

# Dementia Care Training



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**WWW.COMMONSENSECAREGIVING**

# Alzheimer's/Dementia Hospital Wristband Program



# At Risk Symbol

It is important to realize that this symbol, is only an “At Risk” symbol, stating the this patient is at risk for cognitive impairment.

Not a diagnosis.



# Knowing the difference between Alzheimer's & Dementia

# What is Dementia?

- Cognitive Impairment
- Difficulty communicating or finding words
- Difficulty with complex tasks
- Difficulty with planning and organizing
- Difficulty with coordination and motor functions
- Problems with disorientation, such as getting lost
- *Poor Decision Making!*

## Other Causes of Dementia

- Infections and immune disorders
- Metabolic problems (Thyroid problems)
- Nutritional deficiencies (dehydration, lack of vitamin B-6, B-12)
- Reactions to medications

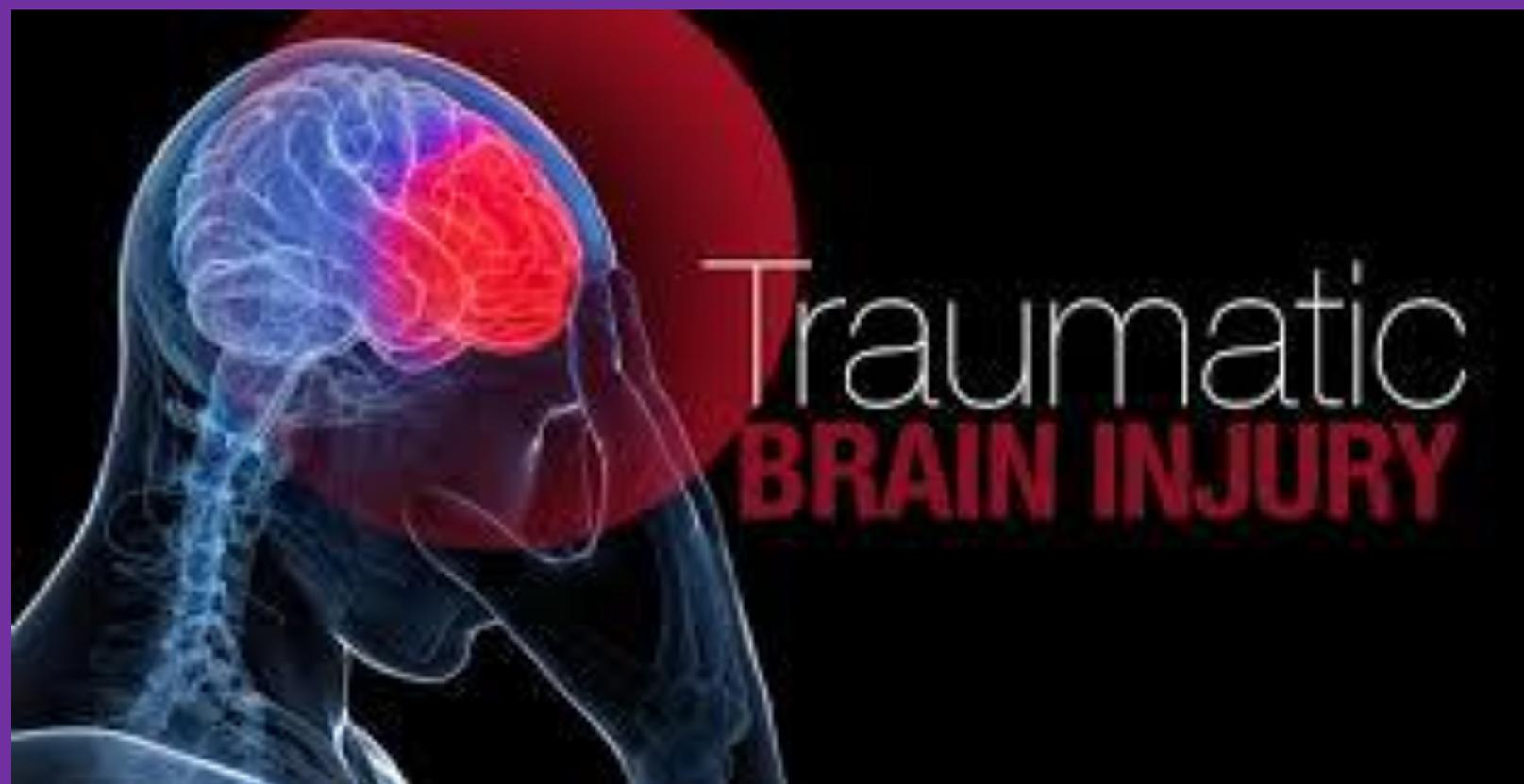
