

PROGRESSIVELY LOWERED STRESS THRESHOLD (PLST)*

Drs. Geri Hall and Kathleen Buckwalter have identified three types of behavior related to stress: 1) baseline; 2) anxious, and 3) dysfunctional or catastrophic. Baseline behavior is functional behavior where the person is cognitively and socially accessible. There is an awareness of the environment, and an ability to function and interact calmly indicating an integration of the cognitive, emotional, and behavioral aspects of their personality and lifelong cultural and coping patterns. As the disease progresses, their baseline behavior deteriorates and is replaced with increasing amounts of anxious and dysfunctional behavior.

Anxious behavior occurs when the person experiences stress resulting from increased demands, over-stimulation, or fear. The person may complain of feeling uneasy. Eye contact is reduced, and there is an increase in psychomotor activity evidenced by hand wringing, pacing, and tense facial expression and posture. They will have difficulty sitting or standing still.

Dysfunctional behavior results if the stress level is allowed to continue without intervention. At this level, the person would exhibit catastrophic behavior (a reaction out of keeping with the event), characterized by cognitive and social inaccessibility. The person is unable to function appropriately and to communicate their needs. The behavior represents fearfulness, panic, and vigorous attempts to avoid offensive stimuli. Examples of catastrophic reactions include increased confusion, wandering or pacing, agitation, aggression, combativeness or sudden withdrawal. The behaviors often occur as brief abrupt reactions to an event or situation that previously or under other circumstances may not have troubled the person.

Healthy individuals can exhibit dysfunctional behavior that includes abusive language, aggressiveness or withdrawal. However, the level of stress they are able to tolerate remains stable. Furthermore, as they experience the stresses of a day or over a given period, the healthy individual will recognize that they are becoming anxious and reach their stress threshold and will take restorative action by going for a walk, playing tennis or other active sport, having a food break or a meditative relaxation exercise.

On the other hand, individuals with dementia experience a loss in effectiveness of biological systems that support management of stress producing stimuli. As the disease progresses, these individuals become less able to process events in their environment. They may already have experienced considerable losses in mobility, response time, energy, and the ability to adapt to new situations. These losses contribute to a decline in the point at which anxiety becomes dysfunctional behavior thus a Progressively Lowered Stress Threshold (PLST).

*Gerdner, L. A., & Hall, G.R., (2001). Chronic Confusion. In M.L Maas, K.C. Buckwalter, M.D. Hardy, T Tripp-Reimer, M.G Titler, & J.P Specht. Nursing care of older adults: Diagnoses, outcomes, & interventions. St. Louis, Mosby. Chapter 34. pp. 427-429.