



Illinois Department on Aging



Knowledge of Dementia

Knowledge of Dementia Goals

- Be aware of different types of dementia.
- Discuss signs and symptoms of different types of dementia.
- Understand strategies for communication with persons with dementia (PWD).
- Learn how to prevent and cope with difficult behaviors exhibited by PWD.
- Identify safety measures for in and around the home for PWD.



Do all older people get dementia?

NO!

Normal Aging

- Physical Strength

- Loss of muscle mass
- Thinning of bones

- Vision

- Needing brighter lights
- Need for “readers”

- Hearing

- Hearing loss of high-pitches
- Difficulty hearing in loud settings or groups

- Taste/Smell

- Loss of smell and taste bud sensitivity
- Mouth tends to feel dry

- Cognition

- Difficulty multi-tasking
- May take more time to remember

- Organs/Systems

- Decline in organ function
- Things slow down

Differences in Abilities may include:

Normal Aging

- Is usually able to follow directions
- Is usually able to use notes as reminders
- Is usually able to care for self

Experiencing Dementia

- Is gradually unable to follow directions
- Is gradually unable to use notes as reminders
- Is gradually unable to care for self



What should you do if someone is displaying symptoms of dementia?

Talk to Your Supervisor / Include Behavior in Notes

- Record details of the behavior
- Include to whom and when the behavior was reported



Types of Reversible Dementia

- Infections and immune disorders
- Diet
- Chemical imbalances
- Medicines and/or drug interactions
- Alcohol abuse
- Depression
- Toxins
- Carbon Monoxide
- Isolation/sensory deprivation





||| Types of
Irreversible
Dementia

Ten Warning Signs of Alzheimer's

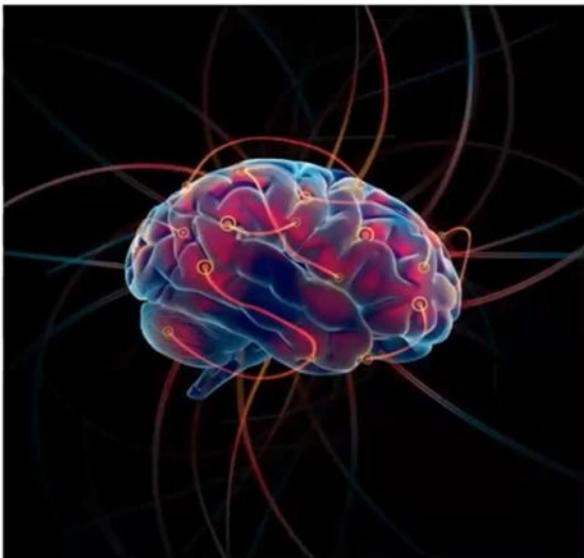
(according to the
Alzheimer's Association)

1. **Memory Loss that Disrupts Daily Life** – May forget recently learned information, important dates and events, and display unexplainable confusion.
2. **Challenges in Planning and Problem Solving** – Changes in ability to develop and follow a plan or work with numbers. May take much longer to do things.
3. **Difficulty Completing Familiar Tasks** – Problems driving and remembering how to perform routine tasks.
4. **Confusion with Time and Place** – Loses track of dates, seasons and the passage of time. Can become lost on their own street, not knowing where they are, how they got there or how to get home.
5. **Trouble with Spatial Relations/Visual Images** – Experiences difficulty reading, judging distance and determining color or contrast.

Ten Warning Signs of Alzheimer's

6. **Language problems** – Trouble following or joining a conversation; may substitute incorrect words, and ask the same question over and over.
7. **Misplacing Items** – May place items in inappropriate places, then not recall how they got there. Inability to retrace steps to find missing items and may accuse others of stealing.
8. **Poor Judgment** – Marked change in judgment or decision-making. May pay less attention to grooming, etc. May dress inappropriately.
9. **Withdrawal** - - May start to remove themselves from hobbies, social activities, work projects or sports. Have trouble keeping up with a favorite sports team or remembering how to complete a favorite hobby. May also avoid being social because of the changes they have experienced.
10. **Change in Mood or Personality** –Personality may change dramatically with rapid mood swings and disinterest.

