



EDUCATIONAL RESOURCES

# DEMENTIA EDUCATION FOR HOME CARE PROVIDERS

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**Home Care  
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# OBJECTIVES

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1. Describe Alzheimer's Disease and related disorders.
2. Identify effective approaches to use with clients' challenging behaviors, including communication techniques.
3. Apply content for implementing a training program for home health staff related to Alzheimer's Disease and related disorders.

# DEMENTIA

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- Dementia describes a group of symptoms affecting memory, thinking and social abilities severely enough to interfere with daily functioning
- Alzheimer's disease is the most common cause of a progressive dementia in older adults, but there are a number of causes of dementia

— *Mayo Clinic, 2017*



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# CAUSES OF DEMENTIA

# NEUROLOGICAL DISORDERS

- Multiple Sclerosis
- Huntington's Disease
- Parkinson's
- Frontotemporal Dementia
- Lewy Body Disease



# MEDICATION SIDE-EFFECTS AND INTERACTIONS

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- Number of Medications
- Medications Affecting Memory
- Medication Reconciliation
- Assessment

# VASCULAR DEMENTIA

- Cardiovascular Disease
- Stroke (CVA)
- Heart attack (MI)



# HEAD INJURY (TBI)

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- Risk for subsequent Alzheimer's Disease
- Risk for Chronic Traumatic Encephalopathy (CTE)
- Risk Factor for other disorders



# INFECTIONS

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- Urinary Tract
- Pneumonia
- Wounds
- Other Infections

*Any infection puts stress on the body.*

*Changes in behavior are the first sign of an infection.*



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# CURRENT EXPLANATION OF ALZHEIMER'S DISEASE

# PREVALENCE

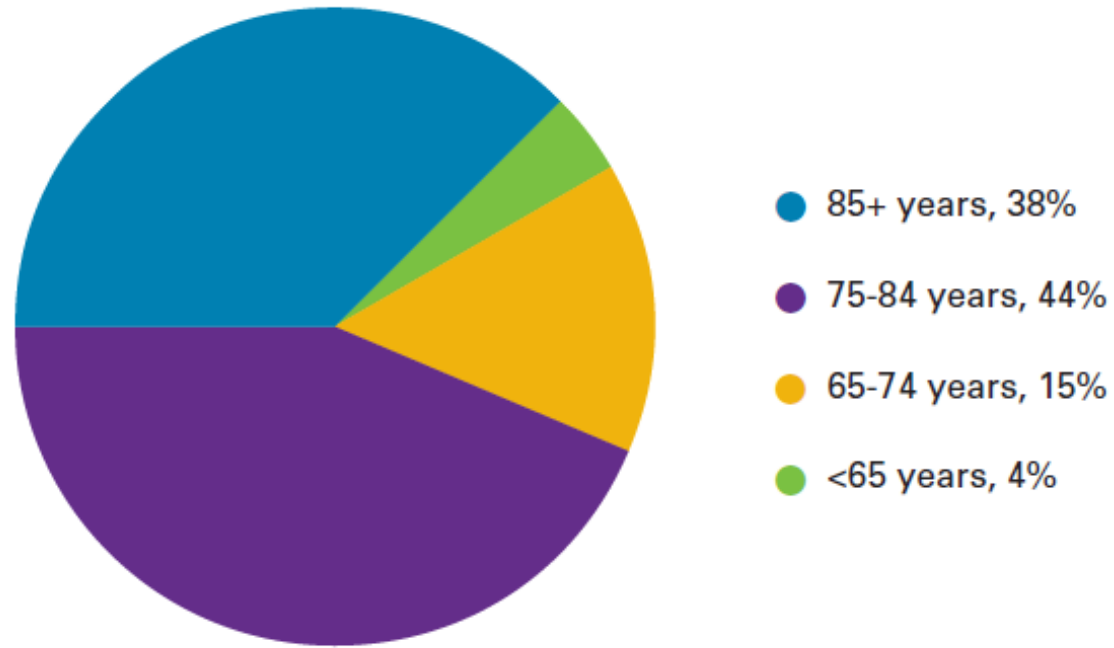
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- An estimated 5.7 million Americans of all ages had Alzheimer's disease in 2018
- One in 10 people age 65 and older (10 percent) has Alzheimer's disease
- Every 65 seconds someone develops Alzheimer's disease

