

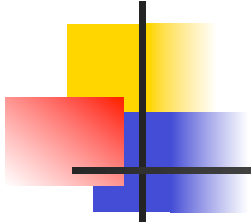
What's Happening?



Working Respectfully and Effectively with People with Dementia

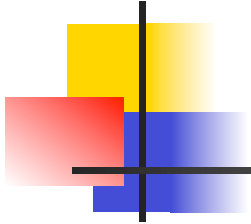
RISCC 11/3/2011

Beverly L. Moore APRN



Dementia

- Persistent cognitive decline
- Signs (what others notice)
 - Loss of interest in past pleasures
 - Getting lost on a task
 - Trouble solving everyday problems
 - Inability to make simple meals
 - Difficulty with dressing
 - Impaired judgment and logic



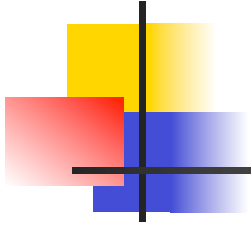
Alzheimer's and Dementia

- The healthy brain
 - Takes in information
 - Processes it
 - Stores it
 - Retrieves it on command



1. Taking in Information

- Hearing
- Seeing
- Feeling
- Smelling
- Tasting



2. Processing

- Making sense of what we are taking in
- Filtering out unnecessary information

Questions our brains may ask???

- Is this real or not?
- Is it important right now?
- Is it important to remember?
- Should I do something now?



3. Storing Information

- Storing information so we don't have to learn it over each time it is presented

Examples:

- Riding a bike,
- Skiing, skating
- Dancing
- Making a meal



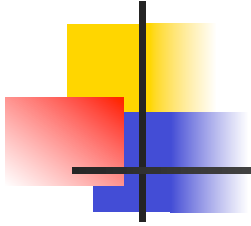
4. Retrieving Information on Command

- Retrieving stored information
 - Roads traveled
 - Friends we've made
 - Family functions
 - Mom and Dad's rules
 - General information for everyday



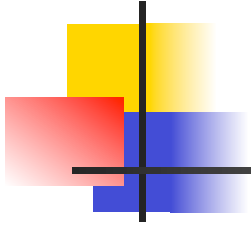
Brain Function:

- Hippocampus
 - Stores information to be used later
 - It is the first part of the brain to be damaged in Alzheimer's disease
- Temporal lobes
 - Process language
 - Put together the parts to makes sense
 - Helps us learn new things



Brain Function:

- Parietal lobe
 - Helps identify objects by name
 - Works with the temporal lobes for abstract thinking
- Occipital lobe
 - Processes information our eyes see,
 - such as
 - Depth perception
 - Cognitive mapping



Brain Function

Frontal Lobe

- Responsible for higher “executive” functions of thinking
 - Initiating
 - Planning
 - Organizing
 - Sequencing
 - Making social decisions
 - Regulating mood
 - Responding to the environment
 - Controlling impulses and social appropriateness



What Else Could It Be?
Factors to Consider:

- environmental (changes)
- physical (hearing or vision)
- psychiatric (depression)
- neurological (brain disorders)
- medical (disease, disorders)
- iatrogenic symptoms (doctor induced; excessive medications)



Differentiating Dementias

Not All Dementia Is Alzheimer's Disease

- **Alzheimer's disease**
 - Generally will have trouble with memory first
- **Frontal-temporal lobe dementia**
 - Will have memory late in the disease
 - Will have socially uncharacteristic behaviors and language deficits
- **Vascular dementia**
 - Damage throughout the brain
 - Will have deficits in language, memory, mood regulation,
- **Lewy Bodies Dementia**
 - Combination of memory loss and impaired mobility
 - Confusion
 - Visual hallucinations



Types of Memory

- **Short term (working) memory**
 - Short term memory you keep something in mind before either dismissing it or transferring it to long term memory
 - With dementia short term memory span becomes even shorter and the brain has less time to successfully move information to long term memory.
- **Long term memory**
 - Any thing remembered that happened more than a few minutes ago.
 - Stronger memories enable you to recall an event, procedure or fact on demand. (usually emotionally charged)
 - Weaker memories often come to mind through prompting or reminding through cues (semantic memory)