Lewy Body Dementia – Signs and Symptoms



- Visual hallucinations
- Movement disorders similar to Parkinson's Disease
- Poor regulation of body functions
- Cognitive problems
- Sleep difficulties
- Fluctuating attention
- Depression
- Apathy
- LBD is not considered a memory disorder

Signs and Symptoms of Frontotemporal Dementia (FTD)

Apathy, loss of interest

Loss of empathy/emotion

Lack of self-awareness/violation of personal space

Impulsive behaviors/no inhibition

Poor judgement

Decline in personal hygiene

Pathological behavior/gambling, etc.

Repetitive behaviors



Vascular Dementia – Signs and Symptoms

(Caused by lack of blood flow to the brain, usually due to a stroke or a series of mini strokes (TIA). Memory loss may or may not be present, depending on the part of the brain where blood flow is reduced.)



- Confusion
- Impaired judgement
- Impairment of executive functioning
- Problems with memory
- Restlessness and agitation
- Unsteady gait
- Depression

Communicating with People with Dementia (PWD)

Concrete vs Abstract Language



A diagram illustrating the contrast between concrete and abstract language. It features two large circles: an orange circle on the left and a grey circle on the right. An orange triangle points from the orange circle to the grey circle. Both circles contain text in white.

Use concrete words, which are words that can be seen, felt, heard, smelled or tasted.

Avoid abstract words, which refer to things that are unseen, such as feelings or a state of mind.



Example: It's a nice day!

- Say instead:

The sun is hot today, but there is a cool breeze.

The rain has stopped and the sun is shining.



Example: How are you feeling?

- Say instead:

Does your back hurt?

Do you need to use the bathroom/toilet?



Example: Are you hungry (thirsty)?

- Say instead:

Would you like to eat some cereal now?

Do you want a drink of water?

Before you Speak

- Eliminate distractions and make sure you have the person's full attention before you begin.
- Position yourself at eye level with the person, where he/she can see you as clearly as possible and maintain eye contact.
- Make sure your body language is open and relaxed.
- Don't rush; speak slowly and clearly.

(Alzheimer's Society, 2018)



What to Say

- Address by their preferred title (first name, Mr., Mrs., etc.).
- Ask simple questions which require a yes or no answer. Too many choices can be confusing.
- Stick to one idea or topic at a time.
- If the person is having difficulty understanding, break down what you are saying into smaller sentences and ideas.
- Do not argue with the individual. If the person says something you know is not true, look for the meaning behind what they are saying.

Listening

- Listen carefully to what the person is saying and offer encouragement.
- Repeat/rephrase what you hear, making sure you understand what has been said.
- Allow the person plenty of time to respond.
- Encourage the person to communicate.
- Allow the individual to express his/her feelings.



(Alzheimer's Society, 2018)

Body Language and Physical Contact

- Be aware of the individual's body language.
- Be aware of your own body language.
- Make sure that your body language and facial expression match what you are saying.





More Tips for Communication

- Talk with the person about what he or she is still comfortable doing and what they may need help with.
- It's OK to laugh. Sometimes humor lightens the mood and makes communication easier.
- Use visual cues, as well as touch, sights, sounds, etc., as forms of communication
- Never say, "remember?"

Dealing with Challenging Behaviors



Behavior

The keys to ***preventing and responding*** to a person's difficult behavior:

- Understanding why the behavior is occurring
- Realizing that the behavior may change as the condition progresses.

Always consider that:

- Behavior is communicative.
- Behavior can be the expression of an unmet need.

Other Contributing Factors to Problem Behavior

Always consider physical sources first

- ✓ Impaired vision or hearing (be sure any assistive device is in good working condition)
- ✓ Acute illness (UTI (urinary tract infection), pneumonia)
- ✓ Chronic illness (angina, CCF (congestive cardiac failure), diabetes)
- ✓ Chronic pain (arthritis, ulcers, headaches)
- ✓ Dehydration/Thirst
- ✓ Hunger
- ✓ Constipation
- ✓ Fatigue or physical discomfort

Other Contributing Factors to Problem Behavior

Psychological Pain and Discomfort

- Confusion is the Basis for Most Problem Behavior
- Emotional Needs Related to Confusion:
 - Safety
 - Security
 - Control
 - Reassurance



Other Contributing Factors to Problem Behavior

Has there been a recent change in medication?

