

Caring for Clients with Dementia



Learner's Guide

Understanding Dementia

Dementia is an *organic** mental disorder involving a general loss of intellectual abilities and changes in the personality.

* **Organic means the disorder is caused by physical changes in the brain.**

Many different things cause dementia. The most common, in order of occurrence, are:

1. Alzheimer's disease
2. Strokes and other blood vessel diseases
3. Parkinson's and other nervous system diseases
4. Miscellaneous causes such as alcoholism, malnutrition, head injuries, drug reactions, thyroid disease, brain tumors, and infections.

Important things to remember about dementia:

- Adult dementia sufferers deserve the respect and status they have earned. They often do not know their abilities have changed, and do not understand why people treat them differently. They must be given as many opportunities as possible to make decisions and retain control over their lives.
 - With the right environment and support, a client's ability to function can be strengthened and improved. If those supports are removed, the client's function will decline.
 - The deficiencies caused by dementia affect all areas of a client's life. Although the disability is invisible, it affects the client's ability to do even the smallest activities.
 - The way a client with dementia behaves is not just the result of impaired brain functions. Behavior is often caused by efforts to meet needs while compensating for lost abilities.
- We can help clients with dementia by trying to understand what they feel and think.



Dementia is like looking at the world, and being seen by others, through a funhouse mirror.

The Results of Dementia, and Ways to Help

1. Memory Loss

- Affects recent memories the most
- Makes it difficult to learn anything new or to follow instructions

Ways to Help

- *Teach a skill by repeating the procedure in exactly the same way over and over.*
- *Provide opportunities for clients to perform skills they remember, such as folding clothes, raking, sweeping, sanding wood, stuffing envelopes, or playing piano.*



2. Language Loss (the meaning of words)

- Makes it difficult to recognize words and understand complex sentences
- Makes it difficult to express ideas

Ways to Help

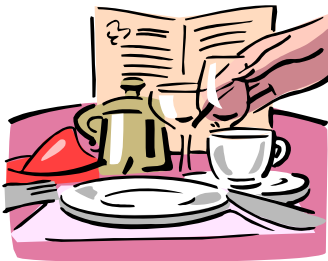
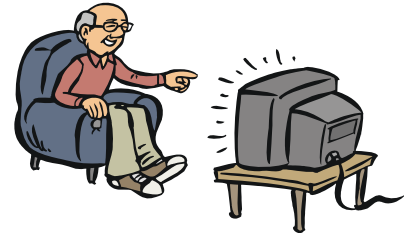
- *It is our job to understand and be understood by the client.*
- *Ask direct, closed questions, not open-ended ones: "Would you like to wear a red dress?" not "What do you want to wear?"*

3. Attention Loss

- Unable to start or stop a task
- Easily distracted

Ways to Help

- *Remember that clients hear what we say even if they don't seem to be listening.*
- *Minimize distractions. Turn off the television or radio and close the door when you need the client to concentrate.*



4. Loss of Perception or Senses

- Unable to recognize things or people
- Misinterpret what they see, hear, or feel

Ways to Help

- *Provide strong visual cues. For example, silverware on a white tablecloth might be difficult to see, so use a colored cloth.*

5. Judgment Loss

- Cannot accurately assess circumstances
- Unable to see consequences of actions

Ways to Help

- *Respect the individual's right to make his or her own decisions as you gently guide him through each step of a decision.*

6. Loss of Muscle Organization

- Unable to perform multiple-step tasks
- Require prompts or cues for routine tasks

Ways to Help

- Start an activity at the beginning and see if muscle memory will take over.
- Male clients may be unable to get in a car on the passenger side, because of long habit. Let them sit on the rear left side.
- Explain each step in simple language, one thing at a time.
- Demonstrate each step, doing the task while he or she watches.
- Move the client through the steps of the task, placing arms and legs in the right positions.
- If distracted, begin again at the beginning.

Remember to be patient and unhurried!

Communication Tips

- Be open, friendly, and gentle at all times.
- Always address the client by name to get his attention at the beginning of an interaction.
- Give your full attention to the conversation or task. This helps the client stay focused.



- Briefly introduce yourself and offer some cues when you approach, stating your name and relationship and the purpose of your visit.
- Speak slowly, but do not speak down.
- Use gentle touching or hand holding, but get permission to touch them first.
- Avoid arguing and attempts to reason with a client who is upset. Acknowledge his feelings and calmly distract him with something calming, pleasant, and friendly.
- Sometimes people with dementia become upset when people use hand gestures when talking. When dealing with an agitated client, it might be best to keep your hands still while you speak.
- A soft tone, even a whisper, might get more attention than a loud voice. This depends on the client, though, because an individual who is hard of hearing might need to be addressed in a louder voice (never shouting).