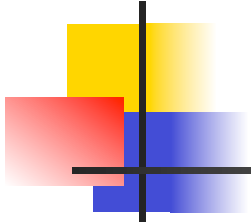
Types of memory; continued

- Explicit memory (also called “declarative memory”)
 - Requires conscious thought
 - Facts
 - Events
 - World knowledge
 - Vocabulary

With Alzheimer’s disease there is more failure of this type of memory

- Implicit memory (also called “procedural memory”)
 - Automatic memory
 - Skills
 - Habits
 - Simple classic conditioning
 - Priming (practice makes perfect, repetition)

This memory is spared during Alzheimer’s disease.



Communication:

- Your approach and tone
 - How are you presenting yourself?
 - Calm and gentle, matter-of-fact
 - Begin by being social (gaining trust)
 - Your tone of voice may impact the response you receive



Communication:

- When you speak, pay attention:
 - Is this a **place free from distraction**?
 - Did you **identify yourself**?
 - Are you at **eye level** (shows respect and aids attending)?
 - Did you **speak slowly and clearly**?
 - Did you **use a short, simple question or statement**?
 - Did you provide **visual cues**?
 - Did you use **touch** (for reassurance)



Communication:

- Doing a task together
 - Focus on familiar skills
 - Give limited choices
 - Allow time for information to be absorbed



Communication

Doing a task together cont:

- Repeat instructions exactly the same each time
 - Break steps down into simple steps
 - Modify/simplify the steps if necessary
- Demonstrate visually

Be sure you allow enough time for task.



Communication

Having trouble with completing a task?

Is your question too complex?

Are you providing too much information?

Having trouble being understood?

Listen a little closer

Focus on a word or phrase (repeating a word back can be helpful)

Respond to the emotional tone

Remain calm



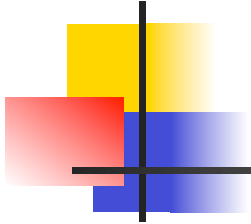
Behavior Means

- **Principles of understanding behavior:**
 - Behavior means something, it is **goal directed**
 - Behavior is **context defined**
 - Behavior is **learned**
 - Behavior can be **changed**
- **Goals of misbehavior**
 - **Attention seeking...**
 - **Avoidance of failure...**
 - **Seeking power...**
 - **Seeking revenge...**



Habilitation Model

- Habilitation: Allowing one to utilize their remaining abilities
- Maximizing their functional independence and morale, creating positive self-esteem.



6 Areas of Habilitation Therapy

1. Physical
2. Social
3. Functional
4. Communication
5. Perceptual
6. Behavioral



Managing Challenging Behaviors

- Consider what had just happened prior to the reaction
 - Who was involved, time of day, location?
 - Misinterpretation of a request –being asked to think too much
 - Misinterpretation of sensory information
 - Feeling insecure, fearful
 - Cognitive overload (TMI)
 - Inability to perform a task
 - Fatigue or illness
 - Frustration - inability to communicate needs



Managing Challenging Behaviors Continued

- Remove the person or thing that upsets the person
- Avoid arguing or restraining
- Be calm and reassuring
- Combative behavior is almost always an extreme catastrophic reaction
- Recognize that the behavior is not willful, it's adaptive

Catastrophic reaction

- An emotional or behavioral reaction to a situation that either overwhelms or creates stress because the situation (or stimulus) is beyond the person's ability to understand



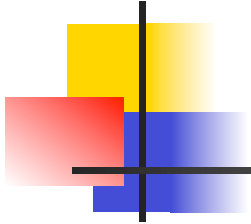
Managing Challenging Behaviors

- Behaviors mean something...
 - A form of communication
 - A response to the environment
 - An individual way of coping
 - The brain may not be sending the correct information



