

Best Practices in Dementia Care

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Training Program Goals

- Learn appropriate dementia care techniques in line with nationally recognized Alzheimer's Association Dementia Care Practice Recommendations in 5 key topic areas:
 - Fundamentals of Person-Centered Care
 - Alzheimer's Disease and Dementia
 - Assessment and Care Planning
 - Dementia-Related Behaviors and Communication
 - Support of Activities of Daily Living (ADLs)
- Be able to implement person-centered care in all aspects of dementia care

Person-Centered Care

Person-Centered Care

Philosophy of care that focuses on the unique individual

- **Know the person** living with dementia
- Recognize and accept the person's reality
- Identify and support ongoing opportunities for *meaningful* engagement
- Build and nurture authentic, caring relationships
 - Dignity and respect are central
- Create and maintain a supportive community for residents, families and staff
- Evaluate care practices regularly and make changes as needed

There is no one-size-fits-all approach.



Person-Centered Care

Get to know the individual

- During an initial assessment
- Talk with family and friends
- Review life history
- Talk directly with the person living with dementia!

Alzheimer's Disease and Dementia

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Dementia

An umbrella term for loss of memory and other thinking abilities **severe enough to interfere with daily life.**



Alzheimer's

Vascular

Lewy body

Frontotemporal

Other, including Huntington's

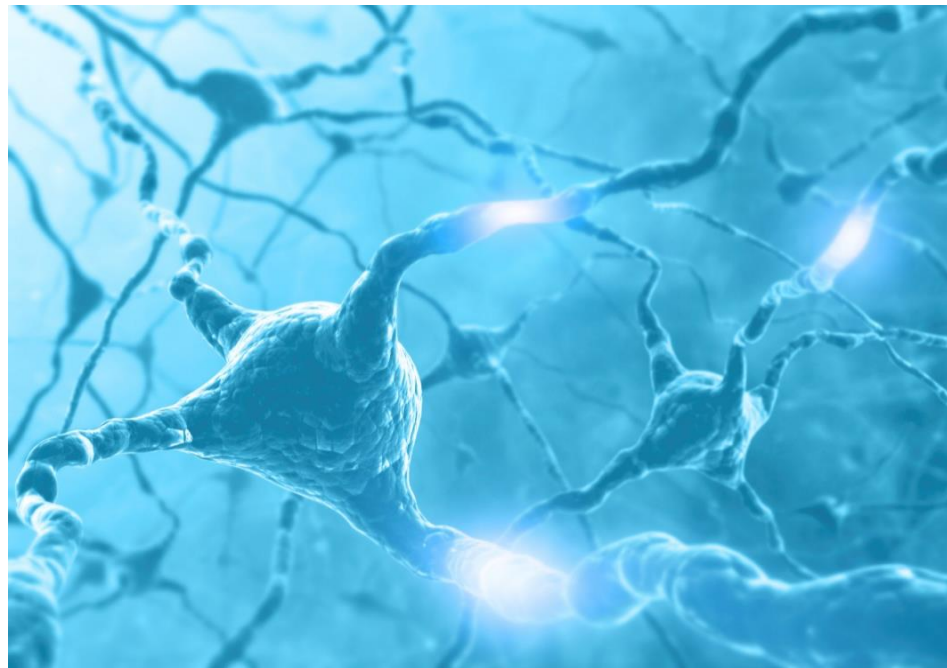
Mixed dementia: dementia from more than one cause

Some conditions can cause changes in memory and thinking that appear similar to dementia, but which may improve when condition is addressed

