of ambulation?
  - ⇒ Paces for hours
  - ⇒ Is unable to sit down
- What is the quality or pattern of ambulation?
  - ⇒ Is unable to focus on eating
  - ⇒ Walks off during meals
- Does ambulation reveal spatial disorientation?
  - ⇒ Is unable to find what they are seeking
- Does ambulation transgress environmental limits?
  - ⇒ Wanders in and out of other residents' rooms
  - ⇒ Wants to leave
  - ⇒ Packs things up
  - ⇒ Stands at outer door
  - ⇒ Attempts to get outside
  - ⇒ Elopes

Four Common Patterns

1. *Direct Travel*
   - Movement from one location to another without diversion
2. *Random Travel*
   - Roundabout or haphazard movement to many locations within an area without interruption (the most common type)
3. *Pacing*
   - Repetitive back-and-forth movement within a limited area
4. *Lapping*
   - Repetitive travel characterized by circling large areas

Goals of Interventions

The multiple simultaneous goals of elopement intervention programs are to change:

- Wandering behaviors
  - ⇒ Improve way-finding
  - ⇒ Improve travel efficiency
- Physical environment
  - ⇒ Disguise exits
  - ⇒ Alter physical properties
- Social environment
  - ⇒ Activities
  - ⇒ Distractions
- Facility policies
  - ⇒ Staff training
  - ⇒ Drills
  - ⇒ Management of incidents

It is crucial to balance a person's rights and autonomy with his/her safety and the protection of other individuals.

Benefits of Wandering

It is important to realize that some forms of wandering might be beneficial. Some benefits that may result from these behaviors include:

- Preserves independence via autonomous activity.
- Supports self-determination and provides a sense of control.
- Provides exercise, increased circulation, and muscle toning.
- Prevents consequences of immobility.
  - ⇒ Deconditioning, muscle weakness, stiffness
  - ⇒ Stasis, orthostatic hypotension
  - ⇒ Urinary tract infection, pneumonia, decubitis ulcers

Risk Factors

The following risk factors are associated with wandering:

1. *Cognitive and neurological loss*

- Greater disease severity and duration
- Younger age at onset (AD)
- Lower scores on global cognitive performance
- Circadian rhythm disturbance, particularly sleep disturbance
- Poorer discrete cognitive skills, including greater impairment in:
  - ⇒ Memory, both short- and long-term
  - ⇒ Language
  - ⇒ Concentration or attention
  - ⇒ Visual-spatial/construction tasks
  - ⇒ Orientation
  - ⇒ Judgment
  - ⇒ Conceptualization
  - ⇒ Initiation and perseveration
- Impaired higher order cognitive and planning abilities observed in way-finding study, including:
  - ⇒ Reduced ability to form an overall plan to reach a goal
  - ⇒ Inability to detect relevant from irrelevant information, reducing ability to problem-solve
  - ⇒ Impulsive responses to stimuli, drawing them off track
  - ⇒ Inability to stop a search once the desired destination was found (e.g., a form of perseveration)

2. *Personal Factors*

- Reasonably good general health
  - ⇒ Better appetite
  - ⇒ Fewer medications
  - ⇒ Fewer medical conditions
- Pre-morbid patterns
  - ⇒ Motor behavior used as a means to cope with stress
  - ⇒ Walking part of daily habit
  - ⇒ Pre-morbid lifestyle or work involved outdoor activity
- Pre-morbid personality
  - ⇒ Active
  - ⇒ Sociable characteristics
- Personal comfort and experience
  - ⇒ Discomfort
  - ⇒ Boredom
  - ⇒ Stress or tension
  - ⇒ Lack of control
  - ⇒ Lack of exercise
  - ⇒ Nocturnal delirium
  - ⇒ Medical problems
    - ❖ Pneumonia
    - ❖ Constipation
    - ❖ CHF
  - ⇒ Language deficits
    - ❖ Cannot understand
    - ❖ Cannot make self understood
  - ⇒ Mood disturbance
    - ❖ Fear
    - ❖ Anxiety
    - ❖ Depression

3. *Environmental Factors*

- Unfamiliar environment
  - ⇒ Inability to way find
  - ⇒ Anxiety and fear
- Cues to leave (e.g., coat or keys by door)
- Cues to investigate or walk
  - ⇒ Long corridors
  - ⇒ Doors at end of corridor

Assessment

The following strategies can be used to assess wandering behaviors:

