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 decline 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
- Communicating with a resident who is showing signs of delirium

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)
*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

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

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 (2)**

- Behavior – an observable, recordable and measurable physical activity
- Normal brain – has the ability to control responses
- Alzheimer’s disease and dementia – have lost much of the ability to control responses

**Dementia and Alzheimer’s Disease – Behavior Issues (3)**

- Behavior is a response to a need
- Before choosing a specific intervention, trigger must be identified
- Triggers may be environmental, physical, or emotional
Dementia and Alzheimer’s Disease – Behavior Issues (4)

- Effective behavior management
- Changing the environment
- Intervention must meet needs while maintaining respect, dignity and independence
- Successful behavior interventions
  - Behavior control also assists in reducing use of restraints, decreases abuse and neglect, and increases family satisfaction

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 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 can be 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.