NC Department of Health and Human Services
NC Nurse Aide I Curriculum

Module T
Dementia and Alzheimer’s Disease
July 2019
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 ↓ 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

Progression of Alzheimer’s Disease

Healthy Brain  Mild Alzheimer’s Disease  Severe Alzheimer’s Disease
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

*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 daily basis for resident with Alzheimer’s or dementia 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