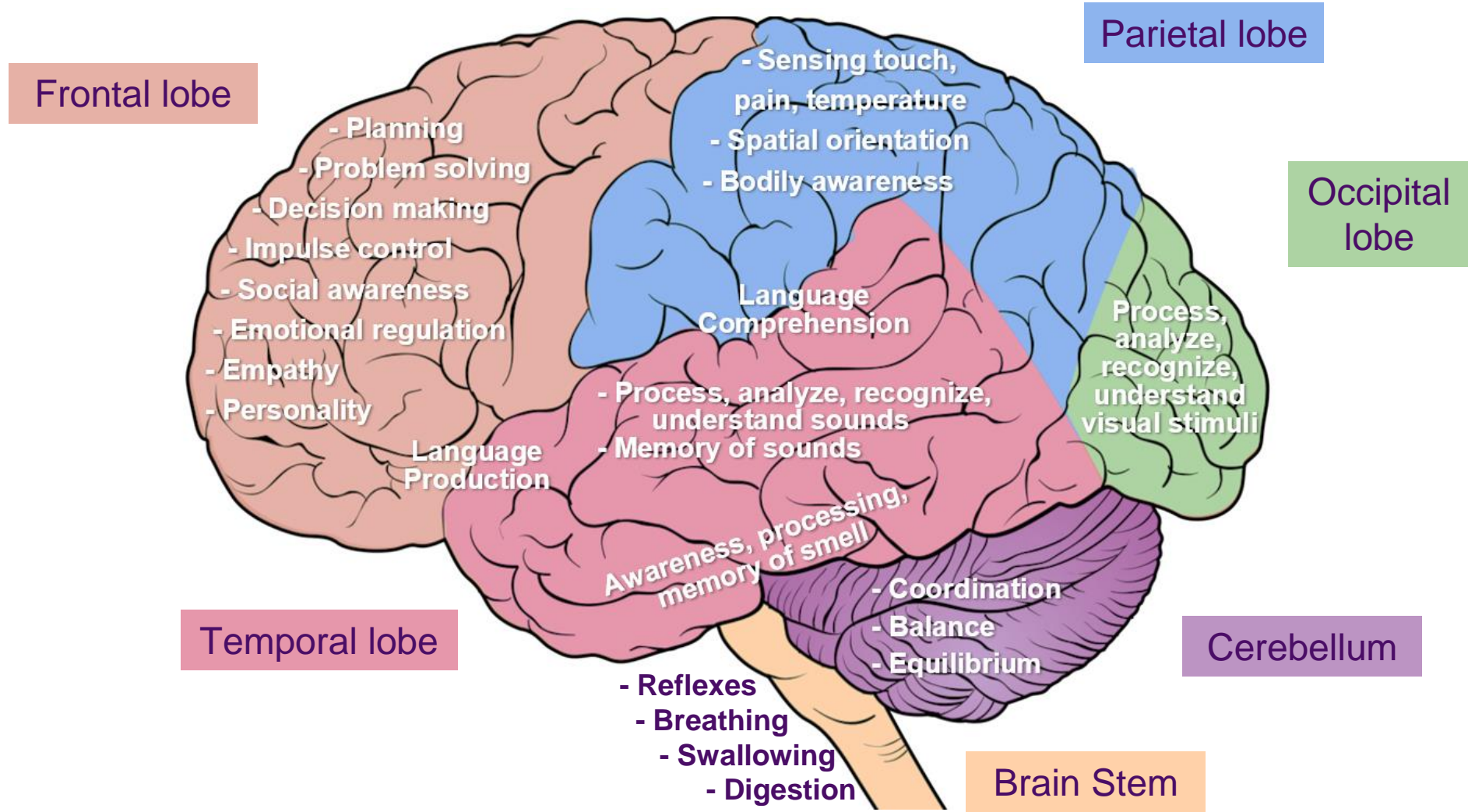
- Depression
- UTI
- Malnutrition
- Dehydration
- Thyroid Disease
- Medication side effects
- Vitamin Deficiency
- Alcohol abuse

Inside the Brain

- 100 Billion Neurons
- Send signals that form memories and thoughts through a **tiny electrical charge**
- Connect to one another at **synapses**
- “Neuron Forest” – the unique network of cell connections we form throughout our lives



Dementia occurs when a condition disrupts this process and kills neurons



Brain Changes

Healthy
Brain

Severe
Alzheimer's



What is **Alzheimer's**?



