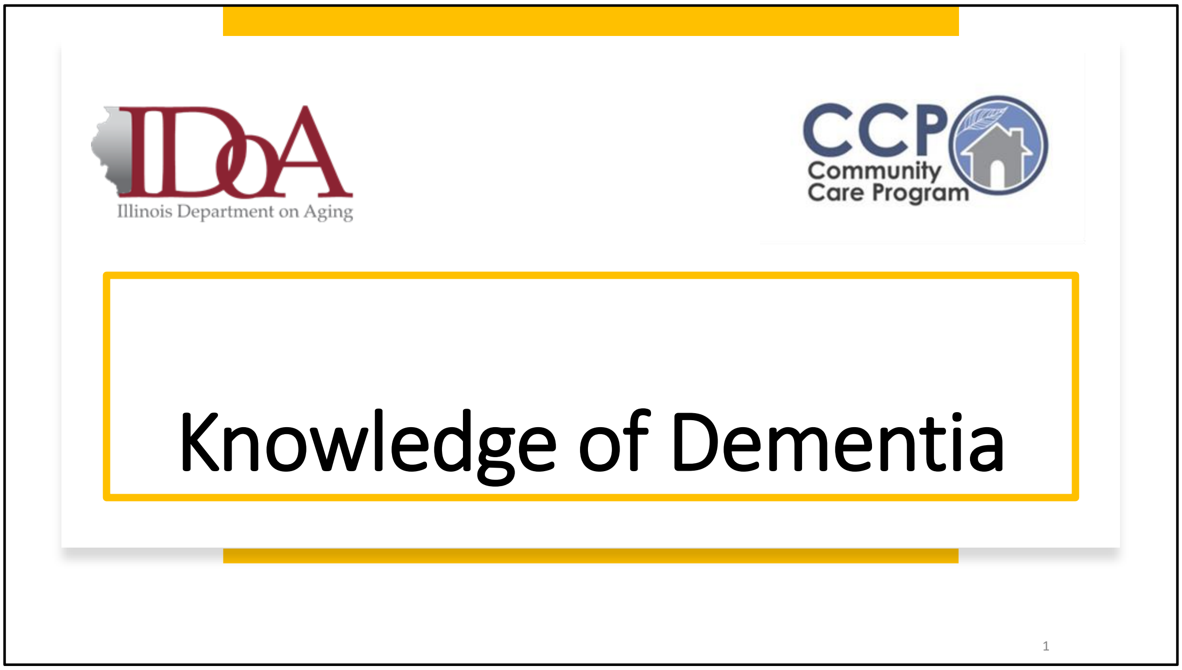


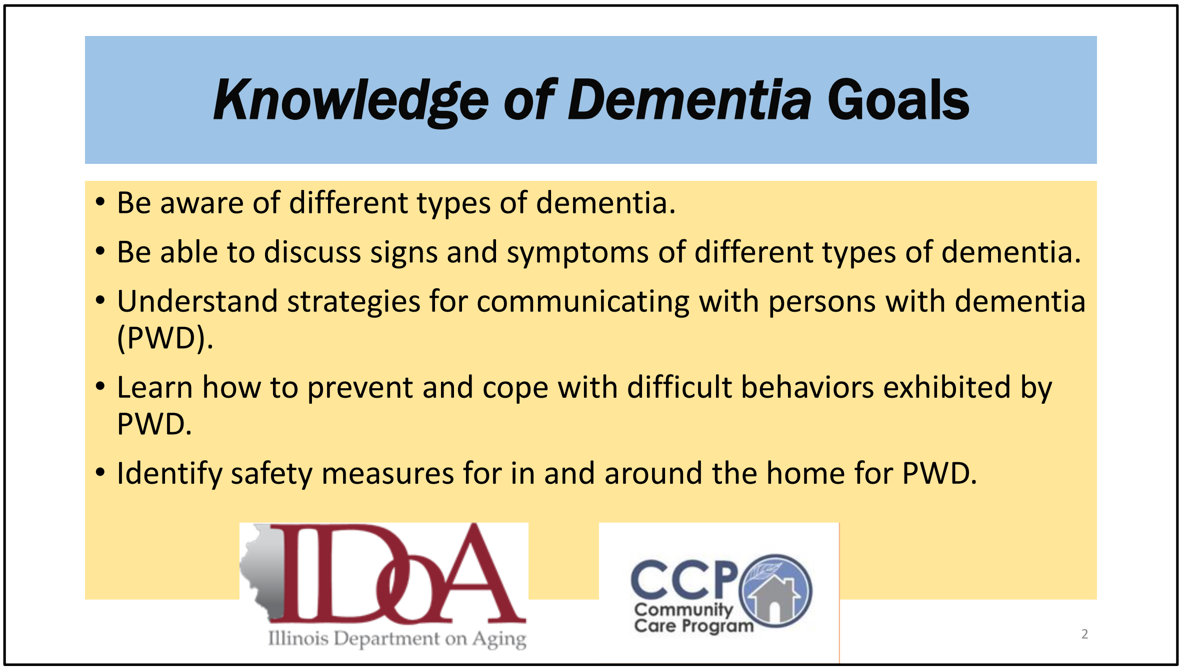
IDoA
Illinois Department on Aging

CCP
Community
Care Program

Knowledge of Dementia

Welcome to an Illinois Department on Aging training webinar.

This presentation has been developed to expand knowledge of dementia for employees of contracted agencies who deliver Community Care Services.



Knowledge of Dementia Goals

- Be aware of different types of dementia.
- Be able to discuss signs and symptoms of different types of dementia.
- Understand strategies for communicating 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.

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After completing this program, you, the viewer will:

- Be aware of different types of dementia.
- Be able to discuss signs and symptoms of different types of dementia.
- Understand strategies for communicating 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.

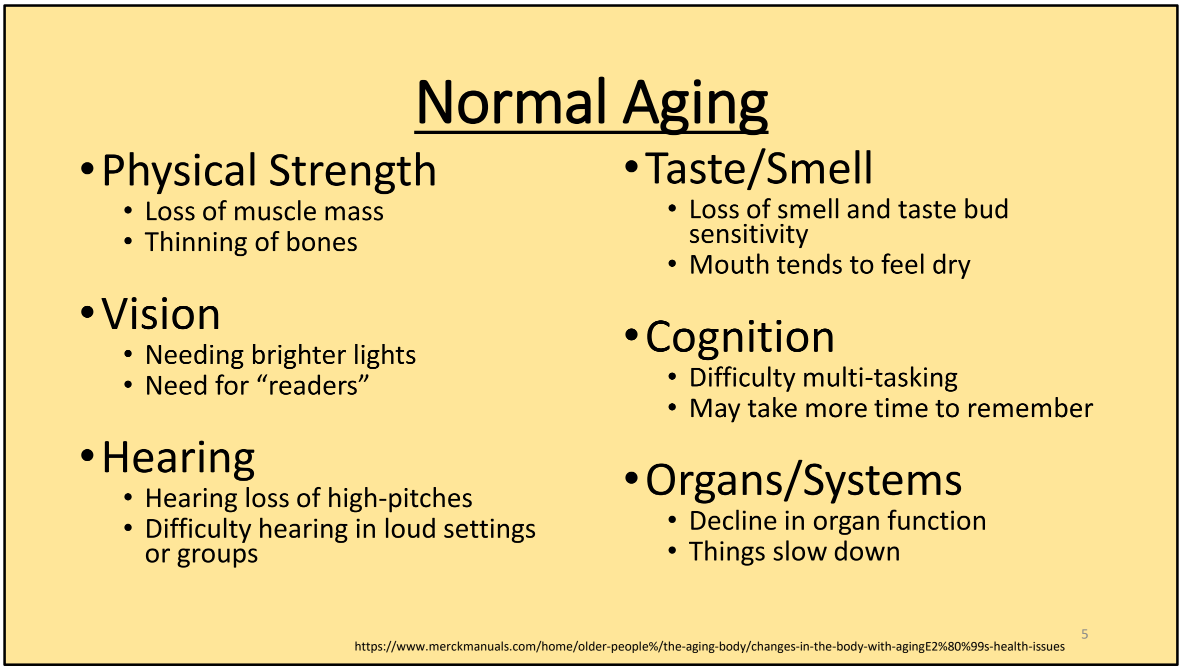
What happens as people age?

To begin, if we were to brainstorm a list of typical things that seniors experience as they grow older, what would that list include?: wrinkles, graying/loss of hair, cataracts, joint pain, shrinking, napping…

Should dementia go on our list????

Do *all* older people get dementia?

NO!

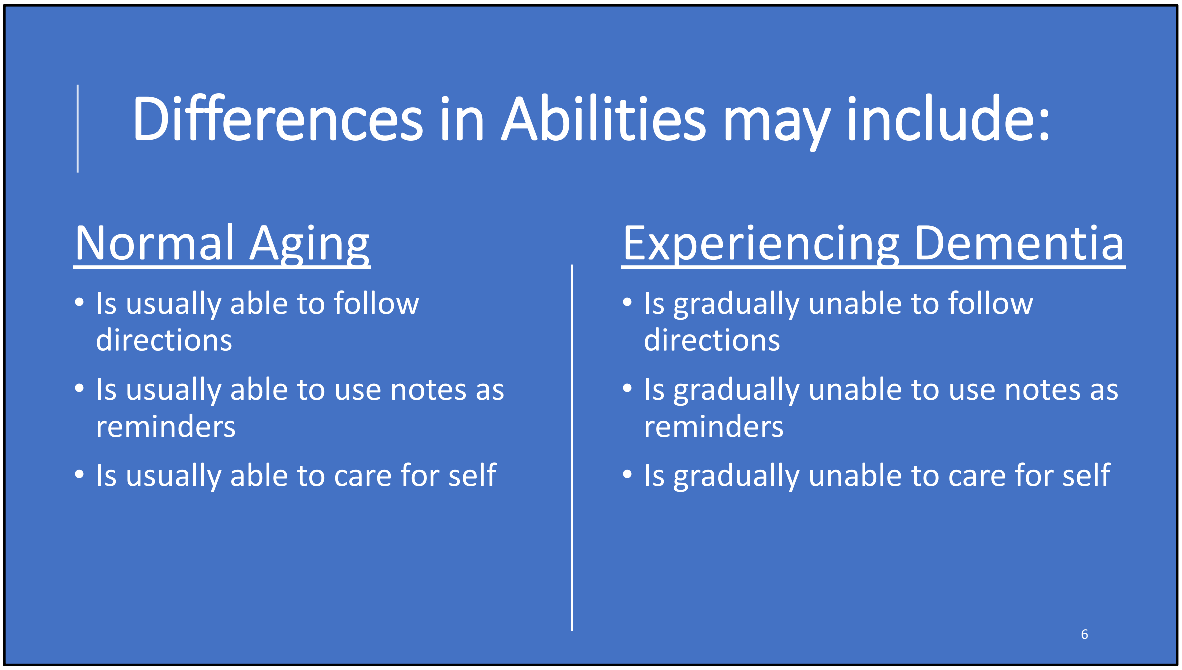


Normal Aging

- 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

https://www.merckmanuals.com/home/older-people%/the-aging-body/changes-in-the-body-with-agingE2%80%99s-health-issues

Natural processes of aging
Muscle/bone changes begin at age 40



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

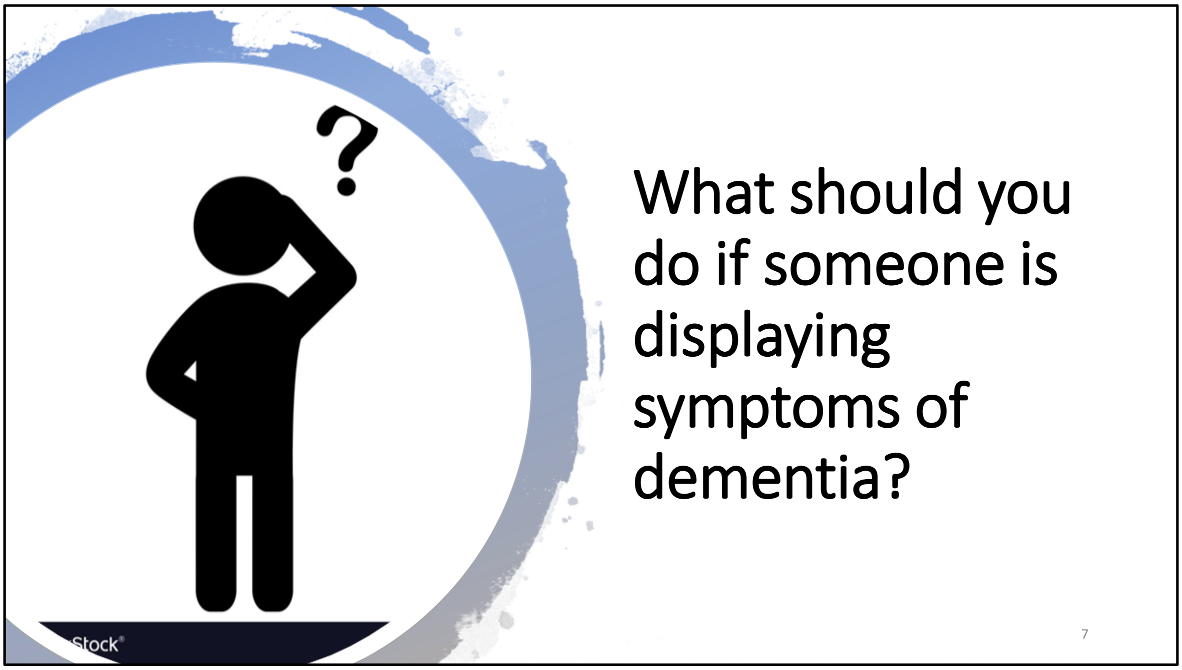
We recognize that there are physical changes that come with aging. And that some mental slow down is to be expected as part of these changes.
BUT, it is still important to be able to distinguish the difference between what is normal as people age and what is symptomatic of someone experiencing dementia.
To clarify:
Bullet #1 “Mildred, put on your coat and meet me at the front door.” a. Mildred at the front door. b. Mildred right where you left her
Bullet #2 “List for Mildred’s morning routine: Feed dog, get newspaper, start coffee pot.”
a. Follows list without problems. b. Newspapers are piling up or dog is very hungry, etc.
Bullet #3 Caring for self based on mental capacity, not physical such as arthritis. a. able to groom self appropriately b. Puts toothpaste on toothbrush and runs through hair.