—Alzheimer's Association, 2018

figure 1

Proportion of People With Alzheimer's Disease in the United States by Age



Percentages may not total 100 because of rounding.  
Created from data from Hebert et al.<sup>(114)</sup>, A3



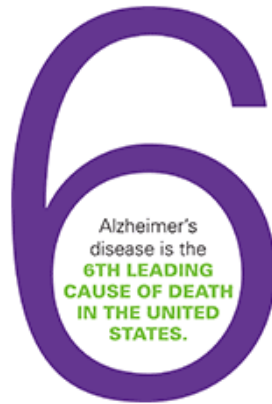
It's the only cause of death in the top 10 in America that **CANNOT BE PREVENTED, CURED OR SLOWED.**



**ALMOST TWO THIRDS** of Americans with Alzheimer's disease are women.




**SENIORS** dies with Alzheimer's or another dementia.



Alzheimer's disease is the **6TH LEADING CAUSE OF DEATH IN THE UNITED STATES.**

Only **45%** of people with **ALZHEIMER'S** disease or their caregivers report **BEING TOLD OF THEIR DIAGNOSIS.**



More than **90%** of people with the four most common types of **CANCER** have been **TOLD OF THEIR DIAGNOSIS.**



By 2050, these costs could rise as high as **\$1.1 TRILLION.**



In 2015, Alzheimer's and other dementias will cost the nation **\$226 BILLION.**

“There has never been a patient who has recovered from Alzheimer's.”