Alzheimer's is a brain disease that causes problems with **memory, thinking and behavior**. Symptoms eventually grow severe enough to interfere with daily tasks.



Alzheimer's is a progressive disease, where **symptoms gradually worsen** over a number of years.



In the early stage, memory loss is mild. But as the disease progresses, **individuals will need around-the-clock care**. The disease is ultimately fatal.





Populations at **Higher Risk**

2X

Black Americans are about **twice as likely** as White Americans to have Alzheimer's or another dementia.



Hispanic Americans are **one and a half times** as likely to have the disease as White Americans.



Almost **two-thirds** of Americans living with Alzheimer's are women.



10 Warning Signs of Alzheimer's

1. Memory loss that disrupts daily life

2. Challenges in planning or solving problems

3. Difficulty completing familiar tasks

4. Confusion with time or place

5. Trouble understanding visual images and spatial relationships

6. New problems with words in speaking or writing

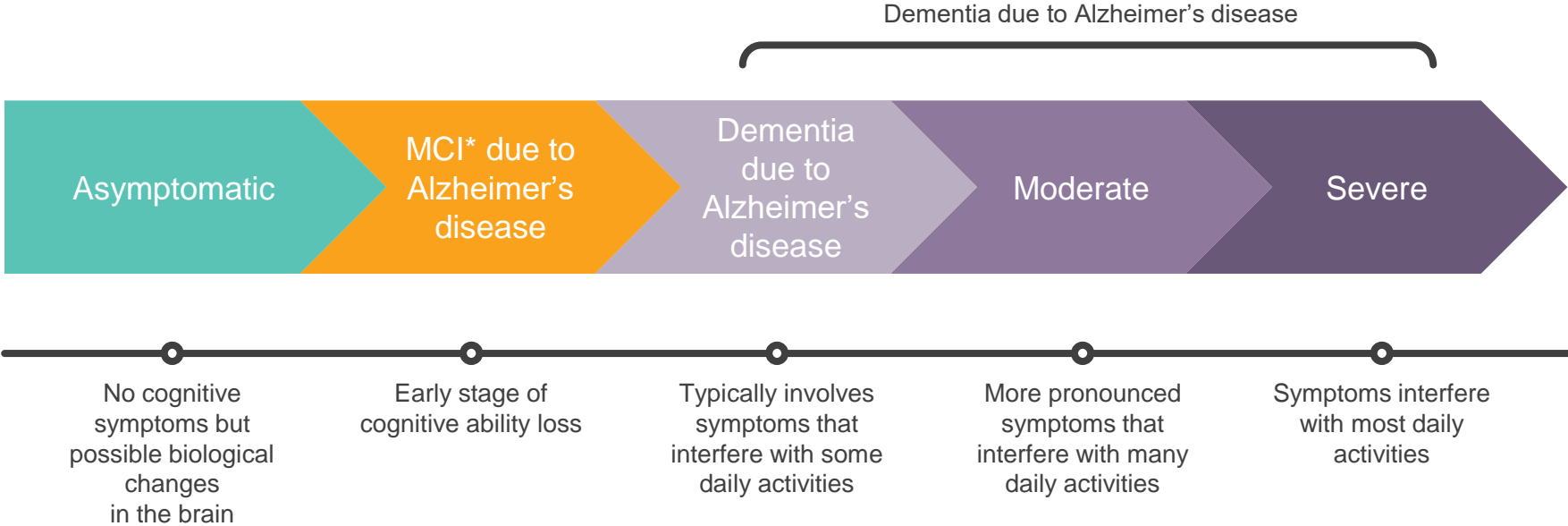
7. Misplacing things and losing the ability to retrace steps

8. Decreased or poor judgment

9. Withdrawal from work or social activities

10. Changes in mood and personality

Alzheimer's Disease is a Continuum



*Mild cognitive impairment

Getting to know the person

We need to see and understand the **person** separate from the **disease**

The trouble begins when we start to see the **person** as the problem

Get to know the person's preferences, dislikes, values, beliefs, life history

Treatments

- The US Food and Drug Administration (FDA) has approved two categories of medications for Alzheimer's disease:
 - Drugs that temporarily ease the symptoms of the disease
 - Drugs that change disease progression in people living with Alzheimer's disease
 - Cannot undo existing damage in the brain
 - Only effective for people with Alzheimer's disease

