COGNITIVE PSYCHOPATHOLOGY AND THE PHENOMENON OF WANDERING:

RESEARCH AND CLINICAL NURSING APPROACHES

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The increasing population of those over the age of eighty years and the concomitant increase in the incidence of Alzheimer's disease and dementia pose caregiving challenges for both health care professionals and family members providing support in the community. It is realistic to expect the discipline of nursing as a caregiving discipline to provide leadership and guidance to non-professional and family caregivers. However to transit knowledge and skill, it is necessary to clearly define the knowledge about Alzheimer's disease and dementia which is relevant to caregiving and how application of this knowledge influences caregiving. Where gaps exist in knowledge relevant or applicable to caregiving then efforts to contribute to knowledge are required. The intent of this paper is to focus on the practice of research. Through the inter-relationship of research in practice caregiving, leadership can be developed which is enabling to both caregivers and recipients of care. I hope to illustrate the inter-relationship between research and practice and its potential through first sharing specific studies about Alzheimer's disease and dementia which have influenced my practice and secondly, through the presentation of a clinical problem encountered in practice for which research was required in order to develop caregiving approaches.

The objective of caregiving may be questioned when diagnoses such as Alzheimer's disease and dementia are known to be progressive and irreversible. However, because of previous work of individuals such as Kahn (1966) and Brody and her colleagues (1971, 1974), the prevention and reversal of Excess Disability can be seen as an appropriate caregiving objective for those suffering from Alzheimer's disease and dementia. Because of the common inability to articulate and describe status and needs accompanying illnesses such dementia, such afflicted individuals are at high risk of developing excess disability. Excess disability exists when "the magnitude of the disturbance is greater than what can be accounted for by physical or cerebral pathology" (Kahn, 1966). Wandering is of particular concern with in the context of excess disability. Excess disability can be acquired through preventable injury which is a possibility as a consequence of wandering. On the other hand, excess disability in the form of contracture can be induced by enforced immobility when increasing rigidity accompanies an illness as in the case of Alzheimer's disease.

One method of preventing and reversing excess disability is the systematic identification and promotion of existing abilities. The
identification of remaining abilities has been the objective of an evolving assessment which I am currently using in my practice of individuals suffering from intellectual psychopathology. Through ability assessment the role of enhancement or compensation by nursing can be determined. This assessment is based on several studies and the combined experience of colleagues in nursing and other health disciplines. Three of the studies which have been used in the development of the assessment will be presented from the following perspectives: (1) their purpose, method and findings; (2) their potential relevance for clinical nursing decision making and action; and (3) the findings relevant to these studies through my assessment of twenty patients with intellectual psychopathology, nine of whom are considered wanderers and eleven who are non-wanderers. The first study examined a relationship between wandering behaviour and parietal signs in patients with Senile Dementia of the Alzheimer's type. While the overall intent of this study was of interest, it was the methods used which seemed to have potential for ability assessment and enhancement. In this study twenty-one patients, of whom five were wanderers, with a provisional diagnosis of Senile Dementia of the Alzheimer's type, were evaluated to test the hypothesis that: "Wandering in Alzheimer's disease may be particularly associated with parietal involvement" (de Leon et al., 1984). Each patient was tested on the Kahn-Goldfarb Mental Status Questionnaire and several parietal test which included matchstick construction, left-right orientation, finger writing (graphesthesias test), finger agnosia, tactile object identification, two point discrimination test and clock reading. Significant differences in the cumulative parietal test score were found between wanderers and non-wanderers. Since the Mental Status Questionnaires scores were not significantly different, it was concluded that wandering may be significantly associated with parietal lobe signs.

Although the sample size in this study was small, it contributes toward the need for greater understanding of the etiology of wandering behavior. In this study, the use of parietal test were for diagnostic purposes. However, some of these tests also had potential for the systematic assessment under discussion were those of left-right orientation, finger writing and tactile object discrimination.

In evaluating left-right orientation a patient is asked to identify the right and left hand, to touch the left ear and right eye with the right and left hand respectively, to touch the examiner's left and right hand, and to imitate the various positions of the examiner's hands and arms. The abilities elicited from the preceding include, (i) differentiation of left from right at simple self and other, and complex self levels; (i.e., to respond to directions using left or right, then left and right in combination and finally the left or right of an other person); (ii) comprehension of one and two-verbal instructions and of specific verbal cues such as the words right and left; (iii) attending and relating to another person and (iv) imitation skills. How can the identification of abilities such as these influence clinical practice? The presentation of the clinical relevance is at this stage experiential and speculative since it reflects an evolving approach to developing specific nursing approaches based on specific findings. They do require testing and evaluation in practice. Based on the study findings, the absence of these abilities suggests that some judgement can be made regarding the potential for wandering. However, the presence of left-right discrimination may indicate that cues for wandering such as turn right, turn left, can be used to guide the patient who wanders. The use of such verbal cues can also facilitate performance in activities of daily living. I recently found that a patient with a diagnosis of multi-infarct dementia was able to execute activities of daily living with much greater ease when cued with left-right verbal guidance. Comprehension can be facilitated through demonstration when imitation skills are present. Finally the ability to attend to another person may mean that