- Consider wandering and elopement as Need-Driven Dementia-Compromised Behaviors (NDB), caused by interaction between:
  - ⇒ Stable individual characteristics
  - ⇒ Ever-changing environmental triggers
- Describe behavior specifically: Who, what, when, where, how, how much, how long?
- ASK: Who has the "problem"? The person with dementia? The caretaker?
- Assess person's history and habits.
  - ⇒ What is his/her usual routine?
  - ⇒ Is this an extension of a normal activity pattern?
  - ⇒ What was his/her usual sleep-wake habit?
  - ⇒ What was his/her pre-dementia lifestyle?
- ASK: What are possible unmet needs? What environmental triggers exist?
  - ⇒ "SEARCHING?" – quest to find something familiar? (e.g., childhood home, food, bathroom, place to hide something?)
  - ⇒ "ESCAPING?" – flight from threat? (e.g., disturbing television, perceived harm?)
  - ⇒ "WITH PURPOSE?" – attempt to fulfill previous lifestyle responsibility? (e.g., child care, going to office, doing chores?)
  - ⇒ "AIMLESS MEANDERING?" – result of having nothing else to do? (e.g., bored, no meaningful activities, walking to entertain self?)

Interventions

The following interventions can be used to reduce wandering behaviors.

Environmental Adaptations

- Create "safe" wandering areas.
  - ⇒ Create halls and rooms that are free of hazards.
  - ⇒ Provide wandering "lounge" where persons can be safe and supervised.
  - ⇒ Divert persons away from kitchens, storage areas and outdoor exits.
- Camouflage existing exits.
  - ⇒ Use cloth panels across width of door to conceal door knob.
  - ⇒ Place full-length mirror in front of door.
  - ⇒ Paint (or wallpaper) door trim, wall, and door in same vs. contrasting color.
  - ⇒ Paint door knob to match color of door.
  - ⇒ Place mini-blinds or curtains over window of door to reduce outside view.
  - ⇒ Place drape or curtain over door to conceal from view.
  - ⇒ Use bright orange mesh netting across open doorway to "detour" persons.
- Place grid patterns at exits.
  - ⇒ Patterns create 3-dimensional appearance on 2-dimensional surface:
    - ❖ 8 horizontal stripes beginning 3 feet from door.
    - ❖ 8-stripe horizontal and vertical pattern in front of door.
- Provide cues with signs.
  - ⇒ Mark important destinations clearly, using both symbols and words.
  - ⇒ Use stop signs on exit doors.
  - ⇒ Place "Off Limits" signs by fence.
- Create "stopping places."
  - ⇒ Inviting spots to sit, converse, or rest
  - ⇒ Small, homelike settings to enhance socialization
  - ⇒ Simulated natures scenes indoors: bench, plants, aromas

Interventions

Environmental Adaptations (cont'd)

- Use working dog to protect exits.
  - ⇒ Should be trained to watch or guard exit from wanderers.
  - ⇒ Can guide residents back to living areas if an attempt is made to leave.
- Implement security systems and/or devices.
  - ⇒ Are commonly used but few studies to document effectiveness
  - ⇒ Allow limited wandering: motion detectors with remote chimes, night-lights, Dutch doors, surveillance cameras, door and window locks, alarms
  - ⇒ Reduce falling: pull-tab alarm, pressure-sensitive floor mat with alarm, monitor or surveillance camera, pressure-release chair or bed-mat with alarm, distance-monitoring device with alarm
  - ⇒ Use personal electronic devices: alarms set by individual "bracelet" on wanderer
  - ⇒ Tracking devices: post-elopement management
  - ⇒ May be frightening, stressful, and offensive (e.g., alarms)
  - ⇒ Thus, important to search out alternatives
    - ❖ Card-reading devices to silence alarms quickly
    - ❖ Key pad at entrance with sign instructing visitors to use code
    - ❖ Improved visual surveillance
- Use music to facilitate way finding.
  - ⇒ Play familiar tunes to introduce bedtime or mealtime.
  - ⇒ Cue arrival near bathroom or dining room with music.
- Develop secure (locked) units.
  - ⇒ Increased mobility and range of motion due to "freedom to wander"
  - ⇒ Allow more frequent nighttime wandering
  - ⇒ Distraction, alternative activities more common
  - ⇒ Restraints uncommon
- Create secure outdoor areas.
  - ⇒ Courtyards, gardens, parks, patios, or fenced areas
  - ⇒ Easy access with visibility from inside
  - ⇒ Walking paths, outdoor activities
  - ⇒ Adequate outdoor lighting
  - ⇒ Seating options (e.g., benches) to reduce pacing

