What is Dementia?

Definition of Dementia: A loss of mental abilities that interferes with activities of daily living

Mental ability:
- Thinking
- Remembering
- Reasoning
- Communicating

What causes dementia?

Potential Reversible Causes of Dementia:
- Injury to the brain (Subdural Hematoma)
- Drug interactions
- Metabolic imbalance (hypo or hyperglycemia, thyroid etc.)
- Depression or acute emotional stress
- Malnutrition or anemia
- Brain tumor
- Liver disorder
- Cardio-pulmonary disorders
- Vascular disorders

Irreversible Causes of Dementia:
- Alzheimer’s disease
- Multi-infarct/Vascular disease (mild)
- Parkinson’s disease – neurological brain disorder
- Pick’s disease – more rare disease affecting 40-50 yr old
- Huntington’s disease – inherited & fatal affecting people between 25-40 yr old
- Arteriosclerotic brain disease – due to hardening of the arteries
- Creutzfeldt-Jakob disease (CJD) – rare, caused by virus which attacks the central nervous system
Alzheimer’s disease (AD)

AD is the most common cause of dementia in the elderly, affecting an estimated 4 million Americans. The disease usually occurs after age 65, but can strike younger people. Approximately 10% of people over the age of 85 may have AD. Although the risk of acquiring AD increases with age, it is NOT a normal part of aging.

Symptoms of AD appear gradually, beginning with memory loss. As AD progresses the symptoms get more serious. People with AD may get disoriented or confused about time and place. They can develop communication problems and lose their ability to read, write, speak or understand. Mood and behavior changes, such as aggressiveness, wandering and withdrawal are all part of AD. Although the disease progresses at different rates with different people, eventually all AD victims need constant care. The only current treatments involve easing some of the symptoms of the disease to make life more comfortable and care more manageable.

Early Symptoms
- Gradual memory loss
- Decline in ability to perform routine tasks
- Disorientation
- Decline in judgement
- Loss of communication skills

Cause of AD?
There is no known cause of AD nor is there a cure. Diagnosis is difficult and involves many tests, physical and mental, to rule out other causes. The only definite way to determine AD is by autopsy.

Treatment:
- No cure exists for Alzheimer’s disease
- Certain medications can treat certain symptoms, such as depression, and possibly slow the progression of the disease

Treatment Goal:
- To provide comfort and safety
- To promote dignity and independence
- To maintain physical health as long as possible through exercise, nutrition and personal care
Agitation:
During the early stages, people with Alzheimer’s may experience personality changes such as: irritability, anxiety or depression. As the disease progresses there may be sleep disturbances, delusions, hallucinations, pacing, constant movement or restlessness, checking and rechecking door locks or appliances, tearing tissues, general emotional distress, and uncharacteristic cursing or threatening language.

Medical evaluation: recommended, especially if agitation and behaviors come on suddenly, to determine possible causes for the change in condition
- Infection: pneumonia, urinary tract infection, sinus infection
- Medications: dizziness, low blood pressure
- Visual and Hearing loss changes

How do we work with the behavior once the underlying medical condition is treated?
1. Have a helpful attitude.
2. Work as a TEAM.
3. Remember they CANNOT CHANGE – but WE CAN.

People with AD are individuals
1. Everyone is different.
2. One care plan does not fit all.
3. Take an interest in each individual’s likes and dislikes to help manage their behavior.
4. Be an expert on the people for which you provide care.

Work with the symptoms or behavior you see
1. People change from day to day.
2. Focus on the symptoms and behaviors you see.
3. Notice changes in behavior, mood, and independence and report your observations.

Be understanding
1. Remember that people with AD do not always have control over their behavior. DO NOT take their behavior personally.
2. Think about the symptoms of AD in terms of your own life. How would you feel? How would you want to be treated?
3. Assume that people with AD have insight and are aware of the changes in their abilities, especially during the early to middle stages.
4. Provide security and comfort.
5. Provide opportunities for success and personal satisfaction.
Work as a TEAM
1. People with AD may not distinguish between aides, nurses, administrators and housekeepers so be prepared to help when needed.
2. Share insights and observations with your team.
3. Part of AD is noticing changes in behaviors or physical and emotional health. Working as a team, more subtle changes will be noticed.

