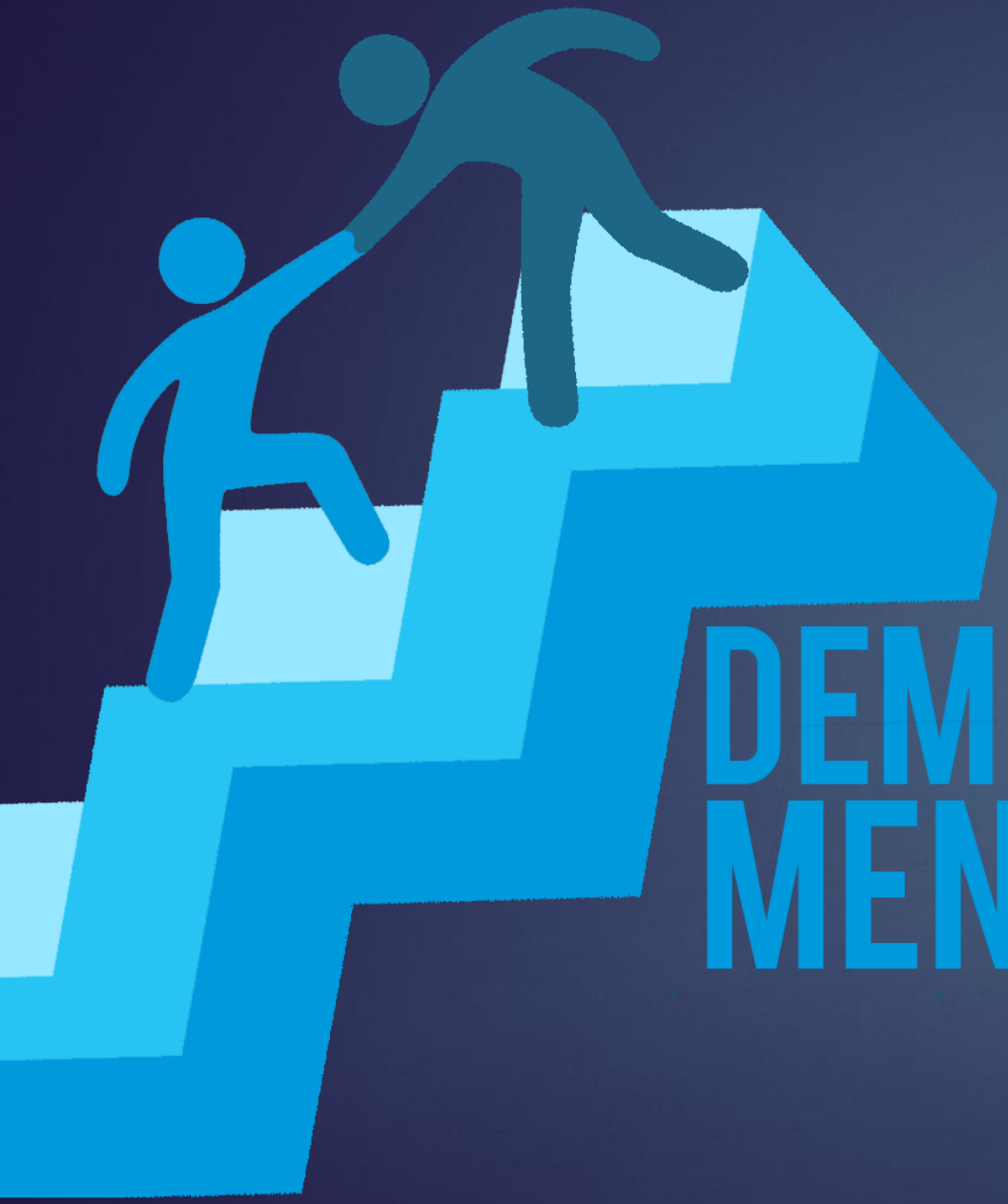



# Understanding Dementia Care

GARY JOSEPH LEBLANC, CDCS

EDUCATION CARE SPECIALIST, AUTHOR

DEMENTIAMENTORS.ORG



# Knowing the difference between Alzheimer's & Dementia

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# What is Dementia?