Behavior Management

- Ignore the behavior if not a threat or hazard.
- Provide reality orientation when appropriate and not upsetting.
- Offer comfort measures.
  - ⇒ Food, fluids, warmth
  - ⇒ Pain management
  - ⇒ Relief from overstimulation and/or understimulation
  - ⇒ Other unmet personal needs
- Accommodate habits or traits.
  - ⇒ Trade rooms to change travel patterns.
  - ⇒ Move to interior of facility to reduce exit access.
  - ⇒ Place in highly supervised/monitored area.
  - ⇒ Position to facilitate way finding (e.g., in sight of bathroom).
  - ⇒ Reduce distractions in travel path to important locations.
- Reduce unsafe or excess wandering.
  - ⇒ Clarify intended destination; escort or direct to promote way finding.
  - ⇒ Provide rest periods.
  - ⇒ Distract to another repetitive activity like rocking or folding clothes.
  - ⇒ Distract from going "home" or "to work" via "validation" techniques or fantasy therapy.
    - ❖ "Bus is late", "tire flat"
    - ❖ "No transportation until tomorrow"
    - ❖ Telephone call to distract or inform of change in plan

Activity Principle: "Engage them or Chase Them"

- Structure activities to reduce stress or anxiety.
  - ⇒ Develop or maintain routines to balance activity with rest.
  - ⇒ Encourage "quiet time" with soft music.
  - ⇒ Create special activities like "Men's Club" to redirect or calm.
- Create diversion through normal, social, and recreational activities.
  - ⇒ Provide one-to-one or group activities to reduce boredom or increase socialization.
    - ❖ Modified craft or model work
    - ❖ 3-dimensional interactive wall art
    - ❖ Simulated cooking, baking, cleaning
    - ❖ Simplified recreational games
  - ⇒ Engage in normal activities (e.g., household chores, gardening).
  - ⇒ Offer person-centered work activities (e.g., mechanical, business, agricultural).
  - ⇒ Use ADLs as "activity" (e.g., grooming).
- Offer walking as a scheduled activity, indoors and/or outside.
  - ⇒ Volunteer-led, on-going programs
  - ⇒ Groups of 8-10 walkers
  - ⇒ Incorporate music, reminiscence to promote socialization while walking

Medication Management: Treat Possible Causes of Wandering

- Antipsychotics: Psychotic symptoms like hallucinations or delusions
- Antianxiety: Anxious, fearful, restless symptoms
- Antidepressants: Depression, anxiety, sadness, tearfulness
- Others reported in literature: Anti-androgens, sedatives (nighttime wandering), propranolol, acetylcholinesterase inhibitors (e.g., donepezil), fasudil hydrochloride

Early Intervention Program

- Increase safety while maintaining dignity.
  - ⇒ Sew labels, including name of person and name to contact, into outerwear in place of commercial labels.
  - ⇒ Purchase customized jewelry with engraved name of person to call if lost.
  - ⇒ Maintain recent photographs.
  - ⇒ Register person with *Alzheimer's Association Safe Return Program*.
- Develop and implement facility policies to guide actions.
  - ⇒ Establish written screening criteria to identify persons at risk for elopement.
    - ❖ Prior history of elopement at home or in facility
    - ❖ Degree of cognitive impairment, other neurological deficits
    - ❖ Long-standing patterns, lifestyle
  - ⇒ Outline use of surveillance equipment, alarms, or other electronic devices.
    - ❖ Stairwells, exits, individual electronic elopement devices
    - ❖ Methods to assure timely response, on-going use
  - ⇒ Develop an "Immediate Action Plan" that responds to elopement, including:
    - ❖ How lost resident will be identified
    - ❖ How search will be conducted
    - ❖ How each staff member is involved, including clear roles, responsibilities
    - ❖ When police will be involved
    - ❖ When family are notified, by whom
    - ❖ When or if *Safe Return* is used
  - ⇒ Develop and implement staff training programs to assure prompt, effective responses.
    - ❖ Dementia: causes, losses, behavioral symptoms
    - ❖ Pacing, wandering: types, possible consequences, management strategies
    - ❖ Facility-specific elopement management strategies and plan
  - ⇒ Use "elopement drills" like fire drills.
    - ❖ Have staff member "exit" as if wandering resident.
    - ❖ Initiate search.
    - ❖ Note methods used and time/place found.
    - ❖ Encourage staff involvement and problem-solving.
    - ❖ Maintain records for quality assurance.
- Develop personalized care plans.
  - ⇒ Address special needs of person's wandering or elopement risk.
    - ❖ Specific patterns
    - ❖ Documentation of frequency, duration
    - ❖ Range of potential interventions
    - ❖ Documentation of resident's responses
  - ⇒ Include family in discussion or plans.
    - ❖ Incorporate life history or possible triggers.
    - ❖ Identify strategies to distract or reassure.
- Involve ALL staff, especially "front-line" caregivers (i.e., nursing assistants).

Wandering & Elopement:
Part 4 of a 4-Part Series

This edition of Info-Connect is the last in a four-part series focusing on various NDBs:

Part 1: Need-Driven Dementia-Compromised Behaviors (NDB)

Part 2: Disruptive Vocalizations

Part 3: Sleep Disturbances

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