# Early Onset Dementia

**This is when dementia affects  
people younger than the  
age of 65**

**Dementia is not only effecting  
senior citizens**

# Dementia-Related Diseases

- Alzheimer's disease
- Lewy Body dementia (LBD)
- Frontotemporal dementia (FTD)
- Vascular dementia
- Mixed dementia
- Parkinson's disease dementia (PDD)
- Traumatic Brain Injury (TBI)

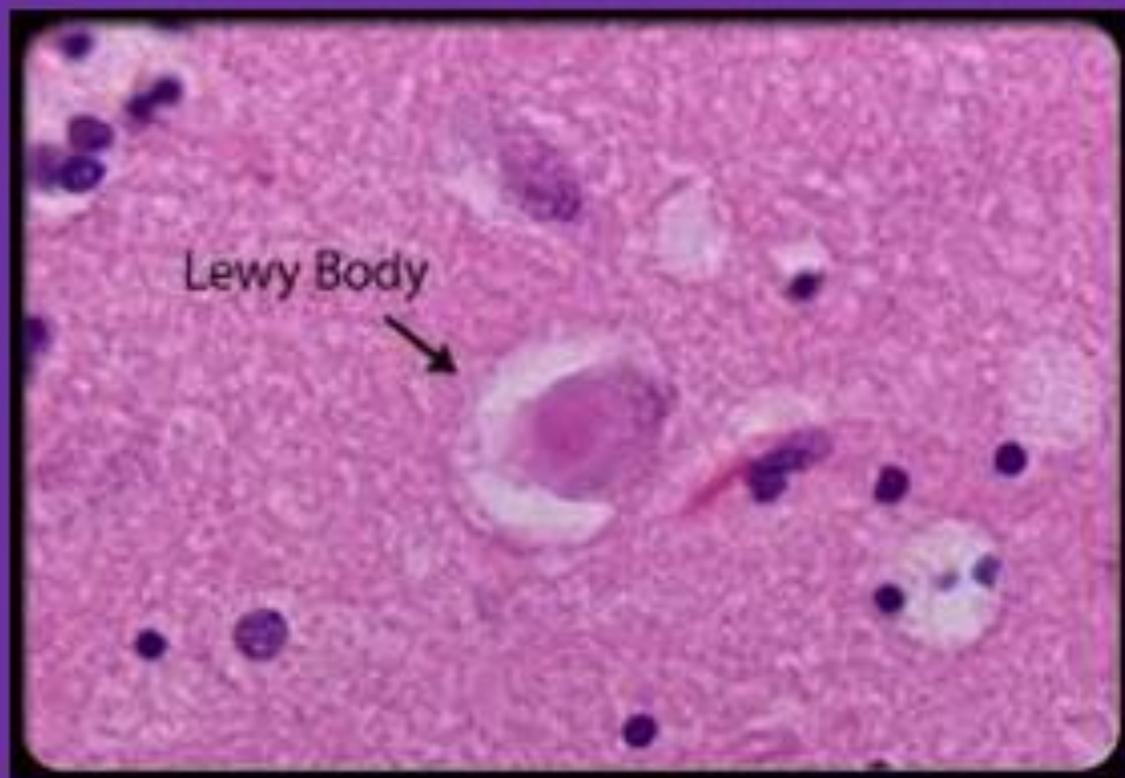


Traumatic  
**BRAIN INJURY**

# Dementia is an Invisible Disability

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# Lewy Body Dementia



**Protein deposits called Lewy bodies,  
develop in nerve cells in regions of the  
brain**

**Not as uncommon as  
you may think.  
1.4 million have Lewy  
Body in United States  
alone.**

# Lewy Body Dementia

- **Second most common type of progressive dementia**
- **Visual hallucinations are common early on**
- **This disease is common in one's 50s**
- **Traditional antipsychotic medications should be avoided**

