Photo by Kim Wright

Chemical Restraints

BY TANIS BROWN

MY GRANDFATHER HAD SURGERY AND ENDED UP WITH DELIRIUM. WORSE, HE WAS THEN DRUGGED WITHOUT OUR KNOWLEDGE. THEN WE FOUGHT BACK AGAINST RISPERIDONE AND THE SYSTEM.

I fought back tears as I held the wrinkled hand of my 83-year-old grandfather while trying to calm him after a hysterical crying fit. His once bright-blue eyes were clouded over as he directed my attention to the standard-issue sprinkler that was secured onto the ceiling of his hospital room. In a hushed tone he explained that the metal object was no longer a fire-prevention method, but a murder weapon.

This was just a week after he had undergone an elective hip-replacement surgery. As a man who had always loved to travel, arthritis was really cramping his style. He wanted a new hip so that he could walk around the deck of a ship on the Alaskan cruise we had dreamed of going on together.

The reality after the surgery however was not the one of an icy landscape framed by beautiful sunsets. Seeing him then, wrestling with nurses and unnecessarily fearing for his life, made it feel as though we were on the Titanic when it hit the iceberg. Our dreams were a sinking ship.

I remember the phone call from my mom telling me that the psychiatrist at the hospital had diagnosed my grandfather with post-operative delirium. I immediately hopped onto the Internet.

The Mayo Clinic defines delirium as, "A serious disturbance in a person's mental abilities that results in a decreased awareness of one's environment and confused thinking." This explained my grandfather's newfound fear of sprinklers.

I read that delirium is a common problem for seniors. Calgary physician Jayna Holroyd-Leduc wrote in the Canadian Medical Association Journal that the prevalence of delirium can be as high as 74 per cent amongst elderly surgical patients. The trauma of surgery causes a mental breakdown that typically subsides within a few weeks.

After breathing a sigh of relief, I optimistically googled "whale watching Alaska."

For the next two-weeks I rushed out of school and head over to the hosptial to spend time with my grandfather. After his assessment from the psychiatrist we noticed a drastic change. He was still confused, but instead of throwing his food tray at the nurses he just held a blank gaze. His body was there, but his mind seemed to have disappeared all together. We had yet to realize that this change was a sign of something much more disturbing.

My grandfather used to be one of the most charismatic men I had ever known. His zest for life saw him behind the wheel of dune buggies in his 50s and cruising on desert roads in Arizona in his 70s. Yet, he was unrecognizable as he sat locked in a geri-chair, the light drained from his face. Worst of all, he could no longer think up the words to say, "I love you."

My grandmother was devastated, my mom stressed and I was just plain heartbroken. It is hard to see the man who was one of your biggest sources of joy your entire life sit drooling in a chair as you try desperately to make him smile for hours every week. I would tuck him in bed every evening, kiss him goodnight and leave the hospital with tears streaming down my cheeks. He should have snapped out of it by now.

I hopped on the Internet looking for a cure. I found research studies on post-operative delirium focus on preventative techniques rather than a cure.

I shook in anger as I revisited the same article that reported the shocking statistics on the incidence of post-operative delirium. Dr. Holroyd-Leduc notes that patient care methods should avoid the following: the use of bladder catheters,

sleep deprivation, immobilization and exposure to beeping noises.

My grandfather pulled his catheter out just two days after his surgery, screaming, "it's driving me crazy." The constant beeping noise that echoed through his room day and night from the nurses' intercom would shake him asleep mere moments after dozing off. He would murmur, "that god-damned beeping is making me nuts," as he attempted to fall back asleep. The greatest source of his frustration was the bed rails that kept him and his healing hip stuck in a hospital bed. "If I don't get out of bed, I am going to lose it," he would complain. Even in his delusional state he was able to come to the same conclusions as hundreds of published medical studies.

My grandfather became one of the statistics. As there is no cure for delirium, it was just commonly accepted that he was one of the 74 per cent of elderly patients who experience this complication. No matter whom we asked or consulted, the statistic along with the frustratingly vague recovery time of a few weeks to a few years was all we got. Didn't they understand that Alaska was waiting for my grandfather and me?

