Objectives

- Define the terms dementia, Alzheimer's disease, and delirium.
- Describe the nurse aide's role in the care of the resident with Alzheimer's.

Dementia

- Usually progressive condition marked by development of multiple cognitive deficits such as memory impairment, aphasia; and inability to plan and initiate complex behavior
Types of Dementia

- Alzheimer’s disease
- Vascular dementia
- Dementia with Lewy bodies
- Mixed dementia

Alzheimer’s Disease

- Progressive disease
- Gradual deterioration in memory, thinking, and physical ability over several years
- Average life span is 8 years, but survival may be from 3 to 20 years
- Progressive into 7 stages

Stage 1 – No Impairment

- Alzheimer’s disease is not evident
- No memory problems
Stage 2 – Very Mild Decline

- Minor memory problems
- Lose things around the house
- Unlikely to be noticed by family members

Stage 3 – Mild Decline

- Family members and friends may begin to notice cognitive problems
- Difficulty finding the right word during conversations
- Difficulty organizing and planning
- Difficulty remembering names of new individuals

Stage 4 – Moderate Decline

- Difficulty with simple math
- Poor short-term memory (may not recall what they ate for lunch)
- Inability to manage finances
Stage 5 – Moderately Severe Decline

• Maintain functionality
• Usually able to bathe and toilet independently
• Still know their family members
• Difficulty dressing appropriately
• Inability to recall simple details, such as their own address or telephone number
• Significant confusion

Stage 6 – Severe Decline (1)

• Need constant supervision, usually require professional care
• Confusion or unawareness of environment and surroundings
• Inability to remember most details of personal history
• Loss of bladder and bowel control

Stage 6 – Severe Decline (2)

• Major personality changes
• Possible behavior problems
• Need assistance with bathing and toileting
• Wandering
Stage 7 – Very Severe Decline

- Final stage and nearing death
- Lose ability to communicate or respond to their environment
- May be able to utter words and phrases
- No awareness regarding their condition
- Need assistance with all activities of daily living
- May lose their ability to swallow

Delirium

- State of severe sudden confusion, reversible
- Triggered by acute illness or change in physical condition
- Symptoms of delirium?
- Notify nurse and stay with resident

Dementia or Delirium?

Dementia?  Delirium?
Dementia and Alzheimer's Disease – Key Terms

- Cognition
- Confusion
- Irreversible
- Onset
- Progressive

Respect, Dignity, and Quality of Life (1)

- Dignity
- Independence
- Quality of life
- Respect

Respect, Dignity, Quality of Life (2)

- Every human being is unique and valuable
- Therefore, each person deserves understanding and respect
- Dementia does not eliminate this basic human need – how does person-centered care relate?
- Person-centered care maintains and supports the person regardless of level of dementia
Respect, Dignity, Quality of Life (3)

• Every human being is unique and valuable, therefore, each person deserves understanding and respect
• Dementia does not eliminate this basic human need
• Person-centered care maintains and supports the person regardless of level of dementia

Respect, Dignity, Quality of Life (4)

• Residents’ abilities, interests, and preferences should be considered when planning activities and care
• As the disease progresses, adjustments will be required in order to maintain dignity
• Important for staff to know who the resident was before the dementia started

Respect, Dignity, Quality of Life (5)

• An individual’s personality is created by his/her background, including
  • Ethnic group membership (race, nationality, religion)
  • Cultural or social practices
  • Environmental influences, such as where and how they were raised as children
  • Career choices
  • Family life
  • Hobbies
Respect, Dignity, Quality of Life (6)

- Encourage residents to participate in activities and daily care, but avoid situations where resident is bound to fail
- Humiliation is disrespectful, degrading, and can increase likelihood of disruptive behaviors
- To promote independence, do things with resident rather than for them

Respect, Dignity, Quality of Life (7)

