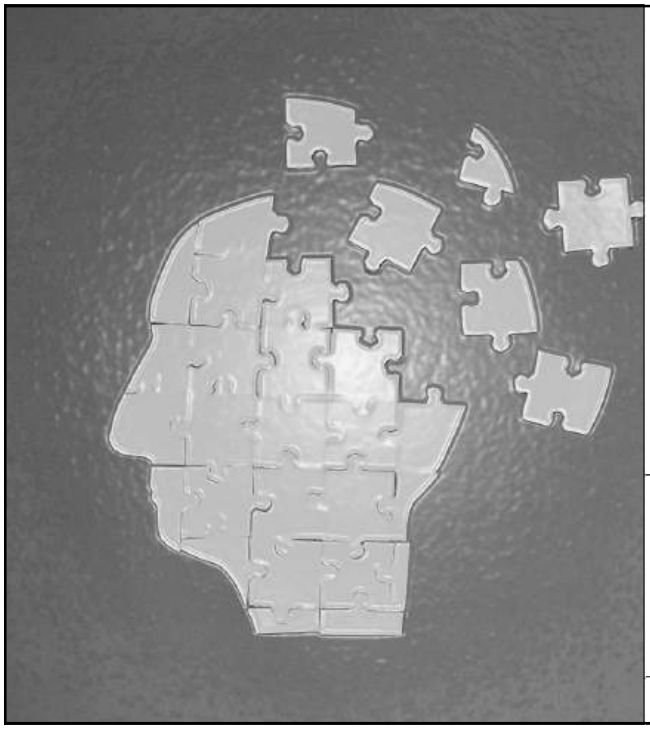

ALZ'smart

BY ANGEL COMPANIONS

1

Basics of Alzheimer's Disease and Dementia

Section 1

OVERVIEW

Dementia is a general term for a decline in mental ability which is bad enough that it interferes with daily life. (alz.org/Alzheimer's Association).

Dementia is not a specific disease, but rather a group of symptoms that affect a person's daily life and activities. These symptoms affect memory, thinking, and social abilities. It affects language, visual perception, problem solving, self-care, and the ability to focus and pay attention.

Alzheimer's is top cause of dementia.

2

Causes of Dementia

Alzheimer's (60-80%) - Alzheimer's disease is a progressive brain disorder. This means that the structure and chemistry of the brain become more and more damaged over time. Brain cells waste away and die. It is the most common cause of dementia in older adults. It destroys memory and thinking skills. It is not reversible and is not a normal part of aging.

Vascular Dementia (5-10%)- caused by deposits of fats, dead cells, and other debris that form on the inside of arteries and partially (or completely) block blood flow. These blockages may cause multiple strokes, or interruptions of blood flow, to the brain. This type of dementia is sometimes called multi-infarct dementia. Per the Alzheimer's Association UK, vascular dementia is often due to high blood pressure, high cholesterol, heart disease, diabetes, and related conditions. Treating those conditions can slow down the progress of vascular dementia, but functions are not recovered once they are lost.

Lewy Body Dementia (about 5-10%)– protein (alpha-synuclein) processing issues

Other types/causes include: frontotemporal dementia, mixed dementia, Creutzfeldt-Jakob disease, Huntington's disease, Parkinson's disease, and TBI (traumatic brain injury) which are all irreversible.

3

Symptoms & Warning Signs

SYMPTOMS:

Frequent and worsening memory loss
Language Issues
Confusion
Difficulty with abstract thinking
Misplacing belongings
Rapid mood swings
Behavioral changes
Apathy/lack of initiative
Inability to perform familiar tasks

WARNING SIGNS:

Memory loss
Asking the same question over and over
Repeating the same story over and over again
Challenges understanding visual information, such as reading, judging distances, color differences
Difficulty following storylines
Getting lost in familiar surroundings; losing their sense of direction
Difficulty planning or solving problems
Losing the ability to carry out simple tasks, such as paying bills
Relying on someone else to answer questions and make decisions
Misplacing household objects; putting objects in unusual places
Changes in personality or mood
Withdrawing from socializing
Neglecting personal care
Wearing the same clothes over and over
Forgetting how to do activities that used to be easy, such as playing cards or cooking

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Dementia is Not a Normal Part of Aging

