

CARING FROM THE HEART

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www.inspiredbynature.ie

References:

Family Caregiver Alliance
National Center on Caregiving
website.Alzheimer's.net
Dementia.ie
Alzheimer's Society

What are the qualities of a good carer?

Respectful. As a person ages and their independence and mental capacities reduce, it's easy to fall into the trap of being patronising. ...

Empathetic. Empathy is one of the most important qualities any carer needs to have. ...

Reliable. ...

Patient. ...

Sunny. ...

Practical. ...

Observant. ...

Caring.

How a Positive Environment Changes Dementia's Outcomes

Although it is not a cure, offering person-centred care and a positive environment can help lift people living with dementia.

If they can live in a positive, dementia-friendly environment, one that supports their health, independence and safety, people living with dementia will experience more personal control.

They are more likely to remain active and engage in activities familiar to them, which will help them live well for as long as possible.

Ten Tips for Communicating with a Person with Dementia

Set a positive mood for interaction. ...

Get the person's attention. ...

State your message clearly. ...

Ask simple, answerable questions. ...

Listen with your ears, eyes, and heart. ...

Break down activities into a series of steps. ...

When the going gets tough, distract and redirect.

The Challenging Behaviours Associated With Dementia

Some of the most common challenging behaviours and personality changes that dementia brings include:

Aggression
Anger
Apathy or disinterest
Changes in personality
Communication problems
Following another person around the house all day
Mood swings
Night time waking
Pacing
Physical acting out (hitting)
Restlessness
Verbal Abuse

Tips on Handling and Understanding Challenging Dementia Behaviours

Fortunately, the following tips have been proven to help caregivers handle the challenging behaviours associated with dementia:

How to Handle Challenging Dementia Behaviours

- Ask for help from others. Getting input from others can help caregivers see a new solution, take a new course of action or understand the underlying cause of challenging behaviours.
- Attempt to accommodate the behaviour if possible, instead of controlling it.
- Be aware that the underlying cause of some symptoms can be a physical problem. Always report behavioural symptoms to a health care provider.
- Be prepared to be flexible because what works today may not work tomorrow.
- Change your perspective. The best way to do something different is to first attempt to see it differently. Changing how you see a situation will oftentimes enable the person with dementia to exhibit different behaviour.
- Develop coping strategies in advance for dealing with bad days.
- Disrupt patterns which can help to change negative behaviour. For example, try a different approach to how you ask a person with dementia to do something.
- Employ compassion, flexibility and patience.
- Keep in mind that although you cannot change another person's behaviour, you can always change your own.
- Realize that when you try to control the person's behaviour, it will most often be met with resistance.
- Remember that behaviours are motivated by something. Although it may not seem like it, a person with dementia is usually making a statement, even when performing repetitive actions (such as taking all the dishes out of the cupboard). He/she may be acting out of a sense of needing to do something meaningful or productive.
- Try to anticipate the person with dementia's underlying needs. This will allow caregivers to redirect many negative behaviours. For example, a person who is bored can be redirected to help with simple house chores (with supervision, of course).

How to Handle Agitation and Anxiety

There are several potential sources of agitation and anxiety in people with dementia, including confusion, fatigue and overstimulation.

Tips for handling agitation include:

- ❖ Address any chaos in the environment by reducing noise level and the number of other people
- ❖ Avoid moving household objects around whenever possible (familiar objects located in the same places can provide a sense of security)
- ❖ Change the immediate environment when the person with dementia becomes agitated
- ❖ Play soothing music
- ❖ Safety-proof the environment to allow for as much autonomy as possible with the least number of hazards

How to Handle Communication Problems

Many people with dementia have communication problems, including forgetting words, using repetitive phrases and more.

Tips for handling communication problems include:

- ❖ Give reassurance (try using touch if verbal support isn't working)
- ❖ Limit outside distractions when attempting to communicate (turn off the radio and television)
- ❖ Listen for the meaning of the feelings behind the words
- ❖ Speak clearly and loud enough to be heard
- ❖ Use non-verbal means of communication (such as body language, facial expressions and touch)

How to Handle Delusions, Hallucinations and Paranoia

Along with anxiety, delusions, hallucinations and paranoia are common behavioural issues in people with dementia, which may occur as a result of changes in the physical health of the brain.

Tips for handling delusions, hallucinations and paranoia include:

- ❖ Avoid arguing or trying to impose a sense of truth or reality into the person with dementia
- ❖ Consult with a health care provider to find out if medication is needed
- ❖ Don't feel the need to play into the lie; you can be honest, while still providing dignity and respect
- ❖ Reassure the person by saying things like: I am sorry you are getting upset by this.
- ❖ Redirect the person with dementia to divert their attention to something more appropriate

How to Handle Sleeplessness and Sundowning

Insomnia and sleeplessness, also known as sundowning, are common behaviours in people with dementia. It occurs due to a combination of factors and can be worsened by being exhausted after a day's events.

