Less agitation in elderly care

Four complex and recognizable care situations and the significant improvement thanks to our tools

Trusted by over 3,000 care organizations

Qwiek®

Dear care professional,

It will come as no surprise to anyone in the healthcare sector that we are facing immense challenges. It's a reality that everyone feels, and one that is repeatedly confirmed in our conversations with care professionals. The shifting dynamics, where people with dementia stay longer in their familiar home environment, demand more of your expertise and dedication when they finally transition to a nursing home. As a result, we often see increased agitation and misunderstood behavior, further raising an already high workload.

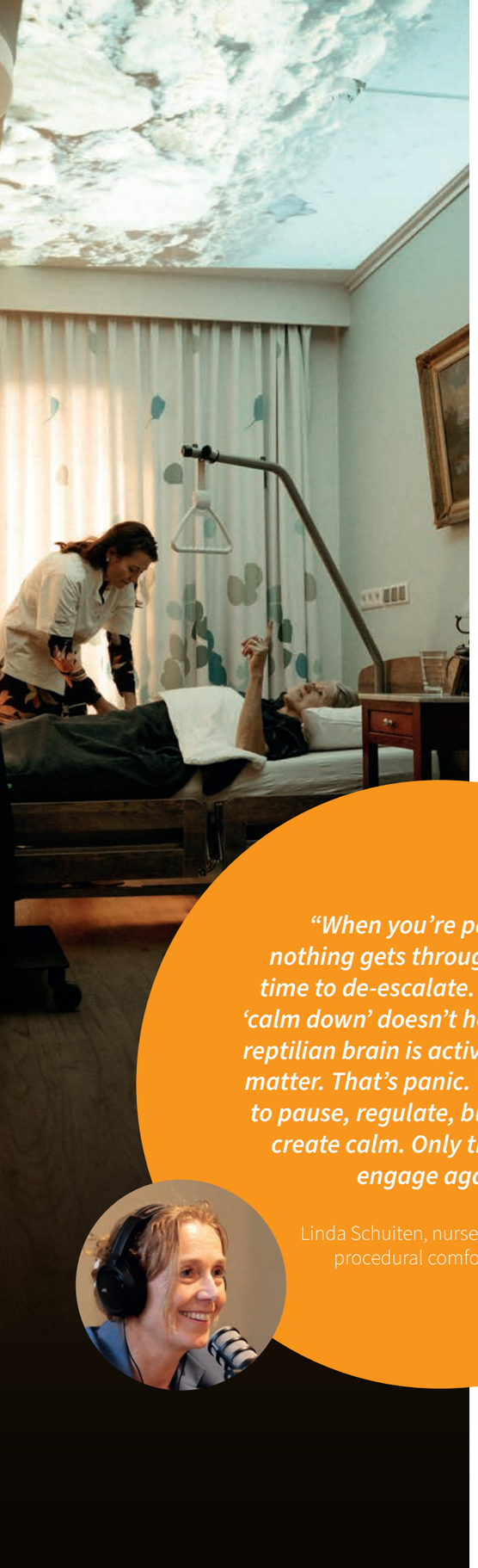
You're expected to do the same work with fewer people. At Qwiek, we believe in a "stacked approach" to bridging this gap. Smart technology and valuable tools are key building blocks in this process. These are essential puzzle pieces to help compensate for the lack of extra hands, which doesn't appear to be going away anytime soon, and to support you in your work.

In this magazine, we focus on the often "invisible" moments in care that are too easily taken for granted, but that actually cost a great deal of energy and precious time: the challenges around agitation and misunderstood behavior. We believe it can be done differently, and we want to show you how. Not through our own stories, but through the personal experiences of your colleagues in the field. They share how peace and comfort can take a natural place in daily care.

We hope this magazine inspires you and offers new insights. Happy reading!

Chris Rameckers

Chris Rameckers
Commercial director



“When you’re panicked, nothing gets through. You need time to de-escalate. Being told to ‘calm down’ doesn’t help. When your reptilian brain is active, words don’t matter. That’s panic. Then you need to pause, regulate, build trust, and create calm. Only then can you engage again.”

Linda Schuiten, nurse specialist in procedural comfort, OLVG

How our tools bring calm: the power of stimuli

The effectiveness of our tools is rooted in the power of targeted sensory stimulation. By offering calming visual, auditory, and tactile stimuli, we create a distraction that can reduce overstimulation, a major trigger for restlessness. This shift in focus helps redirect attention from potentially stressful situations, creating a sense of safety and comfort.

