IN CLOSING...

The care strategy of choice is to use no restraints. When minimal restraints are being considered, the positive and negative consequences for the person with the disease and others must be carefully measured and monitored. The physical and mental well-being of a person in a restrained condition should not be compromised.

RESOURCES:
From the Alzheimer Society of Canada:

Dementia with Dignity: Eastern
Everyone Wins: Quality Care Without Restraints
[video and workbook]. Independent
Understanding Difficult Behaviors: Some
Practical Suggestions for Coping with Alzheimer’s
Disease and Related Illnesses. Anne Robinson,
Beth Spencer and Laurie White, Geriatric
Center of Michigan, Ypsilanti, Michigan, 1989.
Symptoms of Alzheimer's disease and other dementias and the resulting loss of abilities will cause changes in the way people interact and respond to situations. These reactions may be the only way the person with dementia can communicate and may be caused by any of the following:

**The disease process**

As the disease affects different areas of the brain, certain abilities will be lost. Once lost, they can rarely be returned. People may also experience depression, delusions (false beliefs about someone or something) or delirium (acute episodes of confusion) and respond with behaviours that provide care find difficult to understand.

**Loss of communication skills**

A person may no longer be able to express basic needs, such as the need for food, drink, sleep or the need to use the bathroom. Physical discomfort

There may be a physical problem. A person could be too hot, too hot, or pain on staff.

**Inability to interact with the environment**

A person may no longer recognize physical surroundings and may get lost or confused. This can result in a loss of confidence and self-esteem.

**Inability to understand or perform a task**

Inability to understand or perform tasks may be caused by any of the following:

- A person may no longer recognize physical surroundings and may get lost or confused. This can result in a loss of confidence and self-esteem.
- A person may no longer understand what they are being asked to do.
- A person's physical activity level and ability to function independently may be reduced. For example, a chemical restraint may be used to maintain a person's sedation level.
- A person's body or create physical barriers. Movement or behaviour. They may be attached to a person's body or control their movement.

**Physical restraints**

The preferred choice is to use no restraints. A person may use restraints if there is a risk of harm or injury. Some behaviours expressed by a person with dementia may put health-care providers or other residents at risk of harm.

**Premier choice**

The preferred choice is to use no restraints. For all other possible approaches have been exhausted and the use of a restraint is contemplated, the following factors should be considered:

- Has the person been assessed and defined?
- Has there been an assessment to determine why it is necessary to intervene?
- Have other strategies been tried?
- Has proper consideration been given to the reason for selecting the restraint?

**What are the risks and benefits for the person with dementia and others?**

The following chart gives examples of uses and risks associated with the three types of restraints.

<table>
<thead>
<tr>
<th>TYPE OF RESTRAINT</th>
<th>Uses</th>
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<td>Physical</td>
<td>Help a person sit up and participate in daily activities.</td>
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<td>Chemical</td>
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**Types of restraints**

There are three main types of restraints:

- Physical restraints that restrict or control movement or behaviour. They may be attached to a person's body or control their movement.
- Chemical restraints that are medications used to modify or control behaviour. For example, tranquilizers & sedatives.
- Environmental restraints that change or modify a person's surroundings to restrict or control movement. For example, a locked door.

**Types of physical restraints**

Restraints can cause injuries.

**Types of chemical restraints**

Some behaviours expressed by a person with dementia may put health-care providers or other residents at risk of harm. Some behaviours may be relearned. People may also experience depression, delusions (false beliefs about someone or something) or delirium (acute episodes of confusion) and respond with behaviours that provide care find difficult to understand.

**Types of environmental controls**

The disease process

As the disease affects different areas of the brain, certain abilities will be lost. Once lost, they can rarely be returned. People may also experience depression, delusions (false beliefs about someone or something) or delirium (acute episodes of confusion) and respond with behaviours that provide care find difficult to understand.

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The disease process

As the disease affects different areas of the brain, certain abilities will be lost. Once lost, they can rarely be returned. People may also experience depression, delusions (false beliefs about someone or something) or delirium (acute episodes of confusion) and respond with behaviours that provide care find difficult to understand.
Symptoms of Alzheimer’s disease and other dementias and the resulting loss of abilities will cause changes in the way people react and respond to situations. These reactions may be the only way the person with dementia can communicate and may be caused by any of the following:

### THE ISSUES

#### FOR people with dementia

-**Restriction of freedom:** Restricting a person’s physical activity level and ability to function independently. For example, a chemical restraint may be prescribed. A physical restraint, such as a arm on a geriatric chair, may prevent a person from moving freely, which can lead to frustration. The excessive or inappropriate use of some security strategies may result in a person being restrained. These restrictions of freedom can also lead to a loss of confidence and self-esteem.

