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REVIEW

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Communication Difficulties as a Result of Dementia

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ABSTRACT

Introduction: Population aging increases the number of people with dementia. Dementia is a set of symptoms that include memory difficulties, learning difficulties, speech and language difficulties, disorientation in time and space, difficulties in understanding and behavioral changes. Dementia is not part of natural aging and needs to be understood as such and have to be recognized at time to provide adequate support for people with dementia. **Aim:** To present the importance of communication: To present communication difficulties which are the result of dementia; To present adaptations in the way of communicating with people with dementia. **Material and Methods:** The article has a descriptive character, and represents a review of the literature dealing with this topic. **Results:** Difficulties in area of language are a common symptom in people with dementia. Those communication difficulties are a consequence of nerve cell failure, and person with dementia should not be blamed of the symptoms that arise. People with dementia show lower results in the area of understanding and verbal expression, repetition, reading and writing. Syntax and phonology remain relatively intact in early stages, but semantic abilities are impaired. **Conclusion:** Communication for people with dementia and with people with dementia for all persons involved in care (including family members, medical staff and therapists, and members of the community) can be very challenging. It is often necessary to adapt the way of communication to avoid stress and negative feelings in a person with dementia. As the disease causing dementia progresses, communication problems are increasing as well. Many times caregivers and therapists are in situations where their communicative behavior (verbal, but also nonverbal) needs to show support, compassion, care, and desire to help.

Keywords: dementia, communication, communication difficulties.

1. INTRODUCTION

The increase of the average chronological age of the population is accompanied by specific psychopathology of that age, and consequently the interest of science for problems of elderly (1). Alzheimer's Disease International reports that at present it is estimated that 35 million people worldwide have Alzheimer's or related dementia, and an increase in expected life expectancy is expected to increase global prevalence to around 66 million by 2030 and to more than 115 million by 2050 (2). Dementia is one of the major problems in public health, affecting 5 to 10% of the elderly population (3). Dementia appears in the third age and is usually chronic, dysfunctional, and secondary to neurodegenerative processes for which there is currently no cure (4). Language difficulties are a common symptom in people with dementia and may be a symptom indicating dementia (5). Language is the ability to encode ideas into words for communicating with others (6). We have to distinguish language from speech. Speech is the motor performance of the spoken language (7). People with dementia, among other signs, show problems of finding words (anomia), lack of understanding of the sentence, and lack of cohesion in discourse (8).

2. AIM

The goal for the article is to present the importance of communication, and to present communication difficulties which are the result of dementia. Also, the goal is to present adaptations in the way of communicating with people with dementia.

3. MATERIAL AND METHODS

The article has a descriptive character, and represents a review of the literature dealing with this topic

4. RESULTS

The current demographic trend dramatically changes the number of elderly people. This aging trend of the population is the cause of increasing diseases occurring in elderly people, such as dementia. Dementia represents a diverse category of syndromes that characterize a deficit in memory, cognitive function and behavior (9). Cognitive impairment of people with dementia may limit their ability to communicate effectively (10). Dementia is a term used to describe a group of brain disorders that have a profound impact on an individual's life (11). Currently, the leading cause of dementia is Alzheimer's disease, vascular disease and Levi's disease (12).

It is estimated that the prevalence of dementia is about 6% to 10% of persons older than 65 years. Prevalence increases with age, rising from 1% to 2% among those aged 65 to 74 years to 30% or more in those older than 85 years (13). At age of 90 to 94, 40% of people have dementia, with a prevalence of dementia being 58% among individuals older than 94 (14). Vascular dementia is considered as the second major form of dementia (15), or the other most common form of dementia (16). Her frequency is different from dementia caused by Alzheimer's disease, which is 10-20% of cases (15). Some researchers estimate that dementia due to Levi's disease accounts for 15% to 20% of all cases of dementia (17). It seems that the symptoms associated with dementia distributed over the continuum, affect the health of older adults and deserve intervention (18).

4.1. COMMUNICATION AND COMMUNICATION DIFFICULTIES

Language performance is both influenced by normal aging and by development of dementia (19). Dementia is defined as memory impairment with the impairment of at least one other cognitive function such as language (aphasia) or executive function (for example: planning, attention and abstract understanding) (15). Cognitive and daily functioning decline are the primary symptoms of dementia (20). Difficulties related to communication are among the earliest symptoms of dementia (21). Loss of linguistic abilities is common symptom among people with dementia, who may precede other aspects of the cognitive decline (22). Language difficulties are a major problem for most patients with dementia, especially as the disease progresses and goes from moderate to severe stage (23). Early signs that communication of a person with dementia is affected are the difficulties of word finding, especially when naming people or objects. A person can replace the word with the wrong one or not find a substitute at all (24). As the disease progresses, it leads to forgetting names of family members, friends, confusion about family relationships, and often affected persons no longer recognize members of their family (24).