Pause for Review:

1. All old people have dementia. TRUE or **FALSE**

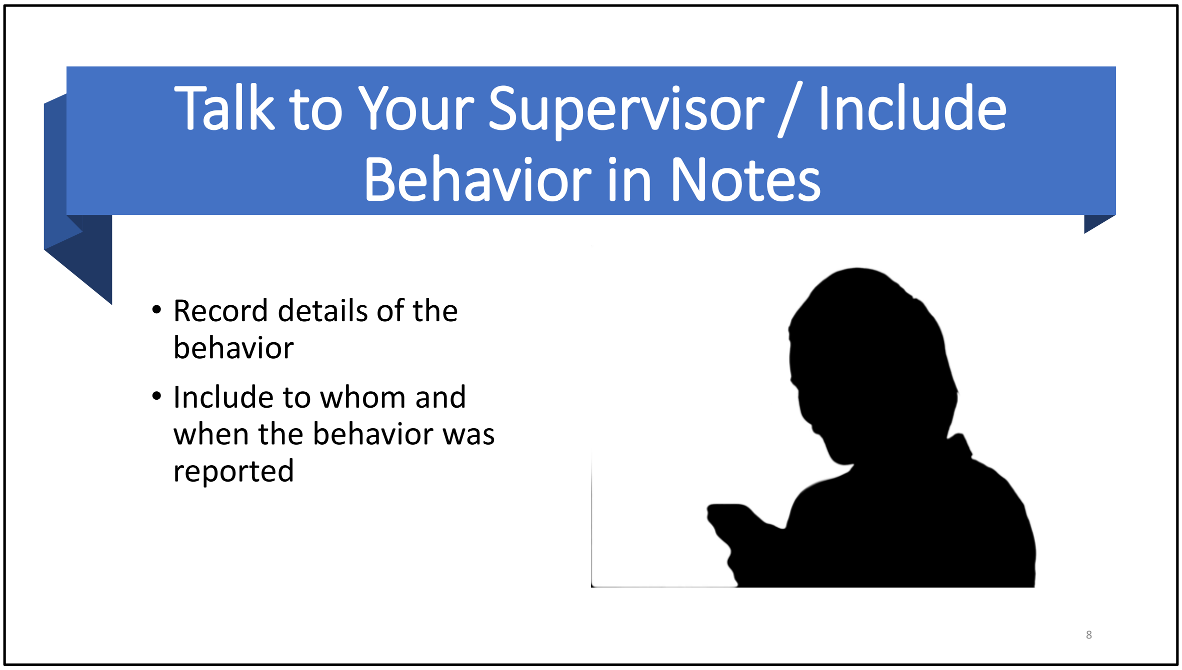
2. A Person with Dementia (PWD) behaves differently than a person who is going through the normal aging process. **TRUE** or FALSE

3. All dementia is caused by the same thing, which is just being old. TRUE or **FALSE**



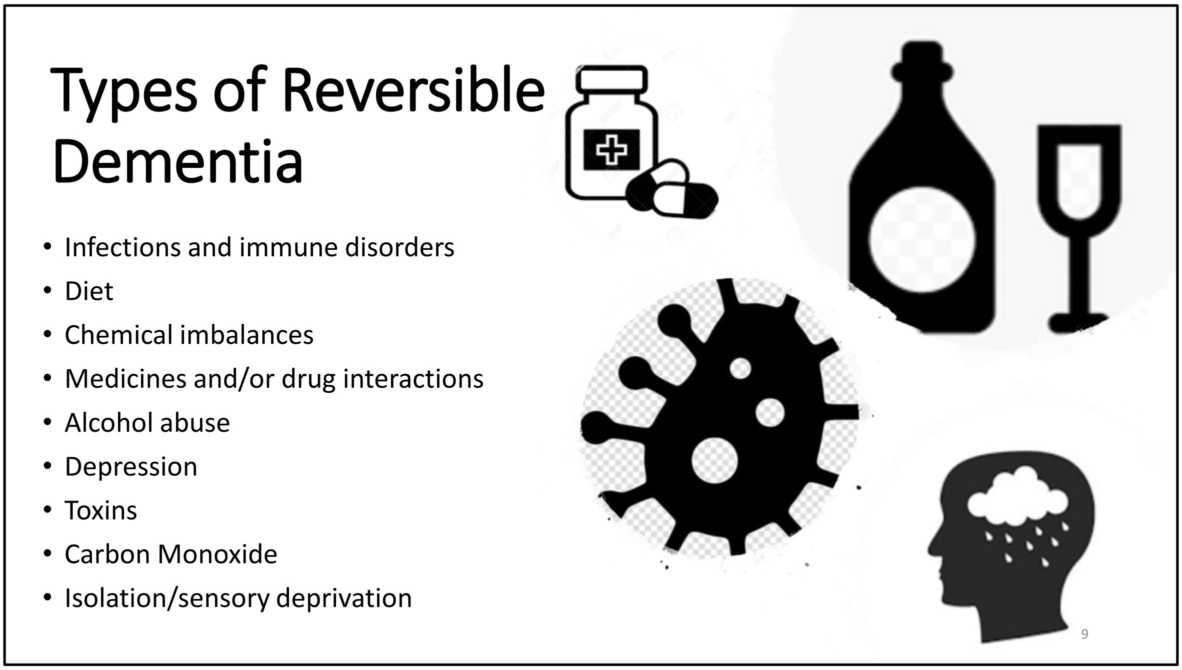
What should you do if someone is displaying symptoms of dementia?

As a community care service provider, you may be the first person to notice these changes in a person's behavior.



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

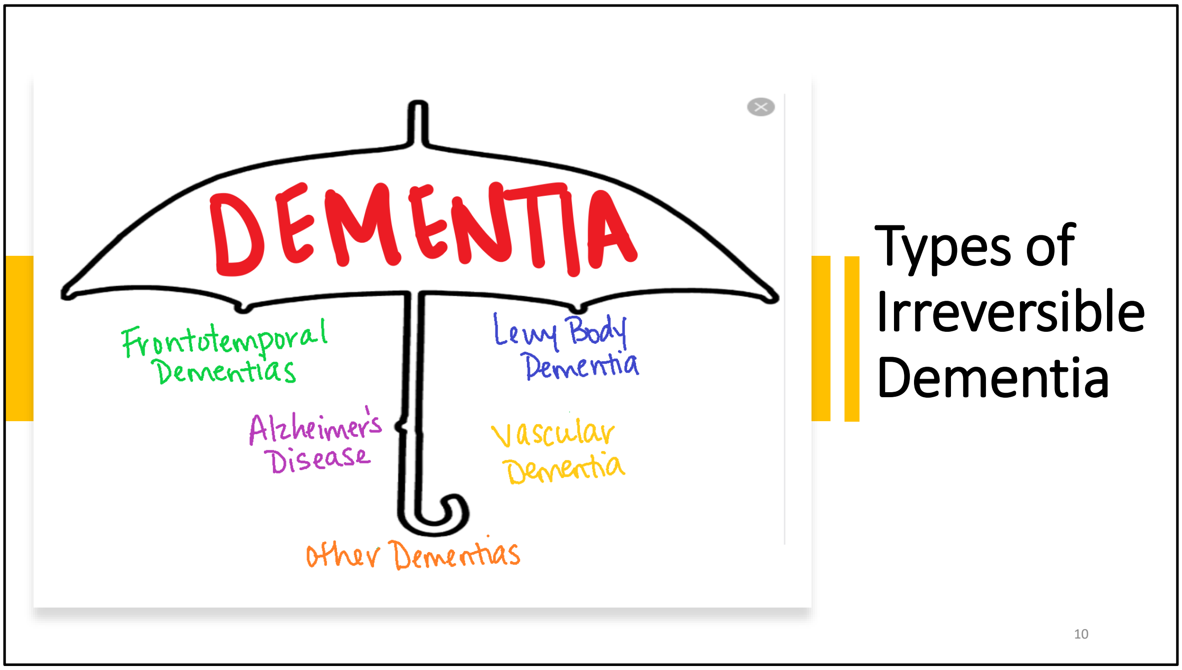
- Infections and immune disorders
- Diet
- Chemical imbalances
- Medicines and/or drug interactions
- Alcohol abuse
- Depression
- Toxins
- Carbon Monoxide
- Isolation/sensory deprivation

Sometimes normal changes in aging cause withdrawal or confusion that can be mistaken for dementia. If a person is not hearing or seeing correctly, they may seem detached and unaware.

Back to the examples of Mildred and Normal Aging. If you asked Mildred to put on her coat and meet you at the front door, but she was still standing in the same place and seemed confused—it could be that she never heard the request.

Can you diagnose if a person is experiencing a hearing loss or experiencing dementia? NO. Have a professional eliminate physical reasons/causes of behavior first.

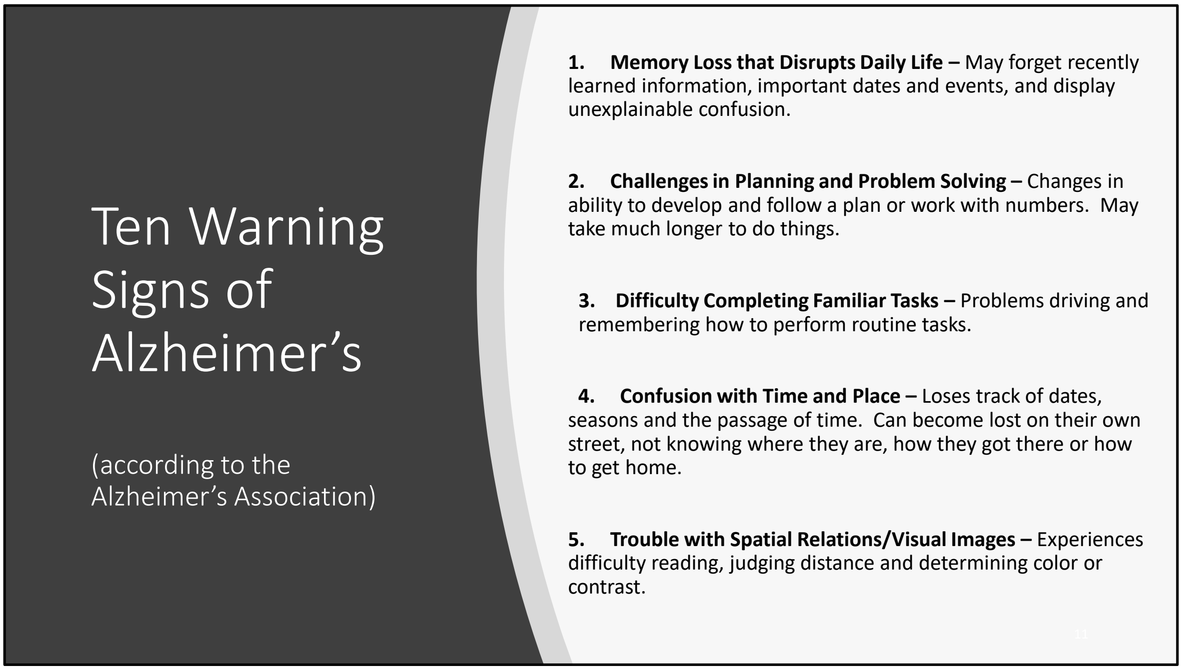
Additionally, abuse victims can present as having dementia.



Types of Irreversible Dementia

Dementia is a broad term that defines any mental disorder where there is memory impairment, personality changes, and impaired reasoning.
“People who have Alzheimer’s have dementia, but not everyone who has dementia has Alzheimer’s.”
Different sources say there are many different types of dementia. Some sources say up to 50, some say up to 300!

Alzheimer’s Disease –The most common disease which causes dementia is Alzheimer’s disease, a progressive and degenerative disease of the brain. The disease begins with memory loss and progresses to total disability and death.

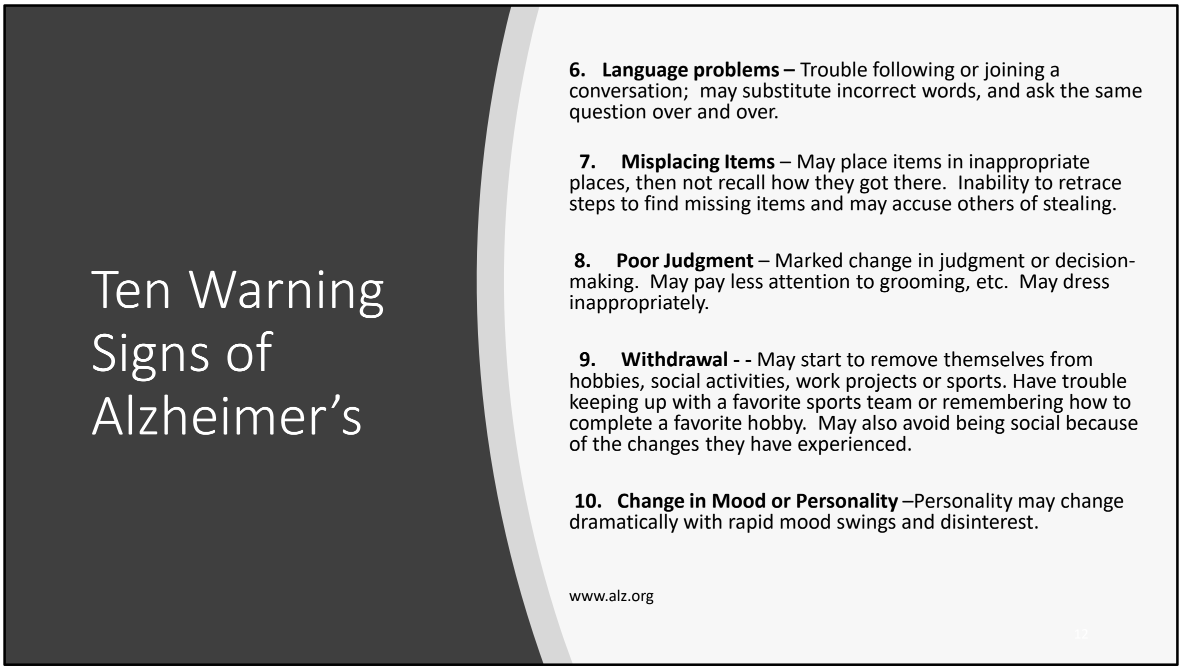


Ten Warning Signs of Alzheimer's

(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.

