



# Dementia

Dr. Diane Darby Beach

# Objectives

Upon completion of this program, attendees will hopefully be able to:

- Articulate tips to improve their overall communication skills with memory-impaired individuals
- Identify communication techniques that can assist in coping with specific challenging behaviors such as wandering, shadowing, and agitation

# What is Alzheimer's disease?

- Progressive, degenerative brain disease with a gradual onset
- Atrophy or loss of brain cells
- Development of plaques and tangles
- Depletion of neurotransmitters

# Causes of Dementia

<u>Cause</u>	<u>Percent</u>
○ Alzheimer's Disease	75%
○ Related Disorders	20%
○ Reversible Disorders	5%

# Alzheimer's Disease

- ◉ Estimated 53,000 with AD in San Diego & Imperial Counties
- ◉ 1 in 3 know someone with AD
- ◉ 1 in 8 people 65+ have AD
- ◉ Almost 50% of those 85 + have AD

# The Bad News...

- 85+ age group is the fastest growing age group in San Diego.
- As Baby Boomers age, number of individuals diagnosed will increase

# Warning Signs

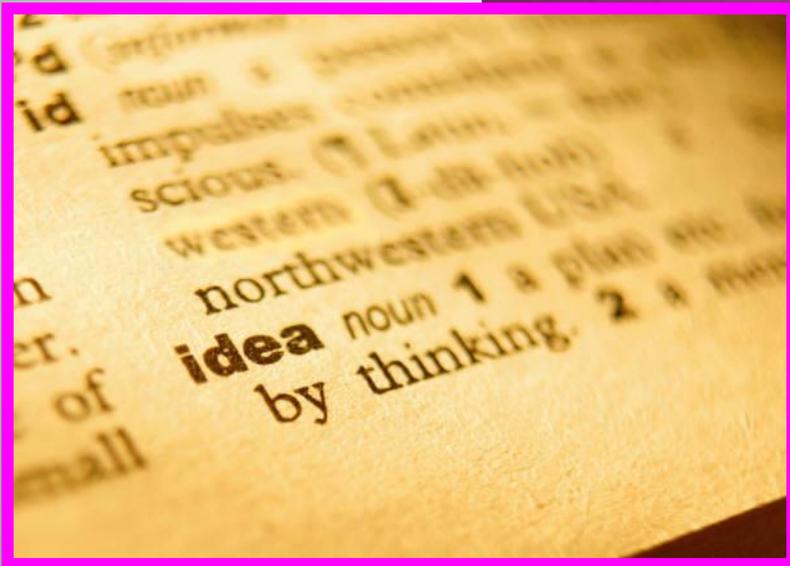
1. *Memory changes that disrupt daily life*
2. *Challenges in planning or solving problems*
3. *Difficulty completing familiar tasks*
4. *Confusion with time and place*
5. *Trouble understanding visual images and spatial relationships*

6. *New problems with words in speaking and writing*
7. *Misplacing things and losing the ability to retrace steps*
8. *Decreased or poor judgment*
9. *Withdrawal from work or social activities*
10. *Changes in mood and personality*

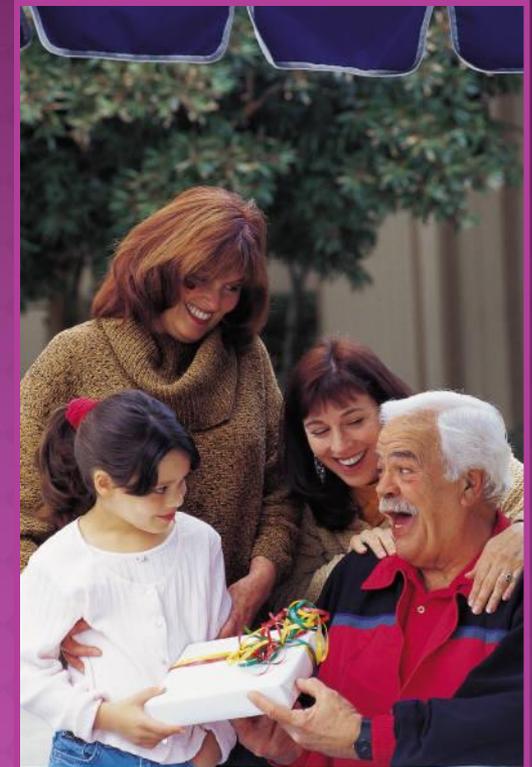
# COMMUNICATION

More Than the Ability to Exchange Words

The Ability to Connect With Someone



# Alzheimer's Reconsidered



**Look at the person, not the disease!**

# Rethink Alzheimer's Care

- ◉ Identify retained skills
- ◉ Focus on those abilities
- ◉ Reframe in positive light
- ◉ Adjust OUR behavior & communication
- ◉ Prevent rather than treat
- ◉ Look at the person, not the disease

# Behaviors: Coping with the Unknown

- ⦿ The individual is not crazy;
- ⦿ The individual's disability is memory loss, and the behavior is normal for the diagnosis.
- ⦿ The individuals are often afraid.