Researchers around the world discuss theories about the presence of semantic and perceptual lacks in order to explain the appearance of language disorders in Alzheimer's dementia (25). Dementia, such as the one resulting from Alzheimer's disease, involves progressive degradation of language function (26). Language deficiencies are evident in all patients with Alzheimer's disease: they achieve significantly lower results in the area of verbal expression,

hearing comprehension, repetition, reading and writing. Syntax and phonology remain relatively intact, but semantic abilities are impaired (27). Patients with dementia, especially associated with Alzheimer's disease, have difficulties with participation in communication as well as in the area of understanding, speaking fluency, comprehensiveness, word production, syntax and verbal feedback, while non-verbal communication is mostly preserved (understanding of gestures, facial expression, gesture use) (28).

Multiple cognitive domains, including language and communicative function are affected by vascular dementia (29). Patients with vascular dementia usually have dysarthria with variable abnormalities of the language (30). The main characteristics of speech and language in people with Alzheimer's dementia include: difficulties in finding words for objects, difficulties with naming, understanding difficulties, and a louder voice when speaking. In vascular type dementia, to previously mentioned are added incomprehensible speech and reduced complexity of the sentence (31). Characteristics of language degradation in Alzheimer's dementia are compared with those of various aphasic syndromes (25).

Language disorders can be perceived as a weak language system, which includes difficulties in finding words, recalling words or anomia (32). People with dementia use less words, less common words, less prepositional phrases, less depending clauses, and more incomplete fragmented sentences. The lexical deficits tend to be more difficult than the syntax deficits, which confirms the assumption that lexicon of people with dementia is more sensitive than syntax (33).

The American Speech-Language-Hearing Association (ASHA) prescribes the role of speech-language pathologists/therapists in identifying, assessing, intervening, counseling, cooperation, management, education, advocacy and research of people with dementia (34). It is important to understand that dementia affects the communication of the person with dementia, but it is also necessary to adapt the communication of other persons, persons from the environment that are involved in care. Care for people with dementia requires specific communication skills (35). Communication is key to provide good care for a person with dementia (10). Treatment strategies aimed at increasing attention and understanding and simplifying conversation will improve communication skills between people with dementia and care providers (Ross, Cummings and Benson, 1990). Health professionals and family caregivers usually get little training that enables them to meet the communication needs of people with dementia (35). Limited abilities to communicate effectively can affect the ability of caregivers to identify the needs of people with dementia (10).

The Alzheimer's Association Sugden-Best suggests strategies to promote effective communication with a person with dementia (10): Always access the person with dementia from the front; Make sure you look at a person when you talk to him or her; Give the person some signs, as touching hand, or use the person's name before you start the conversation; Ensure that the environment is calm and free of disturbance; Use simple language and speak slowly; Use short and simple sentences; Talk to a person with dementia as an adult and do not speak in the presence of a

person as if he or she is not present; Give enough time to process information and to respond; Try to let the person with dementia to complete their thoughts and make choices with the words; Avoid guessing what the person with dementia is trying to say; Encourage an individual to write a word that he or she is trying to express and to at loud; It might be useful to use a pictogram that uses image views; A person with dementia can be useful to “fill in” answers to questions such as “I need” or “I want” just by showing the appropriate picture; Use proper facial expressions, sometimes it may seem exaggerated, for example to smile when talking about happy events, but do it; Do not correct the person with dementia if he or she is making mistakes; Do not stress the person with dementia to respond; Encourage an individual to use any way of communication he or she feels comfortable with, for example, gesture or writing; Use touch to help concentrate, to set up another way of communication and offer security and encouragement; Avoid confrontation and conflicts with people with dementia.

Training/instruction of communication skills related to the care of people with dementia significantly influences the communication of professional and family caregivers, their skills, abilities and knowledge, improves the quality of life and well-being of people with dementia and increases positive interaction in different care settings (35).

5. CONCLUSION

Dementia is a rapidly growing unit, as the society is getting older we can expect an increasing number of people with dementia. If not affected, then as a potential caregivers or at least the neighbors of the person with dementia, we can provide dementia friendly society only with a certain knowledge. In order to promote cognitive functioning and independence among older adults, public health interventions should also facilitate early detection and treatment of dementia. Communicative (speech and language) difficulties, which are one of the groups of accompanying symptoms of dementia, should be recognized as a consequence of neural degradation in order to provide the necessary help in time. Communication is a very important segment of every person’s life, we use it to actively participate in society, pass on our wishes and needs, and share attitudes, knowledge and experience with other members of the community. Previous indicates the importance of ensuring the ability to communicate and adjust the communication system if needed. Speech and language pathologists/therapists should be actively involved in treating people with dementia through direct contact with affected persons for maintaining communication skills or finding compensation strategies as well as working with their caregivers to teach them how to communicate more adequately.

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