

# Partners in Quality Care



## **OBJECTIVES:**

- \*Define Dementia
- \*Signs and Symptoms of Dementia
- \*Assisting a client with Dementia
- \*Safety Considerations

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## **References:**

<https://dementianc.org/education/understanding-dementia/#what>

NCDHHS/DHSR/HCEPC | Home Care Aide Curriculum | July 2021  
Module 17 Alzheimer's Disease and Other Types of Dementia

<https://www.nia.nih.gov/health/alzheimers-and-dementia/what-dementia-symptoms-types-and-diagnosis>

<https://www.alzheimers.gov/life-with-dementia/tips-caregivers#tips-for-everyday-care-for-people-with-dementia>

## **DEMENTIA**

Dementia is a broad term used to describe symptoms of cognitive (i.e. thinking, remembering, reasoning) decline. It describes a wide number of symptoms of several underlying diseases and brain disorders. Dementia is a general description of impairment in two or more areas of brain function. This can include memory, language, problem solving, impulse control, and other thinking skills. These symptoms are severe enough to affect one's ability to do everyday tasks. Dementia is not a normal part of aging and dementia is not a single disease. Alzheimer's disease is a type of dementia. Other types of dementia that can occur include vascular dementia, Lewy body dementia, Frontotemporal dementia (FTD) and mixed dementia (more than one type of dementia occurring in the same brain). While sometimes seeming similar, each of these diseases impact the brain in different ways, may have different symptoms and can cause changes in different abilities. The type of dementia predicts the pattern of change for each person. A person experiencing confusion should see their healthcare provider to determine the potential cause and to be screened for dementia including Alzheimer's disease which would be diagnosed by the healthcare provider. There are other potential medical reasons such as a urinary tract infection (UTI) or medication side effects that could cause confusion, and therefore a healthcare provider would need to rule out other causes and determine if a person has dementia. Dementia is not sudden; it is usually progressive and develops over time.

The signs and symptoms of Dementia can vary depending on the type and may include:

- Memory loss of recent events and information. Short term memory is lost early in the progression of all types of dementia
- Confusion about place and time. Wandering and getting lost in a familiar neighborhood.
- Familiar tasks become challenging. Losing balance and problems with movement
- Trouble finding words, finishing thoughts and sentences, following directions, and repeating questions. Using unusual words to refer to familiar objects. Decreased reasoning ability and altered judgment
- Changes in mood and personality, frequent mood swings, disinterest or withdrawal, suspicion
- Difficulty with complex mental tasks, planning, problem-solving

A special type of memory is emotional memory and is separate from the facts. It is related to the feelings that help the client understand what is happening. Emotional memory picks up on the feeling, tone, body language, and pace of your actions. How you do things will make a difference in your success with people when they are using emotional memories to understand the situation.

- Keep your tone of voice friendly. Greet a person before any care begins.
- Speak slowly. A person with dementia needs more time to process your message. Use a low pitch. A lower pitch is heard well by an older person.

## **DEMENTIA**

Alzheimer's Disease is a type of permanent dementia. As the disease progresses from levels of very early, mild to moderate, and severe, more of the brain is affected. The role of an In-home aide is to assist a client with dementia in doing everyday activities and assisting to provide a safe meaningful environment. Every type of dementia will progress. Even though there are medications to help control disease progression and control of certain symptoms, there is no cure for Alzheimer's disease, so change is guaranteed. As the disease progresses, the client's abilities, interests, and skills will change as damage to the brain spreads.

As an In-home aide, you will provide support needed at each level as the client's abilities change. You will need to continually communicate with your supervisor regarding changes you notice in the client's function to ensure the plan of care is updated to match the needs of the client. A person with Alzheimer's Disease will start out with certain symptoms such as memory loss, poor judgment and decisions, repeating questions, and personality changes. Later in the disease a person will have increased memory loss and confusion, and problems with language, reading, and writing, as well as trouble with thoughts and tasks that have multiple steps such as getting dressed. Wandering (especially in the late afternoon or evening) is another issue as the disease progresses. As the disease continues to progress to become severe, the person will depend on others for care, will be in bed most of the time, will have difficulty swallowing, and have loss of bowel and bladder control. A person with Alzheimer's disease may have hallucinations, and delusions. Along with the changes in the brain, a person with Alzheimer's disease may have their behavior affected by health problems such as pain, infection, illness, lack of sleep, constipation, hunger, and other issues. Emotions may affect behavior such as sadness, fear, feeling overwhelmed, stress and anxiety. Changes in routine can also affect behavior. When approaching a client, especially a client with Alzheimer's or other dementia, physical approach is especially important. Keep these techniques in mind:

- Approach from the front – to avoid automatic reactions such as fight, flight, or fright. There may be a loss of side vision that keeps the person from seeing you coming from the side.
- Approach slowly – Give the client time to process that you are coming.
- Step to the side – Avoid a confrontational stance. Reduce the risk of defensive or negative reactions to being too close. Also, protect yourself if the client is distressed or frightened.
- Offer your hand – This lets the client know what you are doing and gets the attention up toward your face. Use visual cues that are understood (e.g., wave, handshake).
- Rotate to hand-under-hand – (see *the video link below*) It feels better to hold onto the client in this position. It is a safe position for both people. If a client clamps and grasps your hand during a handshake, this person may not have the motor control to release right away. You do not want to get stuck in a handshake position when the client is squeezing hard. You may need to hold the client tightly. This is the only safe way to hold an older client's hand tightly. If you grasp tightly onto any other part of the body, you may hurt the client, and you may leave a purple handprint.
- Lower your body if the client's body is low – make eye contact, maintain personal space, be supportive for your interaction. It may help the client get connected emotionally with you before you ask them to do something with you.
- Call clients by familiar names – it respects who they think and feel they are and helps to get their attention. It also helps a client to realize who you are talking to/interacting with.
- Be careful not to rush to the task too quickly – the client may need more time to process who you are and what you are up to. Make sure you are connected before you do more.

Click on the link to the video below to see a demonstration of the Hand Under Hand Technique:

<https://www.youtube.com/watch?v=QFrtnG6-fkU>

It is important to be thoughtful about and plan the way you approach a client. The approach will get more important as the client progresses in the disease. Always greet the client and establish your emotional connection before you try to do something with the client.

## DEMENTIA

A person with dementia may be unable to express his or her needs because of cognitive losses. It will be important to be attentive to gestures and clues the person may be demonstrating. *Every behavior is a response to a need or situation.* Gestures, sounds, and conversation may reveal the trigger to the behavior. As verbal skills diminish, behavior becomes the communication method.

At some point, people with Alzheimer's disease will need help with Activities of Daily Living (ADL's) including bathing, dressing, eating, and grooming. Report any swallowing difficulty your client is experiencing according to the plan of care, and you will need training in assisting a client to eat. At some point, a client with dementia may do better with eating finger foods. Report if the client refuses to eat or decreases their food or fluid intake. Staying well hydrated and eating nutritional meals are an important part of a plan of care for a person with dementia. It is also important to report if a client has a decrease in urine, dark colored or foul-smelling urine, and/or not having regular bowel movements (talk to your supervisor about how to report and what to report for a client's urinary and bowel status).

Planning can help make bath time better for you and the person you are assisting. If the person you are assisting is afraid of bathing, follow his or her lifelong bathing habits, such as doing the bath or shower in the morning or before going to bed. Allow the client to do as much as possible. Undressing and bathing can be scary for a person with dementia. Do not force anyone who is afraid of bathing to take a bath or shower, report the concerns to your supervisor and discuss other options for helping the person bathe that will meet the needs to keep the person clean. To keep the person with Alzheimer's safe during bath time, never leave a confused or frail person alone while they are in the tub or shower. Always check the water temperature before he or she gets in the tub or shower, use a hand-held showerhead as needed. Use a rubber bathmat and safety bars in the tub. Use a sturdy shower chair to support a person who is unsteady and to prevent falls. People with Alzheimer's disease often need more time to dress. Hand the person one thing at a time or give step-by-step dressing instructions. A person with Alzheimer's will lose language skills. Once a person's language is affected, visual cues are helpful when showing someone what to do. The order of cues to give information to a person with dementia is visual, short verbal, and touch.

Communication can be hard for people with Alzheimer's and related dementias because they have trouble remembering things. They also can become agitated and anxious, even angry. In some forms of dementia, language abilities are affected such that people have trouble finding the right words or have difficulty speaking. Communication tips include:

- ❖ Reassure the person. Speak calmly. Listen to his or her concerns and frustrations. Try to show that you understand if the person is angry or fearful.
- ❖ Allow the person to keep as much control in his or her life as possible.
- ❖ Respect the person's personal space.
- ❖ Build quiet times into the day, along with activities.
- ❖ Keep well-loved objects and photographs around the house to help the person feel more secure.
- ❖ Remind the person who you are if he or she doesn't remember, but try not to say, "Don't you remember?"
- ❖ Encourage a two-way conversation for as long as possible.
- ❖ Try distracting the person with an activity, such as a familiar book or photo album, if you are having trouble communicating with words.

Individuals living with Alzheimer's disease and other dementias are at increased risk for injury or harm in certain areas of the home. As the disease progresses, they may become unaware of the dangers that exist. Talk to your supervisor about potential safety issues you notice with your clients. A link to a Home Safety Checklist from the Alzheimer's Association is at:  
<https://www.alz.org/getmedia/dc740fbd-9cdc-4b64-b274-9fc9ee4ec64e/alzheimers-dementia-home-safety-checklist.pdf>

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