

Module 10

ALZHEIMER'S DISEASE - DEMENTIA

- Safety at Home
- Daily Routines
- Communication Techniques
- Activities of Daily Living
 - Eating
 - Bathing
 - Incontinence

ALZHEIMER'S DISEASE / DEMENTIA

Dementia is an overall term for a set of symptoms that are caused by disorders affecting the brain. (Alzheimer's Society of Canada)

One of the more common type of dementia is Alzheimer's disease. It is a progressive, degenerative disorder that attacks the brain's cells resulting in loss of memory, thinking and language skills and behavioural skills.

Alzheimer's disease is the most common of dementia (loss of intellectual function) among people age 65 and over.

Alzheimer's disease is not a normal part of aging. Dementia due to Alzheimer's is not reversible.

Safety at Home

Safety is especially important when caring for an individual with dementia such as Alzheimer's disease.

Close Supervision is Priority!

Never leave a client alone if you feel the client is at risk of falling, wandering or any other serious situation. Inform your supervisor and/or client's family if your shift is over and client is alone.

Consult with supervisor and/or family regarding implementing the following safety tips, when necessary:

Caregiving Tips:

- Clear all passageways.
- Remove unnecessary furniture, knickknacks, clutter, and items that may cause confusion.
- Identify for repair, loose or uneven steps, and loose or broken handrails.
- Put gates at top of stairways.
- Store dangerous items, such as knives, firearms, medications, and cleaning products.
- Eliminate poisonous house plants.

- Keep small items that may be swallowed out of sight.
- Make sure electrical wires and phone cords are secured and cannot be tripped over.
- Remove or fasten down scatter rugs to prevent slipping.
- Put nightlights in bathrooms, hallway, and bedroom.
- Ensure adequate lighting for stairways and passageways.
- Use non-slip decals or mats in tub and shower.
- Ensure grab bars around tub, shower, and toilet.
- Suggest using a bathtub bench or handheld shower.

Daily Routines

Daily routine is particularly important for most people. When caring for individuals with dementia, sticking to a routine is not only important, but a necessity!

Change is difficult for individuals with dementia; a structured schedule can help maintain their abilities.

Caregiving Tips:

- Involve the individual in daily tasks. Disrupting his usual habits may result in an inability to perform that task. For example, if you begin dressing him, he may soon forget how to dress himself. Participation also helps to maintain the person's self-esteem.
- Be realistic about what the individual can do given his degree of impairment. This will result in less frustration on both your parts.
- Repeating the same act may be meaningful for the individual and provide relief of tension. For example, he/she may spend 20 minutes tearing a tissue or wiping the kitchen counter. If the activity does not seem to be upsetting him, let him/her continue. If it is upsetting to another family member, try to redirect his activity by giving him something else to do.
- Be consistent. If you say you are going to do something, follow through with it.

Communication Techniques

“It’s not what you say, but how you say it.” This expression holds doubly true when communicating with individuals with dementia.

As the individual’s ability to process verbal information declines, the importance of how caregivers communicate with them, verbally and non-verbally, increases.

Some Tips to Enhance Interactions:

- Remember that the individual with dementia might be feeling confused, anxious, irritable, depressed, and suffering from low self-esteem.
- Never argue with the client. He or she may tell you “someone is trying to break in my house”, or “my things are all missing”. Reassurance (e.g. “Your son is going to look after that” or “I will help you look for those things) and distraction may calm the client.
- **Rely on the four S’s: Simple, Slow, Show and Smile.**
 1. Simple: Use simple words and sentences and give instructions one step at a time.
 2. Slow: Speak slowly and allow enough time for the person to understand each thought or question.
 3. Show: Show the person what you are saying, do not just say it. Use body language, facial expressions, and gestures to tell your story.
 4. Smile: A smile sends a powerful message of reassurance. Be conscious of your facial expressions.
- Speak in a tone that is calm and reassuring.
- Approach the person from the front. It may startle and upset him if you touch him unexpectedly or approach from behind.
- Check to see that the person is wearing glasses and hearing aids, if necessary, and that talking occurs in a quiet environment.
- Before asking the individual to do something, address him/her by name to get his/her attention while you are speaking. Maintain eye contact to help him/her focus.
- Ask only one question at a time and wait for an answer.

- Allow the client adequate time to respond in conversation or when performing an activity. Rushing will increase confusion.
- Eliminate distractions, such as the TV or radio, when talking to a person with dementia.
- Avoid statements that sound negative. For example, instead of “don’t go outside” say “stay inside.”
- Use humour whenever possible, though not at the individual’s expense.

Activities of Daily Living: Eating

Weight loss is common among individuals with dementia. If there is notable weight loss, family should take aggressive intervention to prevent further weight loss and to help them regain the weight. Inform your supervisor.

