



DEMENTIA MODULE I

Dementia, level I

Dementia Capable Caregiving



Dementia, Level 1

Dementia Capable Caregiving



Aging and Long-Term Support Administration



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MODULE I: UNDERSTANDING DEMENTIA

INTRODUCTION TO DEMENTIA

- Dementia is caused by diseases that affect the brain. *It is important to remember that people with dementia are real people with real feelings.*
- *Did you forget where you put your car keys? Forget an appointment? Walk into a room and forget why you were there?*
- *Forgetfulness is more common when we are physically ill, tired, stressed, distracted or depressed — but forgetfulness is not Dementia*

CONDITIONS THAT MAY RESEMBLE DEMENTIA

- Depression
- Delirium
- Urinary tract infection
- MCI (Mild Cognitive impairment)
- Medication side effects
- Excessive use of alcohol
- Thyroid problem
- Vitamin Deficiencies
- Other infections

DEPRESSION IS NOT DEMENTIA

- Depression is a treatable illness that involves the body, mood, and thoughts.
- Depression is not dementia.
- There is no single cause for depression.
- Often a combination of factors contribute to the onset-
 - such as a family history of depression, stressful or upsetting events effects or certain illness or side effects of medication or even feelings of loneliness, isolation or boredom.

SOME SYMPTOMS OF DEPRESSION

- Loss of interest and pleasure in activities
- Difficulty sleeping or sleeping too much
- Lack of energy
- Loss of appetite and weight
- Being unusually emotional, crying, angry, or agitated, expressing feelings of sadness or worthlessness, increased confusion
- Aches and pain that appear to have no physical cause
- Expressing thought of death or suicide

DELIRIUM IS NOT DEMENTIA

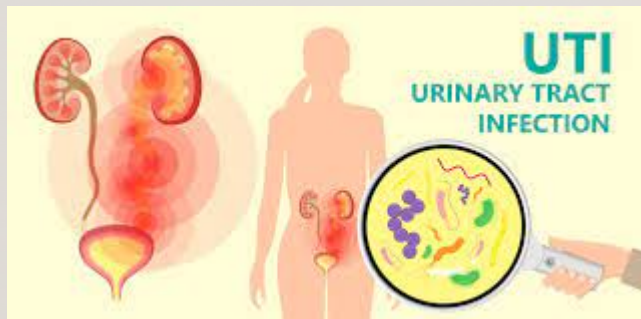
- Delirium can look like dementia and is sometimes mistaken for dementia. Delirium is not dementia.
- It is a medical condition characterized by severe confusion that starts quickly also called sudden onset. Most likely, it is caused by physical illness, trauma or a reaction to a medication.
- This condition requires immediate medical attention.
- Death can occur if the delirium goes untreated.

SOME SYMPTOMS OF DELIRIUM

- Acute and sudden changes in memory
- Reduce awareness of the environment or becoming very alert
- Difficulties with attention and focus
- Change in the person sleep wake pattern
- Visual hallucination/Delusions

UTI IS NOT DEMENTIA

- UTI is an infection that is caused by bacteria in part of the urinary tract. Another name for it is urinary infection.
- Most common in women
- If left untreated, infection spread through body and it can lead to sepsis (life threatening infection)



SOME SYMPTOMS OF UTI

- Sudden change in behavior, confusion or worsening of confusion,
- Fever
- Poor appetite
- Lethargy
- Change in mental status
- Urinary incontinence
- Burning during urinating
- Urge to urinate frequently
- Pain