A transitional nurse came by to discuss my grandfather's only option—a rehabilitation centre. All the equipment that my grandmother had rented in preparation for his recovery at home was returned to the Red Cross. It was as if we were in a courtroom and my grandfather had just been convicted of falling victim to a failure of our medical system.

"Maybe this will be a good thing, it's quieter here," my grandmother said as we walked into the nursing home where my grandfather would be staying during his rehabilitation. As soon as I entered his dark room and saw him crying, so was I. Moving to unfamiliar surroundings was something medical studies said to avoid in delirium patients.

It took a few weeks, but slowly we did see a small improvement in my grandfather's mental state. After months of not being able to hear him say, "I love you" he blurted it out over a piece of carrot cake in the cafeteria. He called me by my mom's name, but I would take what I could get.

While our family was relishing in the small triumphs we were seeing in my grandfather's ability each week, we quickly learned that the staff at the rehab centre did not share our enthusiasm. To our protest, he was deemed to have vascular dementia without a proper medical diagnosis. An article by David Meagher published in Advances in Psychiatric Treatment in 2001 points out that around 25 per cent of delirium cases are misdiagnosed as dementia. Great, grandad became another statistic.

Another set of transition nurses paid a visit to my grandfather's room and my family and I sat there powerless as they told us he was going to have to be put on the waiting list for a long-term care facility. In that moment, only one thing ran through my mind, my grandfather's comment just a few months before his surgery. "If they ever try to put me into a god-damned nursing home I will kill myself," he said.

While my grandfather waited to be sent to his own personal prison, my mom and I desperately grasped for anything that could save him. We pored over medical studies and caught a break. A review written by Dr. K. Alagiakrishnan and Dr. C. Wiens published in the Postgraduate Medical Journal in 2004 stated, "Successful treatment of delirium depends on identifying the reversible contributing factors and drugs are the most common reversible cause of delirium." After months of learning the hard lesson that in this province you need to be your own health-care advocate, we marched into the nursing home the next day and demanded a list of the medications that my grandfather was taking. We recognized them all, except one—risperidone.

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According to medlineplus.com, Risperidone is an anti-psychotic drug typically used to treat schizophrenia and bi-polar disorder that works by interfering with natural substances that occur in the brain. It is often given to difficult patients in place of physical restraints.

One of the serious side effects listed is confusion.

You can imagine my rage as I squeeze the computer mouse as if it was a stress ball. Not only was he put on a drug without our consent, a major side-effect of it is the only major symptom that is keeping him from being the grandfather that I remember, the grandfather that was supposed to be accompanying me to Alaska.

Further research into risperidone yields results that are even more infuriating. An analysis published by the Canadian Institute for Health Information in 2009 found that the prescription of antipsychotic drugs to treat elderly patients with delirium, dementia, or Alzheimer's is on the rise. Furthermore, a Health Canada warning issued in 2005 states, "treatment with atypical antipsychotic medication of behavioral disorders in elderly patients is associated with an increased risk for all-cause mortality." We phoned the doctor in-charge of his care immediately.

We found out that a doctor at the hospital had first prescribed him risperidone just a week after his hip-replacement surgery. This was right around the time that my family noticed a fog come over him. We were happy that he was no longer battling with the nurses, yet naive that his uncharacteristic Zen-like state was due to chemical restraints.

It was just after Christmas when we made the discovery and demanded that he be taken off the medication. We immediately noticed a change in his cognitive abilities as he was slowly weaned off of risperidone.

The day he moved into the nursing home, he was down to just half of the dosage that had been poisoning his ability to live his life for the past three months. Tucking him into his new bed that night he said, "I love you, Tanis," without a hiccup. I caught a glimpse of the man who had dreamt of Alaska with me and once again envisioned the two of us setting eyes on that icy landscape.

Today my grandfather is free of the chemical restraints that he surrendered months of his life to. Slowly, we are working on transitioning him home. While this experience brought my grandfather and I closer together than ever, it was still a shipwreck that I wouldn't wish for anyone. Still, if this situation was the Titanic, we were the lucky ones who got on a lifeboat.

The author's grandfather in happier times. *Photo courtesy of the Brown family*