Other Contributing Factors to Problem Behavior

Environmental Factors

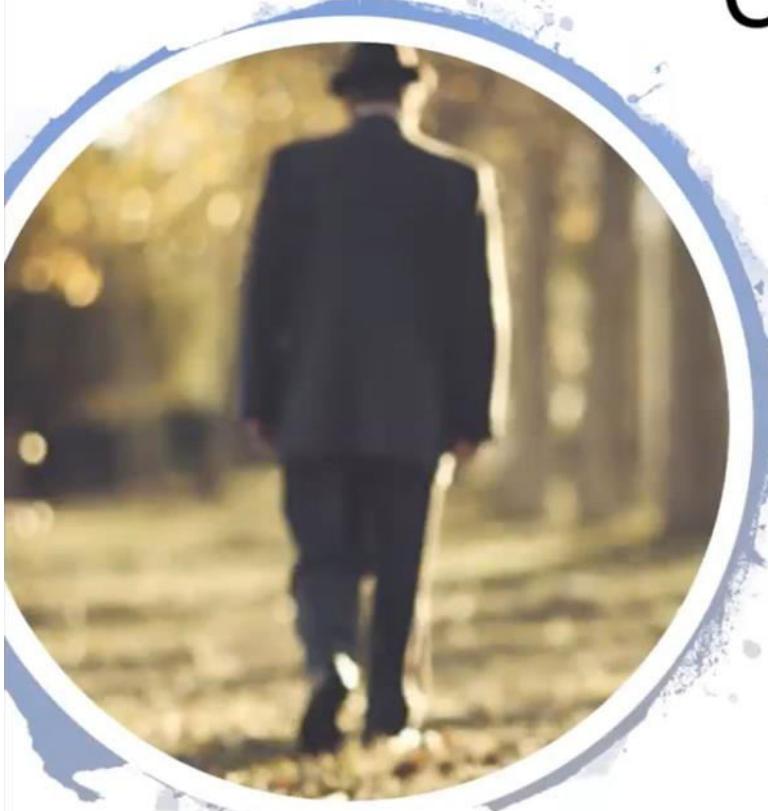
- Noise level
 - TV/Music/Voices and Conversation
 - Activities/Movement
- Level of light
 - Increased levels of light during waking hours can moderate sleep disturbances.
 - Agitation in the evening
- Temperature
- Number of people in the room
 - Crowds can overstimulate.
 - Can feel trapped.
- Design and Obstacles
 - Mirrors
 - Throw rugs
 - Clutter
 - Windows
- Size of the room
 - Large rooms may make them feel vulnerable.
 - Small rooms may make them feel claustrophobic

Understanding Wandering

People with dementia may wander for the following reasons or purposes:

- Stress or fear
- Searching for something or someone
- Boredom
- Basic needs
- Following past routines