— Robert Egge of the Alzheimer's Association, 2014

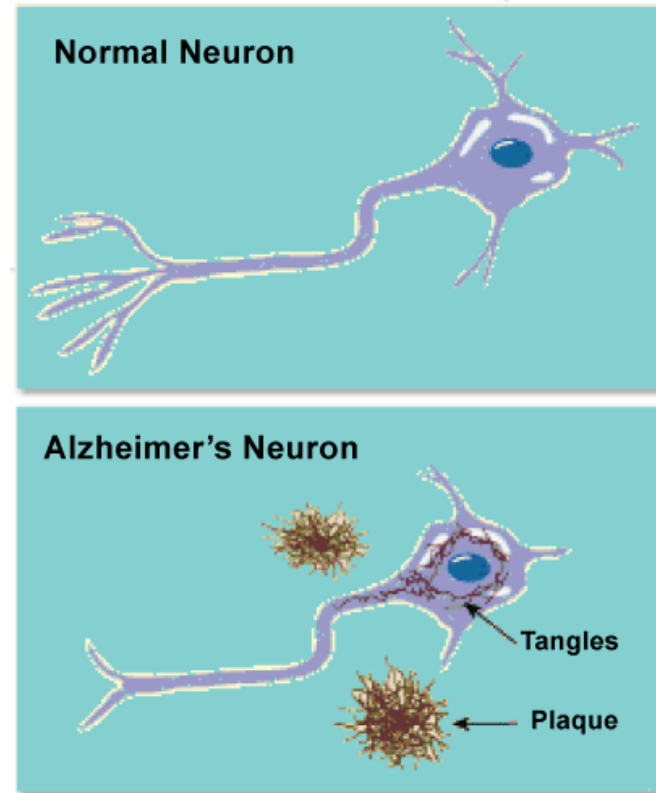


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# THE EFFECT OF ALZHEIMER'S DISEASE ON THE BRAIN

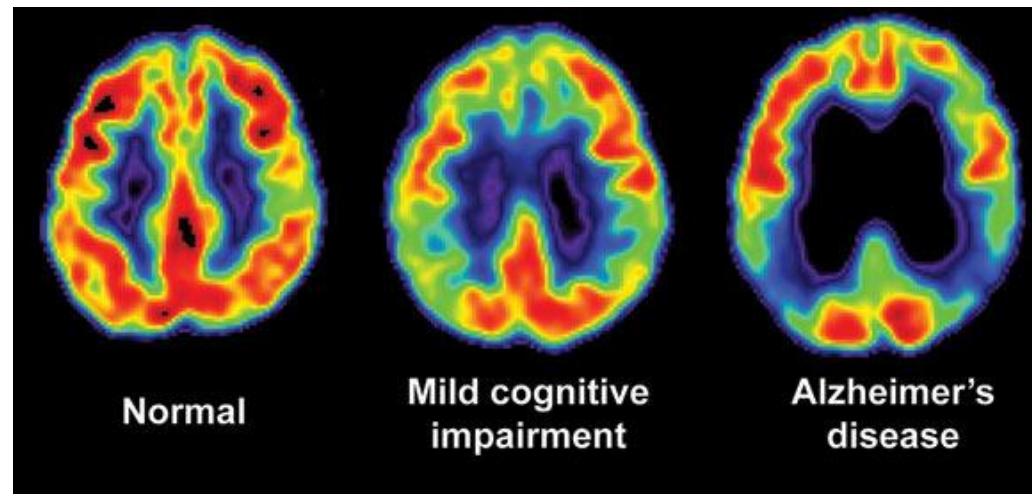
# BRAIN DAMAGE FROM ALZHEIMER'S DISEASE

- The top figure has smooth edges and defined structures
- The bottom figure has rougher edges and many fewer structures
- These are the tangles in the brain that prevent its proper function



# BRAIN FUNCTION

- Normal brain function is lighted and active. As brain function decreases, you see larger darker areas. Once the brain is damaged, it will not improve. Over time, the damage progresses and the client needs more care.





# KEY SYMPTOMS OF ALZHEIMER'S DISEASE

- **Confusion** about familiar tasks
- **Disorientation** and wandering
- **Memory Loss** for recent events
  - Breakfast
  - Visitors
- **Severe Memory Loss** (late-stage)
  - Spouse
  - Children

# LONG-TERM AND SHORT-TERM MEMORY

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- First, **short-term memory loss** is hard to detect in the early stages of **dementia**
- Second, **long-term memory**, **memories** of information stored **long** ago, still resides in the brain

# KEY POINT

- There is physical damage to the brain
- The client is not able to control his thoughts and behaviors



# AGING VS. ALZHEIMER'S

## ■ Normal Aging:

- May forget what was eaten for lunch
- May not recall names but does recognize people
- May not know date but does know year
- May go into dining room and forget reason for going in

## ■ Alzheimer's Disease:

- Forgets lunch was eaten
- Does not recognize friends and relatives
- Cannot remember day of week, season of year, or time of day
- Cannot recognize that it is the dining room, it could be any room



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# STAGES OF ALZHEIMER'S DISEASE

# STAGES OF ALZHEIMER'S DISEASE

- Seven Stages:

- Stage 1: No Cognitive Decline
- Stage 2: Age Associated Memory Impairment
- Stage 3: Mild Cognitive Impairment
- Stage 4: Mild Dementia
- Stage 5: Moderate Dementia
- Stage 6: Moderately Severe Dementia
- Stage 7: Severe Dementia

- Three Stages:

- Mild Alzheimer's disease (early-stage)
- Moderate Alzheimer's disease (middle-stage)
- Severe Alzheimer's disease (late-stage)

# EARLY STAGES

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- Difficulty remembering the names of new acquaintances
- Short-term memory loss
  - Forgetting what was just read
- Difficulty with word finding
- More problems with planning and organizing
- Difficulty performing activities in social or work setting

# MIDDLE STAGES

- Forgetting events and anniversaries
- Withdrawal from socially or mentally challenging situations
- Loss of judgement
- Progressive memory loss
  - Address and phone number
  - Personal history (schools)
- Confusion (person/place /time)
- Incontinence
- Change in sleep patterns
- Wandering and becoming lost
- Changes in personality



# LATE STAGES

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- 24/7 assistance is needed:
  - Inability to do activities of daily living (ADLs)
  - Total dependence in personal cares
- Short-term memory loss:
  - Unaware of recent activities
  - Unaware of surroundings
- Physical changes:
  - Walking
  - Sitting
  - Swallowing
  - Communicating
- At risk for infections