- Allow time for residents to express feelings and take time to understand what they are feeling
- Provide emotional support
- Long-term care facilities must provide care for residents in a manner and an environment that promotes maintenance or enhancement of each resident's dignity, respect, and quality of life

Alzheimer's Disease – Communication

- Residents often experience problems in making wishes known and in understanding spoken words
- Communication becomes more difficult as time goes by
- Changes commonly seen in the resident with Alzheimer's disease?
Communicating – Nurse Aide’s Role (1)

**Communication Components**

- Patience with resident
- Show interest in the subject
- Offer comfort and reassurance
- Listen for a response
- Limit distractions

**Communication Components**

- Avoid criticizing or correcting
- Avoid arguments with resident
- Offer a guess as to what resident wants
- Focus on the feelings, not on the truth

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Communicating – Nurse Aide’s Role (2)

**Communication Techniques**

- Obtain resident’s attention before speaking and maintain attention while speaking
- Address resident by name, approach slowly from front or side and get on same level or height as resident
- Set a good tone by using calm, gentle, low-pitched tone of voice

**Communication Techniques**

- If conversation is interrupted or nurse aide or resident leaves room, start over from beginning
- Slow down, do not act rushed or impatient
- If information needs to be repeated, do so using same words and phrases as before

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Communicating – Nurse Aide’s Role (3)

**Communication Techniques**

- Speak clearly and distinctly using short, familiar words and short sentences, and avoiding long explanations
- Emphasize key words, break tasks and instructions into clear and simple steps

**Communication Techniques**

- Use nonverbal cues, such as touching, pointing or starting the task for resident
- If the resident’s speech is not understandable, encourage to point out what is wanted or needed
### Communicating – Nurse Aide’s Role (4)

**Communication Strategies**
- Listen carefully and encourage them; do not talk down to them, nor talk to others about them as if they were not present
- Minimize distractions and noise
- Allow enough time for resident to process and respond

**Communication Strategies**
- Monitor body language to ensure a non-threatening posture and maintain eye contact
- Nonverbal communication is very important to dementia residents
- Choose simple words and short sentences, and use a calm voice

### Communicating – Nurse Aide’s Role (5)

**Communication Strategies**
- Call the person by name and make sure you have their attention before speaking
- Keep choices to a minimum in order to reduce resident’s frustration and confusion
- Include residents in conversations with others

**Communication Strategies**
- Change the way responses are made to avoid confusion, frustration, embarrassment, and behavioral outbursts
- Use of communication devices (such as a picture board, books, or pictures) to decrease resident’s frustration

### Communicating – Nurse Aide’s Role (6)

**Communication Tips**
- Be calm and supportive
- Focus on feelings, not facts
- Pay attention to tone of voice
- Identify yourself and address the resident
- Speak slowly and clearly
- Use short, simple and familiar words, and short sentences

**Communication Tips**
- Ask one question at a time
- Allow enough time for a response
- Avoid the use of pronouns (e.g., he, she, they), negative statements and quizzing
- Use nonverbal communication, such as pointing
Dementia and Alzheimer's Disease – Behavior Issues (1)

- Behavior
- Catastrophic reaction
- Delusion
- Depression
- Paranoia
- Sundowning
- Trigger
- Wandering
Dementia and Alzheimer’s Disease – Behavior Issues (4)

- Identifying trigger
- Understanding trigger
- Adapting environment to resolve behavior
- Changing the environment (such as reducing excessive noise and activity) or providing comfort measures (such as rest or pain medication) may reduce behavior

Dementia and Alzheimer’s Disease – Common Behaviors (5)

- Sundowning
- Depression
- Disorientation to person, place, and/or time
- Inappropriate sexual behavior
- Emotional outbursts
- Combativeness (hostility or tendency to fight)
- Inappropriate toileting (use of inappropriate areas for toileting, such as a plant)

Dementia and Alzheimer’s Disease – Common Behaviors (6)

