
What Wandering Tells Us About the Cognitively Impaired

Christine Peterson, CRNP

Troublesome behaviors such as agitation, resistance to personal hygiene and toileting, incontinence, and wandering frustrate caregivers and contribute significantly to institutionalization of demented individuals. Wandering, in particular, causes concern about safety and security.

While it is reasonable to believe there is an implied promise that an institution focused on providing care for the cognitively impaired will have personnel and systems to keep loved ones safe and free from harm, it's important to remember that those who care for cognitively impaired individuals in assisted living (AL) facilities need to be able to discover the meaning of residents' behaviors so corrective action may be taken to treat and protect them.

A Definition of Wandering

In dementia literature, wandering is described as a common neuropsychiatric symptom,¹ possibly a means of communication: "In patients with dementia reasoning and language skills are gradually lost and communication becomes more overtly behavioral,"² so behaviors like wandering may represent an attempt to express needs that cannot be expressed adequately with language—just as young children's crying and temper tantrums are not necessarily problem behaviors but a means of communication.



Wandering might also herald progression of the dementing illness to another level. It may be a sign of exacerbation of a chronic condition or an acute process. The patient may be searching for comfort, security, or peace for a body and/or spirit out of balance.

Who is at Risk?

Anyone who is cognitively impaired is at risk for wandering, and age is the single most important risk factor for dementia and cognitive impairment. Even without a past history of wandering, a resident with Mild Cognitive Impairment (MCI) or

dementia may become a wanderer. This is particularly true when the patient is faced with a new situation or surrounding that contributes to disorientation. Men are more likely than women to wander.³

Wandering may result in a person becoming lost or may lead to injury or death. Some 65% of individuals with dementia are in the presence of a caregiver when they become lost: "Becoming lost appears to be a highly unpredictable event and can occur even when individuals with dementia are in their own homes or are engaged in activities they had routinely performed many times in the past without incident." Those found alive are usually found within 24 hours and have been in open, populated areas. But if they are missing for more than 4 days, the outcomes usually are grim, especially during temperature extremes.³

Chronic Wandering

Residents with MCI or dementia are likely to have difficulty recognizing objects or persons and may have difficulty organizing such abstract thoughts as spatial orientation and integration of objects and images to the whole. Such disabilities make it more likely that they "get lost and that they keep looking for someone who is lost to them."⁴ In such instances, wandering is an attempt to become "found" or to "find," and may be considered a stage in the progression of the dementing illness. Wandering also may be an expression of boredom, avoidance of a noxious stimulus such as noise, or a medication side effect.² Chronic wandering in a cognitively impaired individual may also be a version of a life-long habit of being busy and active. In some ways it may be a healthy activity. Once understood, in the context of the individual patient as a whole person, chronic wandering may be easier to manage.

Symptomatic Wandering

If we believe that behavior is a means of communication, we might

Wander Management

Here are some basic rules for managing wandering:

- Make sure potential wanderers (anyone known to have dementia or MCI) have identity bracelets, possibly registering them in the "Safe Return" program of the Alzheimer's Association or a similar program.³
- Camouflage exits (but be sure to observe fire codes).
- Move door handles and knobs to unexpected places on the door.
- Remove from view items that suggest going out like coats, hats, and gloves.
- Keep potential wanderers busy and engaged with activities.
- Control unnecessary noise, bright lights, and other deleterious stimuli.
- Monitor residents closely during departures, arrivals, and emergencies.
- Install door fasteners and signals that will delay exits (according to fire marshals' guidelines). Buzzers and other sound devices may be distracting or annoying, but provide an important backup to visual monitoring.
- Consider creating an enclosed "safe" unit that is specifically designed to be unbreachable.
- Alter the environment to remove offending objects such as mirrors that might reflect the image of a frightening stranger the individual is trying to escape.

understand that the cognitively impaired individual is trying to signal a physical need such as the need to go to the bathroom or to be relieved of pain.

