

Dementia and Alzheimer's

Introduction

In this module... you will learn about:

- Some causes of dementia.
- Degrees of dementia.
- How to deal with dementia.

Terminology

Alzheimer's Disease

A progressive disease of the brain that very slowly destroys all ability to think or function.

Catastrophic Reaction

A sudden tantrum or burst of anger.

Dementia

A mental state in which the mind no longer functions properly.

Progressive

A condition that slowly gets worse.

Sundowning

The tendency of persons with dementia to grow more confused in the late afternoon and evening.

Dementia

People with dementia are confused and disoriented. They sometimes get frustrated and angry easily because they feel the whole world is becoming unfamiliar. They can wander aimlessly and even try to slip away from the facility when you are not watching. They can hurt themselves with simple objects. They can also lose the ability to communicate or perform even simple functions.

Dementia can have many causes. About half the cases of dementia are caused by Alzheimer's Disease. This is a progressive disease of the brain that slowly destroys all ability to think and function. It is not curable. A client with Alzheimer's can slowly grow worse for 20 years or more before dying.

Dementia can also be caused by mental illnesses such as schizophrenia. Or it can be caused by a stroke that has destroyed parts of the brain.

Dementia can also be caused by thyroid problems, severe vitamin deficiencies and depression. Unlike Alzheimer's, these conditions are treatable. If you notice any new signs of dementia in a resident, inform your clinical supervisor. It is possible that the client has a treatable condition.

Degrees of Dementia

How you care for a client with dementia will depend to some degree on the severity of the condition. Some clients may have a permanent form of one of these types of dementia. Other clients, particularly those with Alzheimer's, will steadily move through the stages and grow worse.

Mild Dementia

In this type you will see confusion, loss of memory for recent events (short-term memory), loss of attention span, disorientation, and carelessness. The clients with mild dementia can still do many things for themselves with your help.

Moderate Dementia

In this type you will see more memory loss, even loss of old memories (long-term memory). You will also see complete disorientation, wandering, speech problems, particularly repeating words over and over, incontinence, and the inability to use simple objects like a comb or a spoon.

There are two common reactions of people with moderate dementia that you should know about:

1. **Sundowning.** It is very common in this stage for clients to grow much worse in the late afternoon or early evening. No one knows why this happens.
2. **Catastrophic reaction.** A client can suddenly snap and start shouting or have a tantrum. This is probably because life is becoming increasingly frustrating, and the client just cannot cope with the changes. To avoid this, you should try not to make demands or force clients to do anything. Remain calm, slow, and patient.

Severe Dementia

In this type, the clients are bed-ridden and helpless. They have usually lost the power of speech and may not even focus. They sometimes have seizures.

Dealing with Dementia

In caring for people with dementia, you should try to put yourself in their position and imagine how frightening and frustrating the world is. Things are not the way they remember them.

It is as if you were dropped into a foreign country, and everyone speaks a language you do not understand. All the objects look strange and people speak nonsense to you. People expect you to do things, but you cannot figure out what they want.

In general, you need to be slow and patient and only ask them to do one thing at a time. There are several other helpful suggestions you can follow for other problems associated with dementia:

Arguing and Aggression

- Stay calm.
- Always explain what you are doing.
- Avoid bad times of day for difficult tasks.
- Offer diversions or entertainment.
- Be agreeable. (Does it really matter if they are wrong about something?)
- Keep to a simple routine.

Clinging and Following

- Offer simple tasks or entertainment.

Depression

- Tell your clinical supervisor. This may need psychological care.
- Offer reassurance and affection.
- Offer entertainment.

Hoarding (this is very common)

- Make regular checks in drawers and other places for perishable foods.
- Reduce clutter and temptations to hoard.
- Create a dedicated place in plain sight for storing things.
- Accept it with good humor. (It is not a tragedy if a hidden sandwich goes moldy.)

Incontinence

- Be aware of the sign of a bladder infection.
- Schedule regular visits to the toilet.
- Point out how to use the toilet, if necessary.
- Watch for nonverbal signals that a trip to the toilet is needed.
- Use clean-up time to express affection and overcome any lingering sense of shame.