# **Avoid “Classic” neuroleptic medications with Lewy**

**Increased risk of side effects**

**Enhanced parkinsonism**

**Neuroleptic malignant syndrome  
(potentially fatal)**

# What's the difference between Delusions & Hallucinations



# Not all Hallucinations are Visual!



**Visual & Hearing  
impairments  
can induce  
hallucinations**



**NIGHT  
TERRORS**

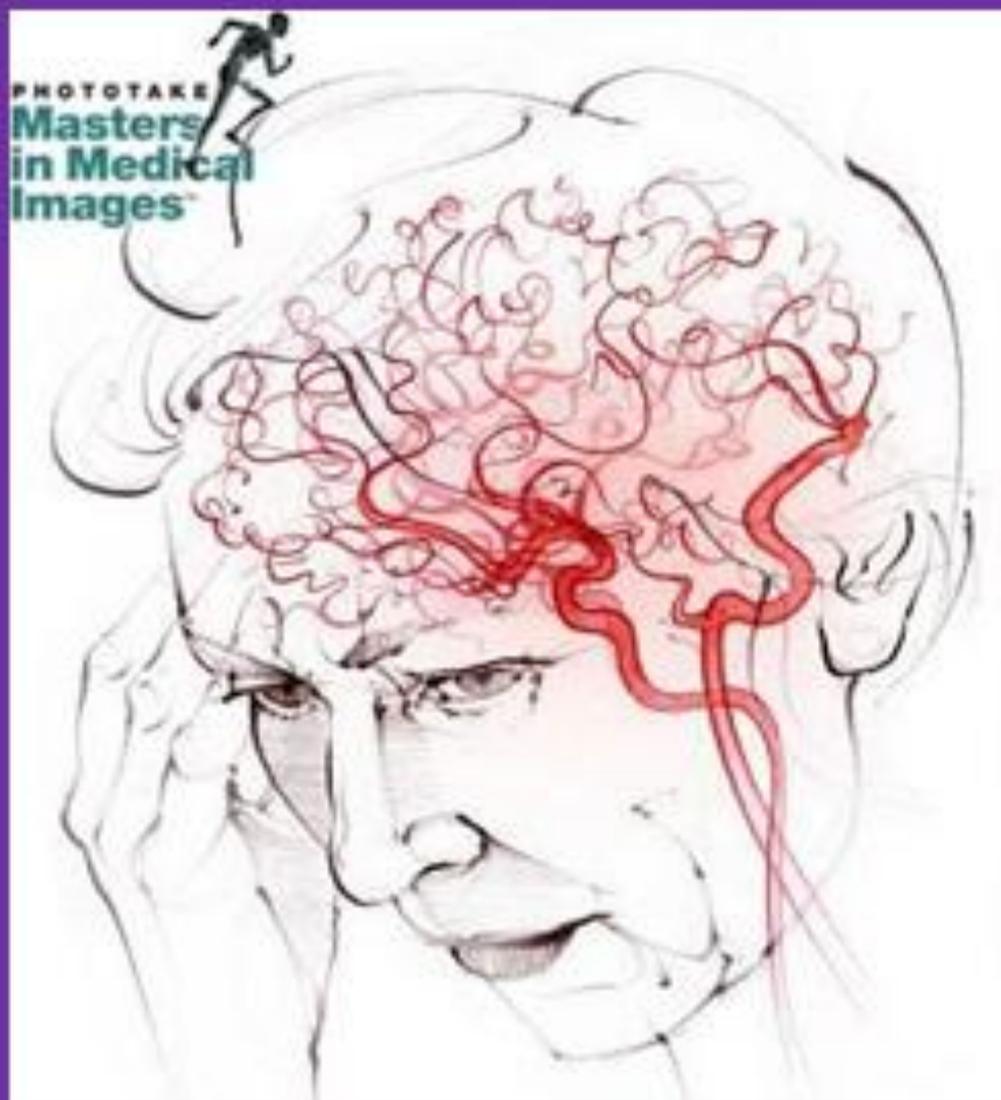
# Frontotemporal Dementia (FTD)