Tips on how to handle sleeplessness and sundowning include:

- Avoid giving your person alcohol, caffeine or sugar
- Consider hiring help at night so you can get enough sleep without having to leave your loved one with dementia unattended (care at home)
- Discourage napping during the daytime
- Talk to a health care provider about natural sleep-inducing medication, such as melatonin
- Turn the lights on and close the curtains well before sunset to eliminate confusion about the time, particularly in the winter months

How to Handle Wandering

It's not always easy to find out why a person with dementia is wandering, but caregivers can use these insights to help them more effectively deal with the problem.

Tips on how to handle wandering include:

- Add "child-safe" plastic covers to doorknobs
- Consider a GPS tracking device
- Have a current photo on file, just in case the person with dementia goes missing
- Install door alarms and set them to go off if the door is opened
- Install locks that require a key (keeping safety issues in mind for all people in the home)

Swallowing difficulties

Dysphagia is a symptom of swallowing dysfunction that occurs between the mouth and the stomach. Although oropharyngeal dysphagia is a highly prevalent condition (occurring in up to 50% of elderly people and 50% of patients with neurological conditions). Always adhere to guidelines from the medical team around food and drink.

Reminiscence Therapy

A common symptom of dementia is impaired short-term memory, however, often the person's long-term memory remains intact for some time. Reminiscence therapy is an intervention enabling a person with dementia tap into his/her long-term memory and re-live past usually pleasurable experiences. It is considered amongst the most popular of all non-pharmacological interventions and can be enjoyed by both people with dementia, their relatives and health service professionals. It can take many formats, including life story work, simple or general reminiscence, and specific or special reminiscence.

Life story reminiscence work enables people to reflect back over their lives, either individually or in a group, and subsequently a book or similar record of the individuals' life is, with his or her permission developed. Simple or general reminiscence is usually aimed at sharing common memories, encouraging sociability, educational or recreational objectives. It usually uses open-ended prompts or multi-sensory triggers to stimulate reminiscence on topics likely to be of interest to participants and unlikely to trigger painful memories. Specific or special reminiscence is usually undertaken with individuals or small, closed membership groups. As the name suggests it is more specialized, more individualized and may have an element of life review or self-evaluation involved. The setting in which Reminiscence is delivered should be safe, noise free and devoid of any other major interruptions. For some people, Reminiscence may improve quality of life, promote confidence, and boost self-esteem. Different cues are used in Reminiscence such as rummage boxes, the internet, SONAS, music, or photograph albums. Reminiscence can also take place simply through conversation, which serves to trigger former memories and emotions.

Validation Therapy

In validation therapy, the practitioner attempts to communicate with the person with dementia by empathising with his or her feelings and with the meanings behind that person's speech and behaviour. (Douglas et al, 2004). Stated simply, validation therapy aims to legitimate the person's emotions, by acknowledging feelings, even though the latter because of the dementia may be based on misinterpretations or misperceptions. The aim is to make the person with dementia as happy as possible. (Jones, 1997). Obviously when a person with dementia is having delusions (false beliefs), which cause distress, validation therapy would not be recommended.

Reality Orientation

Reality Orientation helps the individual with dementia by reminding him/her about the present, by reinforcing self-identity, and by reminding that person of the surrounding environment. It can take many different forms including, cueing, signposts, calendars, notice boards, and often take place in groups or individually. In using Reality orientation, one must remain sensitive to the needs of the person with dementia, and keep in mind the fact that the person has a cognitive impairment and because of this may have difficulties remembering current events.

Physical Exercise

Physical exercise has been shown to benefit people who do not have a cognitive impairment, but exercise is also beneficial for people with dementia, particularly those who once led a very active life. People with dementia should always be encouraged to participate in some form of physical activity, although obviously this will need to be adapted as the dementia progresses. In adapting exercise programmes attention should be given to the person's abilities, interests, preferences and to safety needs. There is also evidence demonstrating how physical activity can reduce depressive symptoms and behavioural disturbances such as agitation, noisiness and aggression (O' Connor et al, 2009)

Multisensory Stimulation: Snoezelen Rooms

Multisensory stimulation in particular Snoezelen rooms are increasingly being used in long stay residential care settings to help people with dementia who may be restless or agitated. A Snoezelen room incorporates various aspects of multi-sensory stimulation including fibre optics, light, water, colour, contrasting textures, soft furnishings, and quiet music. These features help to relax the person with dementia and can enhance communication between the person and his/her caregiver. Like many of the interventions discussed here, Snoezelen rooms are not appropriate for all people with dementia and research into the effectiveness of this intervention is limited.

Aromatherapy

Aromatherapy is a complimentary therapy often used in dementia care. Through smells, massage and bathing, aromatherapy can evoke pleasurable emotions for the person with dementia. Two of the essential oils used in aromatherapy for people with dementia are extracted from lavender and melissa balm. (Douglas et al, 2004). Significant reductions in agitation have been demonstrated in recent control trials. (Ballard et al, 2002)