Coping with Wandering

At Home

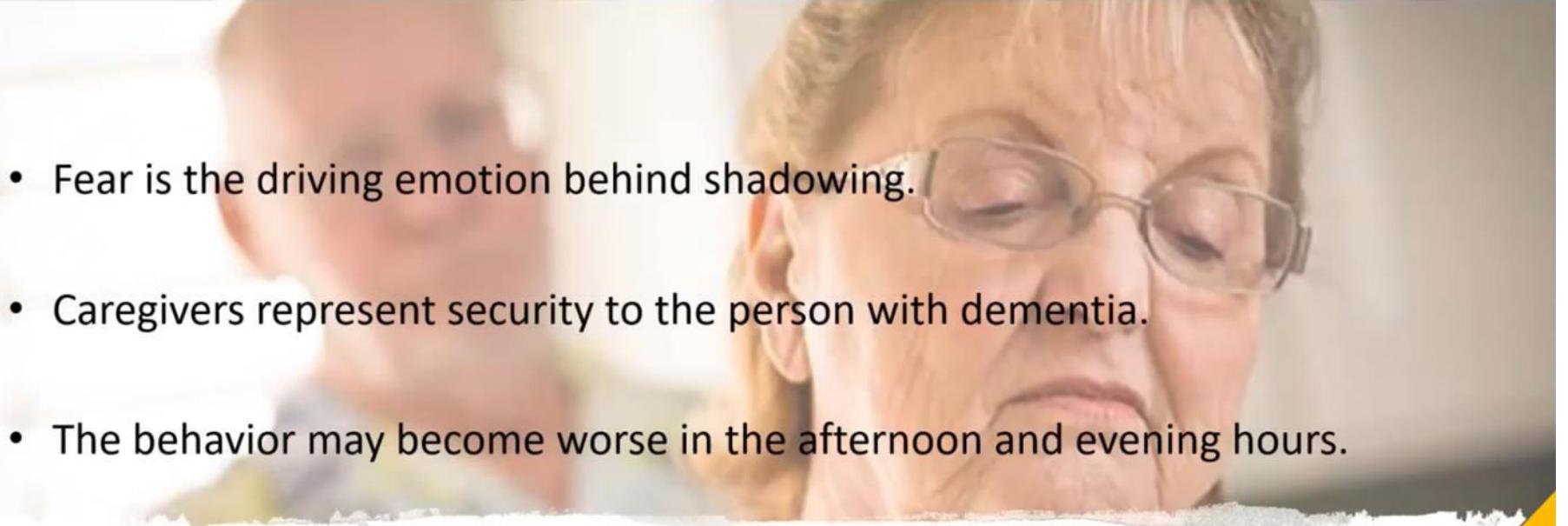
- Ensure basic needs are met.
- Suggest a simple task that involves moving around.

When out in Public

- Avoid busy places.
- Ensure basic needs are met.
- Reassure the person; do not correct him/her.
- Provide supervision and have a routine.

When a PWD goes missing

- Know procedure!
- Begin Searching Immediately. / Activate any GPS.
- Limit search to 15 minutes before calling 9-1-1¹⁴

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- Fear is the driving emotion behind shadowing.
 - Caregivers represent security to the person with dementia.
 - The behavior may become worse in the afternoon and evening hours.

Understanding Shadowing

Coping With Shadowing

- Establish a routine.
- Reassure the person.
- Re-arrange the living space to ensure you can be seen.
- Make an audio or video recording.
- Use a timer.
- Utilize music.
- Be sure the person gets plenty of exercise.
- Give them a snack or task to occupy them.