1. Forgets conversations right after they have them. Can't remember people they just met
2. May forget what they are doing in the middle of something
3. Can't do what they could do before; drive to familiar places, balance a check book, etc.
4. May go to work on their day off, etc.
5. Things look differently; fall risk

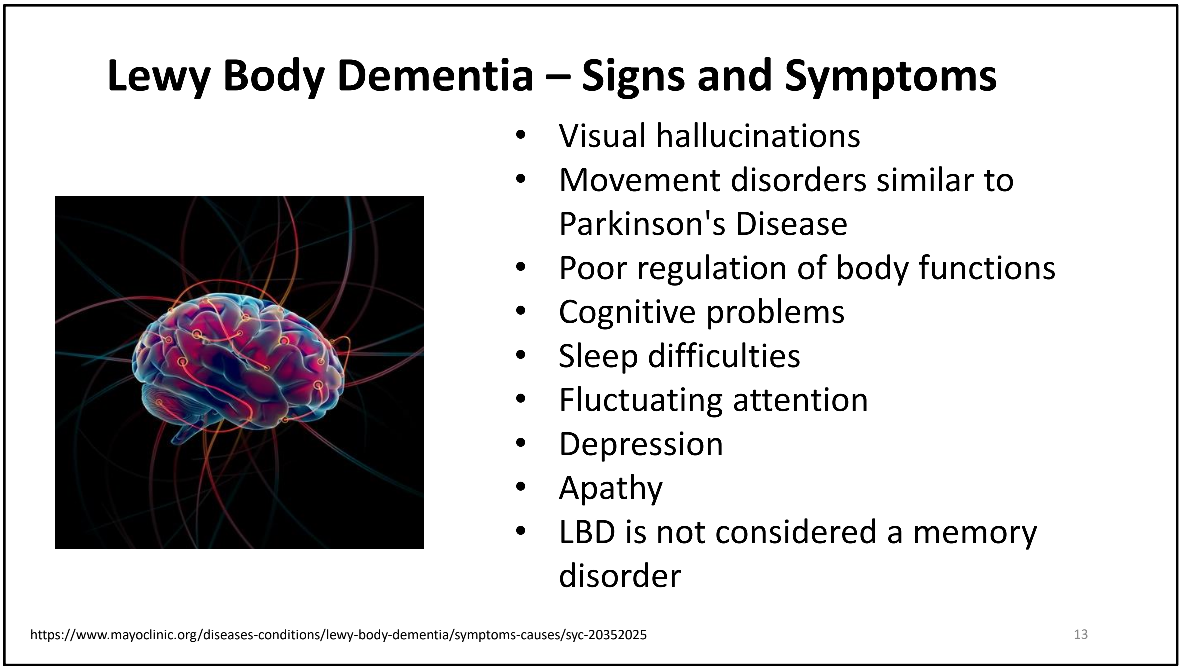


Ten Warning Signs of Alzheimer's

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.

www.alz.org

6. Can't remember words; can't follow a conversation
7. Hide things and forget
8. Things that they were rigid on before are now flexible about; may bathe less frequently or wear stained clothes
9. Can't keep up or understand, so prefer to not be involved
10. Easily angered; short temper and/or attention span



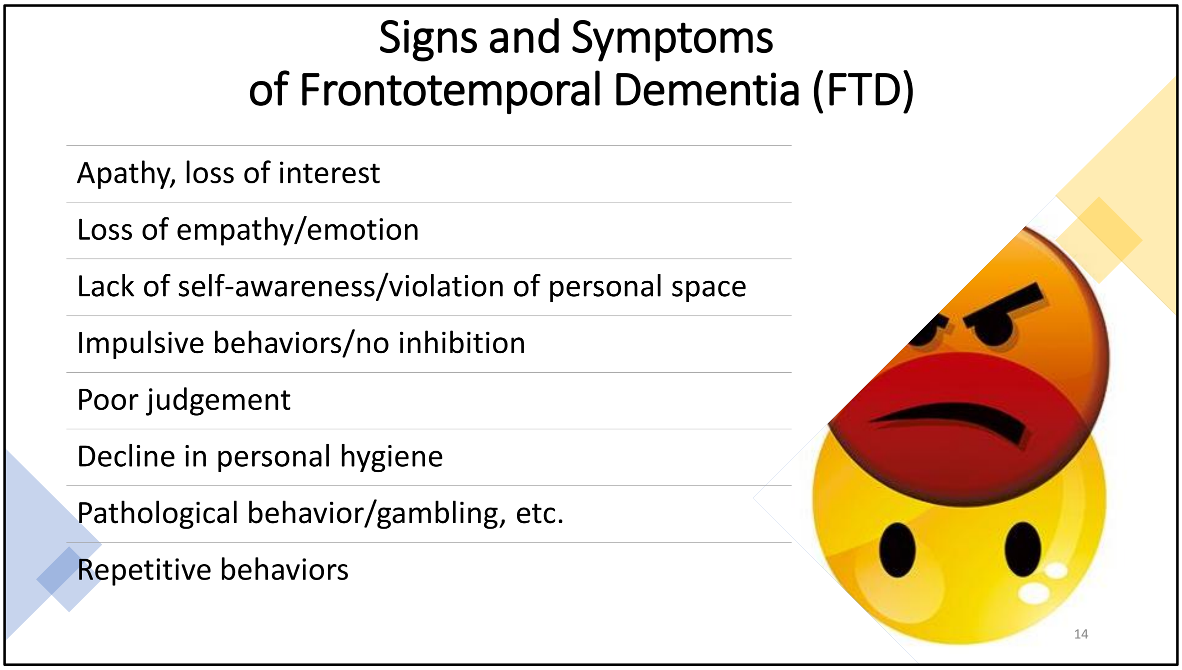
Lewy Body Dementia – Signs and Symptoms

- 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

https://www.mayoclinic.org/diseases-conditions/lewy-body-dementia/symptoms-causes/syc-20352025

Parkinson symptoms such as slowed movement, rigid muscles, tremor or a shuffling walk may occur.
Body functions such as: blood pressure, pulse, sweating and the digestive process are regulated by a part of the nervous system that is often affected by Lewy body dementia.
Sleep: individual may have rapid eye movement (REM) sleep behavior disorder, which can cause them to **physically act out their dreams while asleep.**
Limited attention: Episodes of drowsiness, long periods of staring into space, long naps during the day or disorganized speech are possible.
Executive functioning: planning, problem solving, spatial relations
Reduced voice volume, swallowing problems.

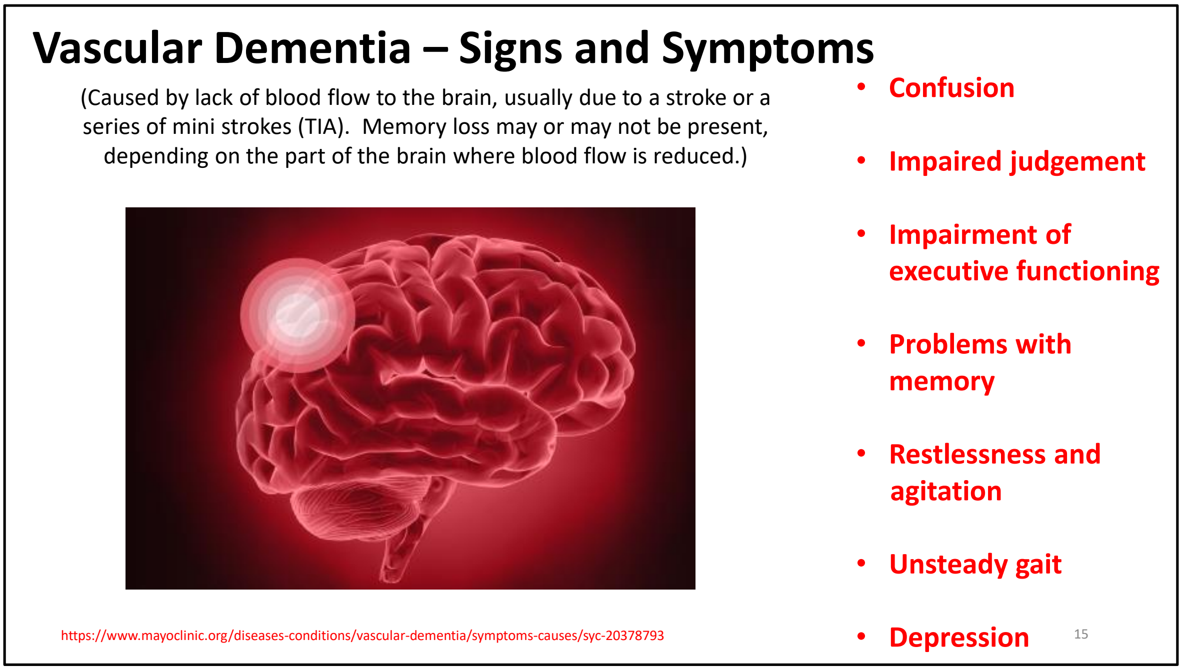
Anti-psychotics do not work; adverse effects



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

Frontotemporal Dementia (FTD) – Frontotemporal disorders affect executive functions such as planning and sequencing, multi-tasking, monitoring and correcting errors. Other symptoms include unusual behaviors, difficulty with work, difficulty walking, language problems and memory loss. Usually affects those under 60.



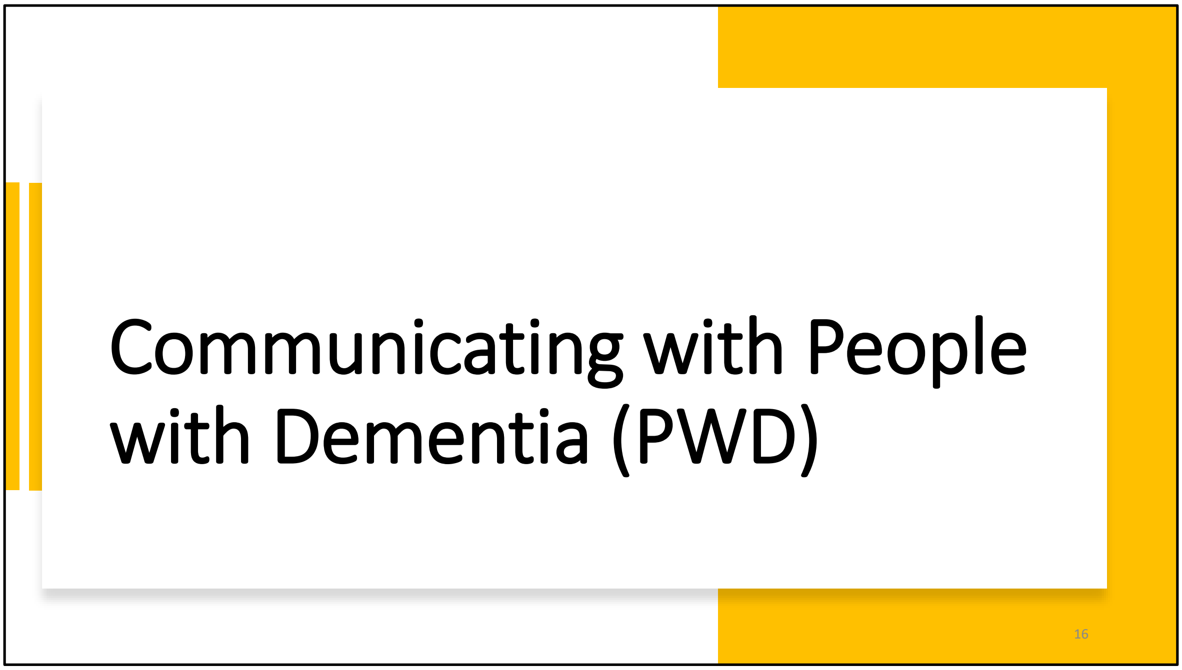
Vascular Dementia – Signs and Symptoms

(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.)

