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
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)

<table>
<thead>
<tr>
<th>Communication Components</th>
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<tbody>
<tr>
<td>• Patience with resident</td>
<td>• Avoid criticizing or correcting</td>
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<tr>
<td>• Show interest in the subject</td>
<td>• Avoid arguments with resident</td>
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<tr>
<td>• Offer comfort and reassurance</td>
<td>• Offer a guess as to what resident wants</td>
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<tr>
<td>• Listen for a response</td>
<td>• Focus on the feelings, not on the truth</td>
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<td>• Limit distractions</td>
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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
## Communicating – Nurse Aide’s Role (3)

<table>
<thead>
<tr>
<th>Communication Techniques</th>
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<tbody>
<tr>
<td>• Speak clearly and distinctly using short, familiar words and short sentences, and avoiding long explanations</td>
<td>• Use nonverbal cues, such as touching, pointing or starting the task for resident</td>
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<tr>
<td>• Emphasize key words, break tasks and instructions into clear and simple steps</td>
<td>• If the resident’s speech is not understandable, encourage to point out what is wanted or needed</td>
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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

• Behavior is a response to a need
Dementia and Alzheimer’s Disease – Behavior Issues (3)

- Before choosing a specific intervention, trigger must be identified
- Triggers may be environmental, physical, or emotional
- Effective behavior management
- Changing the environment
- Intervention must meet needs while maintaining respect, dignity and independence
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 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