NORMAL AGING	DEMENTIA
Not being able to remember details of an event or conversation that took place a year ago	Not being able to recall details of recent events or conversations
Not being able to remember the name of an acquaintance	Not recognizing or knowing the names of family members
Forgetting things and events occasionally	Forgetting things and events more frequently
Occasionally having difficulty finding words	Frequent pauses and substitutions when finding words
You are worried about your memory but your relatives are not	Your relatives are worried about your memory, but you are not aware of any problems

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Things to Remember

1) There is no cure for most types of dementia.
2) 1 in 3 seniors die with Alzheimer's or another dementia.
3) It is a chronic condition.
4) It requires a medical diagnosis, and often uses lab work and imaging to diagnose.
5) Alzheimer's disease is a progressive brain disease. This mean structure and chemistry of the brain becomes more damaged over time.
6) First Symptoms vary from person to person. Memory loss is the key symptom.

Causes of Alzheimer's disease:
Genetics, lifestyle and environmental factors can contribute.
AGE is the greatest risk factor.

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Available Treatments: There is currently no cure for Alzheimer's disease; however, there are some available treatments including medications, coping strategies, therapies, and activities.

Coping Strategies

* Identifying causes (common times of the day, cluttered surroundings, too much conversations, etc.)
* Keeping an active social life, continuing with activities and exercise the client has enjoyed in the past
* Providing reassurance
* Maintaining a quiet, calm environment
* Doing activities that give pleasure and confidence, such as singing and listening to music
* Pet therapy
* Massage
* Maintaining a daily routine

7

STAGES OF ALZHEIMER'S

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Stage 1- Early

The early or mild stage of Alzheimer's normally lasts between 2 and 4 years. In this stage, people can still drive, go to work, and participate in normal activities. Forgetfulness is mild. Friends and family might notice some.

Common symptoms at this stage, which may include:

- Forgetting material that has just been read or recently read
- Trouble with organizing or planning
- Forgetting where valuables have been placed
- Trouble managing money
- Forgetting names, especially those recently met
- Having trouble doing challenging tasks at work

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Stage 2 - Middle

Known as the moderate or middle stage. This stage normally lasts between 2 and 10 years, making it the longest stage of Alzheimer's. As this stage progresses, additional care needs may become necessary and important.

Common symptoms at this stage, which may include:

- Personality and/or behavior changes: delusions, compulsions, repetitive behavior, and more
- Needing assistance with picking out appropriate clothes and dressing
- Difficulty with toileting and bowel/bladder control issues
- Mood changes and/or social withdrawal
- Trouble learning new things
- Problems with reading, writing, and using numbers
- Possibly forgetting their own name but remembering life details
- Losing track of time and place
- Agitation, restlessness, and anxiety which can be worse at night

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Stage 3 – Late

Known as the severe or late stage. This stage normally lasts between 1 and 3 years. The symptoms in this stage are significant and obvious. The ability to have a conversation is minimal, and it might be hard to move, eat, and swallow. Round-the-clock care is often necessary. Marked personality and behavior changes can occur

Common symptoms at this stage, which may include:

- Loss of bowel and bladder control
- Lack of awareness of activities and surroundings
- Great risk of infections such as pneumonia
- Lack of ability to do daily activities without assistance

The average life expectancy for a person after an Alzheimer's diagnosis is 4-8 years, though some people have lived as long as 20 year after being diagnosed.

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Person Centered Care

Section 2

Person-center practices are necessary for relationships that foster normalcy, choice, purpose, belonging, security & responsibility to optimize health and well-being.

Family, caregivers, and the people living with dementia should always be involved in developing a care plan based on person-centered care.

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Fundamentals

FACTS	KEY POINTS
Person Centered Care: Considers a person's desires and values	We must treat the person with dignity and respect.
Considers a person's family situations and social circumstances and lifestyle.	We must understand their history , lifestyle, culture, and preference, including their likes, dislikes, hobbies and interests. We must provide opportunities for the person to have conversations and relationships with other people.
It sees the person as an induvial	We must look at situations form the point of view of the person living with dementia.
It requires working together to develop solutions to problems	We must ensure the person has the chance to try new things or take part in activities they enjoy.