Take care of ourselves
1. Acknowledge that caring for someone with dementia can be emotionally and physically demanding.
2. Be good to yourself physically, emotionally, and spiritually.
3. Be aware of your body’s signs to slow down, rest or eat better
4. Remember that your feelings are real and you have a right to them.
5. Share your feelings with others, especially those experiencing similar situations.

Work with Family members
1. Family may know things you would have to learn by trial and error.
2. Family members can be of great comfort to dementia clients, helping you provide excellent care.

Always remember the care program goals, including:
1. Providing security and comfort
2. Maintaining dignity and self-esteem
3. Promoting independence

Communication Tips

Good communication tips for any situation:

- Always approach from the front so you do not startle the person.
- Determine how close the person wants you to be.
- If possible, communicate in a calm place with little noise or distraction.
- Always identify yourself and use the person’s name.
- Speak slowly, using a lower voice than normal. This is calming and easier to understand.
- Always make certain the person is not suffering from a hearing impairment.
If the person is: | You should:
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**Frightened or anxious** | • Move and speak slowly  
• Try to see and hear yourself as they might. Always describe what you are going to do.  
• Use simple language and short sentences. If performing a procedure or assisting with self-care, simplify and list steps one at a time  
• Check your non-verbal language; are you tense or hurried?  
**Forgets, shows memory loss** | • Use the same words if you need to repeat an instruction or question.  
**Has trouble finding words or names; substitutes sound-alike words** | • Suggest what you think the word is (butter for utter). If this upsets the person, learn from it and try not to correct. As communication using words (written and spoken) becomes more difficult, smiles, touching and hugs can help communicate love and concern.  
**Seems not to understand basic instructions or questions** | • Ask the person to repeat your statement. Use short words and sentences, Allow time to answer.  
• Pay attention to the communication methods that ARE effective and use them.  
• Watch for non-verbal communication as the ability to talk diminishes. Observe body language – eyes, hands facial expressions.  
• Use signs, labels or written messages  
**Repeats phrases or questions over and over** | • This is part of the disease. Answer the questions each time. Although responding over and over may frustrate you, it communicates comfort and security. They do not remember asking the question.  
**Wants to say something but cannot** | • Encourage people to point, gesture, or mime. If they are obviously upset but cannot explain why, just offer comfort. Attempting to verbalize may be more frustrating.  
**Is disoriented to time and place** | • Post reminders, such as calendars, activity boards, pictures, and signs on doors. Prior to final stage of dementia, signs and labels on items can be helpful with orientation.
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<tr>
<th>Behavior</th>
<th>Suggestion</th>
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<td>Does not remember how to perform basic tasks</td>
<td>Help by breaking each activity into simple steps. For instance, “Let’s go for a walk. Stand up. Put on your sweater. First the right arm....” Always encourage people to do what they can.</td>
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<td>Reminisces or lives in the past</td>
<td>Encourage reminiscing if it seems to give pleasure. It is an opportunity to learn more about the person</td>
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<td>Insists on doing something that is unsafe or not allowed</td>
<td>Try to limit the times you say “Don’t.” Instead, redirect activities toward something constructive.</td>
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<td>Hallucinates, is paranoid or accusing</td>
<td>Do not take it personally. Try to redirect behavior or ignore it. Because attention span is limited, this behavior often passes quickly.</td>
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<td>Depressed, lonely</td>
<td>Take time, one-on-one, to ask how the person is feeling. Really listen. Try to involve the person in activities, always report depression to the nursing manager right away.</td>
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<td>Is verbally abusive, uses bad language</td>
<td>Remember it is the dementia speaking and not the person. Try to ignore the language or redirect attention to something else.</td>
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<td>Has lost most verbal skills</td>
<td>As speaking abilities decline, use non-verbal communication. People with AD will understand touch, smiles, laughter, much longer than they will understand the spoken or written word.</td>
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<td>However, remember that some people do not like to be touched. Approach and touch slowly. Be gentle, softly touching the hand or placing your arm around the person. A hug or a kiss can express affection and caring. A smile can say you want to help.</td>
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<td>Even after verbal abilities are lost, signs, labels, and gestures can reach people with dementia.</td>
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<td>Assume people with AD can understand more than they can express. NEVER talk about them as though they were not there.</td>
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General Tips on care

- Be consistent. Develop a routine that works and stick to it. A routine is comforting.