How Thinking Is Different in Dementia

- Processing information from the surroundings may be distorted
- Retaining and holding information is hard
- Concentration is difficult, especially in busy situations
- Filtering out background noise is more difficult
- Storing and retrieving information is slower
- Recognition of familiar people, tasks, or object is difficult
- Organizing tasks done in the right order is difficult
- Initiating tasks, activity or conversation decreases



Delusions/Hallucinations

- A person's loss of contact with reality
 - A false belief
 - Logical attempt to understand their environment
 - Their thoughts are not under the person's control
 - Raises anxiety
 - Feeling a loss of control
 - Helplessness



Wandering:

- Factors contributing to wandering
 - Medication side effects
 - Stress
 - Restlessness
 - Agitation
 - Anxiety
 - Inability to recognize people, places
 - Fear from misinterpretation of sights and sounds
 - Desire to fulfill a former obligation such as going to work or looking after a child
 - Sundowning - confusion relating to time



Sundowning:

- Keep the person active in the morning and encourage them to rest after lunch
- Let him/her pace back and forth under supervision
- Slowly walk along side providing companionship and distraction
- Give something to fiddle with as a distraction
- Stuffed animal, rocking a baby doll, listening to music, are all things to do to provide comfort and distraction
- Look at the environment for clues
- Consider the impact of bright lights, noise
- For some bathing in the afternoon is NOT a good idea
- Offer something to drink or eat, companionship



Bathing

- Common statement “I’ve already showered”
- Environmental factors:
 - Poor lighting – (poor eyesight contributes)
 - Lack of privacy, dignity



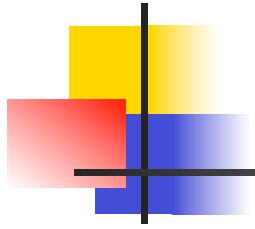
Bathing

- Room temperature too cold
- Depth perception is off
- Water is too hot or too cold
- Other factors:
 - Fear of falling
 - Fear of drowning
 - Disruption in daily routine
 - Unfamiliar caregivers
 - Mechanics of taking a bath is too difficult
 - Feeling rushed, embarrassed, vulnerable
 - Humiliation of being told to take a bath
 - Fear of getting one's hair washed



6 Basic Strategies

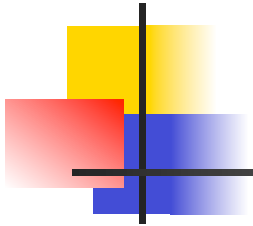
- **Find the right routine:** is a bath or shower preferred? Maybe it is the time of day.
- **Be prepared:** make sure you have everything you need.
- **Make it comfortable:** bathroom should be warm. Play soft music that is calming and relaxing.
- **Ensure privacy;** Closing curtains to doors, offer a towel to stay covered.
- **Be flexible:** if the bathing routine is traumatic, change the time of day, perform your tasks according to their routine.
- **Help him/her to feel in control:** explain each step of the process to help with understanding what is happening.



Dressing

Physical or medical factors:

- Physical illness – stiff joints
- Changes in gross motor skills (unsteady balance, problems walking)
- Impaired vision
- Changes in fine motor skills (fastening buttons or zippers)



Dressing

- Environmental factors:
 - Poor lighting, lack of privacy,
 - Too many distractions
 - Room is too cold
- Other factors:
 - Task too complicated, feeling rushed
 - Instructions are not clear
 - Fear, anxiety, fatigue



5 Basic Strategies:

- Establish a routine: try to have the person get dressed at the same time each day if possible
- Limit choices: offer no more than two clothing options
- Provide direction: you may need to hand each item to the person in the order they should be put on
- BE PATIENT: rushing may cause anxiety
- Consider their feelings: don't argue if they don't want to wear something



Meeting Nutritional Needs:

Tips to increase appetite:

1. Serve the main meal of the day at breakfast or lunch when appetite is larger, keeping the dinner meal smaller.
2. Have five or six smaller meals, rather than only two or three larger meals.
3. Take a daily walk or have other physical activity to increase appetite.
4. Use familiar foods fixed in a familiar way.
5. If the person refuses to eat, consult the physician for vitamin and/or high caloric supplements.
6. Try to include at least one food item in the meal you know the person likes.