FDA-Approved Therapies for Alzheimer's

First
description
of disease
1906



Treat Symptoms:
Cognition and Function

Treat Symptoms:
Mood or Behavior

Slow Disease Progression:
Cognition, Function and Behavior

		Asymptomatic	MCI	Mild Dementia	Moderate Dementia	Severe Dementia	
1996	donepezil (Aricept)	[Light Blue Column]	[Light Orange Column]				
2000	rivastigmine (Exelon)						
2001	galantamine (Razadyne)						
2003	memantine (Namenda)						
2014	memantine + donepezil (Namzaric)						
2020	suvorexant* (Belsomra)						
2023	lecanemab (Leqembi)						
2023	brexpiprazole (Rexulti)						
2024	donanemab (Kisunla)						

Treatments

Other Pharmacologic Approaches:

- Other drugs used supplementally (anti-anxiety meds, antidepressants, **antipsychotics***)
 - **Non-pharmacologic interventions should always be the first course of action**

Assessment and Care Planning

Assessment and Care Planning

**Cognitive
Status**

**Functional
Ability**

**Dementia-
Related
Behaviors**

**Medical
Status**

**Living
Environment**

Safety

Assessment & Care Planning

- Should identify challenges to health, functioning, and quality of life, as well as opportunities to optimize these areas and **support individuality**
- Occurs every 6 months or after change in needs/abilities
- Needs to be **person-centered** and address the **WHOLE PERSON**
- Goal should be to support best possible life for person living with dementia and family, including advance planning

Assessment & Care Planning



- Likes, dislikes, and personal preferences may change over time
- “Knowing the person” is an ongoing process

Life History

- Key to assessment and care planning
- Record of personal information regarding individuals with whom you are working
- Should be recorded at initial intake and updated with ongoing assessments and interactions
- May include:
 - Important life roles and relationships
 - Significant experiences, good and bad
 - Preferred foods, routines, activities
 - Spiritual and cultural practices
 - Stressors, comforts

Assessment & Care Planning

- Should include family and key members of person's care team, **as well as the individual living with dementia**
- Information should be properly documented and shared with all staff working with the individual to maintain consistency of care and result in proper referrals, resources, and additional planning

Assessment & Care Planning

- Assessments and care plan documentation should guide all staff to know the person – understand their particular needs, reactions to situations, best communication approaches, and most dignified approaches to personal care.
- A person-centered assessment can be conducted by anyone on the care team
- Each individual is unique – care plans should be as well