Normal



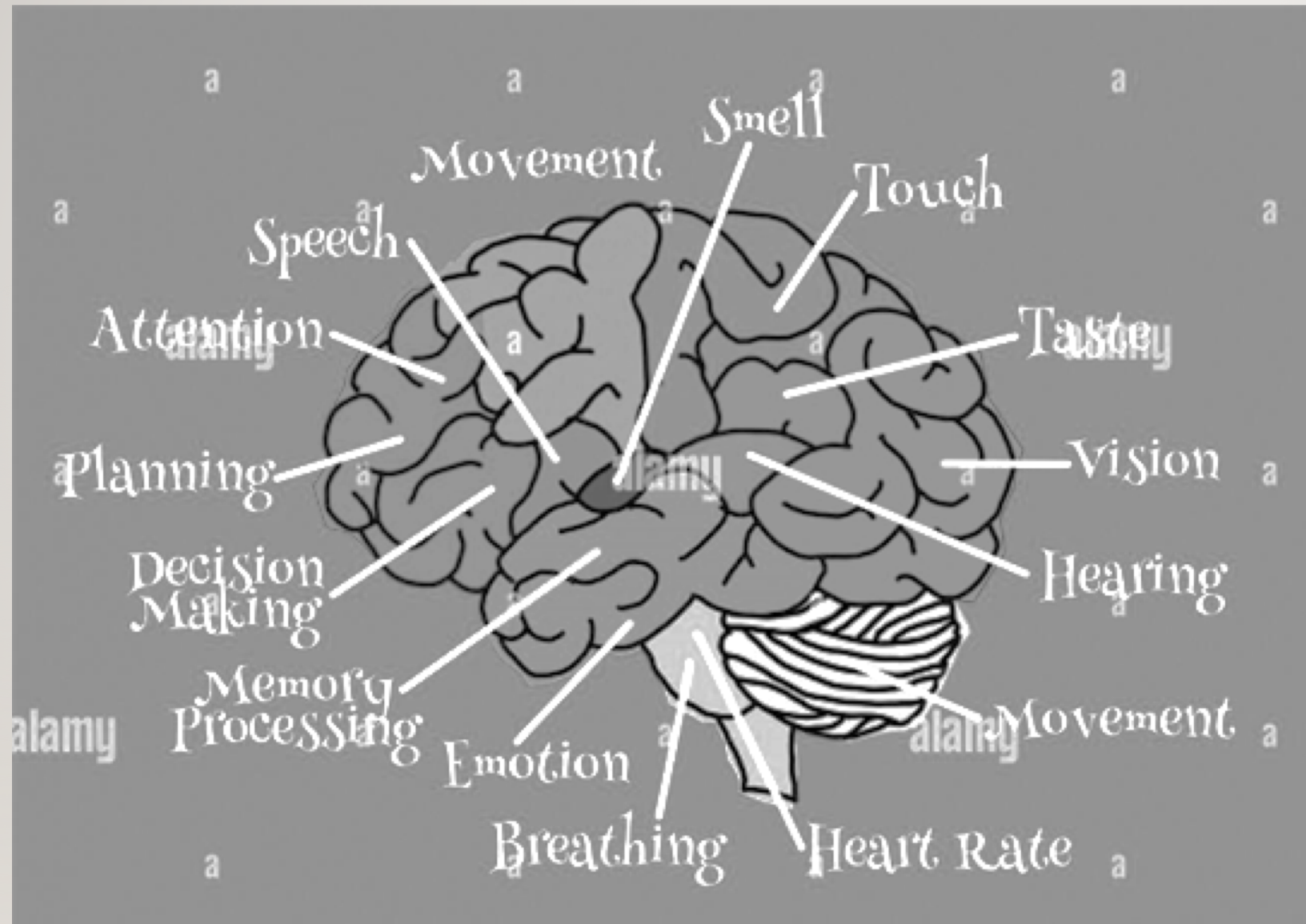
Alzheimer



Dementia
Brain

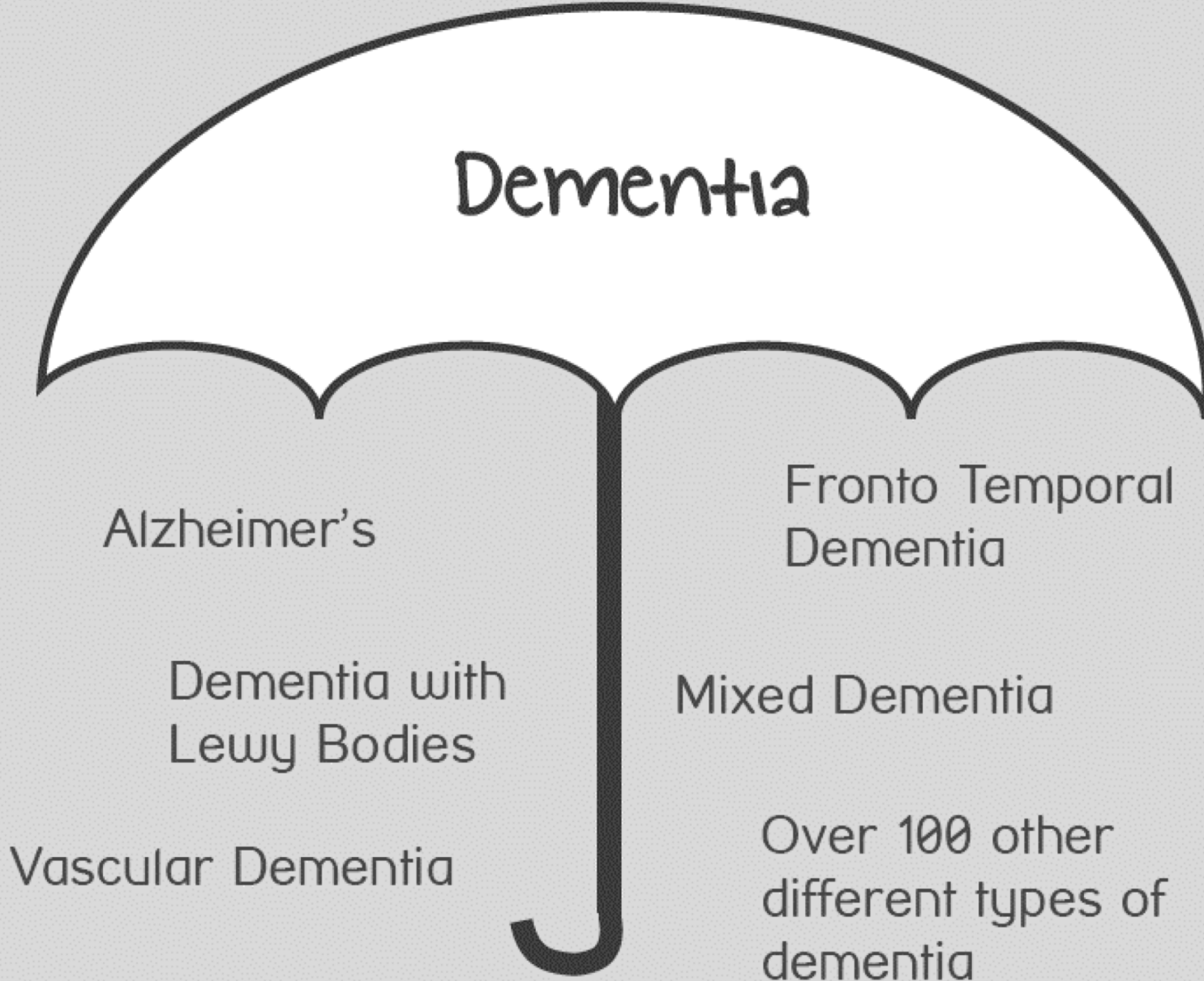
DEMENTIA

- Dementia is not disease itself.
- Dementia is a broad term. It describe symptoms that result when the brain is damaged by disease, injury, or illness.
- Alzheimer's disease is the most common.



Depending on what part of the brain affected, the dementia client will be affected.

Dementia



Alzheimer's

Fronto Temporal
Dementia

Dementia with
Lewy Bodies

Mixed Dementia

Vascular Dementia

Over 100 other
different types of
dementia

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- The brain has many distinct regions, each responsible for different functions.
 - When cells in a particular region are damaged, that region can not carry out its function normally.
 - Different types of dementia re associated with a particular types of brain cell damage in the different regions of the brain.
 - Dementia is not a normal part of aging and it is not a disease itself.

ALZHEIMER'S DISEASE (AD)

- Alzheimer's disease is progressive disease that caused by lesions on the brain that clog and prevent communication between brain cells and destroy the brain from inside. It is gradual and it is irreversible ending in death.
- Symptoms:
- Difficulty remembering things, difficulty finding familiar places, short attention span, poor problem-solving, wandering behavior, repeating questions or stories, collecting behavior, forgetting to eat, shuffle/unsteady walking, confusion, forgetting names of people or place, personality changes, mood swings, trouble learning new information, sundowning(confusion at night), combativeness.

VASCULAR DEMENTIA

- Vascular dementia caused by brain damage from cerebrovascular or cardiovascular problems (strokes) or other problems that inhibit vascular function.
- Symptoms:
