

Balancing Safety and Independence in Dementia

Families often struggle with trying to support the person with dementia to be as independent as possible while also protecting their safety. Common risks that often lead to hospitalizations in dementia include falls and infections such as urinary tract infections and pneumonia. Persons with movement problems like Parkinsonism (including Parkinson's Disease, Lewy Body Dementia [LBD] or Progressive Supranuclear Palsy [PSP]) often have a higher risk for falls and may benefit from assistive devices like walkers, raised toilet seats, and grab bars.

In addition to reducing risks, there are ways to support persons with dementia to help them maintain their independence for as long as possible. For example, people with visual spatial deficits (that often occur with Alzheimer's disease [AD] and Posterior Cortical Atrophy [PCA]) may benefit from home modifications that improve lighting, reduce clutter, and increase color contrast to enhance function.

This handout offers tips that are generally helpful for people with dementia of all types. It includes ideas for making changes to the environment and other practical strategies to promote the person's safety and independence.

IF	THEN
The person is stumbling and falling at night	 Keep a light on in the bathroom. Consider using nightlights to enhance visibility.
	 Make sure the pathway to the bathroom is clear of rugs and clutter
	 Consider keeping a urinal or commode near the bedside.
	 Limit fluid intake after dinner and make sure the person uses the bathroom before going to bed.
	 Consider using a partial bedrail at the head of the bed to help the person get out of bed. Full-length bedrails can be dangerous because people injure themselves trying to climb over them.
	 Consider getting a low hospital bed or lowering the mattress close to the floor to make it more difficult for the person to get out of bed on their own. Use a baby monitor or bed alarm to alert the caregiver that the person needs assistance. Remote alarms that alert the caregiver without startling the patient are preferred.
	 Consider hiring overnight help to reduce disruption of the caregiver's sleep



	 Provide verbal cues to remind the person to get out of bed slowly, especially if they take blood pressure medication
IF	THEN
The person is tripping or falling during the day	
	Limit alcohol intake.



- Increase exercise to improve strength and balance
 - Try an exercise, tai chi, or fall prevention class at the local senior center
 - Consider joining a gym with the Silver Sneakers program: https://www.silversneakers.com
 - Consider home exercise videos like Sit and Be Fit: https://www.sitandbefit.org or home exercises like these: https://go4life.nia.nih.gov/exercises

IF THEN

The person's home is not accessible for people with frailty or mobility problems

- Consider hiring a professional care manager or occupational therapist to do a home safety visit to make recommendations
- Have grab bars installed in the bathroom
 - Here is a do-it-yourself instructional video: https://www.youtube.com/watch?v=HYt4UigHv0w
- Programs like Safe at Home at Rebuilding Together or your local Area Agency on Aging may be able to make home modifications for you for free: http://www.rebuildingtogethersf.org/programs/home-safety-independence/
- Apply non-skid tape to shower or tub floor or consider using a non-skid mat. Consider a bench or shower chair. Transfer benches are helpful for bathtubs
- Use a commode chair to elevate the toilet seat
- In California, used adaptive equipment is available through organizations like Ability Tools http://abilitytools.org/services/reuse-programs.php
- Purchase a sturdy chair with arm rests and open space under the seat. Consider a motorized lift-up chair if the person needs assistance to transfer from a chair



- Consider partial bedrails and transfer poles to assist the person with transfers from the bed.
- Place handrails in hallways and along both sides of a staircase. Apply bright reflective tape to the edge of stairs to improve visibility. Install a ramp or chair lift to enable entrance and exit from home.
- Consider getting an adapted phone or medical alert response system the person can use to call for help in an emergency
- Observe for signs that the person may need more help and supervision such as: poor hygiene, weight loss, unexplained bruises, burns, or other injuries

IF THEN

The person gets disoriented or has difficulty processing visual information

- People with visual spatial problems are especially at risk for wandering and getting lost. They should wear a medical alert bracelet with the caregiver's contact information on it or enroll in the Alzheimer's Association Safe Return program: http://www.medicalert.org/safereturn?selected=Membership%20for%20Adults_MedicAlert%20B%20Safe%20Return
- Observe the way the person figures out how to do daily tasks and adapt the environment to support their function. For example, make sure that things the person uses regularly are visible to them by storing them in the same place and removing any surrounding clutter. See ideas from real caregivers in this Conversations with Caregivers video: Balancing Safety and Independence
- Use color contrast to help the person see things. See here for ideas:
 - http://www.enablingenvironments.com.au/downloads.html
- Optimize lighting to reduce glare. See here for ideas: http://www.visionaware.org/info/everyday-living/home-modification-/lighting-and-glare/123
- Apply bright reflective tape to the edge of stairs to improve visibility



- It may be difficult for the person with visual spatial deficits to tell the difference between safe items and those that are hazardous:
 - Look for and throw away any spoiled food in the refrigerator on a weekly basis to avoid food poisoning or stomach upset
 - Remove or lock-up hazardous household chemicals and cleaning products
 - Remove or lock-up potentially hazardous tools and appliances
 - Remove guns from the home. If they cannot be removed from the home, remove ammunition and store it separately from the gun. Apply gun locks and secure guns in a locked cabinet. For more information, see here:

http://www.alz.org/cacentralcoast/documents/14-Safety_and_the_right_to_bear_arms.pdf

IF THEN

The person with dementia is left home alone or has minimal supervision for any period of time

- Help the person keep a predictable daily routine. Attending a day program can be helpful to give the person activity and structure to their day. See here for more ideas: http://www.alz.org/care/dementia-creating-a-plan.asp
- Consider getting an adapted phone or medical alert response system that the person can demonstrate they can use to call for help in an emergency: http://californiaphones.org/Devices-for-Difficulty-Learning-or-Remembering
- Observe for signs that the person may need more help and supervision such as: poor hygiene, weight loss, unexplained bruises, burns, or other injuries
- Observe for signs of paranoia or unrealistic beliefs that someone is out to get them. For example, the person might try to tape the window coverings shut, hide their valuables, or barricade the doorway. This may be a sign they are no longer safe to be left alone and may need more supervision and support.
- Look for and throw away any spoiled food in the refrigerator on a weekly basis to avoid food poisoning or stomach upset



- Remove or lock-up hazardous household chemicals and cleaning products
- Keep the 24/7 poison control hotline (800) 222-1222 available
- Remove or lock-up potentially hazardous tools and appliances
- Remove guns from the home. If they cannot be removed from the home, remove ammunition and store it separately from the guns. Apply gun locks and secure guns in a locked cabinet.
- Consider using a 'nanny camera' or home security camera to observe the person's behavior when no one is around.