

CARING FOR PATIENTS WITH DEMENTIA: LEARNING GUIDE

Understanding dementia

Dementia is an *organic** mental disorder involving a general loss of intellectual abilities and changes in the personality.

**"Organic" means the disorder is caused by physical changes in the brain.*

Many different things cause dementia. The most common, in order of occurrence, are:

1. Alzheimer's disease
2. Strokes and other blood vessel diseases
3. Parkinson's and other nervous system diseases
4. Miscellaneous causes such as alcoholism, malnutrition, head injuries, drug reactions, thyroid disease, brain tumors, and infections.

Important things to remember about dementia:

- ⇒ Adult dementia sufferers deserve the respect and status they have earned. They often do not know their abilities have changed, and do not understand why people treat them differently. They must be given as many opportunities as possible to make decisions and retain control over their lives.
- ⇒ With the right environment and support, a patient's ability to function can be strengthened and improved. If those supports are removed, the resident's function will decline.
- ⇒ The deficiencies caused by dementia affect all areas of a person's life. Although the disability is invisible, it affects the patient's ability to do even the smallest activities.
- ⇒ The way a person with dementia behaves is not just the result of impaired brain functions. Behavior is often caused by efforts to meet needs while compensating for lost abilities.
- ⇒ We can help people with dementia by trying to understand what they feel and think.

Dementia is like looking at the world, and being seen by others, through a funhouse mirror.

The results of dementia

1. Memory Loss

- ☐ Affects recent memories the most
- ☐ Makes it difficult to learn anything new or to follow instructions

2. Language loss (the meaning of words)

- ☐ Makes it difficult to recognize words and understand complex sentences
- ☐ Makes it difficult to express ideas

3. Attention loss

- ☐ Unable to start or stop a task
- ☐ Easily distracted

4. Judgment loss

- ☐ Cannot accurately assess circumstances
- ☐ Unable to see consequences of actions

5. Loss of perception or senses

- ☐ Unable to recognize things or people
- ☐ Misinterpret what they see, hear, or feel

6. Loss of muscle organization

- ☐ Unable to perform multiple step tasks
- ☐ Require prompts or cues for routine tasks

Communication tips

- ❖ Be open, friendly, and gentle at all times.
- ❖ Always address the person by name to get his attention at the beginning of an interaction.
- ❖ Give your full attention to the conversation or task. This helps the patient stay focused.
- ❖ Briefly introduce yourself and offer some cues when you approach, stating your name and relationship and the purpose of your visit.
- ❖ Speak slowly, but do not speak down.
- ❖ Use gentle touching or hand holding, but get permission first.
- ❖ Avoid arguing and attempts to reason with a person who is upset. Acknowledge his or her feelings and calmly distract him or her with something calming, pleasant, and friendly.

Ways to help a patient perform a task:

1. Explain each step in simple language, one thing at a time.
2. Demonstrate each step, doing the task while he or she watches.
3. Move the person through the steps of the task, placing arms and legs in the right positions.
4. If distracted, begin again at the beginning.

Remember to be patient and unhurried!

Mrs. Allen is usually cooperative and pleasant. One day you find her wandering through the house, opening room doors and trying to get out an exit door. When you try to steer her back to her room, she becomes resistant, standing still and loudly shouting that she won't go with you. When you take her hand to guide her along, she swings at you with her other hand.

What caregivers may assume: Mrs. Allen must be progressing in her disease and should now be classified as "aggressive." She may need additional medication or evaluation in a hospital.

What is really happening: Mrs. Allen is thirsty (changes in the brain often make people with dementia very thirsty). She knows something is wrong and that she needs something, but she doesn't understand the sensation she is feeling. She also doesn't know how to meet the need, or what she should do to find water. So she is wandering the house looking for some cue that will help her know what she needs to do. When you try to prevent this activity, she naturally becomes angry at your efforts to keep her from meeting an important need. She feels she is defending herself from someone who is trying to harm her.

Try this: Help Mrs. Allen figure out what she needs. Ask questions to determine why she is wandering around. Did she lose something? Is she hungry? Is she thirsty? Does she need company? Is she bored? Make the questions simple and direct, allowing for yes or no answers. If she cannot answer your questions, try bringing her a glass of water or a piece of fruit. Check to see if she has soiled her clothing or needs to change into dry clothes. Once you have determined what Mrs. Allen needs and have met that need, she is more likely to return to her normal activities.

Case Studies: What Would You Do?

Mr. Blair is not normally incontinent. Recently, however, he has begun walking outside to relieve himself. Sometimes the workers find he has urinated in his wastebasket. Occasionally he wets himself. He has started to wander, and he often seems anxious and agitated.

What caregivers may assume: Mr. Blair has lost the ability to control his bladder and should be placed in adult incontinent briefs.

What is really happening: Mr. Blair cannot find the toilet. He spends much of the day looking for a place to urinate, but when he can't find one he relieves himself outside or in a wastebasket, most of which are brightly colored and easy to see.

Try this: Place a brightly colored toilet seat or toilet cover on Mr. Blair's toilet to help him locate it. If you notice Mr. Blair wandering anxiously or acting agitated, ask if you can help him find a bathroom and then guide him to one.

Miss Mead was a nurse for forty years. She refuses to eat. She doesn't eat the food you bring, but places the dishes on her windowsills and cabinets "for the others." She is losing weight rapidly but refuses to eat.

What caregivers may assume: Miss Mead will have to be placed in a hospital and fed with a stomach tube because of her refusal to eat.

What is really happening: Miss Mead is concerned for the "others" that she sees in her room. She believes that her reflections in the mirrors and windows are actually people that need her to care for them. She will not eat until she feeds them first.

Try this: Ask questions to determine what Miss Mead is trying to do. Once you understand the situation, remove the mirrors from Miss Mead's room. Cover the windows with blinds or shades. You could provide two trays of food, one for Miss Mead and one for "the others."