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Person Centered Practices

Begin with personal relationships based on dignity and respect

Empower each person with information and options so they can make decisions and choices that work best for them.

Treat each person as an individual with his/her unique background, interest, preferences, routines, abilities, needs to have interesting and meaningful things to do and have purpose in daily life.

Teach caregivers that everyone needs to have interesting and meaningful things to do and have purpose in daily life.

Expand the focus from the conventional biomedical model of healthcare to a holistic one that supports well-being (emotional, spiritual, mental and physical).

Reflect how people want to be treated.

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Know the Person

- Interview the client/person. The best, first way to get to know someone living with dementia is to speak with them directly. Even in the late stage of Alzheimer's you can still find ways to communicate. Ask about their family, friends, where they were born and raised, etc.
- Interview the client's family
- Gather a life history, including their values, beliefs, interests, abilities, and likes/dislikes.
- The personal preferences of an individual may change over time.
- Observing the clients surrounding. Art hanging on the wall, books they own. Do they play musical instruments or have a radio in their living space? Photo albums can be used even observing the types of food they keep and clothes they wear can give you some clues.

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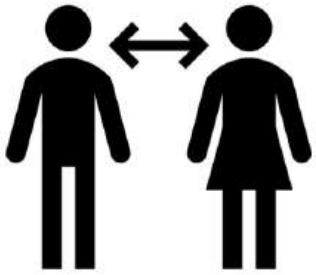
Communicating



It is important to see the world from the view of the person living with dementia and attempt to CONNECT in the MOMENT.

Doing so recognizes their behaviors as a form of communication.

Care providers should ask questions to connect in the moment and see the world form perspective of person living with dementia.

In general, meaningful activates have these features: Active participation, and related to their interests & past roles.

Build and nurture authentic, caring relationships.

Continuing to adjust activities to previous interests and the severity of dementia is extremely important.

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Meaningful Activities

- ☆ Provide mental stimulation
- ☆ Reflect the past interests of person
- ☆ Seek to maintain or slow the loss of skills without requiring the person to learn new ones.
- ☆ Provide socialization, stimulation, and physical activity within the functional limits of the person with dementia.
- ☆ Be sensitive to the cultural difference of those attending the activity.
- ☆ Minimize failure

Activity Ideas

Making lap quilts
Painting
Talking books
Scrap books
Walking
Flower arranging
Visiting with children or pets
Baking
Happy hour with non-alcoholic drinks
Ice cream party
Brushing & fixing a hair
Manicures
Building with wood
Singing/music

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Summary: Person Centered Care

- ✓ Keep the person's skills and abilities in mind
- ✓ Pay special attention to what the person
- ✓ Plan activities a person does with direction as part of their daily routine
- ✓ Be aware of physical problems
- ✓ Focus on enjoyment, not achievement
- ✓ Encourage involvement in daily life
- ✓ Relate to past work life
- ✓ Look for favorites
- ✓ Consider time of day
- ✓ Adjust activates to disease stages

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Assessment & Care Planning

The purpose of assessment and care planning is to support the individual and family to live the best possible life, with dementia.

Section 3

7 Essential Primary Area of a Person-Centered Assessment:

- Life History
- Cognitive Status
- Functional Abilities
- Dementia-related Behaviors
- Medical Status
- Living Environment
- Safety

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Assessment - Life History

- Accomplishments, important roles, significant experiences, hopes and dreams, joys and losses.
- Preferences: favorite foods, everyday routines (personal care, exercise, reaction, sleep), habits ritual, and spiritual and cultural practices.
- How they coped with previous challenges or stressful situations.
- Significant people in the person's life, including the primary care partner.
- Meaning of home: how the person sees that place/space or experience of empowerment, refuge, comfort, relationships with persons and animals, cherished possessions or attachments to cherished places, spaces symbols, ideas, topics or roles that bring positive energy to person.

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Assessment – Cognitive Status & Dementia Behaviors

Cognitive Status:

- Cognition is considered the key change seen in people with dementia.
- Sudden or unexpected decline should be reported.

Dementia-related Behaviors:

- Are an expression of an unmet need.
- A person-centered assessment will evaluate history, triggers, successful interventions, medication and side effects, onset of change, and undetected medical or psychosocial conditions that may be causing behaviors.