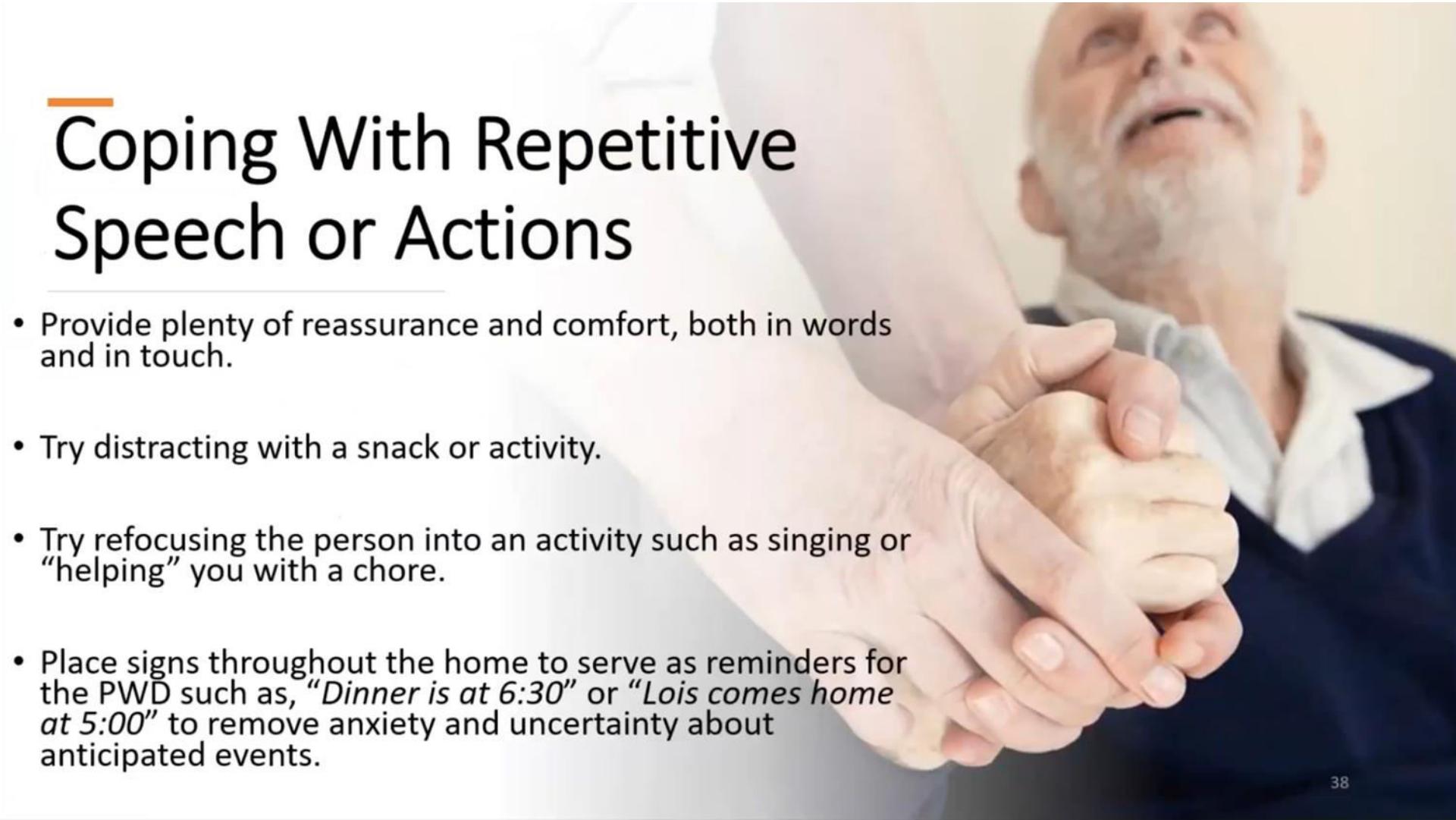


Understanding Repetitive Speech or Actions

People with dementia will often repeat a word, statement, question, or activity over and over. While this type of behavior is usually harmless for the person with dementia, it can be annoying and stressful to caregivers. Sometimes the behavior is triggered by anxiety, boredom, fear, or environmental factors.

Coping With Repetitive Speech or Actions

- Provide plenty of reassurance and comfort, both in words and in touch.
- Try distracting with a snack or activity.
- Try refocusing the person into an activity such as singing or “helping” you with a chore.
- Place signs throughout the home to serve as reminders for the PWD such as, *“Dinner is at 6:30”* or *“Lois comes home at 5:00”* to remove anxiety and uncertainty about anticipated events.



Understanding Why a Person Refuses Care

- The person does not understand what they are being asked to do.
- The request we are making doesn't fit with the person's standards and preferences.
- The person feels he/she is being talked down to.
- The person is misinterpreting the situation or environment.
- Trust issues.
- If a person with dementia refuses food, he/she may have difficulties using utensils, making decisions, or seeing and recognizing food.
- The person might be unwilling to take medication because he/she may have forgotten what it is for.