# Frontotemporal Degeneration (FTD)

- Progressive damage to the temporal and/or frontal lobes of the brain
- Decline in behavior and/or language
- May be accompanied with primary progressive aphasia (PPA)
- FTD often occurs in a person's 50s and 60s, but has been seen as early as 21 and as late as 80 years.
- FTD is often initially misdiagnosed as a psychiatric problem

# Vascular Dementia



# Vascular Dementia

- Can be caused from damage blood vessels and reduce circulation, depriving your brain of vital oxygen and nutrients
- Factors that increase your risk of heart disease and stroke — including high blood pressure, high cholesterol, smoking and diabetes
- Also sleep apnea

**Every cell in our body  
requires oxygen.**

**The brain alone uses 25%  
of our total oxygen intake.**

**It only takes 5 minutes of oxygen deprivation to create brain damage.**



# Mixed Dementia

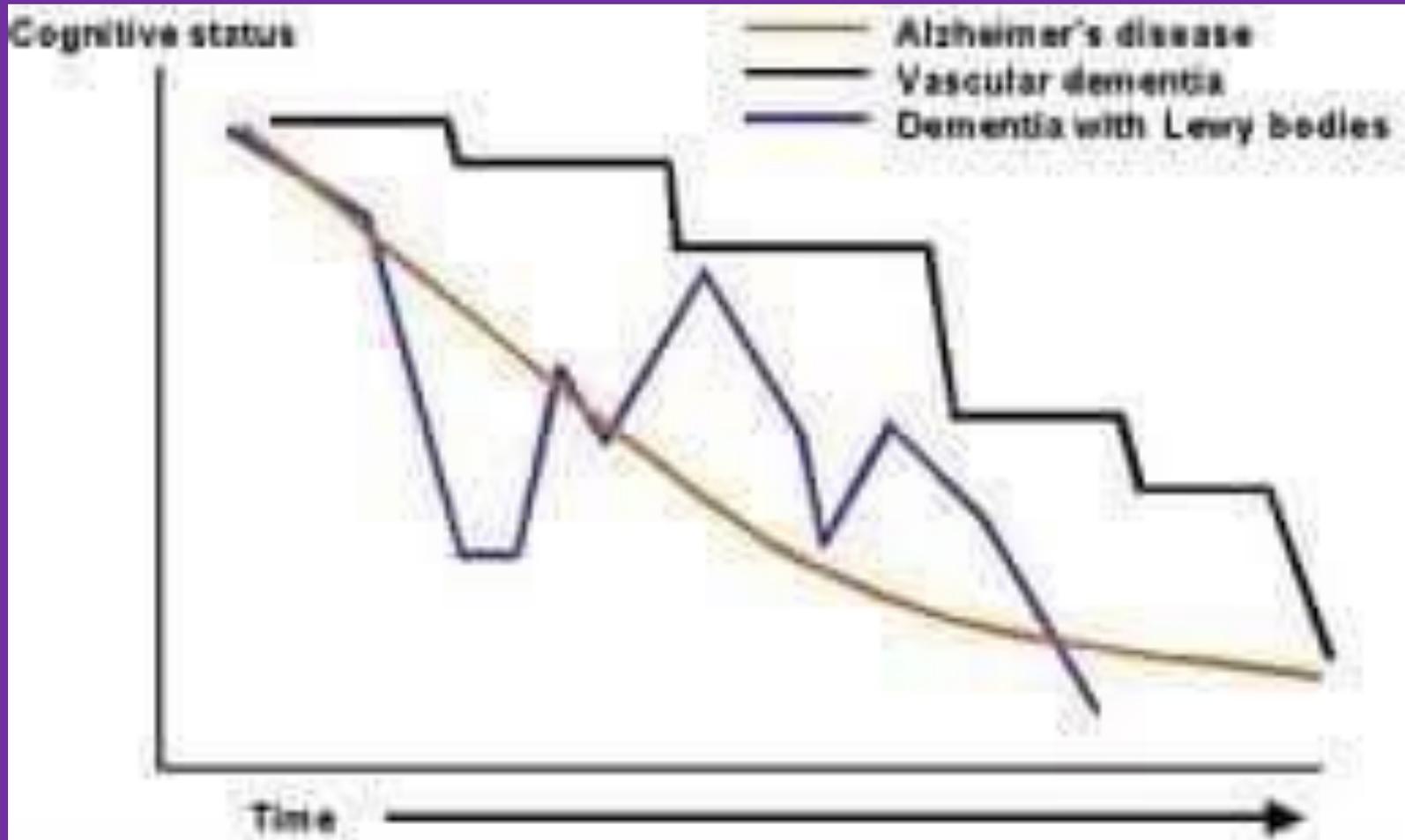
In mixed dementia, abnormalities linked to more than one type of dementia occur simultaneously in the brain.