■ ***Tips to overcome mealtime confusion :***

1. Make mealtime a routine that occurs at the same time, in the same place, and with as little confusion as possible.
 1. Make sure physical surroundings are pleasant and calm, avoiding unnecessary distractions.
 2. Set aside enough time for meals so they are not rushed.
 3. Serving one food item at a time may result in less confusion.



■ ***Tips to overcome eating problems:***

1. When a person clenches their teeth, spits out food, becomes unruly, try discontinuing mealtime for a few minutes. Taking a short break can be helpful to both the person and caregiver.
2. Be aware that the person may be having a difficult time eating, which is causing them to act out.
3. Try having someone else assist the person.
4. Be aware that a person may not have the judgment to know what should be and should not be eaten. Particularly for special diets.
5. The person may need adaptive equipment so they can hold utensils easily. Spill proof cup.



■ ***Tips to increase food intake if chewing and swallowing are problems:***

1. Be sure dentures fit properly.
2. Use gravy or sauces to help moisten food.
3. Provide enough fluids to help with swallowing. Be aware that some people may need thickened liquids to prevent aspiration.
4. Encourage the person to eat slowly and chew food thoroughly. Remind the person often to swallow.
5. Use alternative food consistencies. Mashing or shredding foods is often necessary.



Changes in Sleep Pattern:

- determine the most comfortable sleeping arrangement; consider temperature, lighting, etc. discourage staying in bed when awake
- establish a regular night time routine familiar to that person
- avoid caffeine, tea, coffee, soft drinks
- limit the intake of fluid before bedtime and encourage use of the bathroom prior to getting into bed
- increase morning light to encourage getting ready for the day
- engage in regular exercise with the person
- try putting on soft music to encourage relaxation
- offer a backrub or gentle massage to help with relaxation



■ What if they won't sleep

Offer to sit with the person, companionship

Offer a magazine or snack

Do not insist that they return to bed, this can cause agitation

Allow someone freedom to roam to help fulfill a need to accomplish something or to work out energy

Keep track of any pattern s/he may have for waking at night



Value and Structuring of Activities

Activities reduce confusion, restlessness, apathy and psychiatric signs like delusions, hallucinations and paranoia.

Activities provide structure, purpose and meaning to life.

Activities create opportunities for socialization

Activities promote positive self esteem.



Starting an Activity

- Initiate activity yourself; ask them to join you.
- Give visual demonstration
- Ask for their assistance
- Use step-by-step direction
- Always treat them as an adult

Achieving success

- Be sensitive to the person's needs and interests.
- Be flexible and creative
- Be an initiator
- Never criticize; praise generously
- Keep a sense of humor.



Grief Cycle in Dementia Care

1. Deny the changes
2. Push person to be the "old self"
3. Acknowledge the changes
4. Grieve with anger or sadness
5. Accept and enjoy the person as they are now

Grief plays a huge part in the perception of the burden of caregiving. Grief must be acknowledged and expressed to be eased of the burden.



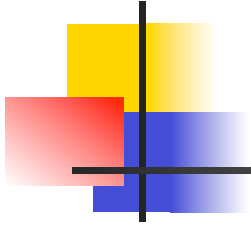
Sustaining care partnering

Caregivers must feel:

- Control over the disease
- Validated in their efforts
- Sense of satisfaction

Care recipients must feel:

- Control over their life and their 'things'
- Valued as a person with a rich history
- Safe emotionally and physically



Embrace the Family

- Involve them in care, sharing information
- Educate yourself about the person. Ask questions
- Family is the expert; History, strategies
- Educate the family; Share what you have learned



Bibliography

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- Koenig-Coste, Joanne., Learning To Speak Alzheimer's. 2004
- Moore, Beverly L., Matters of the Mind and the Heart. 2008.