Residents who persist in wandering may have a chronic unattended problem, the most common of which is chronic pain.⁵ If it is joint pain from arthritis, it can be managed by the use of simple analgesics given routinely rather than on an as-needed basis. On the other hand, if the pain is caused by the progression of a chronic, or life-threatening illness such as breast or prostate cancer, which often progress to the skeleton and cause severe discomfort, then other measures are needed. The point is: Recognizing the cause and applying the proper solution is likely to alleviate the need for wandering.

Case Study

Mrs. C. was a lovely, pleasantly demented 83-year-old African American female with a medical history of hypertension, degenerative joint disease (DJD), and a distant history of breast cancer. She had been living comfort-

ably in our AL facility for over 2 years when she started wandering in an agitated fashion. She was started on scheduled Tylenol (up to 3000 mg daily) for her DJD without much relief. It was suspected that she was anxious and afraid of her surroundings because she no longer recognized familiar objects. She was unsuccessfully treated with mild anxiolytics. Finally, she was evaluated for possible recurrence of breast cancer and a nuclear bone scan revealed that her breast cancer had metastasized to the skeleton. Significant constant pain, which she was unable to verbalize, was deemed the likely cause of Mrs. C's wandering and regular doses of narcotics were ordered immediately for pain relief. Once pain free and more comfortable, she was able to settle down and rest. Her needs were understood and met, and her wandering ceased.

Acute Wandering

Wandering that is unusual for an individual and sudden in onset may be a sign of an acute illness or "catastrophic reaction" to treatments.⁶ Cognitively impaired patients suffering

from a sudden illness may be suffering from delirium—"an acute confusional state characterized by an alteration of consciousness with reduced ability to focus, sustain, or shift attention. This results in a cognitive or perceptual disturbance which can fluctuate during the course of the day and cannot be accounted for by a pre-existing, established or evolving dementia." wrote CG Lyketsos.⁷ Once the source of delirium is identified and treated, delirium and its symptomatic wandering usually resolve.

Case Study

Mr. A was a delightful 74-year-old Caucasian male who had been admitted to our AL facility as a result of severe heart problems. His exercise tolerance was nearly non-existent and he could not take care of himself. He had no known cognitive impairment. His only dream was to return to the "old homestead" in South Carolina and work on the chicken farm as he had done in his youth. With supportive care and energy conservation, he was getting close to his goal. But one day he suddenly started to act strangely. A janitor

who had known him for many months observed him pacing, agitated, and combative—previously unknown behaviors for him. He was suffering from delirium. Testing identified the cause of this acute change as a urinary tract infection. He was successfully treated and in a matter of weeks he fulfilled his dream and went home to South Carolina.

Preventing Wandering

"Management of wandering behavior depends on the cause of the wandering."³ This takes some time and communication among all who provide care to the AL resident. Observing the wandering person for triggers to the behavior, such as time of day, amount or lack of activity, or body language is crucial. Team meetings provide an opportunity to share these observations and formulate a patient-centered plan to prevent and manage wandering. But the most important observers often are not even invited to these meetings. They include janitors, housekeepers, maintenance crew, and others who know the patients, observe them regularly and therefore might recognize subtle changes. ALC

Wandering and Elopement

(continued from page 25)

assess risk, identify and respond to risk, assess related needs, provide care to meet needs while promoting health and safety, and evaluate the plan and revise as needed. ALC

Marie Boltz, MSN, APRN-BC, NHA, is Director of Practice Initiatives at The John A Hartford Foundation Institute for Geriatric Nursing, NYU College of Nursing, New York, NY.