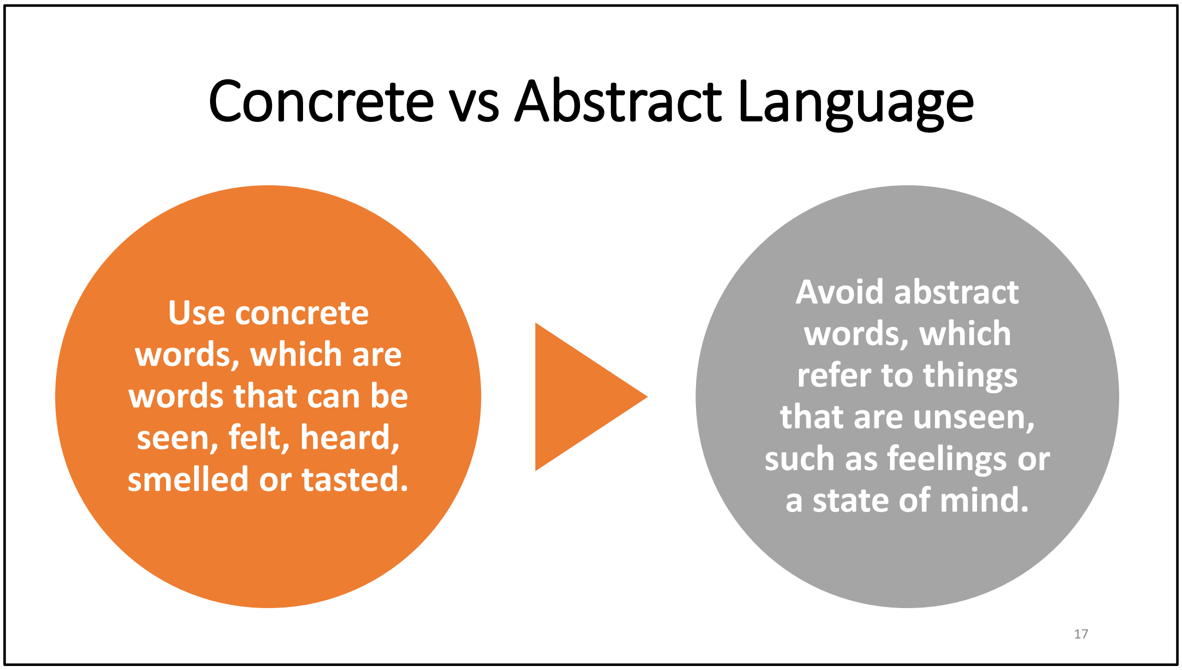
- **Confusion**
- **Impaired judgement**
- **Impairment of executive functioning**
- **Problems with memory**
- **Restlessness and agitation**
- **Unsteady gait**
- **Depression**

https://www.mayoclinic.org/diseases-conditions/vascular-dementia/symptoms-causes/syc-20378793

Executive function is responsible for a number of skills, including:
- Paying attention.
- Organizing, planning and prioritizing.
- Starting tasks and staying focused on them to completion.
- Understanding different points of view.
- Regulating emotions.
- Self-monitoring (keeping track of what you're doing)



Communicating with People with Dementia (PWD)



Concrete vs Abstract Language

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.

Be specific. Say things that they can clearly identify and understand because they can use their senses and not their feelings and imagination.

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?

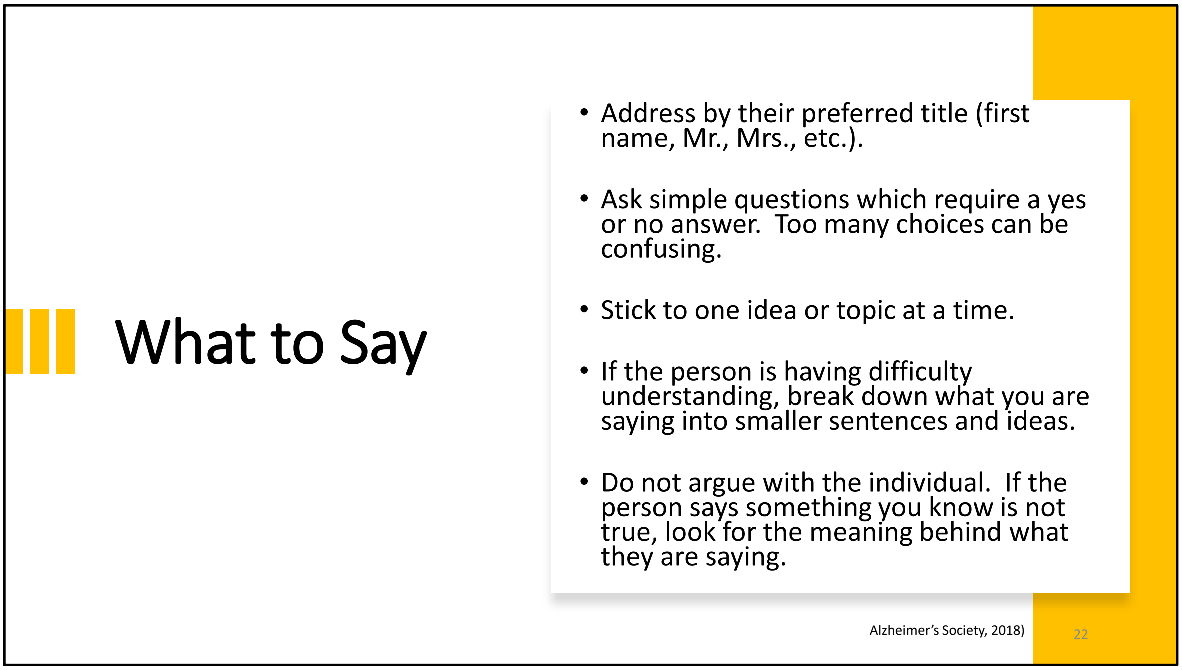
  Do you want a drink of water?

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)

- Make sure you’re in a good place to talk – quiet, with good lighting and without too many distractions (e.g., no radio or TV on in the background).
- Try to be on the same level as the person, rather than standing over them. Sit close to the person, although not so close you are in their personal space.
- If you feel rushed or stressed, take some time to calm down.

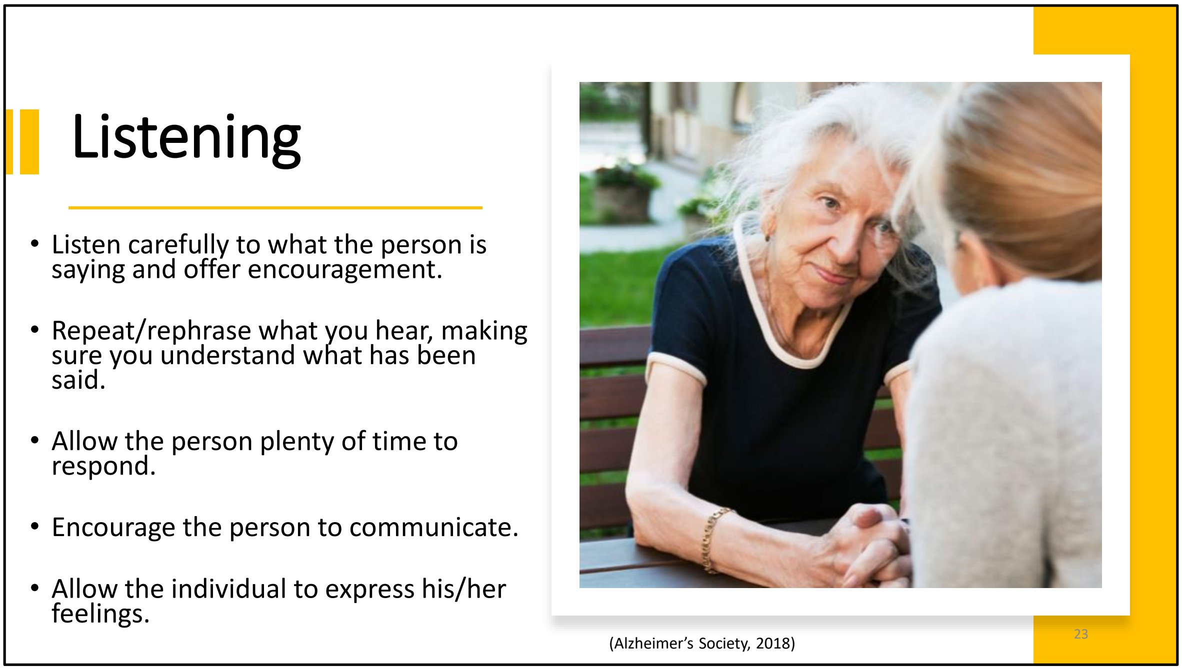


What to Say

- 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.

Alzheimer’s Society, 2018)

- Say their name to get their attention before talking.
- Try to avoid asking too many questions, or complicated questions. People with dementia can become frustrated or withdrawn if they can’t find the answer.
- Try to stick to one idea at a time. Giving someone a choice is important, but too many options can be confusing and frustrating.
- Ask questions one at a time, and phrase them in a way that allows for a ‘yes’ or ‘no’ answer (e.g., rather than asking someone what they would like to do, ask if they would like to go for a walk) or in a way that gives the person a choice (‘would you like tea or coffee?’).



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)

- If you haven't understood fully, rephrase what you have understood and check to see if you are right. The person's reaction and body language can be a good indicator of what they've understood and how they feel.
- It may take them longer to process the information and work out their response. Don't interrupt the person as it can break the pattern of communication.
- If the person with dementia has difficulty finding the right word or finishing a sentence, ask them to explain it in a different way. Listen for clues. Also pay attention to their body language. The expression on their face and the way they hold themselves can give you clear signals about how they are feeling.
- If a person is feeling sad, let them express their feelings. Do not dismiss a person's worries – sometimes the best thing to do is just listen, and show that you are there. Look for the meaning behind the words.

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.

(Alzheimer's Society, 2018)

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?"

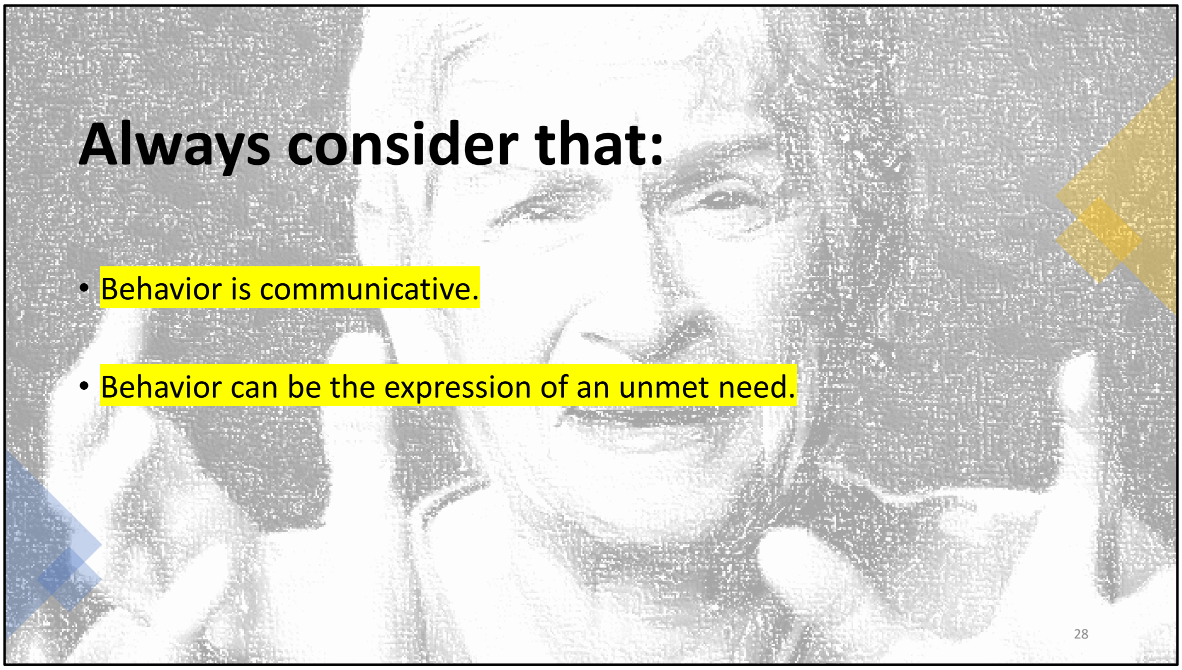
(alz.org, 2018)

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.



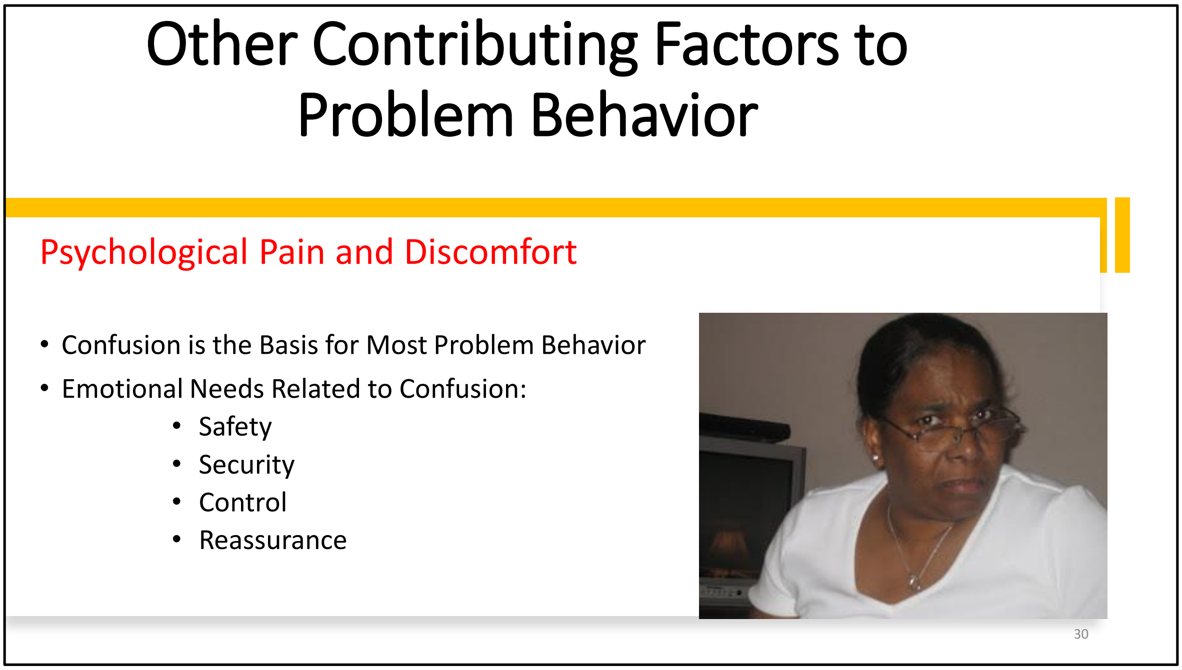
Always consider that:

- 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

Things that can be addressed for a PWD experiencing psychological pain:

- Are they being included? Are people talking about them as if they aren't there?
- What are they doing and how are they contributing? Can you give him/her a task?
- Do they need reassuring about knowing who they are, who they are with, where they are, etc.?
- Has the person become agitated because of separation from caregiver or a specific object?