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Assessment – Medical Status & Functional Abilities

Medical Status:

- Check for Comorbidities (presence of two or more diseases or medical conditions)
- Co-occurring health conditions may amplify cognitive, functional, and behavioral challenges in persons living with dementia.
- Assess Vision
- Assess Hearing and wax build up
- Other health indicators such as pain, nutrition and oral health
- Assess Medications
- Assess for presence of depression

Functional Abilities:

- Refer to a person's ability to carry out activities of daily living (ADL's)
- Will typically change over time with the progression of the disease

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Assessment – Living Environment and Safety

Living Environment:

- A person-centered environment needs to include features for both physical and social-emotional needs. Effective design of indoor, outdoor space. Attention to colors, lights, sound and furniture to create a warm comfortable and safe place.

Safety:

- Safety is important but it becomes vital as dementia progresses.
- Taking safety measures can help the person with Alzheimer's feel more relaxed and less fearful.
- Taking safety measures can help prevent injuries and maintain his or her independence longer.
- Safety assessment areas include: Home, Driving, Disaster preparedness, Traveling, and Abuse.

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Dementia Related Behaviors and Communication

Section 4

Behavior is a form of non-verbal communication for the person living with dementia.

The main cause of behavioral symptoms in Alzheimer's and other progressive dementias is the deterioration of brain cells which causes a decline in the individual's ability to make sense of the world.

The caregiver's role includes watching and trying to understand what the person is trying to communicate through verbal and non-verbal expression.

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Consistency

Focusing on how caregivers' approach someone and interact with them is one of the most effective ways to address needs and reduce challenging behaviors in dementia.

* Having consistent **caregivers** can be extremely helpful.
* Keep a consistent **routine** as much as possible.
* Keep a consistent **environment** as much as possible.

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Unfamiliar Environment

Always Respect Personal Space

If the environment is too busy, this can trigger anxiety, frustration, anger, or withdrawal. In response, move to a quieter spot to sit with him/her, turn down the music, and take a break from talking for a little while.

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Physical Discomforts and Strategies

Analyzing Source: Watch for signs of physical pain; people living with dementia might not be able to tell you when they are having pain and may express it through aggression.

Could have a urinary tract of other infections.
Is the person tired because of lack of rest or sleep?
Is the person hungry or thirsty?
Are medications causing side effects?

Strategies to Respond to Dementia-Related Behaviors Using Person-Centered Approach:

- Try to identify the immediate cause
- Rule out pain as the cause of the behavior
- **Focus on feelings, not the facts**
- Don't not get upset
- Limit distractions
- Try a relaxing activity
- Shift the focus to another activity
- Take a break
- Ensure Safety

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Dementia Related Behaviors – Examples

Dementia related behaviors result from changes in the brain. Each person living with dementia will express their needs differently.
Examples Include:

Agitation
Irregular motor behavior
Anxiety
Irritability
Depression
Apathy
Disinhibition
Delusions
Hallucinations
Sleep or appetite changes
Wandering
Repetitive speech

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Aggression and Anger

Aggressive behaviors may be verbal or physical. They can occur suddenly, with no apparent reason, or result from a frustrating situation. While aggression can be hard to cope with, understanding that the person living with Alzheimer's or dementia is not acting this way on purpose can help.

Possible Causes of Anxiety and Agitation:
Moving to a new residence or nursing home
Changes in environment, such as travel, hospitalization, presence of houseguests
Changes in caregiver arrangements
Misperceived threats
Fear and fatigue resulting in trying to make sense out of a confusing world.
As well as previously mentioned triggers such as, pain, infections, and medications.

Tips to Help Prevent Anxiety and Agitation:
Create a calm environment
Avoid environmental triggers
Monitor personal comfort
Simplify tasks and routines
Provide an opportunity for exercise

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Responding to Aggression

DO:
Back off and ask permission; use calm positive statements, reassure, slow down; add light; offer guided choices between two options; focus on pleasant events; offer simple exercise options, try to limit stimulation.

Say:
May I help you? Do you have time to help me? You safe here. Everything is under control. I apologize. I am sorry that you are upset. I know it is hard. I will stay with you until you feel better.