Think of soothing projections, calming music, or gentle vibrations and deep pressure stimulation (DPS). These direct effects significantly help reduce agitation during various challenging care moments, such as intimate Activities of Daily Living (ADL) tasks, restless nights, hectic shift changes, demanding behavior, and even sexual disinhibition. By addressing the client’s perception in this way, our tools provide valuable support for both residents and care professionals.

The Qwiek.up

The Qwiek.up is a tool for care professionals who want to respond quickly and effectively to misunderstood behavior. With impressive ceiling or wall projections, it creates a calming atmosphere instantly, making the care experience more pleasant and manageable, for both care receivers and staff.

The Qwiek.snooze

Many people with dementia are restless at night. They get out of bed, shout, knock on doors, move objects, wander, or eat. The Qwiek.snooze offers an innovative solution: a comfortable music mat placed under the pillow that plays soothing music and stimuli. This calms residents, helps them fall asleep more easily, and makes night shifts quieter for staff.

The sensuality intervention

Developed with sexologist and clinical psychologist Ingrid van Kempen and extensively tested in Dutch nursing homes, this intervention offers a thoughtful and effective approach to residents’ sexual and intimate needs.

The daily rush: breaking restlessness during ADL moments

Each day brings intimate ADL moments: morning care that starts the day, evening care that winds it down. Dressing, washing, administering medication, tasks ideally carried out with full attention and respect. But in reality, care is often rushed due to pressure and time constraints. During these crucial moments, agitation can quickly change the atmosphere.

Professionals tell us about the “silent battle” that unfolds when residents become so agitated that it takes multiple staff members just to provide basic care. This drains energy, physically and mentally, and affects the dignity of both residents and staff. It’s a vicious cycle that consumes valuable time and attention.

Our tools, including the Qwiek.up, provide a tangible solution to break this circle. By using them strategically before and during ADL moments, you can create a calming and relaxing environment. This not only improves personal care but also moments such as haircuts or dental appointments.

In practice – How Proteion uses the Qwiek.up during ADL

“Our biggest challenge is ensuring the well-being of residents, their families, and our staff,” says Annette. “We can’t be everywhere at once, but we want to create an environment where everyone feels as good as possible. Looking at the care my own parents receive now, I see real progress.”

The Qwiek.up has become essential to Annette’s team: “It results in calm, content residents. Agitation is part of dementia, but when someone feels good, you see it immediately. That’s what we strive for every day.”

She shares an example: “We had a resident who was very agitated. Nothing worked, not even advice from the psychologist. When we started using the Qwiek.up during his medication administration, breakfast, and morning care, we saw a quick turnaround. He focuses on the visuals and hums along to the music. The hairdresser was even able to cut his hair without any problems, a huge change. It may seem small, but the impact is big. We didn’t expect this success, but the Qwiek.up is now indispensable.”

“The hairdresser was recently able to cut his hair without any problems. Something small, with a big impact for us.”

Impact on psychotropic use and restraints

Medication often seems the only option for calming agitation. But this can be a restrictive measure and bring unwanted side effects. Our tools offer a different perspective. Cindy Brink, a wellbeing worker at Accolade Zorg, says: “The Qwiek.up is now included in several care plans as a valuable alternative to medication or restraints.”

She shares: “We have a resident who needs to be woken up gently. Otherwise, the entire day becomes chaotic. Her agitation stems from overstimulation. Using slow-moving images at wake-up time helps her focus and leads to a calmer day.”

Qwiek.up ADL intervention

In the ZonMw-funded program “Best Practices in Nursing and Care,” Qwiek collaborated with two nursing homes and researchers from Zuyd University of Applied Sciences to develop a practical guide for using the Qwiek.up during ADL. Titled “Misunderstood behavior during ADL? Make good use of the Qwiek.up”, it offers clear guidance and materials for nurses and care teams.

Based on both scientific literature and practical experience, the guide confirms the Qwiek.up’s potential to improve daily care moments.

Source: Qwiek.up ADL interventie

82,4%

The numbers speak: perceived effectiveness

Experience backs it up: in 95 customer evaluations, 82.4% said the Qwiek.up is effective in reducing misunderstood behavior.

“The low-stimulus night can trigger restlessness in people with dementia.”

Restlessness during the night: big impact on the night shift

The night. A time meant for rest and recovery. But for many elderly people with dementia, night is a time of restlessness. Did you know that as many as half of them struggle with sleep problems? The consequences are significant, not only for the residents, who miss out on much-needed rest, but also for the night staff, who are repeatedly faced with agitation, calling out, and wandering.

Hanneke van de Pol, an expert in dementia care, summed it up well in a recent LinkedIn post: “Some of our residents are always active at night. They get out of bed, ask for food, or keep calling out. Every time I try to explain that it’s still night and they need to sleep, but it doesn’t help.”