Other Contributing Factors to Problem Behavior

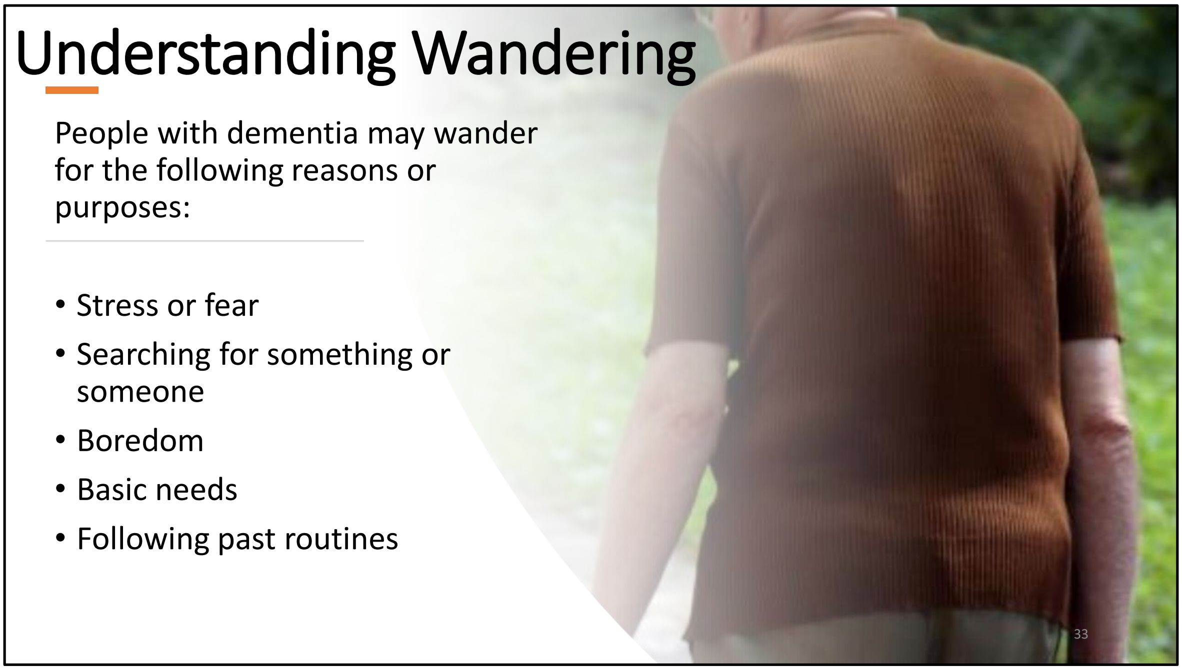
Has there been a recent change in medication?

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

The highlighted items are most often associated with behavior issues, but all can be contributing factors. And of course, an individual may have his/her own triggers.

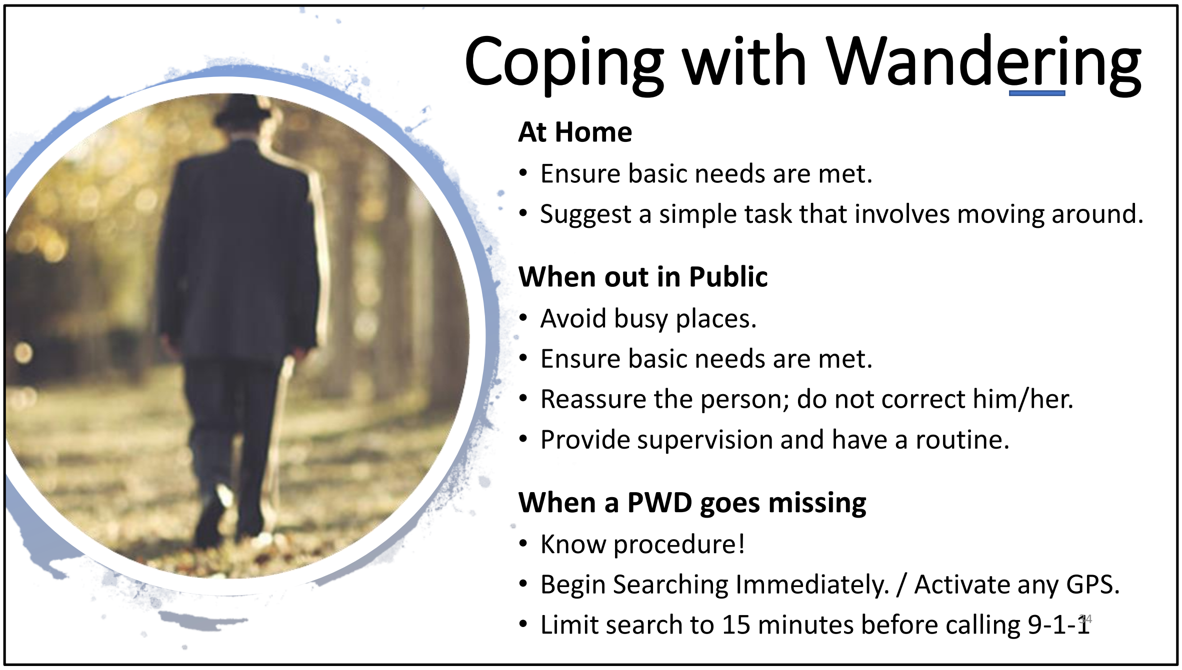


Understanding Wandering

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

Stress or fear The person might wander as a reaction to an unfamiliar or overstimulating environment, a loud noise or a situation he or she does not understand.
Searching. He or she might get lost while searching for someone or something. Looking for a parent? Need reassurance.
Boredom. He or she might be looking for something to do.
Basic needs. He or she might be looking for a bathroom or food, or want to go outdoors.
Following past routines. He or she might try to go to work, do chores or buy groceries, pick up a child from school.



Coping with Wandering

At Home

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

When out in Public

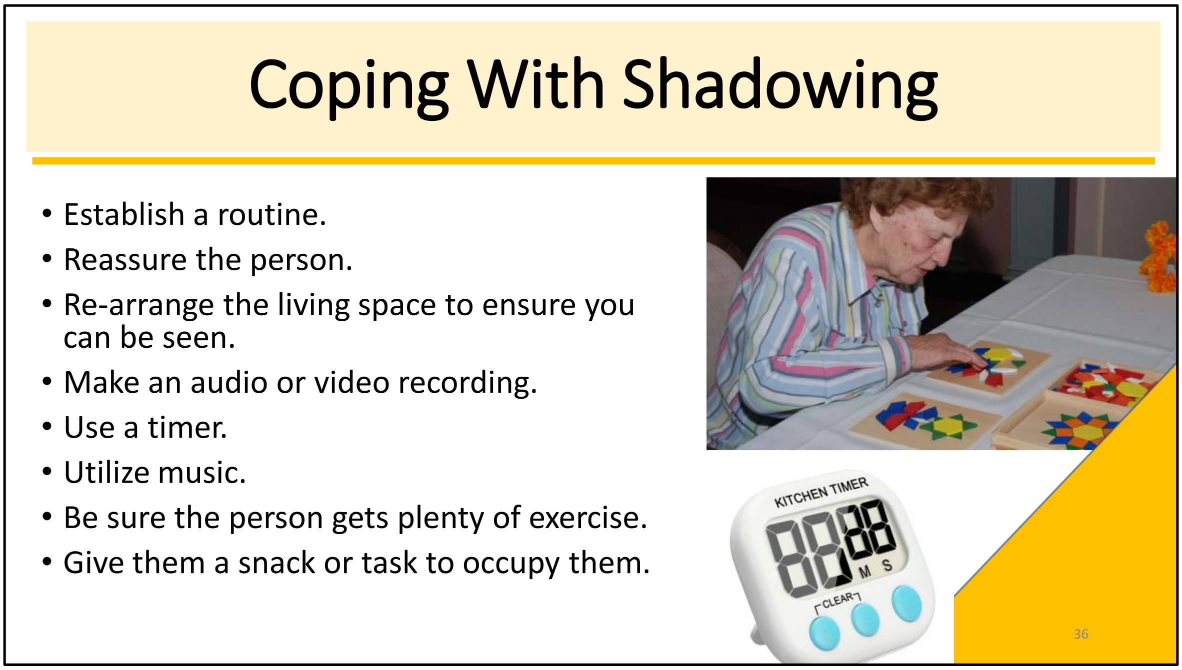
- Avoid busy places.
- Ensure basic needs are met.
- Reassure the person; do not correct him/her.
- Provide supervision and have a routine.

When a PWD goes missing

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

Understanding Shadowing

- 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.



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.

- Establishing and maintaining a routine brings structure to the life of a person with dementia. A routine helps them to know what comes next and may reduce anxiety.
- Throughout the day, remind the older adult that they are safe. Repeat phrases like, “Everything is okay,” “I’m here to help you,” and “It’s good that you are here” throughout the day.
- If the person can see the caregiver at all times, it may have a calming effect.
- An audio or video recording of a person or people the PWD trusts can help reduce the behavior by providing comfort. Ask family members and friends to record familiar stories and reminiscences, then play the tape when you need time to get something done.
- Set the timer and tell the person that you will come out of the bathroom or that an activity will take place when the timer goes off. Let the senior hold the egg timer and watch it count down.
- Be sure to use familiar music.
- Exercise can have a calming effect. The person may want to take a nap, but be careful of letting them sleep too long.

Understanding Repetitive Speech or Actions

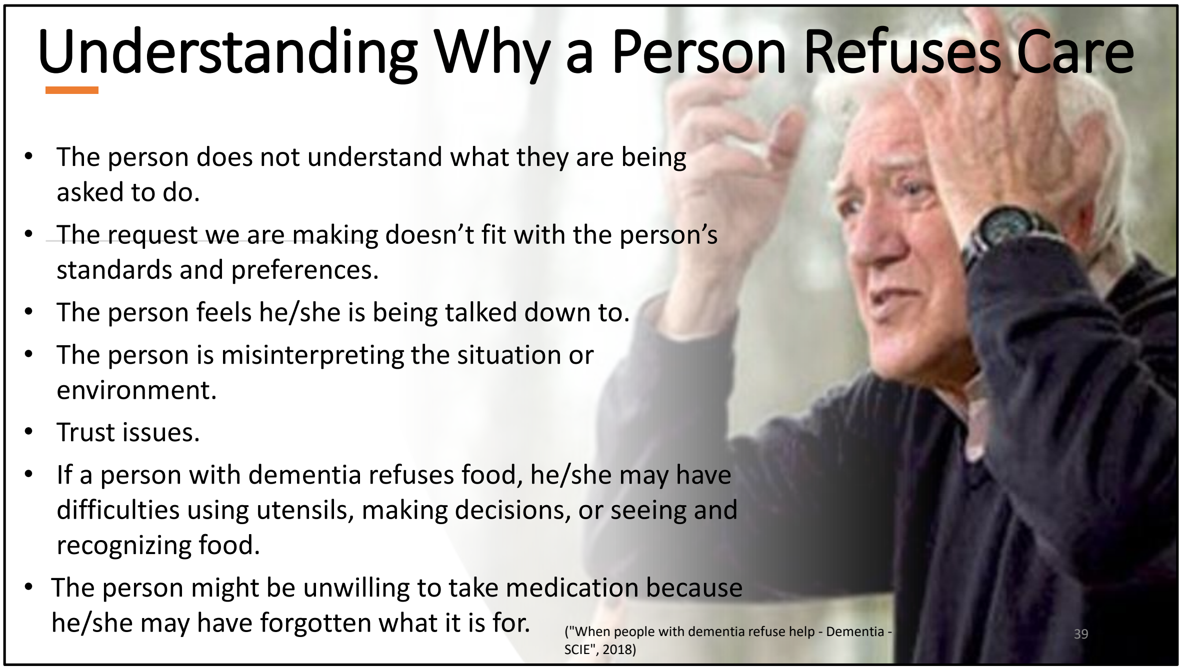
People with dementia will often repeat a word, statement, question, or activity over and over. While this type of behavior is usually harmless for the person with dementia, it can be annoying and stressful to caregivers. Sometimes the behavior is triggered by anxiety, boredom, fear, or environmental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

http://www.dementiamanagementstrategy.com/Pages/ABC_of_behaviour_management/Ten_top_tips.aspx

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.

Seeing a pattern??
Avoid reminding them that they just asked the same question. Try ignoring the behavior or question.

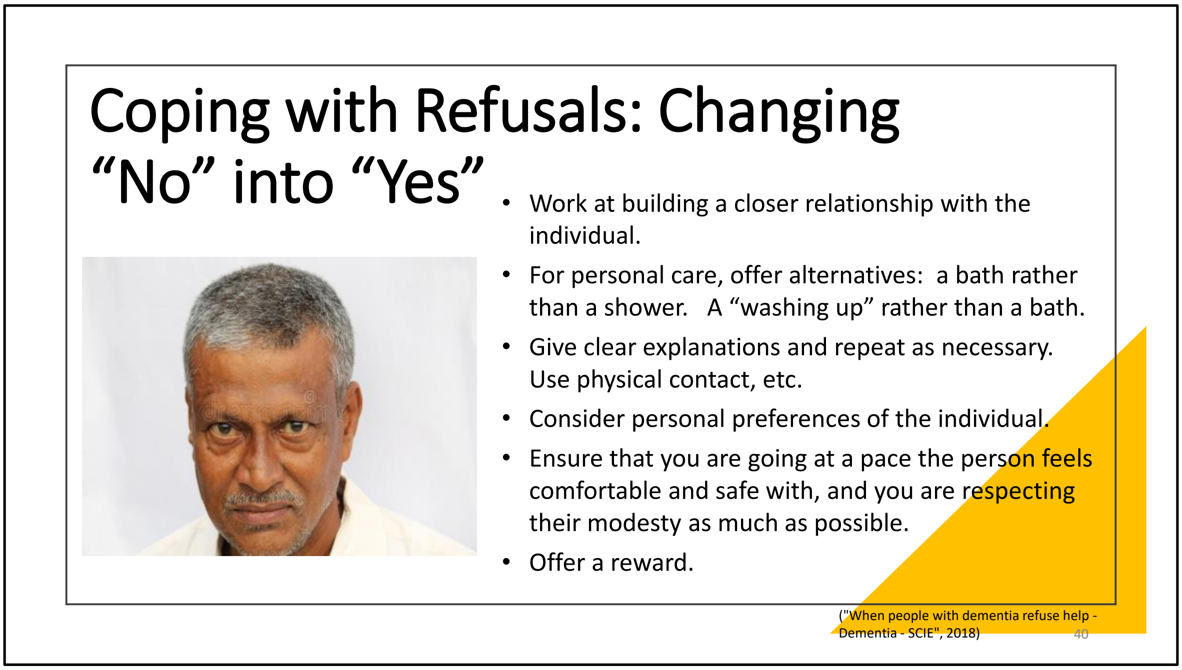


Understanding Why a Person Refuses Care

- 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.