# Common Triggers of Characteristic Behaviors

- Health problems
  - Depression
  - Medication
- Confusing environment
- Difficult tasks
- Communication breakdown

# Assess the Situation

- To assess the situation, use the ABC's of behavior:

**A = antecedent**

**B = behavior**

**C = consequence or  
result**

# A = Antecedent

- What happened immediately before the behavior?
- Time of day?
- Who was around?
- What activity was going on?
- Where was the person?

# B = Behavior

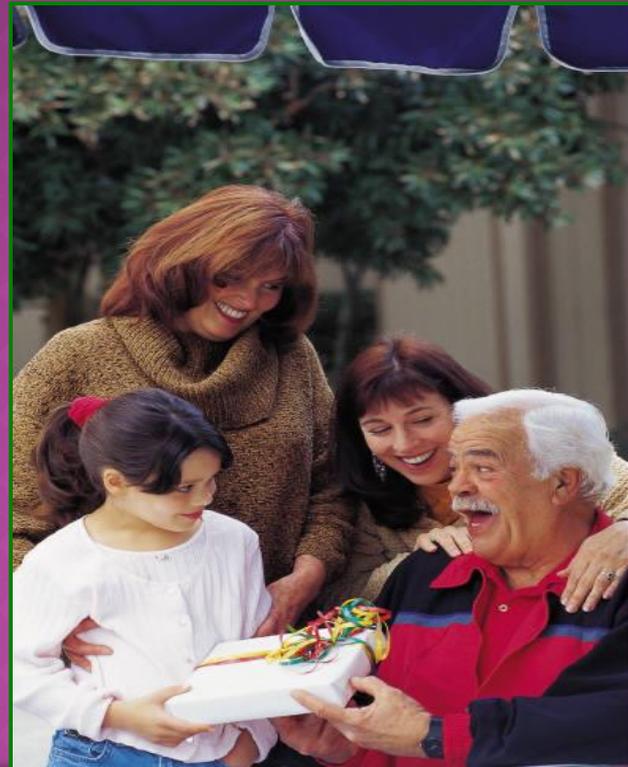
- Describe the Behavior
- What did the person do? (Be specific)

# C = Consequence or Result

- What happened as a result of the behavior?
- What did you do?
- What did the person with dementia do?
- Were others involved?
  - Who were they?
  - What did they do?

# After Assessment, Adapt!

- Make modifications
- Fine-tune communication skills



# Make Modifications

- Rule out medical issues
- Change environment:
  - Increase or decrease stimulation
  - Alleviate discomforts

# Fine-Tune Communication Skills

- Make eye contact
- Short, simple sentences
- Go slowly
- Simplify tasks
- Listen
- Respond to feelings, not words;  
Validate
- Positive terms

# Fine-tune Communication Skills

- Use body language  
(ex.= gestures)
- Avoid confrontations
- Accept blame
- Distract and redirect
- Laugh and use humor
- Treat individual with dignity and respect

# Specific Characteristic Behavior

- ◉ Anger and Agitation
- ◉ Language Difficulties
- ◉ Wandering or Walking
- ◉ Shadowing/Repetitive Questioning
- ◉ Bathing and Hygiene Challenges
- ◉ Paranoia and Hallucinations
- ◉ Inappropriate Sexual Behavior
- ◉ Depression

# Anger and Agitation

- Talk calmly and make eye contact
- Listen and respond to emotion with interest
- Distract or re-direct
- No correcting or confronting



# Language Difficulties

- Allow time
- Demonstrate visually
- Use non-verbal touch with slow movements
- Fill in the blanks
- Break task down into simple steps
- Change subject if frustration does not decrease

# Wandering or Walking

- Give attention before walking starts!!



# Wandering or Walking, cont.

- Increase activities and try to maintain a daily routine
- Interaction with others
- Decrease amount of noise and activity
- Remove items that suggest leaving
- Check on possible physical discomforts
- Stay calm
- Address safety issues

# Shadowing/Repetitive Questioning

- Verbal reassurance
- Use distraction
- Use written guides (graphic cueing systems)

# Bathing and Hygiene Challenges

- Go slowly
- Give specific verbal instructions
- Give choices if possible
- Avoid confrontation
- Gentle touch



# Bathing and Hygiene Challenges

- Start with a trickle of water
- Let the person touch the water
- Gradually undress the person
- Keep parts not being bathed covered
- Avoid showering in the face
- Save shampooing until last

# Paranoia and Hallucinations

- Identify yourself
- Reassure the person - light touch
- Listen attentively
- Take care of the problem
- Promise to keep checking in



# Paranoia and Hallucinations

- Distract and re-direct
- Adjust lighting or environment as needed
- Try to maintain a daily routine
- No confrontation or correcting

# Inappropriate Sexual Behavior

- ◉ Decrease touch - hugging
- ◉ No sexual stimuli
- ◉ Increase activity level
- ◉ Stay calm
- ◉ Be sure not to humiliate the person

# Depression

- Break the cycle of inactivity
- Increase pleasant activities
- Motivate gently
- Simplify activities
- Be flexible
- Keep trying
- Be fun!