Physical Health

- Prevent infections; they are the leading cause of death in people with Alzheimer’s.
- Observe the person’s physical health and report any potential problems. People with dementia may not recognize their own health problems.
- Maintain a daily exercise routine.

Mental Health

- Maintain self-esteem by encouraging independence in activities of daily living.
- Assistance with personal grooming will increase self-esteem.
- Provide a daily calendar to encourage activities.
- Share in enjoyable activities, looking at pictures, talking, reminiscing, etc.
- Reward positive and independent behavior with smiles, hugs, warm touches, and thank you’s.

Managing Difficult Behaviors

| Suspicious behavior | • Do not argue with them as this increases defensiveness.  
|• Offer calm reassurance. Be understanding. |
| Agitation, combative and even violent behavior | • Try to recognize the triggers and eliminate them  
|• Use a calm, slow, soothing voice to minimize the behavior. |
| Depression | • Try to recognize the triggers or the events that cause changes in mood.  
|• Always encourage and reward activities.  
|• Attempt to eliminate situations that cause withdrawal.  
|• Help foster social involvement.  
|• Listen to them, as they will often share their feelings.  
|• Respect the right to feel sad.  
|• Offer comfort and genuine concern. |
| Preservation or repetitive phrasing | • Be patient. |
### Pacing and wandering:

Check to see if they are pacing due to:
- restlessness, hunger, disorientation, desire to use the bathroom, forgetting to sit down.

- Create a safe space to pace. Remove clutter and create clear paths.
- Place stop signs on doors to remind them not to exit or have alarms on exits to indicate the door has been opened.
- Locks placed either very high or very low may prevent exiting.
- Remember to keep a key nearby in case of emergency.
- Never leave a person alone in a locked room.
- Nighttime wandering might be reduced by minimizing daytime napping.
- Exercise may reduce restlessness.

### Hallucinations

(seeing things that are not there) or delusions (thoughts believed to be true which are not)

- Respond with reassurance if they seem agitated or worried.
- Don’t argue with them – this can make the situation worse.
- Remember that the feelings are real to the person with AD.
- Redirecting them to other activities or thoughts can be helpful.
- Be calm; reassure them you are there to help.

### If they become violent and hit you

- Remember to block the hit – DO NOT HIT THEM
- Stay out of the way. Remove other residents to a safe area if in a common area.
- Stay calm and observe from a distance, if possible.
- Violent behavior usually subsides quickly.
- Get help
- Report immediately – try to see what might have triggered the violent episode.
Sundowning
Increased restless and agitation in the late afternoon, evening or night.

- Avoid stressful situations during this time; limit activities, appointments, trips and visits.
- Play soft music.
- Set a bedtime routine and keep it.
- Recognize when sundowning occurs and plan a calming activity just beforehand.
- Eliminate caffeine from the diet.
- Give a slow back massage.
- Try to redirect behaviors or distract the person with simple, calm activities like looking at a book or magazine.
- Maintain a daily exercise routine.
- Avoid using physical restraints.

Catastrophic Reaction:
Person with AD overreacts to something in an unreasonable way.

- Fatigue
- Change in routine, environment or caregiver
- Over stimulation including: noise, too much activity, difficult choices or tasks
- Physical pain or discomfort: including hunger or needing to use the bathroom, constipation

Communication

- Provide one-on-one time – it is most effective.
- Talk things over and try to get input from the people for which you provide care. Do not take complete charge unless it is necessary.
- Signs with simple pictures marking bathroom, dining areas, activity areas can help reduce confusion about surroundings.
- Use reminiscence therapy to provide pleasure. Remembering the past can help give peace of mind, work through personal loss, and maintain self-esteem. Encouraging people with AD to reminisce lets you get to know them better.
  - Process should be enjoyable and not painful for the person
  - Is useful with moderate to severe AD
- Use validation therapy which:
  - Accepts the person where he or she is without trying to reorient.
  - Explores the person’s world without judgement or argument.
  - Avoids aggravation and confrontation, builds trust.
  - Provides comfort and security, restores feeling of self work