("When people with dementia refuse help - Dementia - SCIE", 2018)

- Try to rephrase and break down into smaller segments – don't just repeat—break it into smaller points.
- Doesn't fit with personal preferences: for example, we are asking them to eat something they don't like or to go to bed when they want to stay up. Re Person Centered Planning.
- Person feels they are being bossed, and is refusing in order to keep a sense of control.
- Eyesight/perception issues. For example, the person may perceive a shiny floor as being wet and refuse to walk on it.
- Food – try contrasting colors of plate, placemat, table, food. Try one food at a time or 2 at a time.



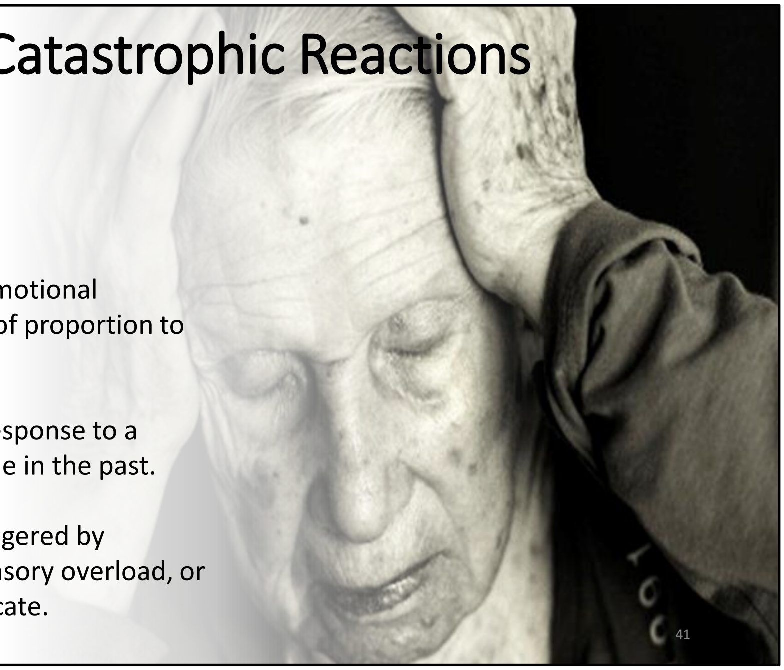
Coping with Refusals: Changing "No" into "Yes"

- 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.

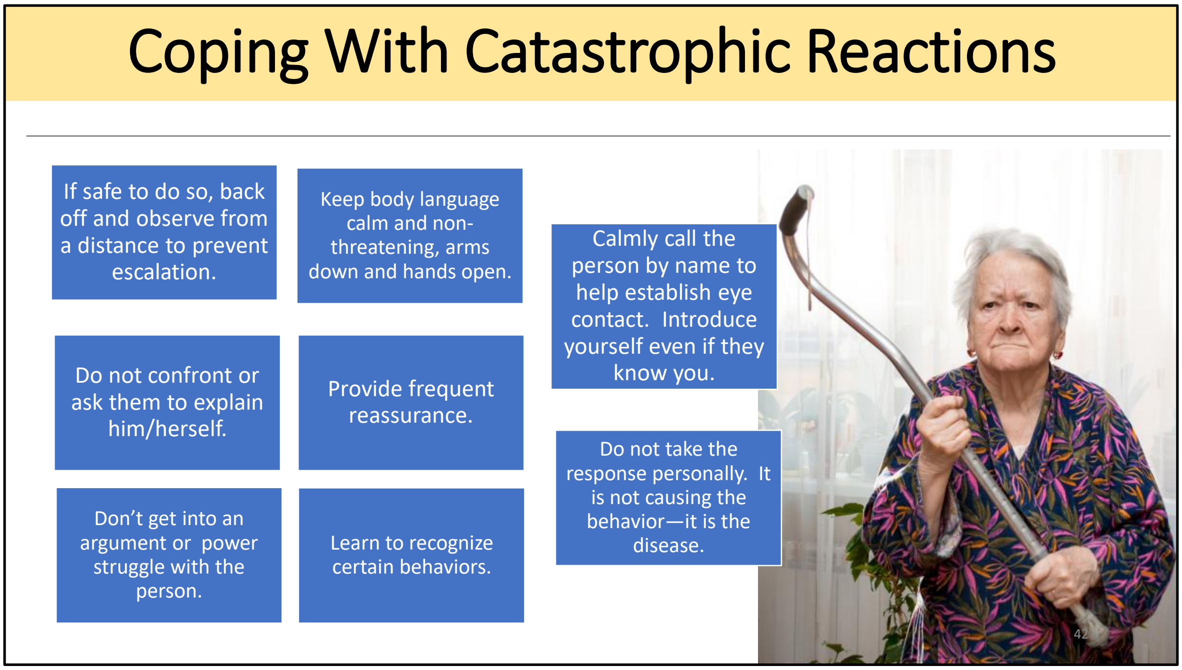
("When people with dementia refuse help - Dementia - SCIE", 2018)

Explain, explain, explain at EVERY stage

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.

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

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

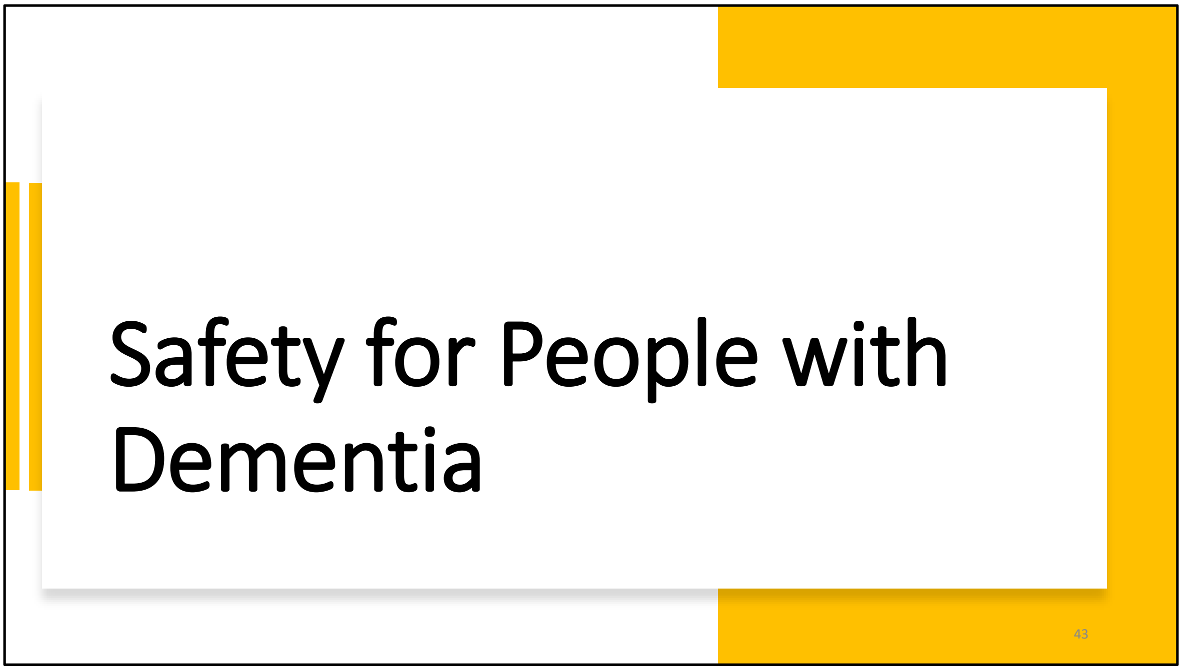
Provide frequent reassurance.

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

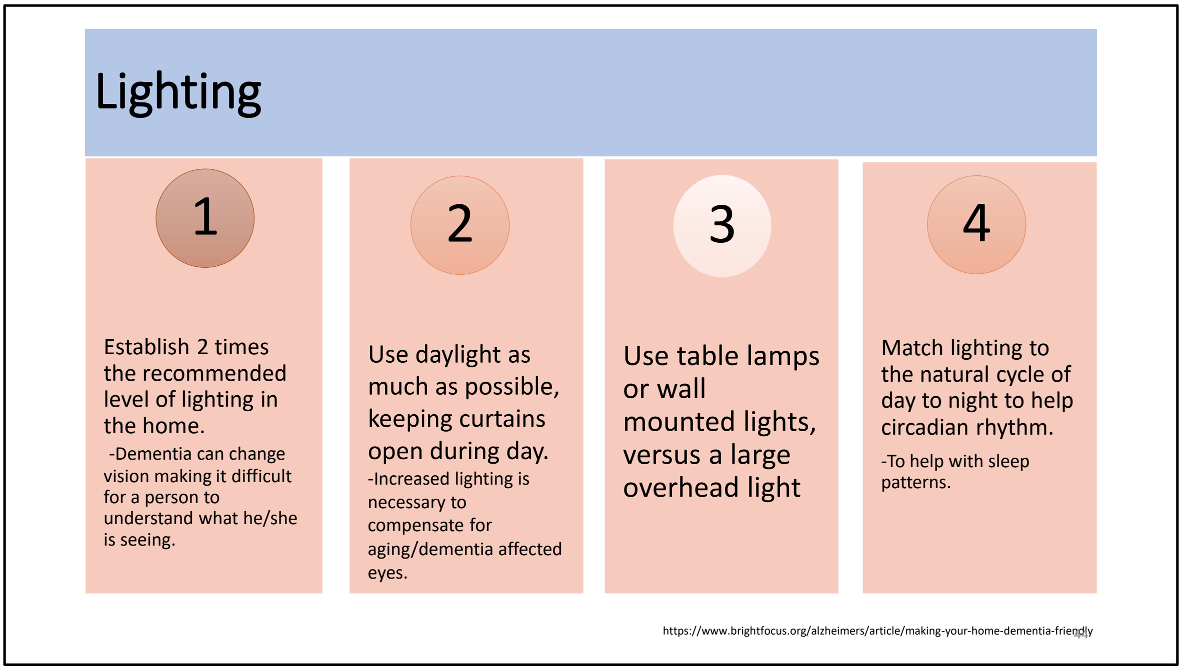
Don’t get into an argument or power struggle with the person.

Learn to recognize certain behaviors.

- Physical violence may accompany catastrophic reactions. You may need to remove yourself or the person from the situation.
- Always consider safety of both the individual and the caregiver.
- Recognize behaviors: An agitated state or pulling at clothing, for example, could indicate a need to use the bathroom.



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

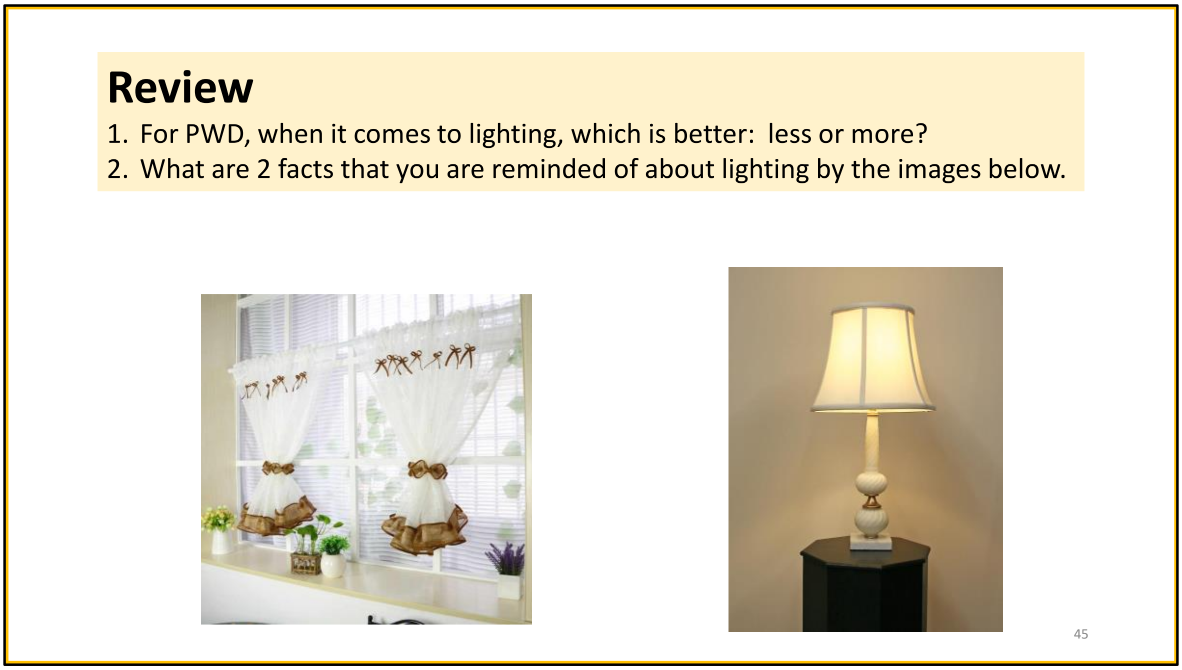
4

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

-To help with sleep patterns.

https://www.brightfocus.org/alzheimers/article/making-your-home-dementia-friendly

Changes in levels of light can be disorienting. Create an even level by adding extra lights in entries, outside landings, and areas between rooms, stairways and bathrooms.



