

Managing responsive behaviours of care home residents with dementia during the COVID-19 pandemic

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Abstract

Background: Most care home residents with dementia exhibit responsive behaviours including aggression, agitation and wandering (Cerejeira et al., 2012). Psychotropic drugs are often prescribed to manage responsive behaviours but contravene guidance as they increase the rate of strokes and death in people with dementia (Gustafsson et al., 2013). However, the use of psychotropic drugs for behaviour management may potentially increase during the COVID-19 pandemic (Howard et al., 2020). Therefore, it is imperative to understand how responsive behaviours are managed to identify facilitators and barriers to implementing non-pharmacological approaches.

Method: During the Covid-19 pandemic, 25 interviews were conducted with managers, nurses and care assistants from 21 care homes across Ireland. All participants provided written informed consent. Themes emerging from thematic analysis (Braun & Clarke, 2006) conceptualised understanding of how care home staff managed responsive behaviours during the COVID-19 pandemic. Ethics approval was obtained from Lancaster University Faculty of Health and Medicine Research Ethics Committee (FHMREC20099).

Result: Residents with dementia were perceived to be more depressed during the COVID-19 pandemic due to the absence of family visits. However, care home staff reported that psychotropic drugs were not used more frequently for behaviour management than before the pandemic and that a person-centred care approach was taken which involved supporting residents to participate in activities in smaller groups. Maintaining adequate staffing levels was challenging due to recruitment of nurses and care assistants from private care homes to acute public hospitals during the pandemic. Moreover, psychiatry and mental health support were difficult to access in rural regions of Ireland during COVID-19 restrictions. Another emerging theme demonstrated that care assistants rarely contributed to equitable decision-making,



posing a barrier to implementing non-pharmacological strategies to manage responsive behaviours.

Conclusion: This study recommends that care homes should be prioritised in public health planning for Covid-19, particularly to ensure optimal staffing levels and access to mental health support. In addition, care assistants should be provided with opportunities to contribute to decision-making including case conferences. These recommendations will inform development of Department of Health policy and dementia care guidelines to facilitate implementation of non-pharmacological strategies to manage responsive behaviours in dementia.