-**Restrictions created by the environment:** A person’s reaction to using the toilet.

#### FOR health-care providers

-**Risk of harm or injury:** Some behaviours expressed by a person with dementia may put health-care providers and the general public at risk. For example, a person who is confused may act aggressively towards someone or something. Physical restraint, such as a tray on a geriatric chair, may leave a person sedated and inactive. A physical restraint can also lead to a loss of confidence and self-esteem.

#### FOR family members

-**Loss of abilities:** The restrictions created by restrictions may result in a loss of cognitive and physical abilities. For example, a person who is sedated for long periods may possibly lose some abilities.

#### FOR caregivers and nurses

-**Role of harm or injury:** Some behaviours expressed by a person with dementia may put the person and others at risk of injury. For example, the person may go outdoors dressed inappropriately in sub-zero temperatures and put oneself at risk of injury. Also, a person who reacts aggressively to a situation may put someone close by at risk of harm.

#### TYPES OF RESTRAINTS

There are three main types of restraints:

- **Physical restraints:** Restraints that restrict or control movement or behaviour. They may be attached to a person’s body or encase physical barriers.

- **Chemical restraints:** Medications used to control or modify behavior. For example, tranquillizers and sedatives.

- **Environmental restraints:** Restraints that change or modify a person’s surroundings to restrict or control movement. For example, a locked door.

### ENVIRONMENTAL RESTRAINTS

Environmental restraints that may be used:

- To control movement
- To control behavior
- To prevent someone from leaving the environment
- To control movement or behavior

### CHEMICAL RESTRAINTS

Chemical restraints, such as the use of medication, may be used to control behavior.

### RESTRAINTS

Restraints may be used for the following reasons:

- To control the person’s behavior
- To prevent the person from harming themselves or others
- To prevent the person from experiencing fear or anxiety
- To prevent the person from experiencing physical harm
- To prevent the person from experiencing emotional harm
- To prevent the person from experiencing mental harm

### WHEN RESTRAINT-FREE STRATEGIES PROVE INEFFECTIVE

Some behaviours expressed by a person with dementia may put the person and others at risk. The preferred choice remains to use no restraints. In all other possible approaches have been exhausted and the use of a restraint is contemplated, the following factors should be considered:

- Has the problem been properly defined?
- Has there been an assessment to determine why it is necessary to intervene?
- Have other strategies been tried?
- Has proper consideration been given to the reasons for selecting the restraint?
- What are the risks and benefits for the person with dementia and others?

### STRATEGIES PROVE INEFFECTIVE

The following chart gives examples of uses and risks associated with the three types of restraints.

| REASONS FOR RESTRAINTS | USE OF MEDICATION | INAPPROPRIATE USE | POTENTIAL RISKS FOR
<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
</tr>
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<tbody>
<tr>
<td>Physical</td>
<td>Use of a lap belt</td>
<td>Infrequent use</td>
<td>Inappropriate use</td>
</tr>
<tr>
<td></td>
<td>to help a person sit up and participate in activities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Active to sedate a person from moving freely.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Use of medication</td>
<td>Increased use</td>
<td>Inappropriate use</td>
</tr>
<tr>
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<td>to stop inappropriate behaviour and allow the person to participate fully in daily life.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>When the medication plan has short-term goals and the person is monitored closely and not assessed regularly.</td>
<td></td>
</tr>
<tr>
<td>Environmental</td>
<td>A locked door that</td>
<td>Increased use</td>
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</tr>
<tr>
<td></td>
<td>prevent someone from accessing the inside of a building.</td>
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### PREFERRED CHOICE

No restraint

The preferred choice is to use no restraints. A physical, chemical or environmental restraint should not be used as a substitute for safe and well-designed environments or for the proper care of a person with dementia.

One of the most successful strategies for dealing with responsive behaviour, without using restraints, is to use the problem-solving approach.