- Listen to frustration
- Provide reassurance
- Involve the person in activities
- Modify the environment
- Find outlets for the person's energy
- Check yourself

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Depression is very common among people living with Alzheimer's and dementia, especially during the early and middle stages. Treatment is available and can make a significant difference in quality of life. Most common treatment involves a combination of medicine, counseling, and gradual reconnection to activities and people that bring happiness.

Symptoms common to both depression and dementia include apathy, loss of interest in activities and hobbies, social withdrawal, isolation, trouble concentrating, and impaired thinking.

Ways depression may **look different** in a person with Alzheimer's: less severe, may not last as long, symptoms may come & go. Person will be less likely to talk about or attempt suicide.

As a **caregiver**, if you see signs of depression, discuss with the family, doctor, or person with dementia (if appropriate).

Non-drug approaches should always be considered first when treating dementia-related behaviors, including depression in Alzheimer's.

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Wandering Behavior

WARNING SIGNS:

Forgets how to get to familiar places.
Talks about going to a previous job or other obligation.
Tries or wants to "go home", even when at home.
Is restless, paces or makes repetitive movements.
Has difficulty locating familiar places like the bathroom, dining room, etc..
Asks the whereabouts of friends/family that have passed
Anyone with memory issues is at risk.

REDUCE CHANCES:

Carrying out daily activities, having a routine, and having a daily plan.

Identifying the most likely times of day that wandering may occur. Plan activities at that time.

Reassuring the person if he or she fells lost, abandoned, or disoriented.

MAKE A PLAN:

Make sure there's a list of people to call on for help. Have telephone numbers handy.

Ask neighbors, friends and family to call if they see the person alone.

Keep a recent, close-up photo and updated medical information on hand to give to police.

Know the neighborhood. Pinpoint dangerous areas near the home, such as bodies of water, open stairwells, woods, tunnels, bus stops, and roads with heavy traffic.

Is the individual right or left-handed? Wandering generally follows the direction of the dominant hand.

Keep a list of places where the person may wander. This could include past jobs, former homes, places of worship, or a restaurant.

Consider enrolling the person living with dementia in a wondering response service.

If the person does wander, search the immediate area for no more than 15 minutes. If person is not found by then call 911 to mile a missing person's report.

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Repetition Behavior

A person with Alzheimer's of dementia may do or say something over and over – like repeating a word, questions or activity – or undo something that has just been finished. In most cases, he or she is probably looking for comfort, security and familiarity.

RESPONDING:

- Accept the behavior and work with it. Look for a reason behind the repetition. Does the repetition occur around certain people or surroundings, or at a certain time of the day?
- Is the person trying to communicate something?
- Turn the action or behavior into an activity and/or engage the person in a person-centered activity. They may be simply be board.
- Use memory aids. If asking the same questions, offer reminders by using notes, clocks, calendars, or photographs.

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Delusions – Behaviors

A person living with Alzheimer's may become suspicious of those around them, even accusing others of theft, infidelity, or other improper behavior. While accusations can be hurtful, remember that the disease is causing these behaviors and try not to take offense.

RESPONDING:

Do not take offense
Do not argue or try to convince
Offer a simple answer
Switch the focus to another activity
Duplicate any lost items
Validate their feelings

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Sundowning – Behavior

Sundowning is restlessness, agitation and disorientation behaviors that increase toward the end of the day and continue through the night.

Ways to Combat Sundowning:

- Increase daytime activities, particularly physical exercise. Discourage napping and inactivity.
- Watch out for dietary culprits, such as sugar, caffeine, and some types of junk food. Eliminate or restrict them early in day.
- Plan for the afternoon and evening hours to be quiet and calm.
- Turns lights on well before sunset and closing the curtain at dusk will minimize shadows and may help diminish confusion.
- Make sure the house is safe: block off stairs with gates, lock doors and/or put away dangerous items.
- As a last resort, ask family to consider talking to doctor about medication to help the agitated person relax and sleep. Be aware that sleeping pills and tranquilizers may solve one problem and create another, such as sleeping at night but being more confused the next day.

If the Person is Awake and Upset:

Approach him/her calmly	Find out if they need something
Remind him/her of the time	Avoid arguing
Offer reassurance	Do not use physical restraint

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Hallucinations – Behaviors

People living with dementia sometimes hallucinate, and they may see, hear, smell, taste, or feel something that is now there. Hallucinations are false perceptions of objects or events involving the senses. These false perceptions are caused by changes within the brain that result from Alzheimer's, unusually in the later stage of the disease.