Many people with dementia become restless at night. They get out of bed, call out, knock on other residents’ doors, move things around, wander, or eat.

People with dementia need stimulation, especially dynamic stimuli, meaning things that change, like images or sounds. At night, all of that disappears. It becomes quiet and dark. For someone with dementia, that can be very frightening and make them feel like they no longer exist. As a result, they start creating their own stimuli. That’s not ideal for family members, night shift caregivers, or other residents.

The solution is simple: provide the right kind of stimulation. Sometimes leaving the TV or radio on is enough. Others may benefit more from a projector that displays images on the ceiling, like the Qwiek.up.

Many care organizations now have their night staff wear pajamas or bathrobes. After all, how confusing is it for someone with dementia to wake up, not know what time it is, maybe even see a breakfast table set, and then meet a caregiver in regular clothing telling them it’s night and they should go back to bed? It makes much more sense if they meet someone in pajamas saying the same thing: someone who is also going back to bed.

It’s also important to ensure enough activity during the day. If someone has been dozing off in a chair all day, it’s not surprising they can’t sleep at night.

“Every time I try to explain that it’s still night and they need to sleep, but it doesn’t help.”

For some people, deep pressure on certain body parts can help. This can be done with a weighted blanket or a glove filled to mimic the weight of a real hand. Sometimes a stuffed animal, a robotic cat, or even a real pet can provide comfort.

As Hanneke explains: the low-stimulus environment of nighttime can trigger agitation in people with dementia. Our tools can help. In addition to the Qwiek.up, we also have the Qwiek.snooze specifically designed for nighttime. With gentle sounds, it offers comfort during quiet moments.

Hanneke van de Pol and Freya Flach, founders of ‘Zeg ja tegen dementie’, offer training for healthcare professionals and caregivers.

Case study Rivas Zorggroep: reducing nighttime restlessness with the Starry Sky module
A resident was experiencing anxiety, especially during the night. She is deaf and has a need for visual stimuli. As evening and night fell, she would become increasingly anxious. She was easily startled by everything around her, including physical touch. Because she would frequently call out during the evening and night, other residents became restless and had difficulty sleeping.

We used the Starry Sky module of the Qwiek.up to provide her with more comfort in her own environment, to distract her so she would feel less anxious and could sleep more peacefully.

She responded positively, was visibly calmer, and appeared less fearful. As a result, care moments became less stressful, both for her and for the caregivers. Other residents were no longer disturbed by her calling out, which had previously triggered their own restlessness.

She no longer experiences anxiety during care moments or as evening turns into night. Now, she falls asleep calmly without panicking. It's a relief to be able to provide daily care without the resident feeling afraid. Because she is deaf, communication is very difficult. By offering visual stimuli, her fear has subsided, allowing caregivers to deliver quality care.

Source: Qwiek.up inzetten als zorginterventie

Restlessness when seeking attention and during shift changes

In the dynamic environment of healthcare, it is quite common: residents who constantly seek attention. This is often referred to as demanding behavior, where someone persistently seeks proximity, struggles to share attention, or has difficulty waiting to be heard.

Consider, for example, a resident who:
- frequently asks for help or assistance with things they already know or can handle;
- keeps asking for help even after it has just been provided;
- tries in various ways to draw attention to themselves;
- demands urgent help for non-urgent matters;
- makes requests in a presumptive, overly dramatic, condescending, or even threatening manner.

This behavior often hides deeper psychological distress: a lack of emotional security. Feelings of uncertainty, fear, loneliness, boredom, or sadness can all lead to this constant demand for attention. It's a way to fill a void, to express a need for contact and reassurance. *(Source: www.grenswijs.be)*

Restlessness during shift changes
We asked our community of healthcare professionals on LinkedIn: "What are the most restless moments during an average workday?" One answer that came up surprisingly often was shift change. It might not be the first thing that comes to mind when you think of restlessness, but for many it marks a peak moment. Whether it's the transition around 5:00 PM, visitors leaving, residents heading to dinner or night staff arriving, these moments often create an invisible mix of stimuli and changing faces.

"In a conversation with a board of directors, we were told that clients press the call button an average of 17 times per person per day, often purely to seek attention. That's quite a number of moments that require a lot of time and attention."

Paul Voncken, Managing director of Qwiek

“If you also pay attention to the positive aspects of sexuality and intimacy, it can mean so much to people and can also prevent challenging situations.”

Ymke Kelders, Rutgers
Podcast Tussen zorg en innovatie

Restlessness due to sexual needs

Older adults don’t just want to cuddle. Even within the walls of a nursing home, there is a natural desire for sexuality and intimacy, and that is completely normal. Ignoring this deeply rooted human need is like “trying to push a rubber duck underwater: it always comes back up.”