1. Identify the problem: Take a step back and objectively pinpoint the problem.
2. Analyse the problem: Is the person trying to communicate something?
3. Solve the problem: What factors might be contributing to the person’s reaction?
4. When is it happening and why?
5. Could the person be reacting to something or someone in the environment?
6. List possible strategies: Think of all the ways to possibly solve the problem.
7. Choose a strategy: Weigh the pros and cons of each strategy. Select one.
8. Take action: Put the chosen strategy into effect.

### Appropriate use of restraints

An appropriate use of restraint occurs when restraint is used only as a last resort or as a substitute for a safe and well-designed environment. Restraints are used to decrease a person’s risk of harm or injury. Restraints are used when the risk of harm or injury outweighs the benefits of restraint.

### Non-restraint strategies

When restraint-free strategies prove ineffective, more appropriate educational, human and financial resources to provide quality care for people with dementia should be used. If other strategies have been tried, the person could be sedated for long periods and possibly lose some abilities.

#### Environmental

A person may no longer recognize physical surroundings and may get lost or confused and need help to do what he or she is accustomed to doing. A chemical restraint, such as the use of medication, may be used to control behavior.

#### Physical

There may be a physical problem. A person could be too cold, too hot, or in pain or sick.

#### Chemical

A person may not understand what they are being asked to do and at times may be over-stimulated, frustrated or confused. People may not understand what they are being asked to do and at times may be over-stimulated, frustrated or confused.

### Lack of understanding, training and human resources:

- Some health-care providers do not have a full understanding of the disease and the person’s needs, such as the need for food, drink, sleep or rest.
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As the disease affects different areas of the brain, certain abilities will be lost. Once lost, they can rarely be returned. People may also experience depression, delusions (false beliefs about someone or something) or delirium (acute episodes of confusion) and respond with behaviours that provide care find difficult to understand.

Loss of communication skills
A person may no longer be able to express basic needs, such as the need for food, drink, sleep or the need to use the toilet.

Physical discomfort
There may be a physical problem. A person could be too cold, too hot, in pain or ill.

Inability to understand or perform a task
A person may no longer recognize physical environments or for the proper care of a person with dementia. As the disease affects different areas of the brain, the resulting loss of abilities will cause changes in the way people react and respond to situations. Changes in the way people react and respond may be caused by any of the following:

TYPES OF RERAINTS
There are three main types of restraints:

Physical restraints that restrict or control movement or behaviour. They may be attached to a person’s body or even physical barriers.

Chemical restraints that are medications used to modify or alter behaviour. For example, tranquilizers & sedatives.

Environmental restraints that change or modify a person’s surroundings to restrict or control movement. For example, a locked door.

THE ISSUES
For people with dementia:
Restrains of (physical or chemical) Restraints can decrease a person’s physical activity level and ability to function independently. For example, a chemical restraint may be used to sedate and inactivate a person. A physical restraint, such as a tray on the chair, may prevent a person from eating freely, which can lead to frustration. The excessive or inappropriate use of some caregiving strategies may lead to a person being restrained. Some restrictions of freedom can also lead to a loss of self-esteem and self-esteem. Risk of harm or injury. Restraints can cause injuries. For example, where a bed rail is used, a person may try to climb over the rail to get to the bathroom which could result in a fall. Loss of abilities: The restrictions caused by restraints may result in the loss of cognitive and physical abilities. For example, a person who is sedated for long periods may lose some abilities.

For family members and caregivers:
Risk of harm or injury. Some behaviours expressed by a person with dementia may put that person and others at risk of injury. For example, the person may go outdoors dressed inappropriately at sub-zero temperatures and put oneself at risk of injury. Also, a person who reacts aggressively to a situation may present someone close by in harm’s way.

Appropriate use strategy: Family members may not be aware of appropriate care strategies for behaviours caused by the disease, or the risks associated with dementia, and may use restraints themselves or request that health-care providers use them.

For health-care providers:
Risk of harm or injury. Some behaviours expressed by a person with dementia may put health-care providers and other residents of a long-term care home at risk of injury. For example, a person who responds aggressively to a situation may put other residents and staff at risk of harm.

Loss of understanding, training and human resources: Some health-care providers do not have a full understanding of the disease and the person’s reaction.

For family members and caregivers:
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The preferred choice is to use no restraints. A locked bedroom door.

PREFERRED CHOICE
No restraints
The preferred choice is no use of restraints. A locked bedroom door.

