



# **Strategies to Support Changes in Memory, Language and Behavior in the Early Stages of Dementia**

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# Background

Costs of memory loss, language loss and changes in behavior on the person & family

Life of adaptation: communication, expectations, relationships, problem solving.

Expectations: Not to reverse loss, but to compensate, cope with & minimize stress

With help, we can maximize a person's abilities to remain independent, connected to themselves and others.

Until we have a cure, these types of interventions can make a difference in how you and your family live with and respond to dementia

# Changes in Early Stage Dementia

Memory, language, and behavior changes can occur in the early stages in different dementia diagnoses.

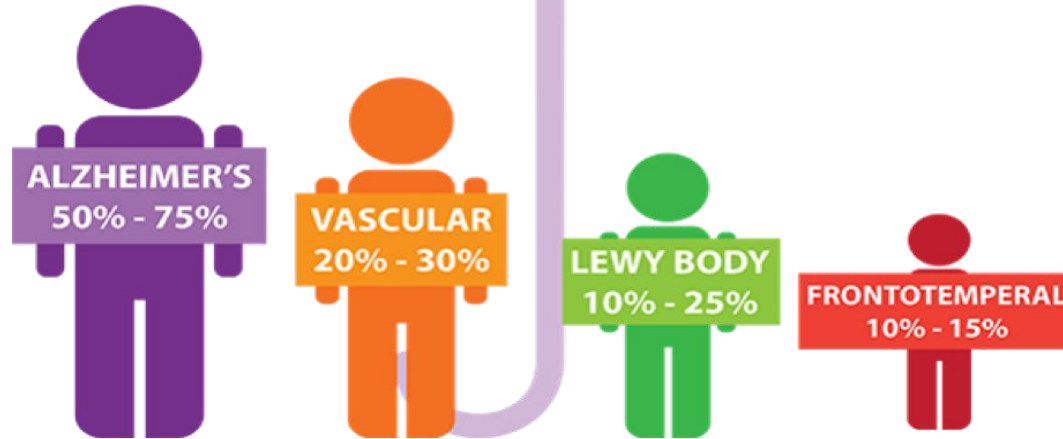
Language - Word finding difficulties, having difficulty telling a cohesive story or getting to the point.

Memory - Taking in new information, forming new memories, following through on tasks

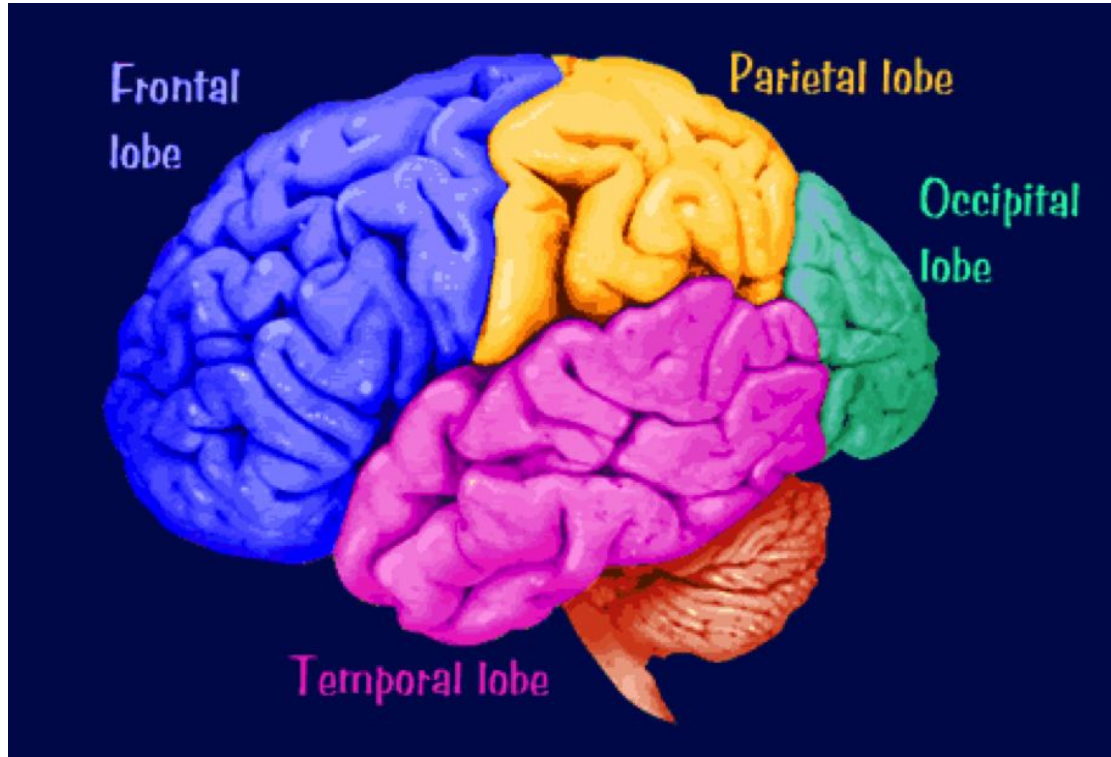
Behavior - Decision making, Paranoia, Personality, Executive Functions, Emotion, Mood, Awareness of Diagnosis/Changes

# DEMENTIA

An "umbrella" term used to describe a range of symptoms associated with cognitive impairment.