# Alcohol Related Dementia Depletes your B-1 vitamin



## Korsakoff Syndrome

# Cognitive Chart



Graph deigned by Robert Bowles United Against Dementia

# Short-Term Memory



# Patient Dementia Care



# Verifying All Medical History

All medical history coming from a patient with cognitive impairment needs to be verified by a family member, patient advocate, or by the patient's residential health care facility



# Being Out Of Their Element

The fact the dementia patient is out of their daily routine, hearing unfamiliar noises, seeing new faces, all the while, feeling ill. It's extremely common for them to experience higher levels of agitation and confusion.



# Building Better Bridges of Communication

Since we know poor decision making is involved and all medical history needs to be verified.

We need to take the time to communicate with family members, geriatric care managers, and/or the facilities they reside in.

This is a positive step to assure the safety of a dementia patient.





**We need to understand that  
there's possibly two  
patients involved.**

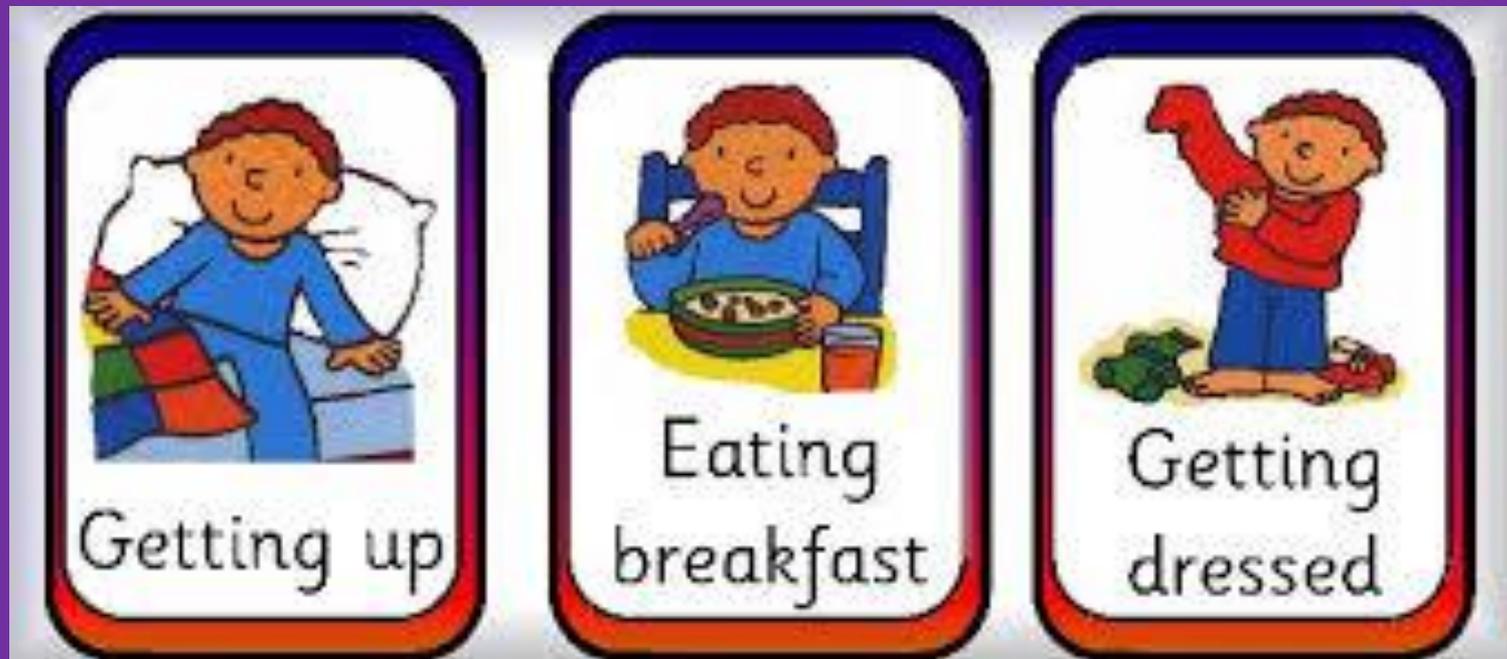


# Stanford University

## Statistic:

**45% of dementia-related disease caregivers, will die of a stress related order before their loved one.**

# Routine, routine, routine!



# Anxiety



**Controlling your loved one's anxiety is  
half the battle of caregiving**

# Identifying Anxiety

- Problems sleeping.
- Cold or sweaty hands and/or feet.
- Shortness of breath.
- Heart palpitations.
- An inability to be still and calm.
- Dry mouth.
- Numbness or tingling in the hands or feet

# Dementia & Depression



**All patients diagnosed with a dementia-related disease will go through bouts of depression.**

**Depression by itself can create dementia like symptoms**

# Redirection



**Freezer  
before  
Medicine  
Cabinet!**



# Role Playing

You may discover that as the disease progresses, you may suddenly receive a new identity.

I wish I could prepare you!



# Pretend you're going for an Academy Award



# Sundown Syndrome

Sundowners is a term for the onset of heavier confusion and intense agitation



# Sundowners Tips

- Increase light in their environment
- Keep them active prior to onset time of day
- Try redirection
- Try music if available