Non-recognition (they may not recognize you or family members)

- Announce who you are.
- Show a photo of a family member immediately before a visit and explain who it is.
- Just keep giving affection. They will respond to memories and feelings of kindness even if they do not recognize you.

Paranoia (and thinking things are being stolen)

- Try using diversions.
- Make a written list of where objects are stored.
- Help them hunt for an object.
- Attach objects to furniture with string.
- Make regular searches of hiding places.

Personal Hygiene

- Help the client maintain as much independence as possible.
- Suggest one step of a task at a time.
- Never scold.

Sexuality (and undressing)

- Ask the nurse if medications may be causing a problem.
- Offer activities and diversions.
- Offer someone with "busy hands" something to hold.
- Try not to overreact.

Stealing

- Set aside a "rummage drawer" full of things.
- Learn the obvious hiding places.
- Do not scold. This is a memory problem, not a moral problem.

Sundowning

- Take extra care in late afternoon and evening.
- Turn on more lights.
- Offer activities or entertainment.
- Try not to overstimulate.

Wandering

- Keep familiar objects near the person so it seems like "home."
- Discuss any necessary precautions with your clinical supervisor.
- Sometimes simply covering a doorknob or hanging cloth on it will keep the wanderer from recognizing it as a door.

Reality Orientation

There are certain simple things you can do to help people with mild to moderate dementia remain oriented to where they are and who they are as long as possible. It can also help to keep the clients as involved as possible in their own personal care.

- Treat all clients as adults, with dignity.
- Frequently use your own name and their name.
- Work the date and location into your conversation.
- Speak clearly and simply.
- Do not ask questions about facts. (Do you know who I am? What is your name?)
- Keep to structures and routines.

At a certain point in the progress of the condition, these techniques will no longer work. Expecting any response at all, may even make the client more agitated. If you think this time is approaching, talk it over with your clinical supervisor.

Guidelines for Communicating with Dementia and Alzheimer's Clients

- Always approach from the front or a 45-degree angle, and do not startle the client.
- Smile and look happy to see the client. Be friendly.
- Determine how close the client wants you to be.
- If possible, communicate in a calm place with little background noise and distraction.
- Always identify yourself and use the client's name. Continue to use the client's name during the conversation.
- Speak slowly, using a lower tone of voice than normal. This is calming and easier to understand.
- Repeat yourself, using the same words and phrases, as often as needed.
- Use signs, pictures, gestures, or written words to help communicate.

- Break complex tasks into smaller, simpler ones. Give simple, step-by-step instructions as necessary.

Physical Health

Pain is often under-recognized and undertreated among people with dementia, primarily because they can have difficulty communicating. Poorly managed pain can result in behavioral symptoms that can be potentially unsafe. It is important to report any such observed behaviors to your clinical supervisor immediately.

Inadequate consumption or inappropriate food and fluid choices can also contribute directly to a decline in a client's health and well-being.

Recommendations are based on these goals:

- Follow the client's plan of care which should provide good screening and preventive systems for nutritional care.
- Assure proper nutrition and hydration, given client preferences.
- Promote mealtimes as pleasant and enjoyable activities where you can observe and interact with the client.

Safety

- Evaluate your environment. A person with dementia may be at risk in certain areas of the home or outdoors. Pay special attention to garages, work rooms, basements, and outside areas where there are more likely to be tools, chemicals, cleaning supplies, and other items that may require supervision.
- Make sure safety devices are in working order. Have working fire extinguishers, smoke detectors and carbon monoxide detectors.
- Be prepared for emergencies. Keep a list of emergency phone numbers and addresses for local police and fire departments, hospitals, and poison control helplines.
- Keep walkways well-lit. Ensure entries, doorways, stairways, areas between rooms, and bathrooms are well lit. Use night lights in hallways, bedrooms, and bathrooms to prevent accidents and reduce disorientation.
- Remove tripping hazards. Keep floors and other surfaces clutter-free. Remove objects such as magazine racks, coffee tables, and floor lamps.
- Support the client's needs. Try not to create a home that feels too restrictive. The home should encourage independence and social interaction. Clear areas for activities.