# The Lobes of Brain



# How can Speech Therapy help?

Optimize retained abilities to teach the use of memory aids and compensatory memory strategies that will improve the patient's cognitive/communicative function as well as establish patterns that will be helpful in the future.

Provide patient and family education on the impacts on cognition and language, and what can be done to maintain the person's function and well being

Speech therapy is indicated on an ongoing basis as needed as the disease progresses to develop and modify communication strategies and aids

# How can Occupational Therapy (OT) help?

Enable client to function at their highest level of independence in a meaningful way.

Focuses on how the environment impacts someone's ability to perform tasks.  
Simplify tasks to help the client become more successful

The OT ensures success in all activities by setting them up at the proper level of cognitive functioning.

*Journal of Alzheimer's Disease* found that OT can lower the burden on caregivers and reduce the amount of care a person needs.

# Impacts of Communication Impairments

- Word finding difficulties
- Difficulty telling a cohesive story
- Trouble understanding lengthy and complex information

may lead to..



- Avoiding social situations
- Problem behaviors
- Increased stress on the care partners
- Compromised safety and well being
- Loss of independence



# Care Partner Training

- Training the care partner in effective communication strategies and aids:
  - Improves communication effectiveness
  - Increases knowledge about communication and dementia
  - Improves attitudes about adults with dementia
  - Increases satisfaction of communication
  - Decreases problem behaviors

# Communication Strategies

- Eliminate distractions (turn off TV or radio, limit number of people in conversation)
- Establish and maintain eye contact
- Use short, simple sentences
- Speak slowly
- Ask one question or give one instruction at a time
- Use “yes/no” questions instead of “who, what, when, where, why” questions

# Communication Strategies, con't

- If the person does not respond or the response doesn't make sense, repeat once using the same wording
- If the person still does not respond or the response doesn't make sense, rephrase the message
- Avoid interrupting the person and allow plenty of time for him/her to respond
- Encourage the person to “talk around” or describe or gesture the meaning of the word he/she is searching for
- Use materials such as books, pictures, magazines, and games, during communication interactions
- Verify that you've understood what the person told you to ensure you got the message right

# Memory Impairments

- Remembering to do things in the future
- Recalling recent conversations and events
- Trouble learning new skills

# Training compensatory strategies

- Systematically training the use of strategies to cope with memory difficulties
  - Planners
  - Calendars
  - Memory books
  - Taking photos
  - Environmental signs
- Also helps with communication!

# Changes in Behavior

- Apathy
- Disinhibition and Impulsivity, Utilization behaviors
- Compulsive/ Obsessive Behaviors
- Inappropriate social behavior
- Lack of empathy (interest in, or understanding of, what others feel)
- Changes in food preferences
- Inappropriate sexual behaviors
- Agitation
- Paranoia
- Hallucinations and Delusions

# Behaviors: A Few Tips

Remember that this is due to the disease process. Find tools to help you let things go and not take them personally

Forewarn family/friends of the person's behaviors to prepare them with what to expect and how to best respond.

Consider if the behavior is really a problem; Does it cause any safety risks/costs? What's the worst case scenario if it continues? What if you learned to accommodate it?

If you cannot stop a behavior, how can you minimize the impact?

Remove or hide objects in the environment or avoid places that might trigger the behavior.

Don't Argue or reason if the person insists on a different reality. Use a calm, matter-of-fact tone of voice. Try not to sound condescending.

Try to distract the person with something appealing to them like a snack, music, a phone call, or other favorite activity.

Consider how mood is impacting the person and address with care team

Call 911 if you think you or others are in imminent danger.

# D.I.C.E.

**D: Describe what happens:** What does the person do? How does the person feel about it? Is the person's safety at risk? Where did the behavior occur? What happened before and after the behavior? Who was there?

**I: Investigate the Causes:** In Pain? Unmet Need? Fear? Overstimulated? Bored? Disoriented? Activity not match ability?