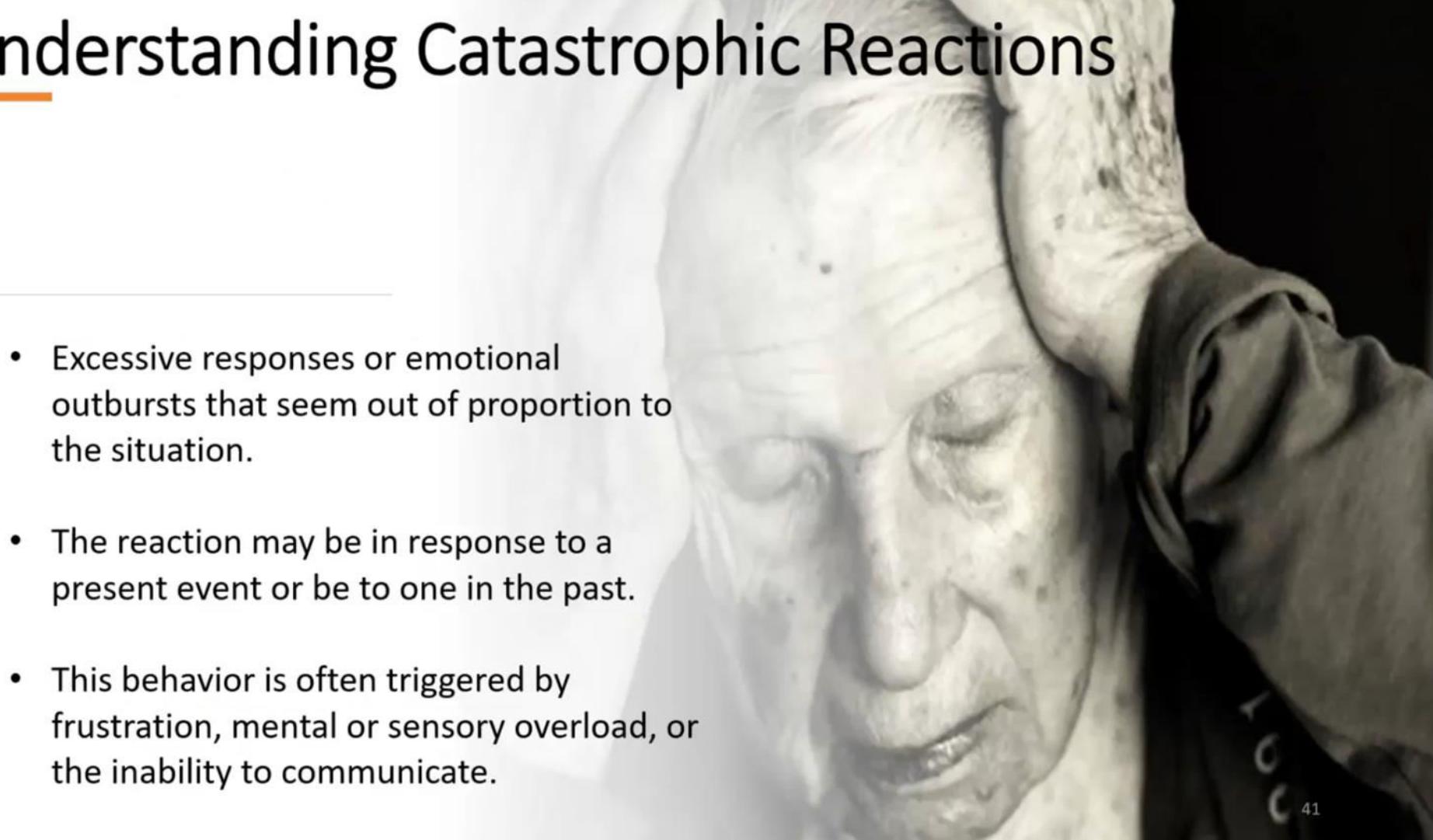
Coping with Refusals: Changing “No” into “Yes”



- Work at building a closer relationship with the individual.
- For personal care, offer alternatives: a bath rather than a shower. A “washing up” rather than a bath.
- Give clear explanations and repeat as necessary. Use physical contact, etc.
- Consider personal preferences of the individual.
- Ensure that you are going at a pace the person feels comfortable and safe with, and you are respecting their modesty as much as possible.
- Offer a reward.

Understanding Catastrophic Reactions

- Excessive responses or emotional outbursts that seem out of proportion to the situation.
- The reaction may be in response to a present event or be to one in the past.
- This behavior is often triggered by frustration, mental or sensory overload, or the inability to communicate.