Dementia-Related Behaviors

Cognitive Changes

**Sensory
Changes**

**Short Term
Memory**

**Change in
Judgement**

**Logical/
Rational
Thinking**

**Difficulty
Planning &
Initiating**



**Impulse
Control**

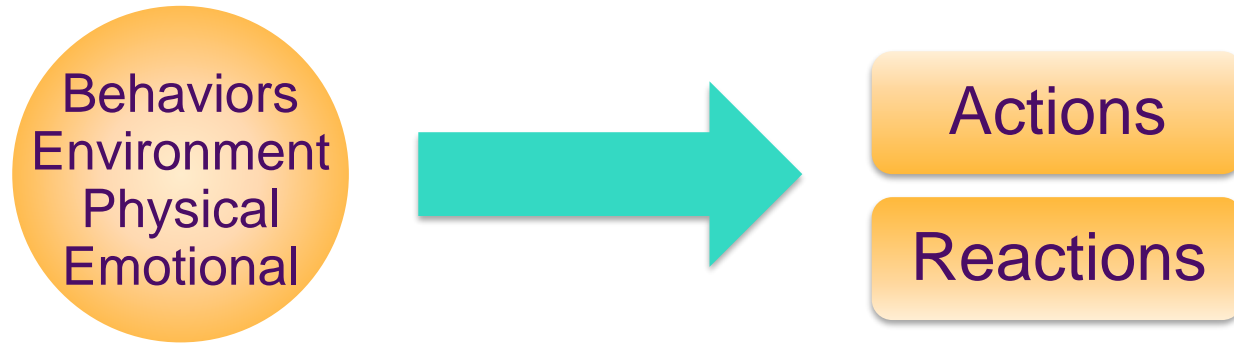
Triggers

- Physical
 - What are they feeling physically?
- Environmental
 - What is happening in the surrounding environment?
- Approach
 - How are the people around them behaving?

Changing the Way We Think

We must change the way we perceive “behaviors”

- Behavior is a form of communication
- Erase the “behaviors = negative” thinking
- The way **we act**, intentionally or not, directly affects **others’ reactions**



Common Triggers and Responses

Triggers

Environmental

Changes in schedule/routine

Loud noises

Unfamiliar surroundings

Non-Environmental

- Over or understimulation
- Fear or frustration
- Hallucinations

What may be needed

- Comfort
- Food or drink
- Physical/emotional contact
- Simplified tasks
- Person-centered schedule
- Meaningful engagement

Appropriate & Meaningful Activities

Appropriate when they respect....

- Age
- Beliefs
- Culture
- Values
- Life Experiences
- Choice

Meaningful when they incorporate...

- Interests
- Lifestyle
- Enjoyment
- Sense of belonging and productivity

Behavioral Changes

Reactions

- Repetitive actions/ verbalizations
- Hallucinations, delusions, suspicion
- Aggressive or combative responses
- Wanting to go home
- Wandering
- Shadowing
- “Sundowning”
- Sexual behaviors

Behavioral Changes

Your Actions

- Stay calm
- Be patient
- Re-approach later/
give space
- Step back,
understand, empathize
- Try not to take things
personally
- Don't argue
- Don't correct or attempt
to reorient to reality
- Connect and re-direct

**Change your actions or the
environment to reduce
behavior triggers**

Communication



How to Communicate Successfully

- Eliminate correcting
 - Instead, enter their reality
- Eliminate negative words
 - Instead, turn negatives to positives
- Eliminate “demands”
 - Instead, incorporate choice and ask for help



Communication Changes

- Ask one question/ give one directive at a time
- Use statements, closed-ended questions
- Be empathetic, supportive, and comforting
- Emphasize key words
- Pay attention to your tone of voice
- Look beyond words
 - Focus on emotions
 - Recognize mixed/ incorrect signals
 - Use non-verbals
- Avoid quizzing or memory dependent questions
- Apologize, even if you've done nothing wrong

Enter their Reality

Understand:

- A person living with dementia is acting in a logical manner based upon what they are experiencing
- You are able to change your thinking – dementia impacts the ability for the individual to change theirs
- You must try to see the world through the eyes of the person

Ask:

- What is the reason for the action?
- What effect will my response have?

Validate

Acknowledge

State their feelings

Accept

This is real for them

Act

Redirect attention

- Our job is to listen, show empathy and respect so the person feels valued and understood, not judged
- Their feelings are real, even if the situation is not

Non-Verbals

Make an OK sign....



Non-Verbals

Make an OK sign....

Touch your cheek



It's Not What You Say, It's How You Say It

- / didn't say that
- I **DIDN'T** say that
- I didn't **SAY** that
- I didn't say **THAT**



Communication

How should we alter these phrases?

- “You can’t get up without your walker, Mr. Brown! Use your walker!”
- “No, don’t go out that door, Margaret!”
- “You’re wet, Steven. You need to be changed!”