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# THE CHALLENGING BEHAVIORS

# DISEASE PROGRESSION

- These are common symptoms as dementia progresses:
  - Short-term memory loss
  - Inability to learn new skills
  - Loss of reasoning and abstract thinking
  - Poor judgement and planning ability
  - Poor foresight or inability to identify what could happen in any particular situation
  - Loss of language skills
  - Poor inhibition/impulse control
  - Progressive memory loss

# TRIGGERS FOR THE SYMPTOMS

## PHYSICAL

- Events that are a **physical need** of the client

## EMOTIONAL

- Events that impact the **emotional response** of the client

## ENVIRONMENTAL

- **Conditions in the environment** that can contribute to client behaviors

# PHYSICAL TRIGGERS

## Hunger or Thirst

- Wandering
- Looking through the refrigerator or cupboards
- Asking for the next meal

## Discomfort/Pain

- Headache, discomfort, stomach upset, abdominal cramping, uncomfortable shoes, clothing or positioning
- Pain from any procedures such as dental work or surgery

## Poor Nutrition

- Apathetic, lethargic, low energy level
- Refusing food
- If living independently, has few groceries or food that has not been touched

# PHYSICAL TRIGGERS

## Dehydration

- Refusing fluids
- Not drinking fluids or eating items that are considered fluids such as Jell-O, ice cream, soup
- Dry skin and dry mouth

## Fatigue

- Poor energy
- Easily tired with activity or interaction
- Naps easily and often
- Does not sleep well at night
- Cranky

## Need for Exercise

- Restlessness
- Wandering

# PHYSICAL TRIGGERS

## Frequent Toileting or Incontinence

- Pacing
- Holding crotch
- Appearance of abdominal pain

## Urinary Tract Infection

- Increased confusion
- Increased agitation
- Cloudy, smelly, dark urine

## Sensory Impairments

- Not able to see or hear well
- Repetition of questions because did not hear

# PHYSICAL TRIGGERS

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- Inability to Communicate Needs/Preferences:
  - Unable to find the right word
  - Unable to put the right words into a meaning the caregiver understands



# EMOTIONAL TRIGGERS

## Feeling Disrespected

- Being called by a name not of their choosing
- Some clients want their title to be used (e.g., Dr., Mr., Mrs.)

## Perception of Arguing or Fighting

- Any interaction where the client perceives an argument
- Television shows with fighting or conflict

## Memory Triggers

- Looking for a child who should be coming home from school
- Trying to fix supper for a husband who will be coming home from work
- Wanting to go home since it is past curfew and parents are waiting

# ENVIRONMENTAL TRIGGERS

## Hallucinations/ Misperceptions

- Family photos or people on TV are perceived as real or “watching”
- Swirling patterns (e.g., on carpeting) are perceived as snakes
- The client perceives his reflection in a mirror as someone “watching”

## Noise

- Ring of the telephone
- Radio or TV
- Appliances such as the vacuum or dishwasher
- People in general, especially when more than three are present

## Bath Time

- Water in the face or dripping down the face
- Feeling cold
- Feeling rushed
- Lack of privacy
- Confusion about the task or not knowing what to do

# ENVIRONMENTAL TRIGGERS

## Searching for Lost Items or Clutter

- Misplacing items
- Clutter around living space
- Pulling everything out for a task and then getting confused about how to proceed

## Room Temperature

- Too chilly
- Too warm
- Drafty



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# EFFECTIVE APPROACHES TO CARING FOR CLIENTS WITH DEMENTIA

# WHAT DOES NOT WORK?

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- Rushing
- Multiple or complex questions
- Multi-faceted instructions
- The use of physical force
- Criticism

# DO NOT BE IN A HURRY!

- Agitation and aggression become worse when the client feels rushed:
  - Plan ahead
  - Have all supplies ready
  - Build in extra time



# WHAT DOES WORK?

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- Approach the client calmly
- Use a soft voice
- Allow ample time: plan ahead
- Ask one question at a time
- Do one request at a time
- Plan time between activities
- Allow for silence
- Avoid “overstimulating” environments
- Give choices when possible
- Affirm positive actions and decisions
- Be supportive to the client