- Very similar to Alzheimer's disease.

FRONTOTEMPORAL DEMENTIA

- Linked to degeneration of nerve cells in the frontal and temporal brain lobes
- It is also called Pick's disease.
- Ages 45 to 65
- Difficulty with language
- Judgment and social behavior problems (stealing, neglecting, increased computer behavior)
- Motor skill and memory loss

- Mixed Dementia: More than one type of dementia occurs at the same time
 - Wernicke-Korsakoff syndrome (Memory loss due to deficient of vitamin B-1). Most common with alcohol misuse.
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- HIV-associated Dementia: Infection of brain with HIV virus.
 - Huntington's disease: Heredity disorder, 50% chance by age 30-40 years old
 - Dementia pugilistica (boxer's syndrome): traumatic injury to the brain
 - Corticobasal Degeneration: nerve cell loss in multiple area of the brain
 - Disease :fatal brain disorder
 - Secondary Dementia: comes with other disorders

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- Never argue, shout, lecture, make fun of or force a person with dementia to do something they do not want to do.
 - Look for reasons to praise the person with dementia. It will help remind you of the things they can still do.
 - Be positive. Your attitude will influence the outcome of any interaction

HALLUCINATIONS AND DELUSIONS

- People with dementia experience Hallucinations and delusions frequently
- Hallucination is a false perception of objects or events involving the senses that can only be verified by the person experiencing them. These means feeling, seeing, tasting, hearing, smelling that are not there.
- Visual: what is seen, Auditory: what is heard

VISUAL HALLUCINATION



when a person sees
a person or other
objects that is not
there

AUDITORY HALLUCINATIONS



When a person hears
voices or noises that do
not exist

DELUSIONS

What do you see?