# Alternatives to Chemical or Physical Restraints

- Medications for behaviors should be last resort
- Provide companionship or hospital sitter
- Change or eliminate troublesome environment



# Wandering

- 6 out of 10 people with dementia will wander
- If not found in 24 hours, 48% will become a fatality
- Wanderers become repeat offenders

# Triggers To Watch For:

- Background noise
- Exploring
- Following
- Exit seeking

**When starting a search,  
remember 70% of the time,  
they will head in the  
direction of their dominate  
hand.**

# Safely getting he or she in a sitting position



# Exit Seeking

- If found wandering halls, be excited to see them!
- Assure them that are safe
- Calmly redirect them back to their room
- Reassure them and tell them their family knows their here.

# Dementia & Risk of Fall

- May fail to recognize unsafe situations
- Forget how to walk and are uncoordinated with placement of their feet
- Common to have a gait walk (Shuffle)
- Increased risk for falls when placed on medication for medical conditions
- All dementia patients should be placed on a fall prevention program

# The Sounds of Dementia



# Eating Dilemmas

- Too many items on tray, Limit choices (Small Portions)
- Too many distractions, including smells
- May forget how to use utensils
- May need assistance to get started
- Mouth discomfort, or missing dentures

# Communication



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# Use All Types of Communication

- **Body Language**
- **Verbal & Non-Verbal**
- **Touch**
- **Facial**

# Making a Connection

- Visually
- Verbally
- Physically
- Emotionally
- If what you are doing doesn't seem to be working **STOP, BACK OFF** and than **TRY AGAIN LATER**

# Verbal Communication

- People with dementia may not be able to keep up with a conversation or understand directions. Caregivers will need to simplify their communication
- Make sure you give all directions in steps, one step at a time
- Be patient, stay calm

# Non-Verbal Communication

- **Approximately 80% of our communication is non-verbal.**
- **Word skills will become impaired. Their ability to process information diminishes.**
- **Non-verbal communication skills become required. Body language speaks as loud or louder than words.**
- **Learn to read theirs, and use yours.**

