

Understanding Dementia

THE DIFFERENT KINDS OF DEMENTIA

Dementia is not one thing.
There are several routes to similar symptoms

ALZHEIMER'S 62%

Causes problems with memory, language and reasoning. 5% of cases start before age 65

VASCULAR DEMENTIA 17%

Impaired judgement, difficulty with motor skills and balance. Heart disease and strokes increase its likelihood

MIXED DEMENTIA 10%

Several types of dementia contribute to symptoms. Most common in people over 85

OTHER 3%

Conditions such as Creutzfeld-Jacob disease; depression; multiple sclerosis

DEMENTIA WITH LEWY BODIES 4%

Caused by Lewy body proteins. Symptoms can include hallucinations, disordered sleep

PARKINSON'S DISEASE 2%

Can give rise to dementia symptoms as the condition progresses



Pseudo-Dementias / Reversible Conditions

- D** - Drug reactions/ interactions/poisoning from overdose
- E** - Emotional disorders (depression, schizophrenia)
- M** - Metabolic and endocrine (thyroid)
- E** - Eyes and ears (sensory loss causes confusion)
- N** - Nutritional deficits / electrolyte imbalance
- T** - Tumors (can be surgically removed)
- I** - Infection (UTI, pneumonia, URI)
- A** - Arteriosclerosis (congestive heart failure)
- Anesthesia

First Presentations

- Memory loss/forgetfulness
- Difficulty concentrating/disorientation
- Personality changes
- Verbal apraxia/difficulty coordinating mouth/speech
- Anomia/Word finding difficulties
- Decline in grooming
- Poor judgment

Second Presentations

- Poor short term memory
- Mood swings
- Time confusion
- Sleep disturbances
- Change in eating habits
- Socially dependent on family/withdrawn
- Restlessness

Final Presentations

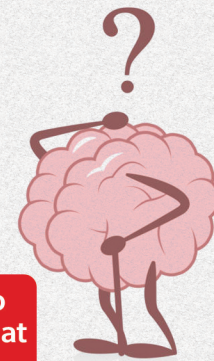
- Constant supervision and assistance is necessary
- Short & long-term memory are severely impaired
- Very few words left in vocabulary
- No recognition of family, caregivers, & self
- Chewing/swallowing ability is impaired
- Motor skills are lost; difficulty/lack of coordinated motions

Patient Communication

Learn to listen

Learn to observe what your patient is trying to say

Take time to figure out what they want



Begin with basic needs first: such as toileting, temperature, hunger and thirst

Develop trust by using good communication

Validate - you tube Naomi Feil's short videos



Use single task instructions - breakdown tasks

One question at a time & wait for response;

Wait as time allows, up to 90 seconds

Eliminate distractions such as radio

Use formal name to get their attention

Include the patient in your conversation



Keep a consistent daily routine



Energize



Dance and Music



Pet Therapy



Art projects such as coloring and painting



Validate sadness, while offering hope



Involve in small projects that the patient can achieve and offer praise for the accomplishment

Elopement Avoidance

- Avoid Arguing
- One to One attention
- Provide rocking chairs for soothing
- Use food or drink to encourage rest and hydration
- Never leave patients unattended
- Tour your neighborhood within 1 mile to be aware of hazards
- Add exercise to daily routine, especially a walking program and out door programs
- Provide small jobs/projects
- If you are unable to get them to return to home, try to engage them in conversation.

Neglect

may not be intentional. A poorly trained caregiver may not know how to provide proper care which can lead to neglect.

- Incorrect body positioning - leads to fractures, bruising, and skin break downs
- Lack of toileting or changing disposable briefs - causes incontinence and results in clients sitting in urine and feces, which can lead to skin breakdowns. Increased falls and agitation can also be a result when the client attempts to care for themselves and is physically unable.
- Lack of assistance with eating and drinking - leads to malnutrition and dehydration
- Lack of assistance with walking - lack of mobility
- Lack of bathing - leads to poor hygiene
- Poor hand washing techniques - leads to infection
- Lack of assistance with participation in activities of interest - leads to withdrawal, depression, and isolation
- Ignoring cries for help

Repetitive behaviors

Both repetitive movements and repetitive sounds/words.

- Repetitive questions, words, phrases or sounds
- Clapping or rubbing hands
- Pacing (sometimes accompanied by dusting/wiping motion)
- Rummaging

Possible Causes

- Pain or discomfort
- Depression or other mental illness
- Medication side effects
- Co-existing neurological diseases
- Environmental changes
- Cognitive changes
- Over stimulation

Interventions

- Distract with activity or conversation
- Answer repeated questions calmly
- Try to identify meaning for special words/movements
- Never scold the patient
- Offer tactile and/or comfort items (pets, dolls, snacks, recorded messages from loved ones)

Dining - potential choking hazards

- Tea Bags
- Coffee Packets
- Butter Pats
- Thickeners
- Plastic Wrap on Food
- Salt , Pepper Shakers
- Sugar Packets

Dressing

- Be sensitive to patient's feelings/reactions
- Provide privacy - assist only when necessary
- Lay out clothing in patient's preferred order of putting it on
- Limit choices to a few favorite outfits
- Speak calmly and slowly
- Break down dressing tasks
- Allow plenty of time