A Fixed false idea base on misinterpretation of a situation. E.g. a person may belief that the person is somehow in danger or other people want to harm them . No evidence to the contrary will convince them it is not true.

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- Do not argue, avoid responding "no you do not see that, it is not really happening or your kids are grown up or I do not see what you are talking about- that is not real.
 - What ever you answer can contribute to mood and self-esteem problems .
 - Insisting on orientin someone with a hallucination to reality may actually escalate their behavior.

SETTING THE TONE

- How you provide care is very important to the individual you care for. Your gentle approach, compassion and understanding of the resident's current abilities as well as your past life's habits and experiences all play a huge part in ensuring the individual has a quality life.
- Positive tone: creates an environment that makes it safe and encourages everyone to play an essential role in the care of the person with dementia.
- As a caregiver understand, empathy, dependability, patient, strength, flexibility and creativity.

YOU THE CAREGIVER

- Empathy: the ability to understand and share the feelings of another. E.g ask the client to sit with. Get to know the client, understand them and their feeling even when they are not verbally tell you.
- Dependability: capable of being relied on, worthy of trust and stable
- Patience: the ability to accept tolerant delay, trouble or suffering without getting angry or upset .
- Strength: mental power, or moral power, and courage.
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- Flexibility: willingness to change or compromise
 - Creativity: the use of the imagination or original ideas
 - It is important to get to know each individual as they are now and honor their past.
 - Avoid making unnecessary changes to the environment- it can add confusion

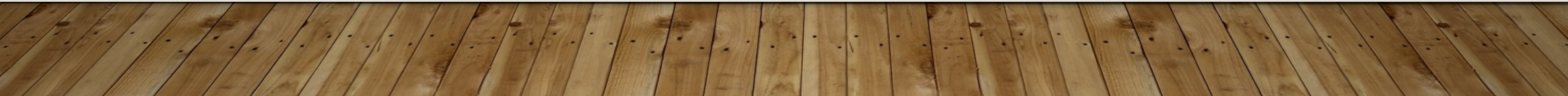
SELF CARE

- Caregiving job is emotionally and physically challenging and require section attention to self care.
- Reduce personal stress: you can only control how you react to the situation, you can not change another person especally a person with dementia. Make changes to reduce your stress early. Do not wait until you are overwhelmed. Walk it out, talk it out , meditate, or do something that you enjoy
- Setting goals: take time to activities that you enjoy

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- Communicate effectively
 - Ask for and accepting help : from your co-workers, families, managers , or join a group
 - Exercise,
 - Nutrition
 - Learn to listen to your emotions: emotions control your thinking, behavior and actions.
 - Support: find more connections, network with peers and management, join a support group

ENVIRONMENT

- The environment can influence the tone
- Look at the visual, auditory, sensory stimulation. Is it safe and positive?
- Things that can affect the environment
 - Noise, aroma/smells, lighting, temperature, colors, patterns on objects, pictures, signs
- What is the current tone and can it be set in a way that encourages life to be lived?
- Use the environment to encourage community, maximize safety, support, cue specific behaviors and abilities and redirect challenging behaviors.
- Provide a Variety of activity spaces with a variety of tasks and activities through careful schedule planning.



WORKING WITH FAMILIES

- Dementia has a huge impact on families. The way you interact with families will affect the overall mood of the environment and the satisfaction of the families. The family is central and important source of support in the care of a person with dementia.
- The single most important thing that families need and want is that you provide quality care for their loved one.
- Help the family to understand that the person with dementia is doing the best he or she can. Encourage family members to take care of themselves. Pass along useful information, such as where to find more information or support groups.

GET TO KNOW THE FAMILY



The iceberg represents different parts of a person based on culture differences, perspectives, values and beliefs. It is the tip of the iceberg that is considered when getting to know a person with dementia. The tip shows you what you see on the surface. But if you take time to know the person you will find much more below the surface.

- Most families wants
 - Good communication with caregiving staff members
 - Understanding rather than criticism for their coping strategies
 - All families
 - Have their own issues and needs
 - May be experiencing their own health problems
 - Feel emotionally or physically exhausted or overwhelmed
 - Have a Variety of abilities to cope
 - Be experiencing loss and more
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- Supporting Ideas

- Welcome family members and friends
- Involve the family in care planning
- Ask family members about their personal preferences and routines and what they have found to be effective in working with the person
- Listen
- Encourage family members to take care of themselves
- Be gentle with yourself and family members
- Help family members accept the progressive nature of the dementia
- Building Trust
 - Essential between you and the family
 - Be honest, reliable, communicate openly, do not place blame

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