

*To the memory of "Uncle Sam" our Russian Springer Spaniel who died a few months before his 16<sup>th</sup> birthday from advanced dementia.*



**DEMENTIA – I am still here**

**Boris Bard, RN, M.Sc.**

# What is Dementia?

## **Dementia**

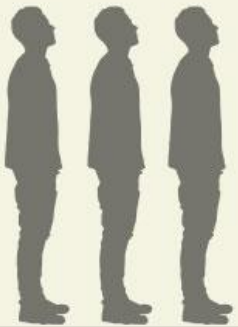
A progressive cognitive disorder that interferes with memory, communication, attention, judgment, the ability to think clearly, behaviour, and activities of daily living. People with dementia have a predisposition to delirium and depression.

## **Delirium**

A medical emergency with a sudden onset, fluctuating course, confusion, altered consciousness, and disturbance in attention, thinking, perception, and language.

## **Depression**

A treatable mental illness that negatively affect one's thoughts, feelings, memory, behaviour, self-esteem, and physical health.



# What is Dementia?

DEMENTIA – not a disease, but a set of symptoms that accompanies a disease

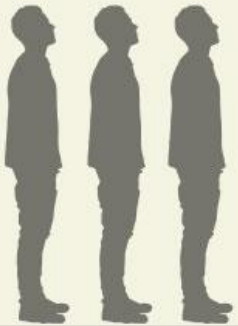
Alzheimer's  
Disease

Mixed  
Dementia

Lewy Body  
Dementia

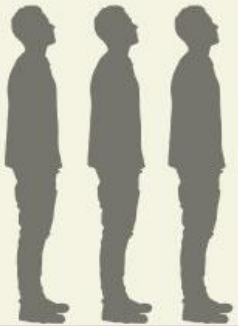
Vascular  
Dementia

Front temporal  
Dementia



# A's symptoms

|                             |   |
|-----------------------------|---|
| <b>ANOSOGNOSIA</b>          | Loss of <i>self awareness</i> .   |
| <b>AMNESIA</b>              | Loss of <i>memory</i> : long term memory: last learn first lost/ short term memory (about 7 items, repetition required)/ episodic memory (learning and recalling new information) / semantic memory (storing and recalling conceptual and factual knowledge). |
| <b>APHASIA</b>              | Loss of <i>language</i> : speaking and comprehending (first frontal and second parietal lob).   |
| <b>AGNOSIA</b>              | Loss of <i>recognition</i> across all sensors: perception (sound, smell, test, vision), people, places, objects and what they are for, safety issues.   |
| <b>APRAXIA</b>              | Loss of <i>purposeful movement</i> despite intact physical activity: difficulty to initiate, unable to sequence steps of a task, lose sense of right/left up/down back/front, etc.  |
| <b>ALTERED PERCEPTIONS</b>  | Loss of <i>reality test</i> : hallucinations and illusions, lose of color definition, depth.  |
| <b>ATTENTIONAL DEFICITE</b> | Loss of ability to maintain <i>attention</i> (easily distractive) and ability to shift attention (perseverative).   |
| <b>APATHY</b>               | Loss of <i>motivation</i> ; unconcern; unable to initiate speech; unable to initiate activities without encouragement.  |



# Challenging Behaviours

## **Agitation and aggression.**

- ❖ Agitation - repetitive motor, verbal or vocal activity is judged by outside observer to be inappropriate relatively to the needs.
- ❖ Physical non-aggressive: general restless and repetitive mannerisms.
- ❖ Verbal non-aggressive: constant request for attention, interrupting.
- ❖ Physically aggressive: kicking, biting, hitting.
- ❖ Verbally aggressive – screaming, cursing and temper outbursts.

## **Catastrophic Reaction.**

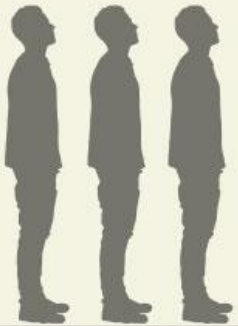
- ❖ Excessive sudden emotional response, usually expressed as angry outburst.

## **Disinhibition.**

- ❖ Impulsive and inappropriate behaviour d/t poor insight and judgment: euphoria, verbal aggression, sex disinhibition, (talk / act) self destructive behaviour, intrusiveness, impulsiveness and motor agitation).