# Body Language



**People with dementia become hyper-fluent in body language**

# The Winning Trifecta of Dementia Communication



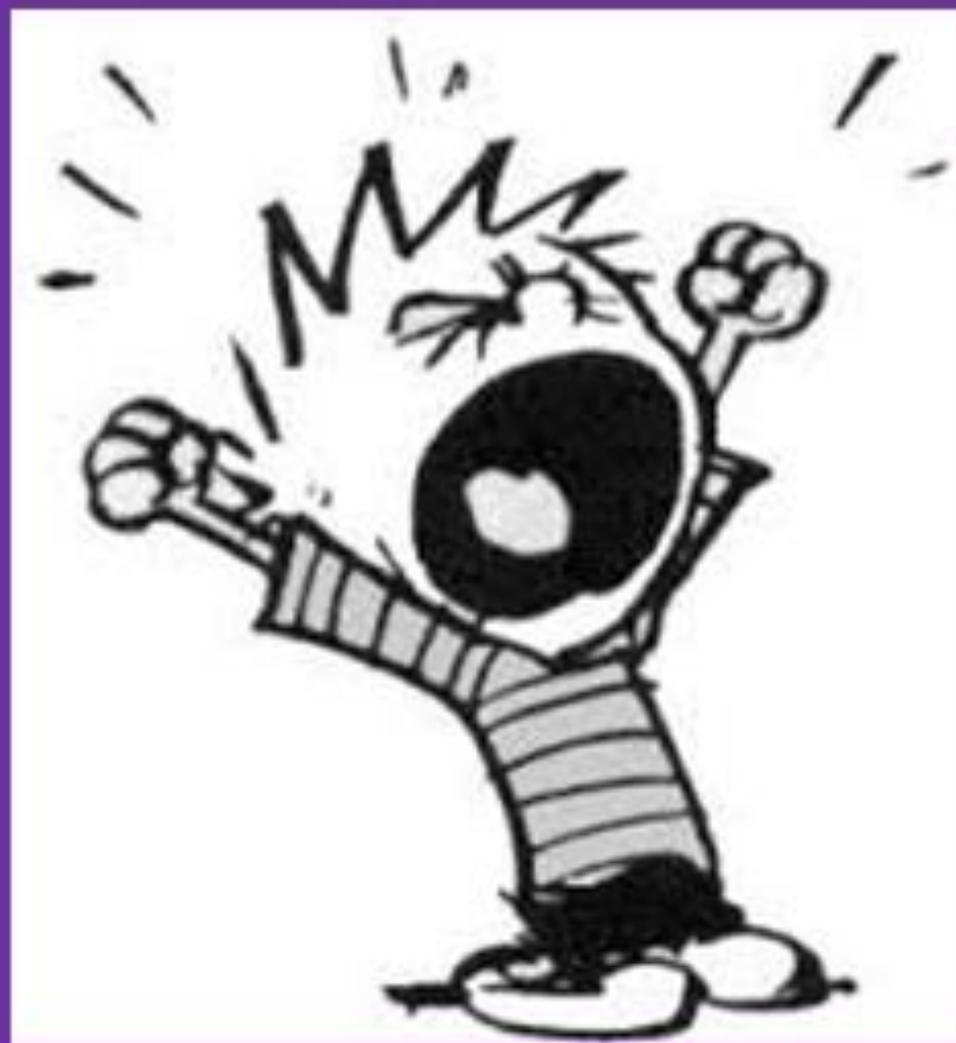
**Verbal + Body Language + Visual Clues**

# Think Improv



Be quick on your feet

**All behavior should be considered as communication**



# Communication Tips

- Always stay calm, they will feed off your emotions.
- Use short simple sentences.
- Speak slowly and clearly.
- Speak only when in visual contact.
- Sit at their eye level.

- **Limit distractions (Television)**
- **Never argue (You will lose)**
- **Avoid talking for them**
- **When they're stuck for words, encourage different words, calmly**
- **Speak only when visible**

# Prosopagnosia

also called face blindness



# Always Introduce Yourself

- **EVERY TIME** you enter their room, always introduce yourself “Hi, my name is Julie/John, I’m here to help you today.”
- Try to learn what name they respond to best.

# The Question Dilemma

- Remember. Questions are the root of all evil.
- Unfortunately, in a health care setting, almost everything is a question.
- Give the patient time to respond.
- Repeating the question too quickly or asking another will most likely prevent you from ever getting an answer.