- Wandering is a known and persistent problem behavior that has a high risk factor for resident safety
- Safety risk factors may include
  - Falls
  - Elopement
- Risk of physical attack by other residents who may feel threatened or irritated by the activity
Dementia and Alzheimer's Disease – Common Behaviors (7)

- Sundowning is a behavioral symptom of dementia that refers to increased agitation, confusion, and hyperactivity that begins in late afternoon and builds throughout the evening
- Encourage rest times
- Plan bulk of activities for the morning hours
- Perform quieter, less energetic activities during the afternoon

Dementia and Alzheimer’s Disease – Common Behaviors (8)

- Inappropriate sexual activity is another behavior issue. Offensive or inappropriate language, public exposure, offensive and/or misunderstood gestures are the characteristics of this behavior
- Treat the resident with dignity and respect
- Remove resident from public situation
- Redirect attention to an appropriate activity
- Assist the resident to bathroom

Dementia and Alzheimer’s Disease – Common Behaviors (9)

- Agitation occurs for a variety of reasons
- Nurse aides must ensure safety and dignity of agitated resident while protecting safety and dignity of other residents
- Do not crowd the resident; ask permission to approach or touch them
- Maintain a normal, calm voice
Dementia and Alzheimer’s Disease –
Common Behaviors (10)

- Disruptive verbal outbursts are one of the most persistent behaviors in a long-term care facility. These outbursts may include:
  - Screaming
  - Swearing
  - Crying
  - Shouting
  - Loud requests for attention

Dementia and Alzheimer’s Disease –
Common Behaviors (11)

- Emotional, environmental, or physical triggers may result in a catastrophic reaction
- Catastrophic reactions are out-of-proportion responses to activities or situations
- Warning signs of a possible reaction
  - Sudden mood changes
  - Sudden, uncontrolled crying

Dementia and Alzheimer’s Disease –
Common Behaviors (12)

- Speak softly and gently in calm voice
- Protect resident, self, and others as necessary
- Remove the person from a stressful situation
- Avoid arguing with the resident
- Avoid the use of restraints
- Redirect the resident’s attention
Dementia and Alzheimer's Disease – Common Behaviors (13)

- Arguing with resident or other staff members
- Speaking loudly to resident or other staff members
- Treating resident like a child
- Asking complicated questions
- Using force or commanding resident to do something

Dementia and Alzheimer's Disease – Common Behaviors (14)

- Maintaining calm and non-controlling attitude
- Speaking softly and calmly
- Using simple, one step commands, and positive phrases
- Avoiding crowding resident with more people than needed for the task
- Providing a distraction, such as an activity or music

Activities (1)

- Goal in the care of residents with Alzheimer's disease is to give support needed so that they can participate in the world around them to the best of their ability
- Nurse aide must focus on the fact that the resident is involved and satisfied, not on the task or activity
Activities (2)

- Doing activities – keep the person busy
- Meaningful activities – have value to the resident with dementia
- Activity-based care is focused on assisting resident to find meaning in his or her day, rather than doing activities just to keep the person busy

Activities: Principles of Activity Based Care (3)

- Focuses on giving caregivers the tools to create chances for residents with dementia to be successful in activities and their relations with other people
- Uses any daily activity that can be broken down into individual, sequential steps
- Works within remaining abilities or strengths of the resident with Alzheimer’s disease, helping to shift emphasis away from resident’s disabilities and impairments

Activities: Principles of Activity Based Care (4)

- Timing of activities is important and individualized
- Attention and focus activities, physical activities and sensory activities provided during each resident’s prime time and on a set, routine basis may increase participation and satisfaction with that activity
Nurse Aide Stress and Burnout

- Providing care on a daily basis for a resident with Alzheimer’s or dementia is extremely stressful.
- This population of residents may be more prone than others to becoming victims of abuse or neglect.
- Regardless of the cause, nurse aides must take necessary steps to ensure that they do not react.