**C: Create a Plan:** Simplify environment, Adapt communication, increase structure/activity, Introduce types of distractions, Who else can be involved? Respond to unmet needs, Speak with MD

**E: Evaluate the Plan:** What worked? What didn't? Why not? Any unintended side effects?

Adapted from: [Fraker, J., Kales, H. C., Blazek, M., Kavanagh, J., & Gitlin, L. N. \(2014\). \*The Role of the Occupational Therapist in the Management of Neuropsychiatric Symptoms of Dementia in Clinical Settings\*. \*Occupational Therapy in Health Care\*, 28\(1\), 4–20. doi:10.3109/07380577.2013.867468](#)



# APATHY

## EXAMPLES:

— Flat affect; No interest in activities; Loss of initiative, empathy, compassion; Loss of interest in hygiene, appearance, bathing

- — Use Multi-Sensory Stimulation - Touch, Smell, Sound
- — Use Music- Create a playlist of songs they once enjoyed
- — Use Reward Based motivation
- — Plan outings ideally around best time of day
- — Use Cuing based upon Cognitive Needs
- — Occupational Therapy Services (need referral for insurance)
- — Consider Who else can be involved?
- — Consider Companions with staff experienced in apathy

# DISINHIBITION & IMPULSIVITY

## EXAMPLES:

□ Theft or shop lifting, No Social Filter, Sharing Personal information, Sexually inappropriate, Unable to control impulses, utilization behaviors (touching/picking up items for no purpose)

□

- □ Tell People about the diagnosis or share “I have/This person has Dementia” cards
- — Determine places that you must avoid
- — Distract with subject/someone of interest: call person on the phone, Offer a candy/gum
- Secure/Remove weapons from home.
- Limit Internet Access, monitor bank accounts, investments
- Allow sexual needs to be met privately and safely
- Remain Calm- Do not overreact

# AGGRESSIVE BEHAVIOR

## EXAMPLES:

- Shouting, Name calling, Lewd or offensive comments, Hitting, Grabbing
  
- — Hand out “This Person has Dementia” Cards
- — Reduce overstimulation and noise
- Determine triggers of aggression and try to avoid
- Avoid Confrontation
- — Don’t Touch without permission
- Use Calm Voice, Give Space and validate feelings
- — Secure or Remove weapons from home
- Manage Internet, Social Media
- Call 911 if you feel you, they, or others are in danger

# COMPULSIVE/RITUALISTIC BEHAVIORS

## EXAMPLES:

—Perseverating, Telling the same story, Rummaging, Unusual Voices, Humming, Picking, Roaming, Religious Obsessions, Difficulty with a change in plans, Shopping for same item, hoarding—

- Can it continue if it's safe and doesn't cost money?
- Encourage safe repetitive activities (sorting, raking, sweeping, folding, puzzles, supervised walking)
- Consult with an Occupational Therapist to Modify Environment to ensure safety
- Is there a Tactile Object to Occupy – Ex: Squeeze ball
- Use signs saying “Stop” or “Turn Around”
- Manage Internet access
- Find respite away from the behavior
- Use a ritual or obsession/interest to motivate them

# PSYCHIATRIC CONSULTATION NEEDED?

- If there are mood symptoms such as anxiety, depression, irritability, poor frustration tolerance or anger.
- If there are changes in behavior which are highly disruptive or dangerous

**Medications:** Atypical antipsychotics have been used to treat agitation, but they can also bring increased risk from unwanted side effects and are not approved for use in Frontotemporal Degeneration (FTD).\*

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\*Source: The AFTD

# Take Aways

Do not assume that cognitive/behavior/personality changes are always due to dementia. Sudden changes could be a sign of an infection, pain, or side effect of a medication.

Don't assume nothing will work - You may be surprised.

Two heads are better than one: Family members need support and respite to creatively problem solve

Consider the time of day and level of stimulation when implementing changes/working on strategies.

Until we have a cure, these types of interventions can make a difference in how you and your family live with and respond to dementia.

# We Cannot change the disease but....

We can change how we respond to it.

We can change how we think about it.

We can take time each day to focus on what remains, strengths, positive moments of connection or even laughter

With help, we can maximize a person's abilities to help them remain independent, connected to themselves and others, and hopeful.



# Resources: Who Can Help?

Request a referral for a Speech Therapist (SLP) who understands dementia for memory and language strategies. Don't assume that you'll be referred.

Request a referral for an Occupational Therapist (OT) who understands dementia for strategies to maintain independence. Don't assume that you'll be referred

Request a referral to a counselor/social service provider who understands behavioral changes due to dementia to help with strategies and coping. Don't assume that you'll be referred.

Attend a support group to hear the experiences of others.

Alzheimer's Association: [www.alz.org](http://www.alz.org)

National Aphasia Association- <https://www.aphasia.org/>

Association for Frontotemporal Degeneration: [www.theaftd.org](http://www.theaftd.org)



# References

Alzheimer's Association Facts and Figures: <https://www.alz.org/alzheimers-dementia/facts-figures>

Dementia Friendly Wyoming: <http://www.dfwsheridan.org/types-dementia>

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The Association for Frontotemporal Degeneration [www.aftd.org](http://www.aftd.org)

University of San Francisco Memory and Aging Center

<https://memory.ucsf.edu/behavior-personality-changes#Impulsive-or-Disinhibited-Behavior>