# ESTABLISH A ROUTINE

- Remember, a routine is important
- “The same task, the same way at the same time”
- Maintain a familiar, simple environment





# COMMUNICATION

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- When you are talking with someone:
  - Look at them
  - Engage them in the interaction
  - Use the client's name
  - Speak slowly and simply
  - Be calm
  - Allow the person time to think and respond
  - Listen carefully for what the client is trying to communicate

# GOALS FOR CARE

- Promote independence
- Promote safety
- Promote dignity





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# INTERVENTIONS RELATED TO SPECIFIC SYMPTOMS

# INCREASING SHORT-TERM MEMORY LOSS

- The brain function for memory is damaged, so the client:
  - Does not remember recent events
  - Has difficulty knowing the day or time
  - Asks the same questions over and over again
  - Does not remember recent visitors

# INTERVENTIONS

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- Do not try to reorient
- Use pictures
- Use large print calendars and bulletin boards
- Keep information simple
- Do not hurry
- Cue calmly

# INABILITY TO LEARN NEW SKILLS

- The client with dementia is not able to:
  - Learn to use new devices such as a phone, microwave, or security keypad
  - Figure out how to secure a different seat belt
  - Navigate in a new place



# INTERVENTIONS

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- Use pictures or notes
- Put easy to read numbers in the order needed to push the number to open the door or start the microwave
- Provide an escort
- Offer assistance

# LOSS OF REASONING AND ABSTRACT THINKING

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- The client with dementia:
  - Repeats questions
  - Is unable to have a logical conversation
  - May lose the ability to understand jokes
  - Gives inaccurate information



# REASONING IS POINTLESS!

- You will not be able to convince someone that they need to change a behavior or do something they do not want to do
- Do not try to explain why something is wrong or inappropriate
- If safety is a concern, give clear, simple directions and follow through



# INTERVENTIONS

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- Use calendars and bulletin boards
- Do not try to convince him that he is wrong
- Focus on the literal
- Provide direct assistance as needed

# POOR JUDGEMENT AND PLANNING ABILITY

- Needed for problem-solving
- Requires the ability to think through and recognize that if I do this action, that will be the result
- For instance:
  - Not understanding the need for a coat in the winter
  - Not recognizing that she is unsteady walking without her walker

# INTERVENTIONS

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- Disconnect the stove
- Provide help with dressing and clothing selection
- Have a trusted person manage finances
- Have mail sent to a trusted person
- Use medication set-up box/automatic dispenser

# POOR FORESIGHT

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- Inability to see the consequences of actions
- For example, the client does not understand that:
  - She may get frostbite without the coat
  - He may fall without the walker
  - She does not remember directions when driving
  - He is no longer a safe driver

*The client will not understand safety risks.*

# INTERVENTIONS — FOCUS ON SAFETY

- Secure the environment
- Provide cues
- Related to Driving
  - Disable the car
  - Have a driving evaluation
  - Arrange for alternate transportation



# LOST LANGUAGE SKILLS

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- As dementia progresses, the client:
  - Cannot remember the correct word to use
  - May remember and only use his first language, if he is multilingual
  - May use words that are not understandable

# INTERVENTIONS

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- Use pictures
- Use an interpreter
- Document observations
- Allow time to think
- Don't try to anticipate the thought/word



# POOR INHIBITION/IMPULSE CONTROL

- The brain's ability to filter what is appropriate or not is gone:
  - Clients may exhibit behaviors which they never did before, such as swearing or removing clothing or physically attacking
  - Clients speak and act without thinking

*Be aware of safety for both the client and others when working with impulse control problems.*

# INTERVENTIONS

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- Distraction
- Identify what you want to have happen
- If not a safety issue, ignore it