For people with dementia:
When restraint-free strategies prove ineffective
The preferred choice remains to use no restraints. A locked bedroom door.

WHEN RESTRAINT-FREE STRATEGIES PROVE INEFFECTIVE

The preferred choice remains to use no restraints. A locked bedroom door.

If all other possible approaches have been exhausted and the use of a restraint is contemplated, the following factors should be considered:

• Has the problem been identified?• Has there been an assessment to determine why it is necessary to intervene?• Have other strategies been tried?• Has proper consideration been given to the reason for selecting the restraint?• What are the risks and benefits for the person with dementia and others?

Restraints

Physical

Use of a locked door to help a person sit up and participate in an activity. Use of medication to help a person sit up and participate in an activity. Prevent a person from having a fall. Prevent a person from doing something. Prevent a person from falling. Prevent a person from doing something.

Chemical

Use of medication to stop responsive behaviour and allow the person to participate fully in daily life. Use of medication to stop responsive behaviour and allow the person to participate fully in daily life. Use of medication to stop responsive behaviour and allow the person to participate fully in daily life. Use of medication to stop responsive behaviour and allow the person to participate fully in daily life.

Environmental

A personal garden with free access to the outside of a building. A locked bedroom door.

Minimal restraint
To ensure the safety of the person and others, it may sometimes be necessary to use minimal restraint to cope with some of the behaviours in which restraint-free strategies cannot be found. If restraints are used, it is critical that the least restraints are chosen and that they are used appropriately. As well, restrained people should be reviewed, and the person should be monitored closely and reassessed regularly.

Inappropriate use of restraints
An inappropriate use of restraints occurs when restraints are misused or used too often. For example, when the use of a restraint decreases the ability to participate in activities of daily living, creates stress and/or has a negative effect on quality of life.

The following chart gives examples of uses and risks associated with the three types of restraints.

TYPE OF RERAINT | INAPPROPRIATE USE | POTENTIAL RISKS
--- | --- | ---
Physical | Use of a locked door to help a person sit up and participate in an activity. | • Increased frustration for the person and/or residents. • Increased risk of injury.

Chemical | Use of medication to stop responsive behaviour and allow the person to participate fully in daily life. | • Increased confusion. • Increased disorientation. • Increased potential for falls.

Environmental | A personal garden with free access to the outside of a building. | • Increased frustration for the person and/or residents. • Increased risk of injury.

The medication plan has short-term goals, and the person should be monitored closely and reassessed regularly to ensure that the medication continues to allow participation in daily activities.

The following chart gives examples of uses and risks associated with the three types of restraints.
The care strategy of choice is to use no restraints. When minimal restraints are being considered, the positive and negative consequences for the person with the disease and others must be carefully measured and monitored. The physical and mental well-being of a person in a restrained condition should not be compromised.

RESOURCES:

BACKGROUND

A restraint is a device or medication used to restrict or control a person’s movement or behaviour. Sometimes, because of the behaviours associated with Alzheimer’s disease and other dementias, restraints are used on people with dementia. Although the intent may be to protect the safety of the person with dementia and others, the use of restraints can cause harm and lessen a person’s independence and self-esteem. Understanding the reasons for some of the behavioural changes associated with dementia is a first step towards developing care strategies that provide alternatives to the use of restraints.
Background

A restraint is a device or medication used to restrict or control a person’s movement or behaviour. Sometimes, because of the behaviours associated with Alzheimer’s disease and other dementias, restraints are used on people with dementia. Although the intent may be to protect the safety of the person with dementia and others, the use of restraints can cause harm and lessen a person’s independence and self-esteem. Understanding the reasons for some of the behavioural changes associated with dementia is a first step towards developing care strategies that provide alternatives to the use of restraints.

In Closing...

The care strategy of choice is to use no restraints. When minimal restraints are being considered, the positive and negative consequences for the person with the disease and others must be carefully measured and monitored. The physical and mental well-being of a person in a restrained condition should not be compromised.

Resources

From the Alzheimer Society of Canada:
- Understanding Difficult Behaviors: Some Practical Interventions for Coping with Alzheimer’s Disease and Related Illnesses. Anna Robinson, Beth Spencer and Laurie White, Geriatric Center of Michigan, Ypsilanti, Michigan, 1989.
- Restraints

TOUGH ISSUES

Restraints

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