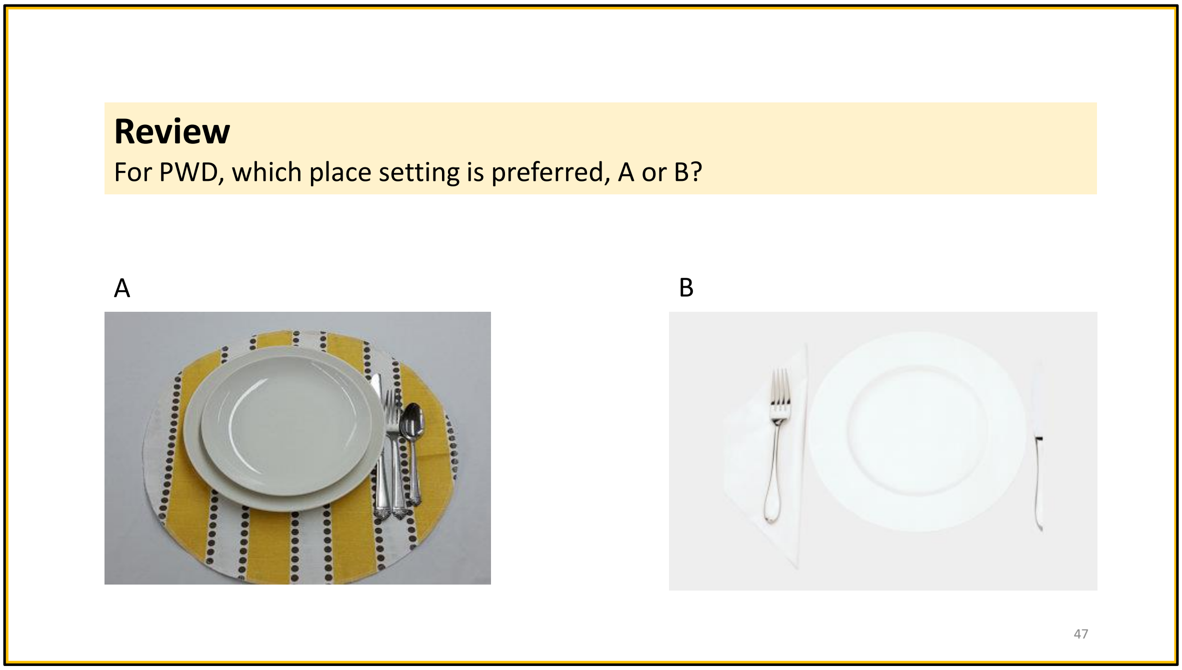
Review

1. For PWD, when it comes to lighting, which is better: less or more?
2. What are 2 facts that you are reminded of about lighting by the images below.

Use daylight. Open curtains and blinds to add light to a room and to orient the person to the pattern of days and nights. Use lamps instead of bright overhead lights when available.

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.



Review

For PWD, which place setting is preferred, A or B?

A

B

A. The contrast of patterns and colors make it easier to see the plate and utensils.

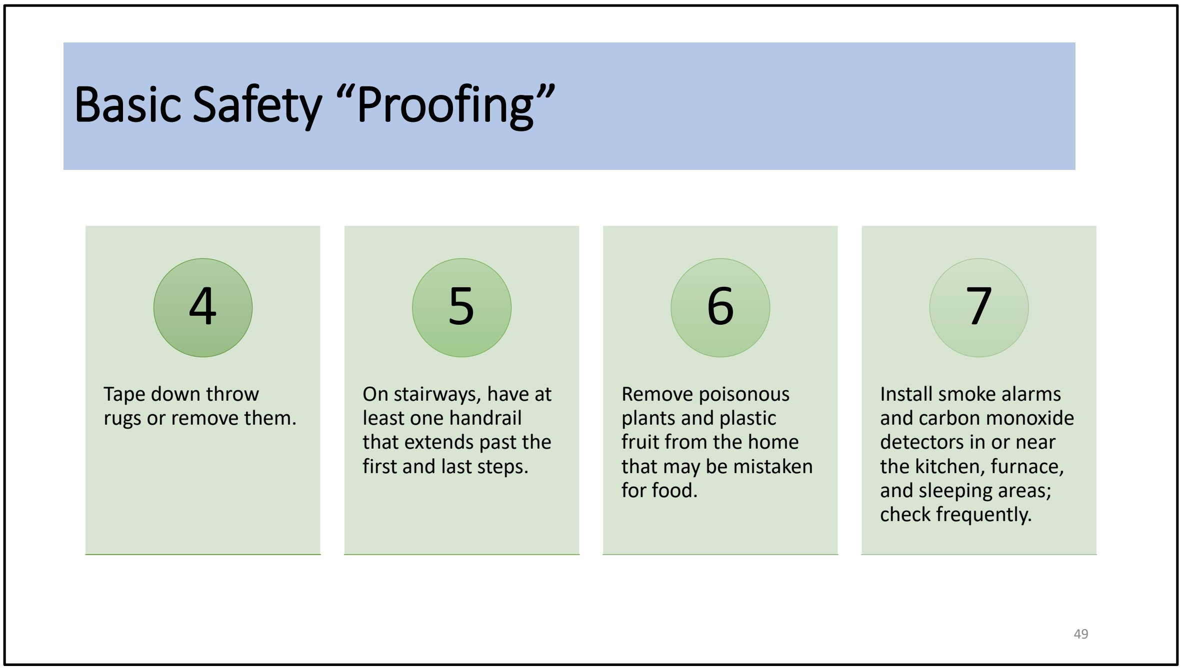
Basic Safety “Proofing”

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

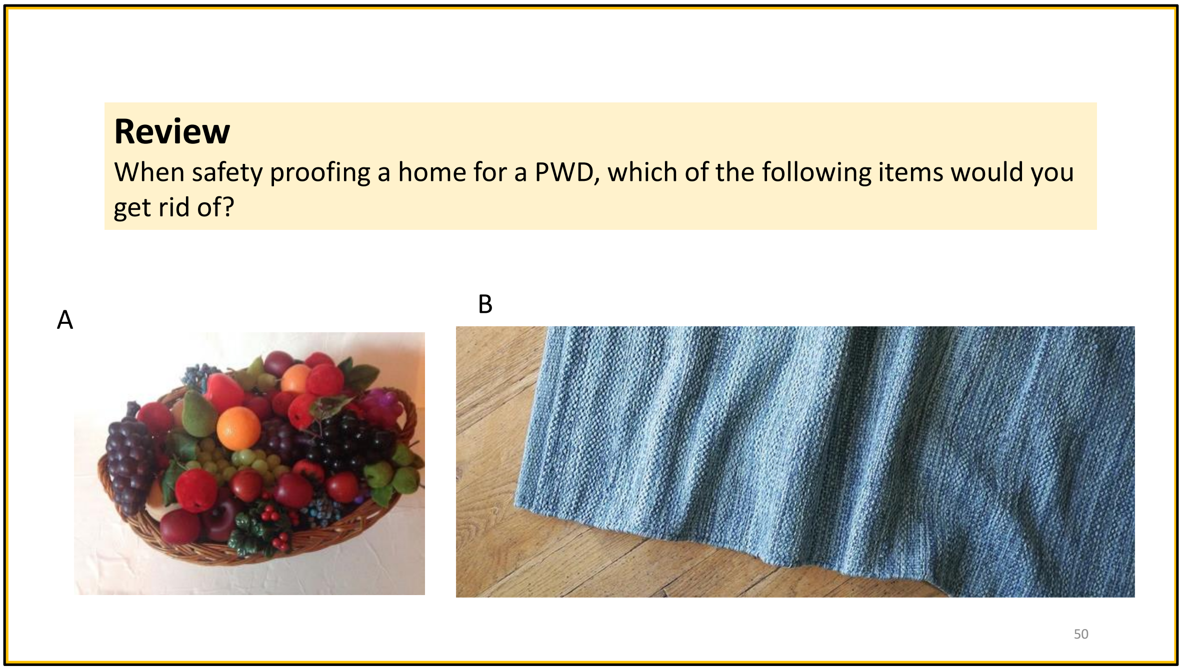
On stairways, have at least one handrail that extends past the first and last steps.

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.



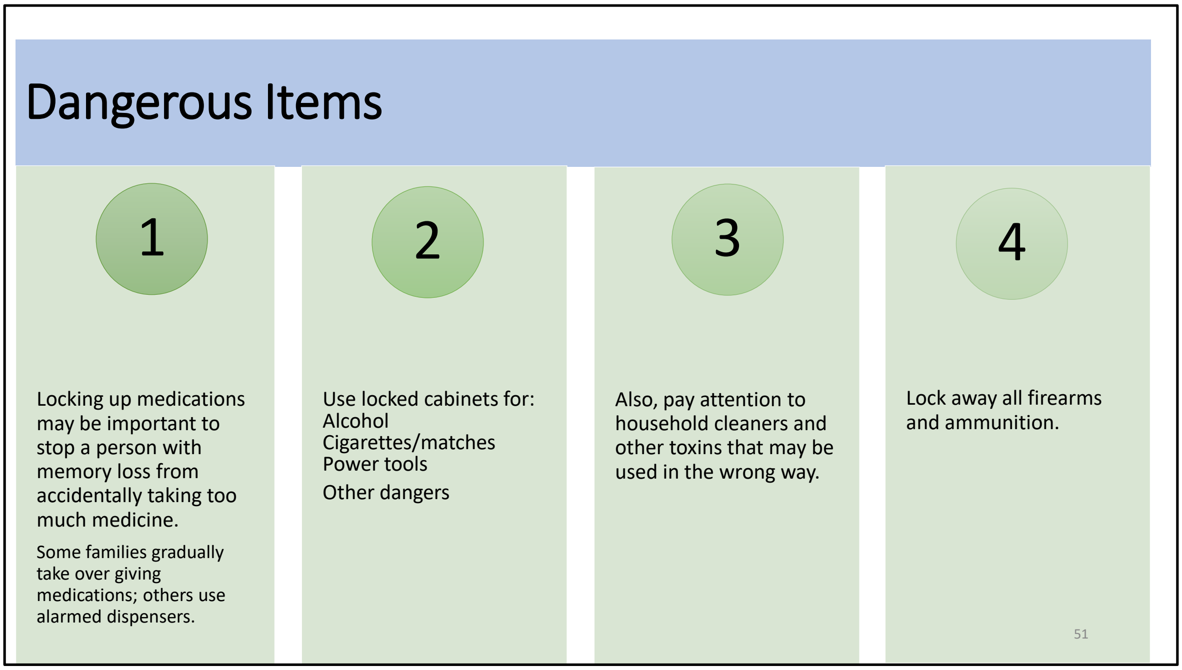
Review

When safety proofing a home for a PWD, which of the following items would you get rid of?

A

B

Both! Plastic fruit can be confusing. It looks very realistic but can also be dangerous to ingest. Throw rugs are a tripping hazard and can cause falls. If they must stay in place, securely tape them down.



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.

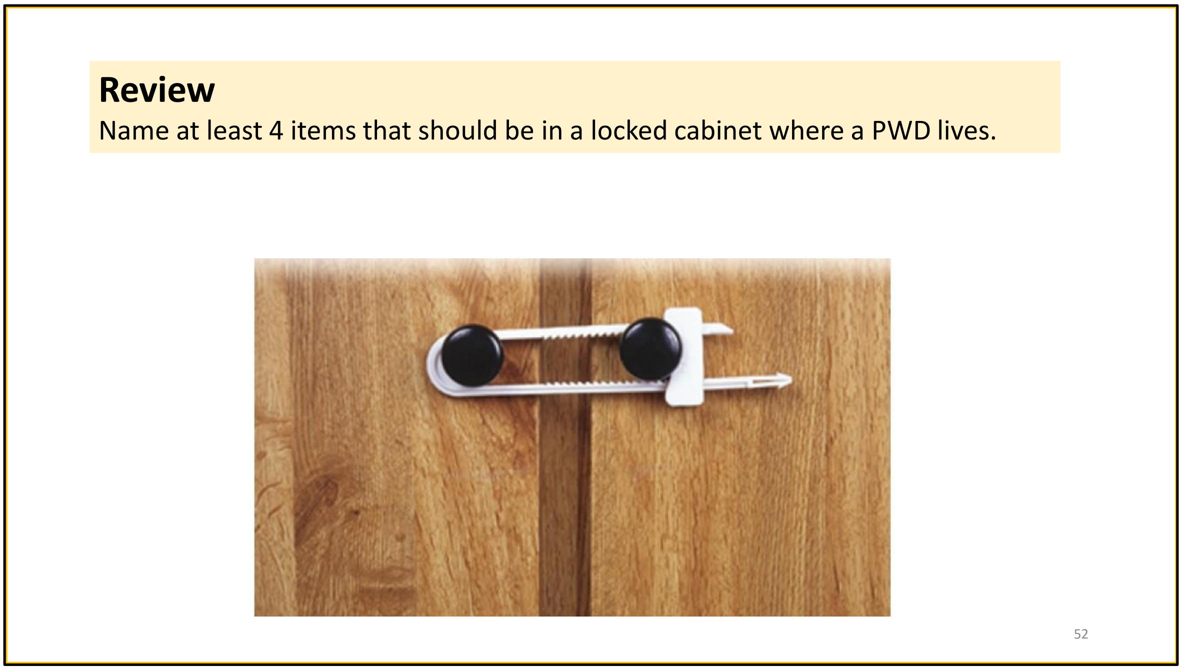
4

Lock away all firearms and ammunition.

Handling alcohol, medications, and household toxins. It is very important to monitor both alcohol and medications. You may want to ask your family member's doctor about the right amount of alcohol that is safe. If medications are simple, your family member may be able to manage them safely for a while. Some families gradually take over giving medications; others use alarmed dispensers.