COPING STRATEGIES:

Be careful when responding to hallucinations. First, asses the situation and determine whether the hallucination is a problem for the person of for you. Is the hallucination upsetting? Is it leading the person to do something dangerous? Is the sight of an unfamiliar face causing the person to become frightened? If the behavior is not dangerous, there may not be a need to intervene.

IF NEEDED:

Offer reassurance, respond in a calm, supportive manner.

Use redirection, suggest a walk or move to another room. Frightening hallucinations often subside in well-lit areas with people.

Try to turn persons attention to music, conversation, or activities you enjoy together.

Respond honestly, if person asks you about a hallucination or delusion. For example, if he or she asks, "Do you see him?" you may answer with "I know you see something, but I don't." This way you're not denying but avoid argument.

Modify the environment, check for sounds or noises, look for lighting that casts shadows, reflections, cover mirrors.

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Communication

Because people with Alzheimer's and dementia gradually lose the ability to communicate, it's important to regularly monitor their comfort and anticipate their needs.

- Set a positive mood for interaction, attitude & body language.
- Get the person's attention, limit distractions and noise.
- State your message clearly, speak slowly, distinctly, & reassuring tone.
- Ask simple, answerable questions
- Listen with your ears, eyes and heart
- Break down activities into a series of steps
- When the going gets tough, redirect
- Respond with affection and reassurance
- Remember the good old days, the past is often soothing for the person.
- Maintain your sense of humor

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Activities of Daily Living Support

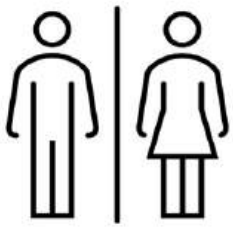
Section 5

Assistance with activities of daily living focuses on the amount of help a caregiver must provide to the person needing assistance. Anyone assisting a person living with dementia will need to provide more help over time.

Using the Person-Centered approach, care has the following components:

- Personhood must be acknowledged in all aspects of care
- Care and surroundings must be personalized
- Shared decision making is an integral part of care
- Behavior should be interpreted from the person's viewpoint

Promoting independence in a person living with dementia or Alzheimer's disease is a priority. Intimate knowledge of the preferences, likes and dislikes of a person living with dementia is the basis for person-centered care.
Use the table on next page as a guide when supporting the person with ADL's such as bathing, dressing, etc.



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Personal Care

Goals	• Be sensitive to the person's abilities. • Maximize independence and participation. • Be culturally sensitive. • Anticipate changes and plan ahead.
Assessment	• Determine habits, choices, and daily schedule. • Learn from family member and the person about the person's needs and choices about care. • Evaluate the benefit of written cues to help person understand tasks. • Observe the person while they do a task to find out where they need help.
Approaches	• Be flexible, adapt to the person's choices. • Promote independence. • Guide with step-by-step directions. • Praise/acknowledge completed steps. • Empower/return control and make the person aware of care activities. • Tell the person what you are doing and get permission to do it. • Speak in short, simple words (remember cultural sensitivity and context). • Avoid rushing. • Encourage, reassure and praise. • Watch for unspoken communication. • Try new approaches to care if the one you are using does not work.

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Bathing

The fear response may be reduced by using person-centered strategies and skills.

Bathing-Care Process:

- ✓ Find out the persons bathing choices
- ✓ Safety is #1
- ✓ Help the person feel in control by involving and coaching them through each step.
- ✓ Ask what time of day and what routine is best based on the person's choices and previous routines.
- ✓ Consider whether a person may be afraid of the water or have a depth perception impairment that may make entering a bathtub frightening.
- ✓ Respect the person's dignity by providing a towel to cover his or her body throughout the process.
- ✓ Consider the frequency
- ✓ Be gentle
- ✓ Wash the sensitive areas last, including the head, face and perineal area.
- ✓ Washing the person's hair may be the most difficult task.

ENVIROMENT:

- ✓ Recommend installing grab bars, use non-slip mats on floors, use tub bench or chair.
- ✓ Only use 2-3 inches of water in the tub and test temperature of water.
- ✓ Gather supplies and check the room temperature.

