Meeting The Dementia Challenge In Home Care


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Dementia is not a “normal” process of aging...

Dementia is not the disease, it is the category of symptoms...we want to know what is causing those symptoms.
Dementia Defined

- To meet the criteria for dementia there must be cognitive decline severe enough to interfere with activities of daily living.
- Deficits in at least two of the four core mental abilities:
  - Recent memory
  - Language
  - Executive function
  - Visuospatial function

Causes of Dementia

- Neurodegenerative Disease
- Other Conditions

Diagnostic Workup

- Determination of Medical History
- Mental Status Evaluation
- Physical Examination
- Neurological Examination
- Laboratory Tests
- Psychiatric & Psychological Assessments
- Other Evaluations
Neurodegenerative Diseases That Cause The Symptoms of Dementia

- Alzheimer’s disease
- Vascular dementia
- Dementia with Lewy bodies
- Frontotemporal dementias
- Mixed dementia

Other Causes of The Symptoms of Dementia:
- Medications (side effects/interactions)
- Clinical depression
- Vitamin deficiency (Niacin, Thiamine & B-12)
- Certain tumors or infections of the brain
- Blood clots pressing on the brain
- Metabolic imbalances, including thyroid, kidney, or liver disorders
- Malnutrition and dehydration
- Urinary Tract Infection (UTI)

Vascular Dementia

- Second most common cause of dementia
- Typically caused by “mini” strokes or TIA’s. Could also be the result of a major stroke (sometimes called “post stroke dementia”)
- Symptoms can vary, depending on the brain regions involved. Common symptoms may include: forgetfulness, difficulty focusing, attention and confusion
- Decline may occur in “steps” where there is a fairly sudden change in function
Dementia With Lewy Bodies

- Third most common cause of dementia
- Cognitive symptoms may include: memory problems, poor judgment, and confusion
- Movement symptoms can include: stiffness, shuffling walk, shakiness, lack of facial expression, problems with balance and falls
- Other symptoms may include: excessive daytime drowsiness, and visual hallucinations

Frontotemporal Dementia

A group of disorders caused by progressive nerve cell degeneration in the brain’s frontal lobes or its temporal lobes (brain regions responsible for planning and judgment, emotions, speaking and understanding speech, and certain types of movement)

Alzheimer’s Disease

Most Common Cause of dementia among the elderly
The Human Brain

- **The hippocampus**: important for learning and short-term memory.
- Thought to be the site where short-term memory is converted to long-term memory for storage in other parts of the brain.

[Image: Diagram of the human brain.]

Alzheimer's Disease

Unraveling The Mystery, 2008
Early–Stage Symptoms

- Memory changes
- Changes in executive functioning
- Concentration changes
- Difficulty with reasoning and abstract thinking
- Difficulty with language and ability to communicate
- Impaired judgment
- Confusion with time or place
- Difficulty with visual-spatial relations
- Withdrawal from work or social activities
- Personality changes

Symptoms in Moderate and Late Stage

**Moderate Stage**
- Memory decline
- Changes in behavior
- Increased trouble performing daily tasks
- More prominent language problems
- Greater level of care required

**Late Stage**
- The world is experienced through the senses
- Impairment in memory increases
- Language becomes basic
- Incontinence is typically an issue
- Dependence on the caregiver increases
- Physical abilities diminish

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Throughout the progression of the disease, there are moments of awareness.....they are not completely lost to us
Process of Communication

Just to pull a thought:
The brain has to access multiple bits of information stored all over, pull them together and process into something that makes sense while simultaneously filtering out background noise and activity.

Process of Communication for Someone with Dementia

Types of Communication

- **Verbal**: the use of meaningful words, nonsense or made up words, singing, sounds and shouts
- **Non-Verbal**: the use of body language; non-verbal communication is done with:
  - Eyes
  - Touch
  - Facial expressions
  - Gestures/hand movements
  - Body posture
  - Position
  - Tone of voice
How Alzheimer’s Disease Affects Communication

<table>
<thead>
<tr>
<th>Reading words</th>
<th>Hearing words</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Brain Image" /></td>
<td><img src="image" alt="Brain Image" /></td>
</tr>
<tr>
<td>Thinking about words</td>
<td>Saying words</td>
</tr>
</tbody>
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The Goals of Communication

- To encourage self-expression of thoughts and words
- To promote the individual’s self-image and self-esteem
- To increase enjoyment and quality of life
- To promote understanding of others and the environment
- To promote socialization and a sense of community

Moderate Stage Effects

- Losses or forgets words, so does not use them
- Hears words, but may have difficulty interpreting
- Speech may be illogical, consisting of a combination of mad-up words and gaps
- May not be able to form full sentences
- May be able to read words, but may not be able to understand the meaning
- May speak about the past due to short-term memory loss
End Stage Effects

- Verbal use may be limited to one or two words
- Relies on expressions and gestures to communicate
- Experiences the environment through remaining senses
- Still understands and benefits from receiving communication from others