References

1. Algier T. How Communication Technology Reduces Risk. *Vol. 11. Nursing Homes/Long-Term Care Management*; 2002
2. Roberts B, Algate DL. Victims of Alzheimer's Disease and the Environment. *Vol. 23. Nursing Clinics of North America*; 1988:83-93
3. Warner ML. Missing: What to do About

Wandering. *Advice & Advances*. Available at: <http://www.agelessdesign.com/nl/vol19/WhatToDo-Fall02.htm>

4. Silverstein NM. Why Long-Term Care Facilities Should Be Concerned About Wandering Behavior. *Advice & Advances*. Available at: <http://www.agelessdesign.com/nl/vol19/Nursing-Fall02.htm>
5. Michigan Department of Consumer & Industry Services. Bureau of Health Systems. Prevention of Wandering: From Long-Term Care Facilities. February 2002. Available at: http://www.michigan.gov/documents/cis_bhs_fhs_prevention_wandering_35724_7pdf
6. Praeventus. Addressing Resident Wandering and Elopement Issues. Available at: <http://www.agelessdesign.com/nl/vol19/Understanding-Fall02.htm>
7. Algate DL, Beattie E, Bogue E, Yao L. The Algate Wandering Scale: Initial Psychometrics of a New Caregiver Reporting Tool. *Vol. 16. Am J Alzheimer's Dis Other Dement*; 2001:141-152
8. Peafield J, Futrell M, Cox C. Wandering: An Integrative Review. *Vol. 28. Journal of Gerontological Nursing*; 2002:44-50.
9. Futrell M, Melillo KD. Evidence-Based Protocol: Wandering. Iowa City (IA): The University

Christine Petersen, RN, MSN, GNP is a Primary Care Provider in the Geriatric Primary Care Clinic of the Philadelphia Veterans Administration Medical Center where she is also Co-Chair, Patient Education Committee. She is also Clinical Preceptor at the University of Pennsylvania School of Nursing in the Nurse Practitioner Program.

References

1. Press D. and Alexander M. Treatment of Behavioral Symptoms Related to Dementia. *Up To Date*. Retrieved from: www.utdol.com/utd/content/topic.do?topicKey=nuroegen/6511&view=outline
2. Carlson DL, Kevin MA, Fleming C, et al. *Management of Dementia Related Behavioral Disturbances: A Nonpharmacological Approach*. Mayo Clinic Proceedings; 1995; 70:1108-1115.
3. Press D. and Alexander M. Safety and Social Issues Related to Dementia. *Up To Date*. Retrieved from: www.utdol.com/utd/content/topic.do?topicKey=nuroegen/6016&view=outline
4. Mace NL, Rabins PV. *The 36 Hour Day*. New York: Warner Books Inc.; 1991.
5. Matteson MA, McConnell ES. *Gerontological Nursing: Concepts and Practice*. Philadelphia: W.B. Saunders Co.; 1988.
6. Lindeman DA, Corby NH, Downing R, Sanborn B. *Alzheimer's Day Care-A Basic Guide*. Philadelphia: Hemisphere Publications; 1991.
7. Lyketsos CG, Lopez O, Jones B, et al. Prevalence of Neuropsychiatric Symptoms in Dementia and Mild Cognitive Impairment: Results from the Cardiovascular Health Study. *JAMA*, September 25, 2002;Vol 288, no.12.

of Iowa Gerontological Nursing Interventions Research Center. 6 Titler M, ed. March 2002.

10. Nolan B, Matthews R, Harrison, M. Using External Memory Aids to Increase Room Finding by Older Adults with Dementia. *Vol. 16. Am J Alzheimer's Dis Other Dement*; 2001: 251-254.
11. Capezuti E. Preventing Falls and Injuries While Reducing Siderail Use. *Vol. 8. Annals of Long-Term Care*; 2002:57-63.
12. Flaherty G. Involving Police When Memory-Impaired Elders Are Missing. *Advice Advances*. Available at: <http://www.agelessdesign.com/nl/vol19/Police-Fall02.htm>

Additional References

Alzheimer's Disease and Related Disorders Association website. <http://www.alz.org/ResourceCenter/ByType/Glossary.htm>.
Alzheimer's Association. *Safe Return*. Available at: <http://www.alz.org/ResourceCenter/Programs/SafeReturn.htm>
The University of Iowa College of Nursing Gerontological. Nursing Interventions Research Center (GNIRC)—Research Translation & Dissemination Core. <http://www.nursing.uiowa.edu/centers/gnirc/protocols.htm>