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Oral Care

Using person-centered care strategies for approaching, communication with and touching the individual, along with technical skills, may help reduce threat and thereby minimize resistive behaviors.

CARE PROCESS:

- Provide short, simple instructions, and break down each step.
- Monitor daily oral care, including brushing or cleaning dentures after every meal.
- Recognize the importance of dentures, understand some people prefer not to use them when eating.
- Investigate any signs of discomfort while eating, facial expressions or certain noises such as grimacing.
- Monitor for any swallowing difficulty, repeated coughing, or throat clearing and modify the task.
- Keep up with regular dental visits for as long as possible.
- For persons with advanced dementia, consider using a "toothette" (a swab for mouth) or another tool.

  NOTE - If a person clamps down their teeth and jaw during dental care, do not try to force the toothette or brush out of their mouth; wait patiently for the jaw to be released.

ENVIRONMENT:

✓ Provide dental care in a familiar environment or one that will provide environmental cues about the activity.
✓ Consider calm music, comfortable seating, and other approaches to the put the person at ease and relaxed.

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Dressing

Use person-centered care practices related to dignity, respect, and choice.

✓ Simplify routines.
✓ Organize the dressing process or closet sequentially.
✓ Use clothes that are comfortable, simple clothing options (e.g. zippers, velcro).
✓ Use comfortable, nonslip shoes.
✓ Provide short verbal instructions.
✓ Use gentle physical prompting to guide the individual in dressing him or herself as appropriate.
✓ Label drawers with they type of clothing they contain.
✓ Plan for sufficient time to dress.
✓ Play familiar music to encourage movement.

ENVIRONMENT:

✓ Dress in a comfortable and safe area. Observe which would be safer and comfortable, the bathroom or bedroom.
✓ Create a dressing environment that respects a person's dignity by providing privacy, comfort and a sense of safety.
✓ Consider care provider safety, i.e. use an adjustable bed to reduce bending.

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Grooming

Know the person well enough to know their grooming choices.

- What type of haircut does the person prefer?
- Do they prefer and razor for shaving or electric?
- Woman's favorite makeup?
- Support grooming routines by helping the person to maintain his/her routine, time of day, etc…
- Perform tasks, such as hair combing, alongside the person and encourage the person to copy your motions.
- Promote safety by carefully determining when shaving becomes a risk for the person living with dementia and should be done by you the caregiver.

ENVIRONMENT:

✓ Use safe, simple grooming tools such as cardboard nail files or electric shavers.
✓ Provide a chair or comfortable area for grooming.
✓ Remove excess clutter from the counter or cabinet.

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Toileting

People living with dementia may have accidents or become completely incontinent because they may not know where the toilet or bathroom is, they may not recognize natural urges, or have medical issues such as urinary tract infections and medication side effects.

Person-centered care practices:

- Talk to family to assess urinary and bowel patterns.
- Be aware of and plan to avoid circumstances surrounding accidents.
- Help maintain a regular pattern of bathroom visits.
- Provide verbal reminders to due the bathroom.
- Pay attention to non-verbal cues the person may need to use the bathroom.
- Encourage independence by using guided assistance as needed.
- Use a urinary alarm system for reminders
- Make sure clothing is easy to remove
- Allow sufficient time, do not rush person
- In event of accident, provide reassurance not reprimand

ENVIRONMENT:

✓ Be sure the bathroom is easy to find and use
✓ Remove flowerpots & baskets that may be mistaken for toilets
✓ Respect a person's right to modesty by creating a sense of privacy and safety.

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Eating & Drinking

TIPS on Addressing Respect and Choice:
Allow the individual to choose mealtime or adjust it based on agitation or disorientation.
Offer food choices
Engage the individual in the mealtime experience/preparation to stimulate appetite.
Prepare foods to the individual's preferences and tastes.
Avoid confrontation
Dementia may lead to reduced intake due to decreased abilities: unable to recognize and/or communicate huger/thirst, declining perceptions of smell & taste, dysphagia, inability to recognize dining utensils, depression and loss of ability to physically hold utensils.
Residents with severe & irreversible dementias may no loner be able to eat at end of life.
Food, Beverage and Appetite Ideas:
- Individuals need opportunities to drink fluids throughout the day (e.g. popsicles, sherbet, fruit slushes, gelatin desserts, or other forms of fluid).
- Make snacks available and visible to promote eating.
- Offer nutritionally and culturally appropriate foods.
- Try favorite foods and nutrient dense foods prior to supplement use.
- Prepare food to maximize acceptance based on taste (e.g. sweet foods) and preference.
- Promote activity to encourage appetite
- Where appropriate help the individual access prepared food services, like Meals on Wheels.