Case Studies

Scenario 1

Mrs. Allen is usually cooperative and pleasant. One day when you arrive you find her wandering around, opening and closing doors. When you try to steer her to the bathroom for her shower, she becomes resistant, standing still and loudly shouting that she won't go with you. When you take her hand to guide her along, she swings at you with her other hand.

What you might think

Mrs. Allen must be progressing in her disease, and should now be classified as "aggressive." She may need additional medication, or maybe it's time for a nursing home.

What is really happening

Mrs. Allen is thirsty (changes in the brain often make clients with dementia very thirsty). She knows something is wrong and that she needs something, but she doesn't understand the sensation she is feeling. She also doesn't know how to meet the need, or what she should do to find water. So she is wandering around, looking for some cue that will help her know what she needs to do. When you try to prevent this activity, she naturally becomes angry at your efforts to keep her from meeting an important need. She feels she is defending herself from someone who is trying to harm her.

Try this

Help Mrs. Allen figure out what she needs. Ask questions to determine why she is wandering around. Did she lose something? Is she hungry? Is she thirsty? Does she need company? Is she bored? Make the questions simple and direct, allowing for yes or no answers. If she cannot answer your questions, try bringing her a glass of water or a piece of fruit. Check to see if she has soiled her clothing or needs to change into dry clothes. Once you have determined what Mrs. Allen needs and have met that need, she is more likely to cooperate with you.





Scenario 2

Mr. Blair is not normally incontinent. Recently, however, he has begun walking outside to relieve himself. Sometimes you find he has urinated in a wastebasket. Occasionally he wets himself. He has started to wander, and he often seems anxious and agitated.

What you might think

Mr. Blair has lost the ability to control his bladder and should be placed in adult incontinent briefs.

What is really happening

Mr. Blair cannot find the toilet. The white toilet in his bathroom blends in with his cream-colored tiles and walls, and his visual loss is causing him to be unable to see the commode. He spends much of the day looking for a place to urinate, but when he can't find one he relieves himself outside or in a wastebasket, because his wastebaskets are brightly colored and easy to see.

Try this

Place a brightly colored toilet seat or toilet cover on Mr. Blair's commode to help him locate it. When Mr. Blair starts wandering anxiously or acting agitated, ask if you can help him find a bathroom and then guide him to one. Help his family or caregivers understand this approach.

Scenario 3

Miss Mead was a nurse for forty years. She is a new client, and she refuses to eat. She wants you to prepare food and bring her a meal, but she doesn't eat the food you bring. She places it on her dresser in front of a mirror "for the other lady." She is losing weight.

What you might think

Miss Mead will have to be placed in a nursing home and fed with a stomach tube because of her refusal to eat.

What is really happening

Miss Mead is concerned for the "other lady" that she sees in her room. She believes that her reflection in the mirror is actually another person that needs to eat. She feels she must feed this other person. She also sees "people" in her windows and imagines that they need to be cared for as well.

Try this

Ask questions to determine what Miss Mead is trying to do. Once you understand the situation, remove the mirrors from Miss Mead's room. Cover the windows with blinds or shades. You could provide two trays of food, one for Miss Mead and one for "the other lady."





Dementia Bingo

Name: _____ Date: _____ Score: _____

Directions: As the questions are called out, find the answer on your card and write the number of the question in the box containing the answer. Finding at least eight correct answers out of twelve questions wins you a “Bingo!” and you pass the test.

Avoid Arguing	Loss of intellectual abilities, and personality changes	Address by name and introduce self and purpose of visit	Old Age
Make decisions and retain control over life	Try to understand what they feel and think	Tell the client how to do each step in simple language	Loss of Muscle Organization
Respect	Cope with lost abilities	Language Loss	Strong visual cues, such as contrasting colors on objects
Ask him to quit complaining and be happy	Direct, closed questions instead of open-ended ones	Ask him to direct your visit activities, giving him some control over his care	Minimize Distractions





Dementia Bingo: Answer Key

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Respect 12	Cope with lost abilities 4	Language Loss 7	Strong visual cues, such as contrasting colors on objects 1
Ask him to quit complaining and be happy	Direct, closed questions instead of open-ended ones 10	Ask him to direct your visit activities, giving him some control over his care 2	Minimize Distractions