Communication Tips

DO

- Respond to feelings
- Give time for response
- Introduce yourself
- Include the PLWD in the conversation
- Respond to key words
- Speak low & slow

DON'T

- Argue or question
- Use figures of speech
- Rely on just words
- Rely on memory/recall
- Speak too fast or rush
- Talk down to the person
- Speak negatively about the person to others

Behavior & Communication

- Know the individual to understand reactions and appropriate responses
 - Assess and document
- Consider triggers
 - Environment
 - Approaches/ behavior of those around them
 - Physical sensations
- Consider the context of the individual's behavior
 - What are they experiencing and feeling?
- Changes in verbal communication may lead to communication via behavior

Non-pharmacological Interventions

- Non-pharmacologic interventions should be prioritized over medications for most behavior symptoms
 - Antipsychotic medications are generally ineffective for dementia-related symptoms and may be harmful
 - If...
 - non-pharmacologic interventions have been consistently ineffective
 - symptoms present a danger
 - all other physical, psychological, emotional, social and environmental causes have been identified and addressed,
- ... work with the person's health care provider to determine best course of action

Activities of Daily Living

Activities of Daily Living

- **DIGNITY**
- **RESPECT**
- **CHOICE**

- Recognize functional and cognitive ability
- Appreciate individual preferences and identity
- Consider dignity, respect, and choice in all areas – especially sensitive ADLs such as toileting and eating
- Put the person before the task

ADLs

- What would you do if I told you that you could not leave the building because I needed to give you a bath?
- What would you do if I told you that you needed to finish your plate (of cold food that you have never enjoyed) before you could leave this room?
- What if I then tried to feed you the food?
- What if I patted your rear end to check if you were wet?
- What if I told you that you had to change into the outfit I chose for you?
- What if I started taking off your sweater?

ADLs

- Continuous engagement with individuals builds meaningful relationships that help improve quality of care
- Support for individual choice is more important than the daily care routine
- Engagement should be *meaningful* to the *individual*
- Similar to how engagement can help manage behavioral symptoms, it can also help improve ADL support

**Share examples of how you
use person-centered care
when providing **dressing**
assistance**

- Respect individual style, culture
- Encourage choice
- Organize clothing
- Label drawers
- Simplify choices
- Simple, comfortable clothing (velcro, pull on)
- Ensure private, comfortable space for dressing
- Ensure hygiene
- Use engagement techniques and positive approach to connect
- Assess functional need for assistance
- Provide verbal cues, encouragement, modeling, physical assistance as needed

**Share examples of how you
use person-centered care
when providing toileting
assistance**

- Promote privacy
- Use positive reinforcement
- Avoid shame or scolding
- Assess history of accidents and identify triggers (i.e. physical cues a person may use such as crossing their legs)
- Use protective undergarments
- Schedule regular bathroom visits - routine
- Use verbal cues
- Ensure bathroom is easy to find
- Encourage clothing that is easy to remove
- Consult physician for physical concerns

**Share examples of how you
use person-centered care
when providing **eating**
assistance**

Respect and encourage individual and cultural choices

Maintain familiar routines and offer choice for mealtimes

Facilitate social eating – dining “experience”

Homelike atmosphere

Encourage independence

Use verbal and physical cues

Model eating if needed

Play soothing/familiar music

Color contrast of plates and utensils

Use assistive devices as needed

Additional Eating Considerations

- Hunger and thirst cues may change
- Taste and smell senses may change
- Swallowing ability
- Physical ability
- Oral health
- Texture of food
- Seating/balance
- Emotional health
- Fluids
- Snacks available throughout day

Activities of Daily Living

- **DIGNITY**
- **RESPECT**
- **CHOICE**

- Recognize that personal care routines can trigger uncomfortable and negative reactions
- Structured care plans based on individual preferences and engagement may minimize discomfort and increase quality of care
- Routine care tasks are an opportunity to connect with the individual

Putting it All Together

Practice- Mrs. Rodriguez

Mrs. Rodriguez's confusion seems to get worse at night. Every evening she begins to pace around the house and starts asking “When are you going to take me home? I have to get home and take care of the children.”