**Be aware of safety for both the client and others when working with impulse control problems.**

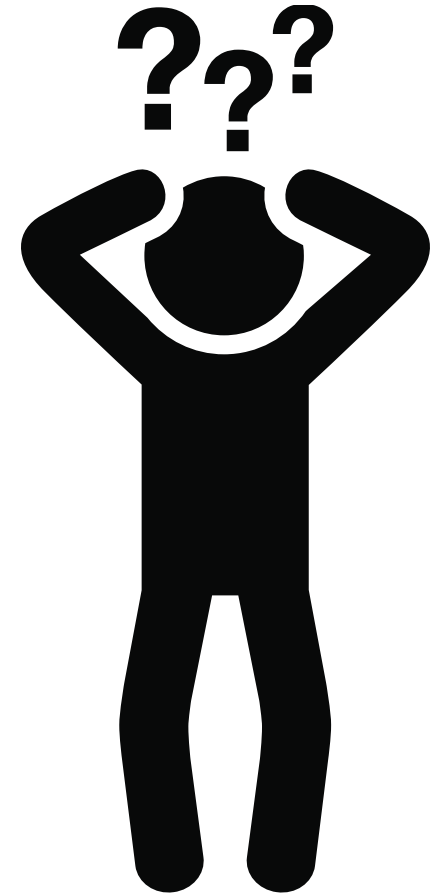
# PROGRESSIVE MEMORY LOSS

- The client with mild dementia:
  - May not remember eating breakfast but will remember living in another location
  - May remember having grandchildren, but can't remember their names or that they have adult children
- With disease progression:
  - The client only remembers her life as a young person or child

A chemical reaction in the brain moves information from short-term memory into long-term memory. This is damaged in Alzheimer's Disease and is the reason why someone cannot remember what was just said.

# WORKING WITH MEMORY LOSS

- The client does not mean to be unresponsive or inappropriate, so **don't take it personally**
- Word-finding is compromised, so what he says may not be what he means. You say it's time to go to lunch, and you hear, "No," although that is not his intent



# RESPONDING TO MEMORY LOSS

- No matter how many times you repeat something, the person will not physically be able to remember
  - Be very patient
  - Use distraction
  - Change the subject
- **Remember:** The person is not trying to be difficult, his brain is just not working properly



# IMPORTANT STRATEGIES

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- Set a regular routine and follow it
- Keep surroundings familiar and simple
- Encourage social contact
- Keep tasks simple by doing one step at a time
- Promote safety
- Ask yes and no questions
- Limit the need to make choices



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# MEDICATION MANAGEMENT



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# ACTIVITY SUGGESTIONS



# FAMILY INPUT

- Listen to family members
- Notice how the client and family members interact
- Incorporate family input into the care plan



# ENGAGING THE CLIENT WITH DEMENTIA

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- Anytime you can engage the person with dementia, you are supporting brain function and general well-being
- It can become very boring and non-stimulating for your client to just sit all day

# SOCIALIZATION

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- Reminiscence
- Music
- Activities
- Shared meals and snacks

# ACTIVITY SUGGESTIONS

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- Look at photo albums/scrapbooks
- Look through magazines
- Read poetry or letters
- Fold laundry or towels
- Sing or dance
- Sort objects into muffin tins
- Have tea or a snack
- Walk around the grounds
- Listen to music

# FOCUS ON REMAINING SKILLS

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- Encourage as much independence as possible (even with small tasks such as washing hands)
- Allow enough time for the client to do the tasks whenever possible

# HELPFUL HINTS

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- Always introduce yourself and say that you are there to help them
- Never ask, "Do you remember me?"
- State what you want to have happen
- Do not contradict
  - If the client believes that she is somewhere else and there is no safety issue, don't try to convince her otherwise
- Do not argue

# HELPFUL HINTS

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- Respond to feelings, not just words
- Don't worry about lies; whatever the client is thinking or feeling is the truth to him
- Watch for signs of anxiety, fear, worry or loneliness
- Provide a safe, secure and comfortable environment
- Communicate your care
- Develop a sense of humor

# KEY POINT

- Show you are interested in the person and care about his or her feelings
  - When talking with your client, don't try to make sense of the subject
  - You will not be able to get factual answers to questions so don't even try
  - Do not try to convince someone of a belief he has; it won't happen and will only frustrate both of you

Your attitude says it all!





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THANK YOU