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

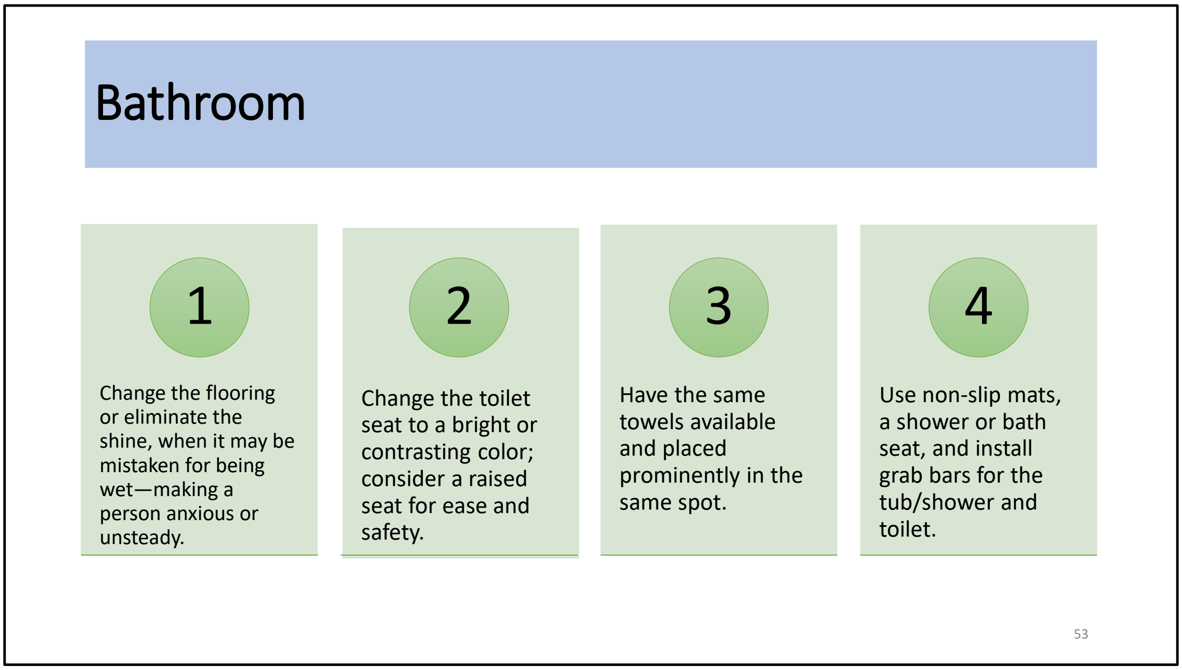
Also, pay attention to household cleaners that may be used in the wrong way.



Review

Name at least 4 items that should be in a locked cabinet where a PWD lives.

Medication, alcohol, matches, firearms, cleaning supplies, power tools, toxins.

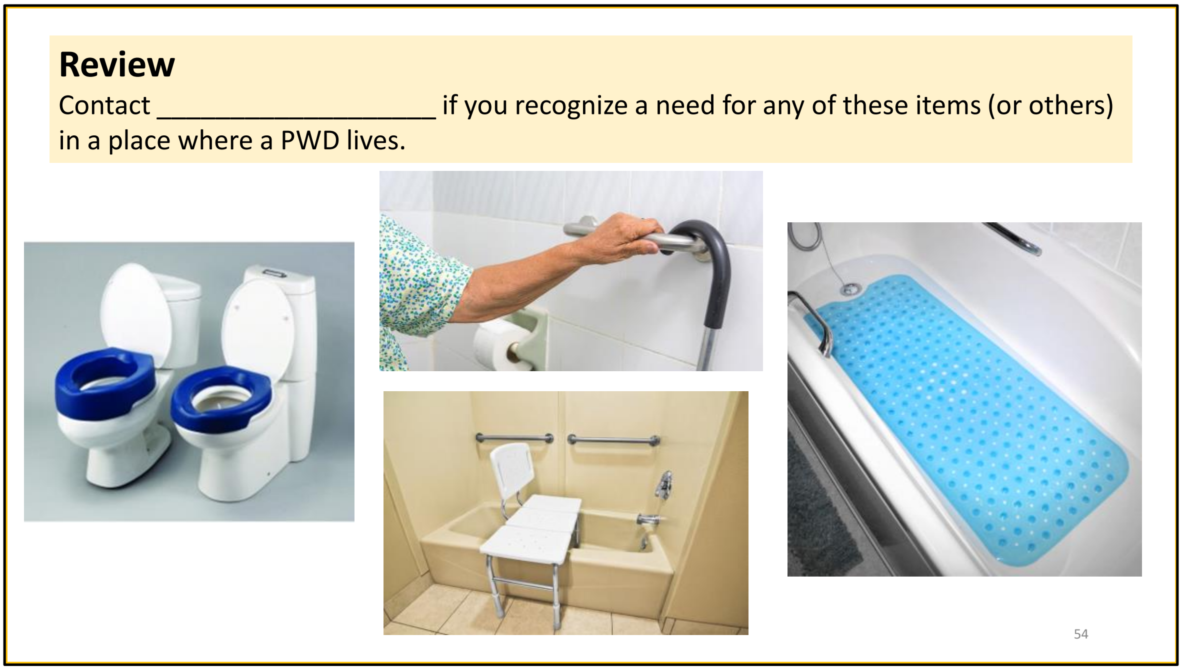


Bathroom

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.

Keep toilet paper within easy reach.
Use safety covers to plug unused outlets.
Bedside commodes may relieve stress for person and caretaker.

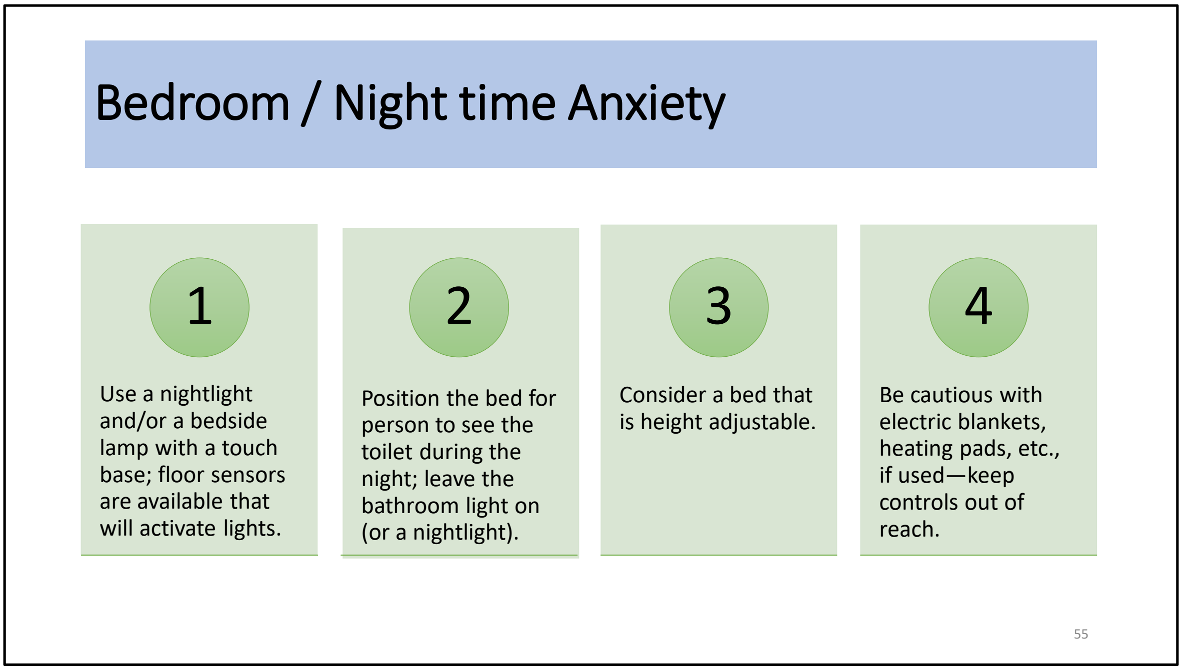
Eventually, looking in mirrors can become an issue—they may need to be removed or covered.



Review

Contact ____________________ if you recognize a need for any of these items (or others) in a place where a PWD lives.

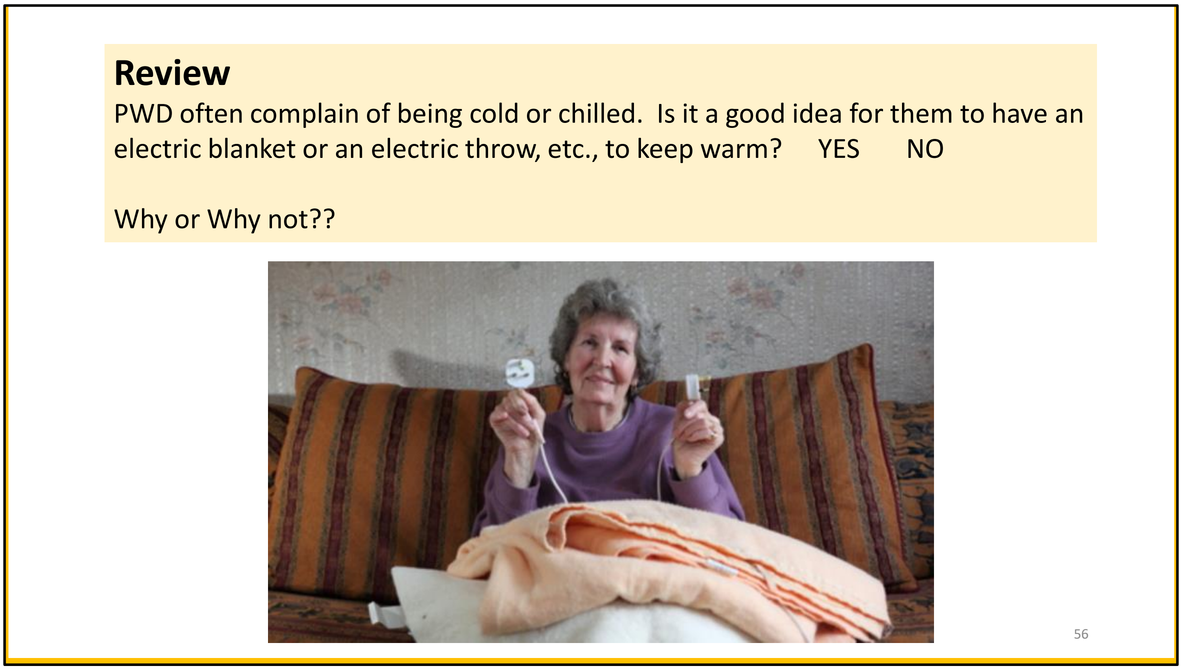
The Care Coordinator/Care Coordination Unit or Managed Care Organization.



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.

As in all rooms, keep the floor clutter free.



Review

PWD often complain of being cold or chilled. Is it a good idea for them to have an electric blanket or an electric throw, etc., to keep warm? YES NO

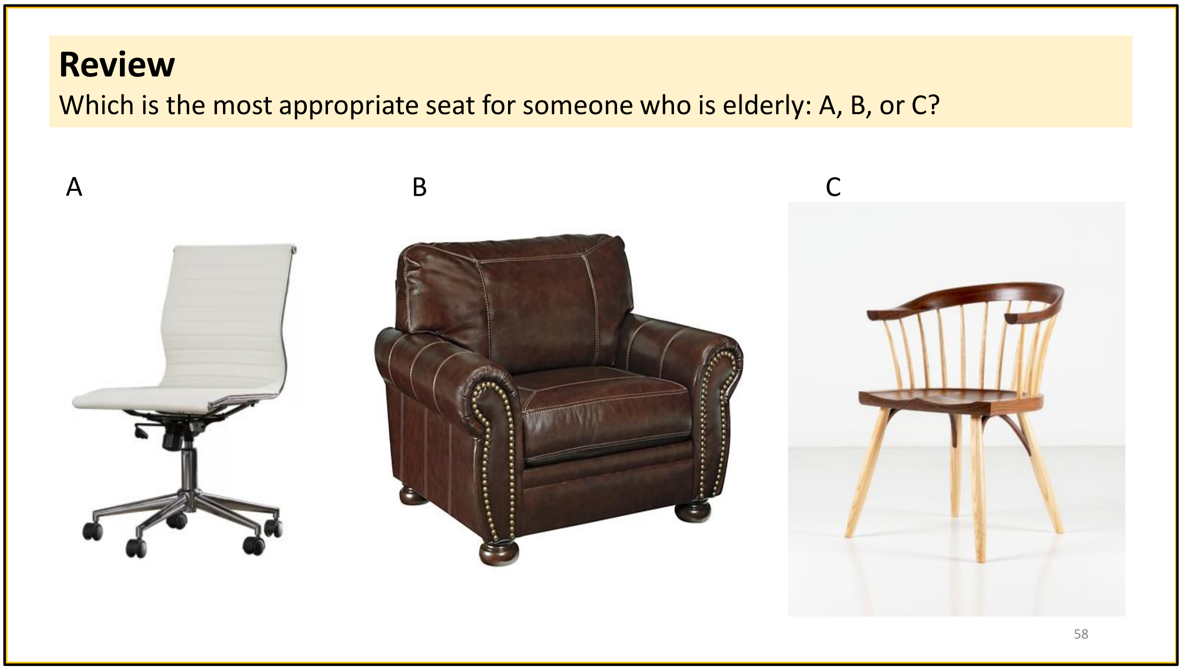
Why or Why not??

No. A confused person may incorrectly adjust the controls. An electric blanket or throw can get too hot and cause burns when used over an extended period of time for thin, fragile skin. Sometimes, the elderly will not sense the burn immediately.

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.



Review

Which is the most appropriate seat for someone who is elderly: A, B, or C?

A

B

C

C—in most instances. It is a reasonable height and has arms and a firm seat for person to regain standing posture.

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.

Review

How many improvements can you identify in the second picture?

Clutter free, some cabinet doors removed, improved lighting, contrasting colors for cabinets and knobs/handles

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