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Eating & Drinking

Person-centered Care Practices Related to Dining Process:
- ✓ Maintain familiar dining routines.
- ✓ Facilitate social eating with others.
- ✓ Encourage independence when possible.
- ✓ Provide ample time to eat.
- ✓ Model the sequence of eating in the meal.
- ✓ Serve family style meals.
- ✓ Provide verbal prompts/encouragement or physical cues if the person cannot eat/drink independently.
- ✓ Sit level, make eye contact, and speak with the person when assisting.
- ✓ Play music during meals to decrease agitation.
- ✓ Avoid overeating by limiting access between meals; maintain a schedule and monitor intake.
- ✓ Never force an individual to eat.

ENVIRONMENT:
- ✓ Provide a quiet, relaxing and homelike atmosphere; reduce distractions (e.g. phone calls, extra dishes).
- ✓ Ensure the dining area is well lit.
- ✓ Use colored plated to provide contrast and make the food easier to see.
- ✓ Use other assistive devices (e.g. thick-handled utensils) as needed.

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Dementia & Falls

People with dementia have a greater risk of falling because they can have problems seeing, thinking, moving, and balancing.

Dementia Considerations:
Dementia causes mental impairment & ability to safely use aids, such as walkers.
Ability of the body to sense position and movement is impaired.
Affects vision and perceptual changes.
Impaired ability to perceive touch.
Hallucinations and delusions.
A person's daily habits or work history can lead to them attempting a task that could result in a fall.
An example of this could be moving heavy furniture or trying to reach up high, not considering they are physically unable to do this any longer.

Other Considerations:
Dehydration especially during changes of position such as getting out of a bed or chair.
Use of certain medications/drugs may increase falls by causing fatigue of confusion.

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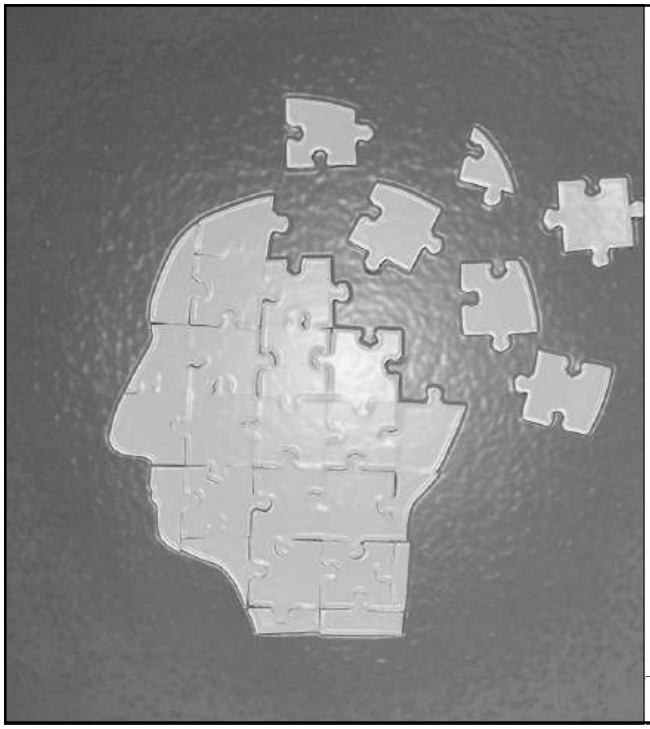

ALZ'smart

By Angel Companions

Thank you for participating in the ALZ'smart Training by Angel Companions.

At this time, please make sure your name is written clearly on your test and return to Angel Companions for grading and processing.

If you have any questions, please call the office at 770-579-5000 Monday thru Friday 8:30AM-5:00PM.

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