Unfortunately, we often see that sexuality and intimacy remain unspoken in care records, or worse, are silently assumed to no longer exist. This silence can lead to unnecessary restlessness, a deep sense of unhappiness among residents, and uncomfortable situations for both dedicated care staff and concerned family members.

The statistics clearly show a gap between the reality of residents’ needs and the attention this important aspect of care often receives.

50%

As many as 50% of people aged 70 and over are still sexually active.
(Source: CBS, Rutgers)

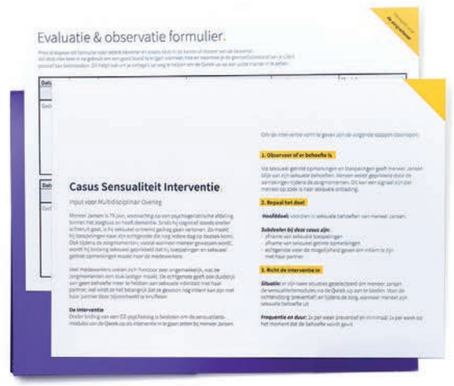
1/5

Only 1 in 5 care institutions has an explicit policy regarding sexuality and intimacy.
(Source: Vilans, 2020)

The Sensuality Intervention by Qwiek
From this realization came our drive to make a meaningful contribution. We aim to support care providers in openly acknowledging and respectfully guiding these fundamental human needs.

In close collaboration with sexologist and healthcare psychologist Ingrid van Kempen, we developed the Sensuality Intervention. This thoughtful and extensively tested approach in Dutch nursing homes responds to the sexual and intimate experiences of your residents.

What does the Sensuality Intervention involve?
The Sensuality Intervention includes a carefully curated starter kit, which can be supplemented with three different variations. This ensures the intervention can be tailored to the unique preferences and needs of each individual resident.



Preventing disinhibited behavior
By using this intervention proactively, you can help reduce, or even prevent, sexually disinhibited behavior.

Inclusive content
The modules have been developed with attention to diversity in sexual preferences, ensuring that every client feels seen and respected.

Developed with experts
The intervention was created in collaboration with Ingrid van Kempen, sexologist and healthcare psychologist.

Safe and accredited content providers
The visual material has been carefully selected and supplied by accredited professionals such as Meiden van Holland.

Proven effective in practice
The Sensuality Intervention is already being successfully used by many care organizations in the Netherlands.

Scientifically supported: less unrest and less medication

Video projections as an alternative for agitation
How do you bring calm to an elderly person who arrives confused at the emergency department? Often, medication is the first resort. But what if images can achieve more?

A recent German study shows that calming video projections, like those provided by the Qwiek.up, are a powerful intervention for acute agitation. Within 30 minutes, agitation was significantly reduced and the need for sedatives decreased. Without side effects. Without complicated protocols. Simply by using images and sound as a care tool.

What makes this intervention so effective
The Qwiek.up projects calming images, from nature scenes to music, onto walls or ceilings. In the study, images included an aquarium, a walk through the forest and André Rieu in Vienna. The combination of familiar music and gentle visual stimuli led to a noticeable decrease in agitation among elderly patients with severe restlessness.

The effect was not only subjectively felt but also objectively measurable using validated observation scales (RASS and Nu-DESC). And with less medication use: only 3% of participants in the video group needed sedatives, compared to 33% in the control group.

Practical, applicable, and safe
What makes this study especially remarkable is that it was conducted in the busy environment of an emergency department. The images were projected on-site onto walls or ceilings. No preparation was needed, and the tool was easy for healthcare staff to use. None of the patients worsened under the influence of the video projections, indicating safe application.

For long-term elderly care, this means: calming projections are not only helpful during ADL support or nighttime restlessness but also a powerful alternative to restrictive measures such as medication or physical restraints.

About the study
This open-label randomized study was conducted at an academic hospital in Munich (LMU). A total of 57 elderly patients (65 years and older) with severe agitation in the ED were included. They were screened with the 4-AT, and only patients with high scores on the Richmond Agitation-Sedation Scale (RASS of 2 or higher) and the Nursing Delirium Screening Scale (Nu-DESC of 4 or higher) were enrolled.

The intervention group received 60 minutes of video projections via the Qwiek.up. The control group received standard care. Outcomes measured were changes in RASS and Nu-DESC after 30 and 60 minutes, and additional medication use. Differences between groups were statistically significant ($P < 0.001$ for both scales; $P = 0.004$ for medication use).

Reference: Güvec et al., European Journal of Emergency Medicine, 2024.

View the study **here**

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