Coping With Catastrophic Reactions

If safe to do so, back off and observe from a distance to prevent escalation.

Keep body language calm and non-threatening, arms down and hands open.

Do not confront or ask them to explain him/herself.

Provide frequent reassurance.

Don't get into an argument or power struggle with the person.

Learn to recognize certain behaviors.

Calmly call the person by name to help establish eye contact. Introduce yourself even if they know you.

Do not take the response personally. It is not causing the behavior—it is the disease.



Safety for People with Dementia

Lighting

1

Establish 2 times the recommended level of lighting in the home.

-Dementia can change vision making it difficult for a person to understand what he/she is seeing.

2

Use daylight as much as possible, keeping curtains open during day.
-Increased lighting is necessary to compensate for aging/dementia affected eyes.

3

Use table lamps or wall mounted lights, versus a large overhead light

4

Match lighting to the natural cycle of day to night to help circadian rhythm.

-To help with sleep patterns.

Color and Contrast

1

Replace switch plates (and any useful socket plates) with ones that are a contrasting color to the wall.

2

Use plain dishes with colored placemats or tablecloth (plastic – for easy cleanup).

3

Contrast bedding with the coloring of the floor.

Basic Safety “Proofing”

1

Remove locks from internal doors; leave doors to most commonly used rooms wide open.

(Fire safety)

2

Keep household water temperature at or below 120 degrees; temperature activated flow devices are made for sinks and showers/tubs.

3

Place colorful stickers in a white kitchen or bathroom sink basin to improve depth/vision perception.

Basic Safety “Proofing”

4

Tape down throw rugs or remove them.

5

On stairways, have at least one handrail that extends past the first and last steps.

6

Remove poisonous plants and plastic fruit from the home that may be mistaken for food.

7

Install smoke alarms and carbon monoxide detectors in or near the kitchen, furnace, and sleeping areas; check frequently.

Dangerous Items

1

Locking up medications may be important to stop a person with memory loss from accidentally taking too much medicine.

Some families gradually take over giving medications; others use alarmed dispensers.

2

Use locked cabinets for:
Alcohol
Cigarettes/matches
Power tools
Other dangers

3

Also, pay attention to household cleaners and other toxins that may be used in the wrong way.

4

Lock away all firearms and ammunition.

Bathroom

1

Change the flooring or eliminate the shine, when it may be mistaken for being wet—making a person anxious or unsteady.

2

Change the toilet seat to a bright or contrasting color; consider a raised seat for ease and safety.

3

Have the same towels available and placed prominently in the same spot.

4

Use non-slip mats, a shower or bath seat, and install grab bars for the tub/shower and toilet.

Bedroom / Night time Anxiety

1

Use a nightlight and/or a bedside lamp with a touch base; floor sensors are available that will activate lights.

2

Position the bed for person to see the toilet during the night; leave the bathroom light on (or a nightlight).

3

Consider a bed that is height adjustable.

4

Be cautious with electric blankets, heating pads, etc., if used—keep controls out of reach.

Living Room/Family Room

1

Ensure seating is comfortable and at an appropriate height for sitting and standing.

2

Place the remote(s) in visible reach; keep them in a designated place.
-In later stages, remotes may need to be hidden.

3

Place items that trigger positive memories in plain view and at eye level.

4

Increase lighting. Place lamps where safe—avoid the use of extension cords.

Kitchen

1

Keep surfaces clutter free; leave out only those items used daily.

2

Label cabinets and drawers with pictures of what is inside; consider removing cabinet doors altogether.

3

Use safety knobs on the stove; auto shut off devices that can be installed on stove tops as well.

-In later stages, install a hidden gas valve or circuit breaker on the stove so a person with dementia cannot turn it on. Consider removing the oven/range knobs.

4

Disconnect the garbage disposal and install a drain trap to catch what may otherwise become lost or clog the plumbing.

Closing Comments

- Observe – keep your eyes and ears open for potential signs of dementia
 - be aware of do's and dont's for caring for PWD
- Communicate –speak with and listen to the PWD
- Record – keep good notes and accurate task sheets
- Discuss – talk with your supervisor whenever you have a concern or question