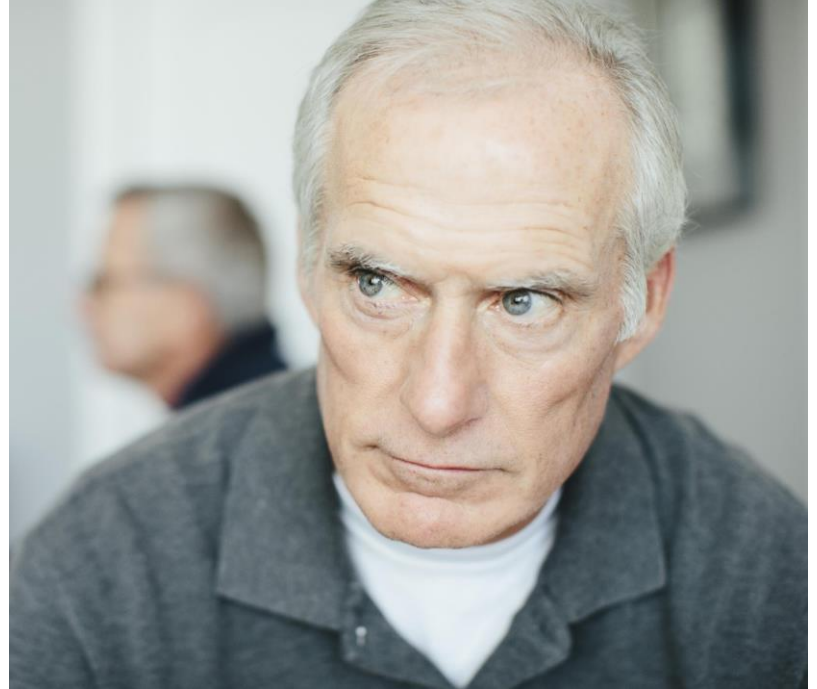


Practice- Mrs. Rodriguez

- ▶ Make sure rooms are adequately lit
- ▶ Engage in a conversation about home or children.
“Your kids sound lovely. Tell me about them.”
- ▶ Look at pictures from when the children were young
- ▶ Engage in a familiar activity such as drying the dishes or folding children’s laundry.
- ▶ Say “Your children called and will be here soon,” and
“the room upstairs is paid for so let’s go home tomorrow.”

Practice- John

John is fairly independent, but he has not been eating lately. You set everything up and tell him, “John, it’s time for your dinner.” When you tell him this, he says that he already ate, he isn’t hungry, that he won’t eat that poison, and you should stop treating him like a child.



Practice- John

- ▶ What emotion is John feeling?
- ▶ How do you best respond to his concerns?
- ▶ How might you approach the topic in the future?
- ▶ What if the situation were bathing, or laundry?

Communication Exercise

You are driving a bus which has 50 people on board. The bus makes a stop, 10 people get off, and 3 get on. At the next stop 8 people get off, and 2 people get on. There are 2 more stops, at which 4 people get off at each. 3 fares get on at one stop and none at the other. At this point the bus has to stop because of mechanical problems. Some of the passengers are in a hurry, so they decide to walk, so 7 people get off the bus. When the mechanical problem is fixed, the bus goes directly to the last stop, and the rest of the people get off.

**What was the bus
driver's name?**

Summary

- Dementia symptoms can be caused by a number of diseases, each with a unique pathology
 - Symptoms present differently in each individual, even if they have the same disease
- Dementia-causing diseases are progressive, therefore....
 - Needs and abilities will change over time
 - Likes, dislikes, and preferences may change, too!
 - Ongoing re-assessment is crucial

Summary

- Person-Centered Care (knowing the unique individual) is essential in
 - Assessment and Care Planning
 - All aspects of providing care, including ADLs and addressing behavioral symptoms

Tips to Take With You

Be patient, supportive, and reassuring

Give them time to process

DON'T argue

Focus on feelings

Limit distractions/ provide new setting if needed

Avoid quizzing/ memory dependent questions

Ask one question at a time

Simplify – environment & tasks

Join reality and redirect

Know the person

Contact Us

Free, confidential, nationwide 24/7 Helpline

800.272.3900

Oregon Chapter

alz.org/orswwa

Programs and Services

- Care Consultations
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Thank you!

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