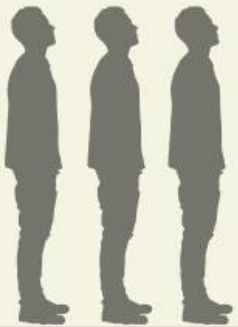
## **Wandering.**

- ❖ Wandering – tendency to move about in a seemingly aimless or disoriented fashion or in pursuit of an unobtainable goal.
- ❖ Repetitive checking the whereabouts of carer.
- ❖ Trailing / stalking (extreme form of checking).
- ❖ Pottering or rooting (walking around the house).
- ❖ Repeated attempt to leave.



# GPA

**Gentle Persuasive Approach (GPA)** - reframes challenging behaviour to be interpreted as self-protective / defensive or responsive behaviour that occurs as a result of unmet needs, thus encouraging staff to assess the meaning of the behaviour and work alongside the resident / client.

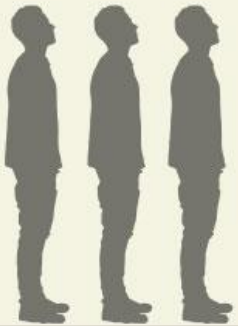
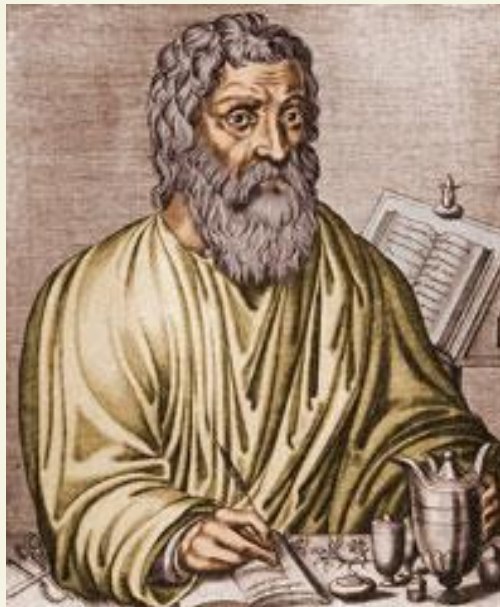




# The Person

“It is more important to know what sort of person has a disease than to know what sort of disease a person has.”

*(Hippocrates)*



# Remember Me

## Remember Me

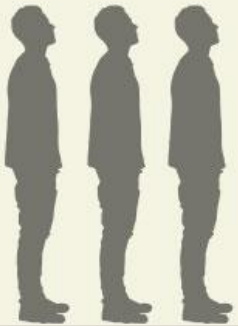
Do not discuss me as if I am not there.  
My mind is foggy but my heart is clear.

Do not criticise my imperfections.  
If only I could choose to remember the simplest of tasks.

Do not resent my frequent repetitive questions.  
I am scared and confused.  
Your answers slip from my desperate grasp.

Do not stop loving me because my actions are inappropriate.  
Use patience and kindness to remind me of my manners for they have disappeared  
with other fragments of my mind.

Do not resent my frequent pacing or attempts to 'go home'.  
This is not my home. Nothing here is familiar or reassuring.  
If only I could go home, I would surely find my memory there.





# Remember Me

Do not speak to me as a child.  
I have a lifetime of experiences despite my childlike ways.

Remind me of your name and the place you hold in my life.  
I would love to recall, for I feel your love and kindness.

Show me the world - nature-music-art  
For I forgotten the amazing joy it holds.

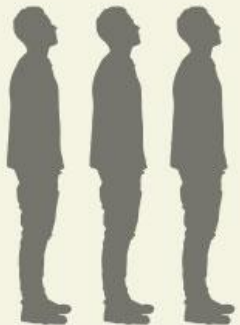
Allow me to use tools that remain,  
to hammer out my mark and unwrench my heart.

Forgive me for my imperfect past.  
If only I could remember, I would surely apologise.

You need not fill our time with many words.  
Your presence helps fill my void.

