

# Example Strategies for Long Term Care Caregivers when Experiencing Challenges in Giving Medication

**Disclaimer:** The tips provided are recommendations to help support responsive behaviour management. However, if behaviours persist, please consult with your care team for further guidance.

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Here are some strategies you can try when a person with dementia does not want to take their medication:

**Use the first/then approach:** Find something (an object or an activity) that the person with dementia really likes, and offer it to them as a reward for engaging in the task. In this example, let's say Mrs. Reilly really enjoys coffee and cookies. To apply the first/then approach, you would spend some time building rapport and then initiate medication administration by letting her know what will come next, followed by the thing she is known to enjoy. For instance, you could say "OK, Mrs. Reilly. First I'll give you your medicine and then I'll bring you a nice hot coffee with some cookies." Be sure to offer verbal praise for agreement with the task. A first/then approach has been demonstrated to increase cooperation with non-preferred tasks, if they're followed by a preferred or pleasurable item or activity.

**Offer choice:** Give the person with dementia a sense of control and independence by offering them a choice. For instance, you might say, "Which pill do you want to take first?" Or "Would you like to sit here near the window or by your bed while taking your medication?" Or "Would you like to take your pills now or in 10 minutes?" Offer choice of beverages person with dementias can take the pill with (e.g., Would you like some juice or water? Apple or orange juice? Apple sauce or pudding?)

**Give a heads up:** Inform the person with dementia of what is going to happen before it happens. For example, if medication is scheduled for 4pm, enter the person with dementia's room at 3:45pm and inform them that you'll be coming back in 15 minutes so they can take their medication.

**Consider preferences:** Familiarize yourself with the person with dementia's preferences, likes, dislikes, and topics you can use to build rapport and trust. Consider preparing and making this information available to all staff in the form of a person with dementia tip sheet/overview that can be kept somewhere accessible, outlining topics of conversation, interests, and topics to avoid. Take a moment to review this before you enter the person with dementia's room.

**Build rapport before starting care:** At eye level with the person with dementia, spend a few minutes chatting with the person with dementia to establish some familiarity and rapport. Building rapport, even routinely each day, can help increase cooperation with tasks, instructions, and demands. Use topics from the list described above to talk about activities, events or topics of interest to the person with dementia.

**Provide a written schedule:** For person with dementias who are able to read and appreciate a schedule, create a schedule that outlines the activities of the day. Include things such as meal times, toileting, showers, recreational activities and medication times. Allow the person with dementia to hold on to the schedule, and refer to it as needed. Be consistent and make sure you stick to any schedule you provide. Make sure the written schedule is tailored for the person with dementia's unique needs (e.g., large enough font, contrast, text that is clear, and written in their preferred or first language, and consider the use of pictures or images to illustrate the scheduled activities).

**Consult speech and language pathology:** For some persons with dementias, there could be an underlying medical reason behind the refusal to take medication. For instance, as disease progresses, they may develop trouble swallowing whole pills which may go undetected by staff. It's a good idea to rule this out by referral to a speech-language pathologist to do a swallowing assessment. If necessary, a recommendation may be to crush the pills and mix them in food such as jam, yogurt, pudding, or coffee. Sometimes spreading the jam over a piece of toast or a muffin can be very successful.

**Use familiar staff or a second person:** It is always a good idea to use staff who are familiar to the person with dementia for optimal results. Consider having someone who is more familiar approach the person with dementia to take their medication. In this case, while the staff takes some time to regain familiarity with the person with dementia through increased contacts and building rapport, have a second person, who is familiar to the person with dementia, present at the time medication is given. Have this familiar person "re-introduce" the newer staff/person, to help build familiarity.

**Investigate contributing factors:** The person with dementia's misunderstanding of the staff person's intent could be caused by a language barrier, psychosis, or simply cognitive decline caused by disease progression. It is a good idea to investigate these potential contributing factors to behaviour and consider alternatives such as translation cards, translation devices, picture communication tools, or visual supports.