Communication Challenges

- Don’t Argue
- Don’t try to use logic
- Don’t order the person around
- Don’t tell the person what he/she can’t do
- Don’t raise your voice
- Don’t “talk down” to the person
- Don’t ask questions that require the person to remember specific facts
- Don’t talk about the person as though he/she is not there
Tips for Better Communication

- Be calm and supportive
- Focus on feelings not facts
- Pay attention to tone of voice
- Speak slowly and clearly
- Use short, simple and familiar words
- Ask one question at a time
- Allow time for response
- Avoid use of pronouns, negative statements and quizzing
- Try touch or gestures
- Do not talk about the person as if he/she were not there
- Have patience, flexibility and understanding

Some Important Terms

- **Redirection** - distract from negative thoughts or actions, i.e. offering an activity or a task to complete
- **Validation** - communication technique that focuses on feelings not facts
- **Therapeutic Explanations** - verbal responses in accordance with the reality of the person, their immediate concerns and provides them with a sense of contentment, dignity and safety

What is the biggest communication challenge????

People with Alzheimer’s don’t look sick....
What Do You Think Of When You Hear Dementia & Behavior

We typically think of negative or challenging behaviors however, behavior by it's definition is:
How a person responds to internal and external stimuli – Dictionary.com

Behavior is.....COMMUNICATION

Behavior Does Not Come Out of Nowhere...

All behaviors have meaning, sometimes we can figure it out...sometimes we can't.

Always check the obvious:
- Unmet Needs: hungry, thirsty, need to toilet
- Unfamiliar or changing environment- day to night
- Our own approach
Behavioral Triggers

- Environment
- Perception
- Physical Change
- Illness

Physical Problems/Illness That May Trigger Behaviors

- Constipation/impaction
- Toothache
- Headache
- Medications
- Dehydration
- Urinary tract infection (UTI)
- Pain

“Sundowning”

- Always has a start time
- Always has an end time
- Typically environment-specific
It is easier to find men who will volunteer to die, than to find those who are willing to endure pain with patience.

Julius Caesar

How To Assess Behaviors

- What is the behavior?
- Who is involved?
- When does the behavior occur?
- Where does the behavior occur?
- Why does the behavior occur?
- What Next?

Reinforce  Redirect  Do Nothing

Working With Families

Creating an effective care team.
The Promise

“When you can't take care of yourself, I will take care of you, I promise”

Who Are The Caregivers?

- In 2015, 15.8 million family and friends provided 18.1 billion hours of unpaid care to those with Alzheimer’s and other dementias. That care had an estimated economic value of $221.3 billion.
- Approximately two-thirds of caregivers are women, and 34 percent are age 65 or older.
- 41 percent of caregivers have a household income of $50,000 or less.
- On average, care contributors lose over $15,000 in annual income as a result of reducing or quitting work to meet the demands of caregiving.
- Alzheimer’s takes a devastating toll on caregivers. Nearly 60 percent of Alzheimer’s and dementia caregivers rate the emotional stress of caregiving as high or very high, about 40 percent suffer from depression. One in five care contributors cut back on their own doctor visits because of their care responsibilities. And, among caregivers, 74 percent report they are "somewhat" to "very" concerned about maintaining their own health since becoming a caregiver.
Grief, Mourning and Guilt

It's normal to feel loss when you care about someone who has Alzheimer's disease. It's also normal to feel guilty, abandon or angry.

It's ok to feel love and Anger at the same time.

Progressive Loss

- Caring for someone with dementia is a continuous state of grieving and transitions
- Loss of role in the relationship
- Lost hopes and dreams
- Loss of the person who once was
- Loss of a sense of control

Helping The Caregiver Adjust To A New Role

- After bringing someone into the home, both the caregiver and the person with dementia will need time to adjust to the change
- The caregiver will need time to get to know the staff who provide care
- Families may feel guilt, sadness, loneliness, and/or relief after bringing in a home health aid
Family and friends may question the decision to get help.

Help families to recognize their role as a caregiver is changing.

Know Yourself

It’s important that we become aware of our own feelings about aging, Alzheimer’s disease and care. The way we view these things has a profound impact on how we view and interact with these individuals and their families.

How Can We Engage Family in the Care Team?

- Engage in conversation, don’t wait to be engaged
- Make a point of sharing positive information
- Talk to the caregiver about the client’s past
- Ask the caregiver advise on how he/she approached a difficult behavior
Communication is Key

- Have an open dialogue with the family—don’t wait for things to “pile up”
- If family is not in the home with the person, ask what type of situation they want to be alerted to, when to call/not call
- What are the families expectations for the person you are caring for and for you
- Work with supervisor to see how involved in the care family would like to be

Remember, the family is just as affected by the disease, if not more so, as the person you are caring for.

“I have despaired and felt isolated. But Alzheimer’s can teach the joy of connecting, however small. It can teach how to find pleasure in fleeting moments, how to find dignity in people no matter how impaired. It can teach that much of a person’s essence remains despite dreadful losses.”

Voices of Alzheimer’s: Courage, Humor, Hope, and Love in the Face of Dementia ©2004 By Elizabeth Thomas Peterson
Thank You!

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