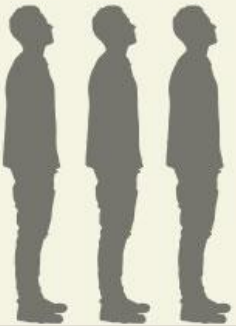
The blame does not lie with you or me.  
Love me for who I am now and the person I used to be.

– J.Al-hafez (29th September 2011)



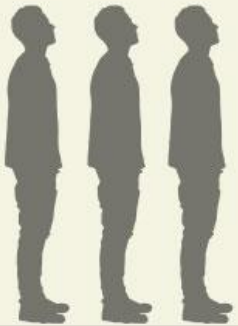
# GPA techniques

- ❖ Search for the Meaning: look for previous life experience, country of origin, interests and hobbies, family life and significant others.
- ❖ Unconditional positive regard despite level of behaviour.
- ❖ Nonverbal communication.
- ❖ Personal space.
- ❖ Reassurance position / supportive stance.
- ❖ Take a time to connect.
- ❖ Brief one step directions.
- ❖ Empathic listening.
- ❖ Validation.



# Validation vs. Reality Orientation

| Validation and Redirection   | Orientation   |
|--|---|
| Explores person's reality: asks who, what, where, when and how?  | Reorients person to present reality, place and time.  |
| Emotional focus  | Factual focus   |
| Subjective reality   | Objective reality   |
| Respects the person's sense of reality   | Confront Factual errors in reality  |
| <p><u>Validate</u>: You think your purse has been stolen? I understand why you are so upset.</p> <p><u>Join</u>: You need to keep looking for your purse? Well, I am trying to find something too. Let's look together.</p> <p><u>Distraction</u>: Let's look for your purse over there where people are having coffee.</p> <p><u>Redirection</u>: This coffee smells good; do you want a cup?</p> | <p><u>Dismiss</u>: Your purse hasn't been stolen, you must have misplaced it.</p> <p>No one stole your glasses, you just left them somewhere.</p> <p><u>Negate</u>: You don't need a purse anyway. You don't need your glasses right now. Don't worry about it.</p> <p><u>Ignore</u>: I'm very busy right now. I'll get to you later.</p> |



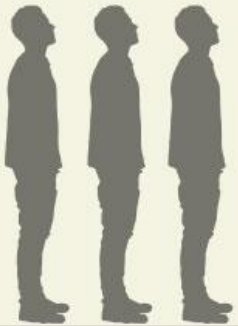
# Enhance Communication

- ❖ Minimize distractions and noise.
- ❖ Approach from the side.
- ❖ Designate one person to communicate during pairs care.
- ❖ Make genuine eye contact (cultural consideration).
- ❖ Use the person's preferred name.
- ❖ Speak slowly and clearly with soft and calm tone.
- ❖ Use simple language with familiar words.
- ❖ Give brief, one-step direction.
- ❖ Visually demonstrate what you are saying.
- ❖ Stay calm and patient.
- ❖ Use gentle touch if appropriate and with permission.
- ❖ Use verbal praise and nonverbal communication.
- ❖ Connect with the person past.
- ❖ You may have to repeat, repeat, repeat.
- ❖ Avoid arguing, confrontations and quizzing.
- ❖ Use humour, music, rhythm, exercise and pets.
- ❖ Wait for person to look more relax and less tense before diverting.
- ❖ Divert with food, drink, pictures, or quiet conversation.



# I am still here (some thoughts)

- ❖ Recent researches show that we do not stop to be a person when we lose our memory. We still have wishes, desires and still can enjoy things.
- ❖ Even “meaningless” exchanges of sound (which may look as “incoherent”) is helpful to maintain personhood. Those “meaningless” sounds become filled with some meaning for the person.
- ❖ Simple several smiles between two people can be a powerful exchange.
- ❖ Social, table and other types of etiquette remain for long a significant part of human life.
- ❖ Encourage non verbal (body language and paraverbal) communication among the patients to keep their quality of life.
- ❖ Knowledge of patients’ biography and history may help to understand patients’ behaviour and make changes to allow patients to cooperate with a care.
- ❖ Hobbies are also important to know as patients reserve it.
- ❖ It is important to know what was significant for the person in his life, even if memory disappears we still keep something meaningful inside.
- ❖ Religious practice usually continues.





# Thank you

