VERBAL AGITATION IN CONFUSED OLDER PATIENTS IN HOSPITAL

Francesca Inkley
Deputy sister Nottingham University Hospitals NHS Trust

With the support of Dr Sarah Goldberg
Associate Professor in Older Persons Care
School of Health Sciences
University of Nottingham
Background

• 50% of patients over 70 are cognitively impaired

• Care of people with dementia a high priority at government and organisation level

• Many patients with dementia and/or delirium have behavioural and psychological problems
What is Verbal agitation

It can include:

• cursing or verbal aggression
• constant unwarranted requests for attention or help
• repetitive sentences or questions
• making strange noises
• screaming or shouting
Guidelines on how to manage challenging behaviour

Several studies on verbal agitation in care homes

Few studies in the acute hospital setting
What we want to find out

1. The prevalence of older confused patients with verbal agitation on Health Care of the Older Person wards

1. The strategies used by ward staff to care for patients with verbal agitation and what are the facilitators and barriers to caring for these patients
Why

Having a greater understanding on how we currently manage their care will help identify what improvements can be made, ultimately leading to better patient care and a more positive experience for both patients and staff.
Methodology
part 1-Prevalence study

- Total of 72 visits to 8 health care of the older person (HCOP) wards over 2 week period
- Verbally agitated patients identified
- Prevalence, duration and disruptiveness calculated
## The Cohen-Mansfield Agitation Inventory

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Disruptiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Complaining</strong></td>
<td>1 2 3 4 5 6 7 9</td>
<td>1 2 3 4 5 9</td>
</tr>
<tr>
<td><strong>2. Constant unwarranted request for attention</strong></td>
<td>1 2 3 4 5 6 7 9</td>
<td>1 2 3 4 5 9</td>
</tr>
<tr>
<td><strong>3. Repetitive sentences</strong></td>
<td>1 2 3 4 5 6 7 9</td>
<td>1 2 3 4 5 9</td>
</tr>
<tr>
<td><strong>4. Negativism</strong></td>
<td>1 2 3 4 5 6 7 9</td>
<td>1 2 3 4 5 9</td>
</tr>
<tr>
<td><strong>5. Screaming</strong></td>
<td>1 2 3 4 5 6 7 9</td>
<td>1 2 3 4 5 9</td>
</tr>
<tr>
<td><strong>6. Strange noises</strong></td>
<td>1 2 3 4 5 6 7 9</td>
<td>1 2 3 4 5 9</td>
</tr>
<tr>
<td><strong>7. Cursing or verbal aggression</strong></td>
<td>1 2 3 4 5 6 7 9</td>
<td>1 2 3 4 5 9</td>
</tr>
<tr>
<td><strong>8. Making verbal sexual advances</strong></td>
<td>1 2 3 4 5 6 7 9</td>
<td>1 2 3 4 5 9</td>
</tr>
</tbody>
</table>

### Frequency

1= Never  
2=Less than once a week  
3= Once or twice a week  
4= Several times a week  
5= Once or twice a day  
6= Several times a day  
7=Several times an hour  
9=Don’t know

### Disruptiveness

1=Not at all  
2=A little  
3=Moderately  
4=Very much  
5=Extremely  
9=Don’t know

- Verbal aggressive
- Verbal nonaggressive
Methodology Part 2 Service Evaluation

- 6 Interviews
- 2 Case note reviews
- 2 Observations
Results

• 43 patients verbally agitated over a 2 week period
• 124 reports of verbal agitation over 2 weeks
• The average number (mean) of patients verbally agitated per day = 13 / 223 (6%)
Duration and Persistency

- Persistently verbally agitated (4 days continuously or more): 8 out of 43
- Intermittently verbally agitated 4 days or more: 4 out of 43
- Verbally agitated <4 days: 17 out of 43
- In the study for 1 day: 14 out of 43
<table>
<thead>
<tr>
<th>ward</th>
<th>No. of patients verbally agitated</th>
<th>No. of days VA present on ward</th>
<th>% out of 14 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ward 1</td>
<td>7</td>
<td>14</td>
<td>100%</td>
</tr>
<tr>
<td>Ward 2</td>
<td>4</td>
<td>10</td>
<td>71%</td>
</tr>
<tr>
<td>Ward 3</td>
<td>5</td>
<td>14</td>
<td>100%</td>
</tr>
<tr>
<td>Ward 4</td>
<td>2</td>
<td>3</td>
<td>21%</td>
</tr>
<tr>
<td>Ward 5</td>
<td>10</td>
<td>10</td>
<td>71%</td>
</tr>
<tr>
<td>Ward 6</td>
<td>3</td>
<td>14</td>
<td>100%</td>
</tr>
<tr>
<td>Ward 7</td>
<td>5</td>
<td>12</td>
<td>86%</td>
</tr>
<tr>
<td>Ward 8</td>
<td>8</td>
<td>6</td>
<td>43%</td>
</tr>
</tbody>
</table>
Themes

**Knowledge**: Basic knowledge of causes, unmet need, lack of training

**Management**: Trial and error, Communication, Aware of Person-centred care principles, familiarity, poor care planning, resource limitations

**Feelings**: Helplessness, distress, ‘switching off’, worry
“Makes it difficult for other patients, distressing hearing someone crying out all the time, it’s distressing for the nurses as well because...you just don’t know what to do for them” SN1

‘they’re very comforted by a member of staff sitting with them but that’s not always possible with staffing to have time to sit with them.’ SN2

“yeah you don’t get taught on how to manage it you sort of just have to learn as you go on” HCA
Discussion

• There are a significant amount of verbally agitated patients on health care of the older person wards

• Although there are extra resources on MMHU there are just as many verbally agitated patients on standard HCOP wards

• Staff had a general level of knowledge of the causes of verbal agitation and methods to manage it.

• Lack of care planning in managing VA and limited resources

• Difficulties in managing VA left staff feeling helpless and worried
Recommendations

Staff on all HCOP wards should receive:
• In-depth training
• Regular on the ward support

Changes to practice:
• Whole ward adopts a systematic approach to identifying the causes of the VA and addressing any unmet needs

• Consideration to resource allocation so that Standard HCOP wards can also benefit from that which improves care on MMHU

• Research into effective methods of managing VA in an acute hospital setting would be beneficial
I am particularly thankful for the assistance given by my mentor Sarah Goldberg, it was greatly appreciated.

I would like to thank all the staff at HEEM for their friendly support and to the staff at Nottingham University Division of Rehabilitation and Aging for being so welcoming.

Thank you Nottingham Hospitals Charity for providing the funding to attend this conference.

Thank You!
References