Possible Problems:

- Has the individual forgotten how to eat?
- Do they have trouble chewing or swallowing?
- Are they having problems with dentures or gums?
- Have they lost the ability to taste?
- Is the client having coordination problems, such as difficulty in using the silverware?
- Are there co-existing medical or psychiatric problems, such as ulcers, depression or delusions that are causing loss of appetite?
- Do they seem disinterested?
- Is the person fearful at mealtimes? For example, do they say or think that the food is poisoned?
- Are they unable to ask for food?
- Do they dislike the food?
- Is there too much noise or other environmental stimuli?
- Do they eat only sweets or like to eat them first?
- Are they filling up on fluids?

Caregiving Tips:

- Have client help in meal preparation when appropriate.
- Have client sit in an upright, comfortable position.
- Sit with client to increase socialization and make mealtime more pleasant.
- Check that their mouth is empty, especially if they hoard food.
- Make sure they have their glasses, dentures, hearing aids or any other appliance they need.
- Prompt or feed those who cannot feed themselves.
- Give the individual food they like and adequate snacks.
- Provide nutritional supplements if there is significant weight loss.

- Present one item at a time if the person seems confused by too much food.
- Serve the drink last if the individual drinks too much and will not eat.
- Serve pre-cut or finger foods if using utensils becomes difficult.
- Keep stressing that the food is safe if the individual believes it is poisoned.
- Observe client closely while eating; know what to do in the event of choking! Review your First Aid.

Activities of Daily Living: Bathing/Personal Care

If possible, follow the same pattern as prior to the onset of the disease. Bathing is a complex activity of daily living composed of several phases: undressing; getting into the shower or tub; washing, drying, and re-dressing. Recognizing a person's abilities and preparing ahead of time can simplify the process.

Possible Problems:

- Older individuals retain a sense of modesty and resist undressing; this is a normal response.
- Frightened, disoriented individuals may not recognize the family or professional caregiver.
- They may have forgotten how to undress, wash or dry themselves, or re-dress.
- Individuals, especially those who are visually or hearing impaired, recovering from recent medical problems or on certain medications, are at risk of falling.
- Shower and bathtub surfaces can be dangerous - cold, hot, or slippery.
- An individual, especially in the middle to late stages, may forget how to pick up their legs or sit in a bathtub.
- He/she can become alarmed during any part of the process and attempt to flee.

Caregiving Tips:

- Involve client in their care
- Encourage client throughout bath, e.g. you're doing great.
- Give one-step instructions in short, simple terms, and go slowly.
- Communicate with non-verbal cues to help the individual understand.

- Remember to provide privacy and ensure dignity.
- Be reassuring since concern over modesty may also increase agitation.
- Approach the individual from the front whenever possible.
- Make sure the room temperature is appropriate for disrobing.
- Smile speak calmly and do not express any frustration.
- Do not leave the client unattended in the bathroom.
- Minimize safety risks by ensuring non-skid surface and grab bars are in place.
- Keep client in a bathrobe until they are in the bathing area.
- Make sure individual uses the toilet before bathing to prevent accidents during or after the bathing process.
- Secure soap, towels, and other bathing items in advance.
- Ensure appropriate water temperature, especially to prevent scalding.
- Keep client in a warm room until they are completely dry and clothed.
- Lay out clothing in advance to proceed quickly from drying to dressing.
- If they become agitated in bath, have them hold something in their hands, e.g. wash cloth.

Note: *Be flexible. Bathing does not have to occur daily. If the regular routine stops working, try sponge baths, switch to every other day, or try changing the time of day. (Discuss with your supervisor or family.)*

Activities of Daily Living: Incontinence

As the disease progresses, many people develop incontinence, or loss of bladder and/or bowel control.

Possible Problems:

- Medical problems, such as infection, enlarged prostate gland or side effects of medication.
- An individual cannot remember where or what the bathroom is.
- Loss of verbal skills makes them unable to express their needs.
- Clothing is hard to remove in time.
- Individuals are not able to perceive internal signals for urination.

Caregiving Tips:

- Treat the individual with respect and dignity.
- Be understanding and reassuring when accidents occur.
- Establish a routine; for example, take the person to the bathroom every two hours while they are awake.
- Try to respond quickly to an individual's request for the bathroom.
- Watch for non-verbal cues, such as facial expressions or tugging on clothes.
- Put up signs (with illustrations) to indicate the bathroom door.
- Use a different colour toilet seat, so that it stands out in the bathroom.
- Use easy to remove clothing, such as those with elastic waistbands.
- Avoid caffeine and other stimulants in the evening.
- Continue to assist client to use the bathroom, even if they are wearing adult continence products, until such efforts are counter-productive, e.g., the individual fights during attempts to assist them to the toilet.
- Do not give liquids a few hours before bedtime.
- Place a commode in the bedroom at night for easy access.
- If client is wearing incontinent briefs, make sure briefs are changed when soiled, ensuring client is washed and dried well following each change. Observe for any skin irritation and apply appropriate barrier or medicated creams – check with supervisor or family. (Place soiled briefs in separate, small garbage bag, tie, and discard immediately.)

For more information on Care and Activities for Individuals with Alzheimer's Disease, please visit www.alzheimersdisease.ca or contact the Alzheimer's Association.

IF YOU HAVE ANY QUESTIONS PLEASE CALL YOUR SUPERVISOR!