# Attention Span

- Try to learn your dementia patient's attention span
- Their attention span will usually be better in the mornings

# **In-Time Communication**

**Alert patient to changes or  
events an hour before, not  
days!**

# Using The “We” Word

Substitute the pronoun “you” for the word “WE” and by giving them the impression that you are working as a team, things may go smoother.

# Bilingual

**They may revert back to their original language in the latter stage of the disease or when anxiety levels or confusion is high.**

# When Confusion is High

- Use a low and affectionate voice.  
Tone of voice can set the mood.
- Use a gentle touch while talking.
- Avoid long sentences.
- Use every visual clue you happen to have.

# Never Assume!

- **Never assume they understand.**
- **Just because they say yes, or nod their head, doesn't mean they understood you.**
- **No doesn't always mean "No"**
- **Repeat all important information.**

# Challenging Behaviors



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# Challenging Behaviors

Possible reasons may include:

- Illness on top of their dementia (UTI)
- Medications
- Overstimulation
- Loud and unfamiliar noises
- Taken out of their daily routine

# Assess the Problem

- **What is the behavior?**
- **Why is it a problem?**
- **Is it environmental?**
- **When & where does it take place?**
- **Who is around?**

# Solutions

- **Always focus on their feelings, not facts**
- **Stay calm, never show your agitation**
- **Limit distractions**
- **Always attempt to redirect.**
- **(Use senses, taste and touch)**

# Possible Reasons for Aggression

- **Fear & Anxiety**
- **Pain**
- **Boredom**
- **Medication**
- **Inability to communicate**
- **Can occur for no reason and suddenly**

# Ways to Respond

- Listen to their frustration
- Give reassurance
- Involve them in something. (Folding towels)
- Modify environment
- Find outlet for energy
- Learn to say “I’m sorry!”

# Suspiciousness

- **Accusations of theft**
- **Misinterpreting what they hear**
- **See things in an unusual way**

# Time Traveling

- **Believing they are still at a young age.**
- **Worried their parents don't know where they are.**
- **Wondering why so many people are in their home.**
- **Wanting to go home, may not mean what you think. They could be wanting to go back to an earlier and safer time period.**

# Repetitiveness

- **Avoid argumentation (You've already asked me that!)**
- **Distract with music if available**
- **Repetitive motion may actually be calming for them. (Rocking chair)**
- **If behavior is not harmful, it can be ignored.**

# Verbal Abuse

- Shrug it off
- We need to remember, that they are in a hospital setting because they are ill and on top of that, they have dementia.
- Their early forbidden words, seem to stay with them right to the very end.
- Again, don't take it personally



# Team Work

One of the advantages you have, is that you work with a team.

Use it!

If you learn something that works well with a certain dementia patient, please make sure the rest of the staff knows about it.

# **Include a Discharge Plans for Dementia Patients**

**\*NECESSARY TO HELP MINIMIZE  
RE-ADMISSIONS**

- Communication with POA/Health Care Surrogate/Family Caregiver is key.**
- Discuss with caregiver what type of assistance is needed once PWD is home.**

# Community Packet

- **Area Agency on Aging: Local Lead Agencies**
- **Local Alzheimer's and Dementia Related Agency**
- **Meals on Wheels**
- **Adult Day Care Centers**
- **Local AD and Dementia Related Support Groups**



# FILE OF LIFE

Name:

Sex:

M F

Address:

Date of Birth: / /

## EMERGENCY CONTACTS

Name:

Home

Phone #:

Address:

Relation:

Work

Phone #:

Name:

Home

Phone #:

Address:

Relation:

Work

Phone #:



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# Always Keep In Mind

“The dementia patient is not *giving* you a hard time. The dementia patient is *having* a hard time.”

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Changing Perspective. Illuminating Lives.

# Presentation was created by:

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- **Dementia Spotlight Foundation**

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# Managing Alzheimer's and Dementia Behaviors

(Health Care Edition)

Gary Joseph LeBlanc  
with Lisa Rodriguez, CDP

Foreword by Lon Kieffer, RN, NHA, MBA, CDP



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