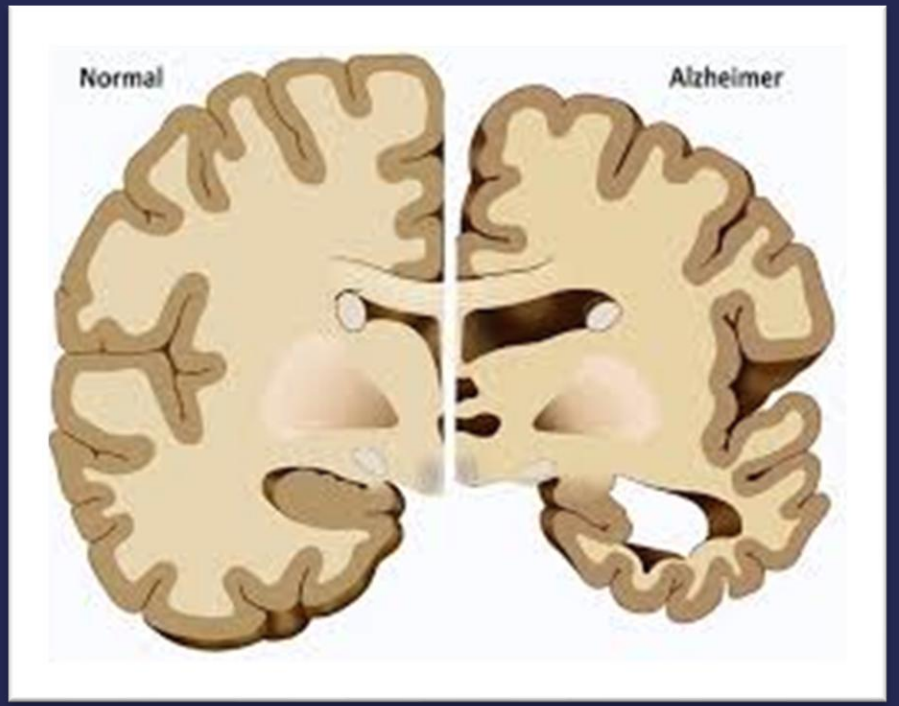
- Cognitive Impairment
- Difficulty communicating or finding words
- Finishing complex tasks
- Difficulty with planning and organizing
- Difficulty with coordination and motor functions
- Problems with disorientation, such as getting lost
- Poor Decision Making!

# OTHER CAUSES OF DEMENTIA

- Infections and immune disorders
- Metabolic problems (thyroid problems)
- Nutritional deficiencies
- Lack of vitamin B12,

B6, B2, niacin (B3) B1 and, folate (B9)

- Dehydration



# Dehydration Pinch Skin Test



# Reaction to Medications







# Speak with your Pharmacist

# UTI Symptoms:

Hallucinations, delusions, severe agitation, increased confusion, disorientation, and sometimes violent outbursts.

# Early-Onset Dementia

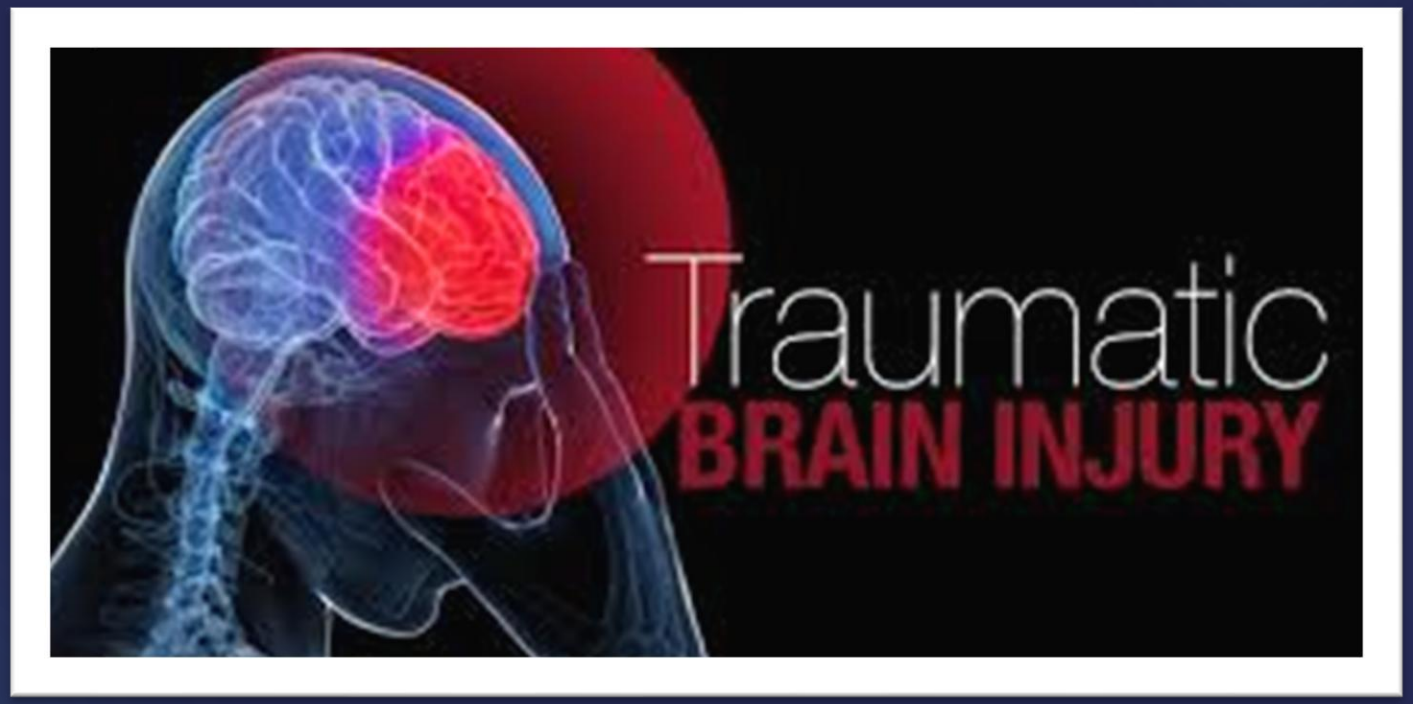
This is when dementia affects people younger than 65 years of age.

This is not a senior citizen problem



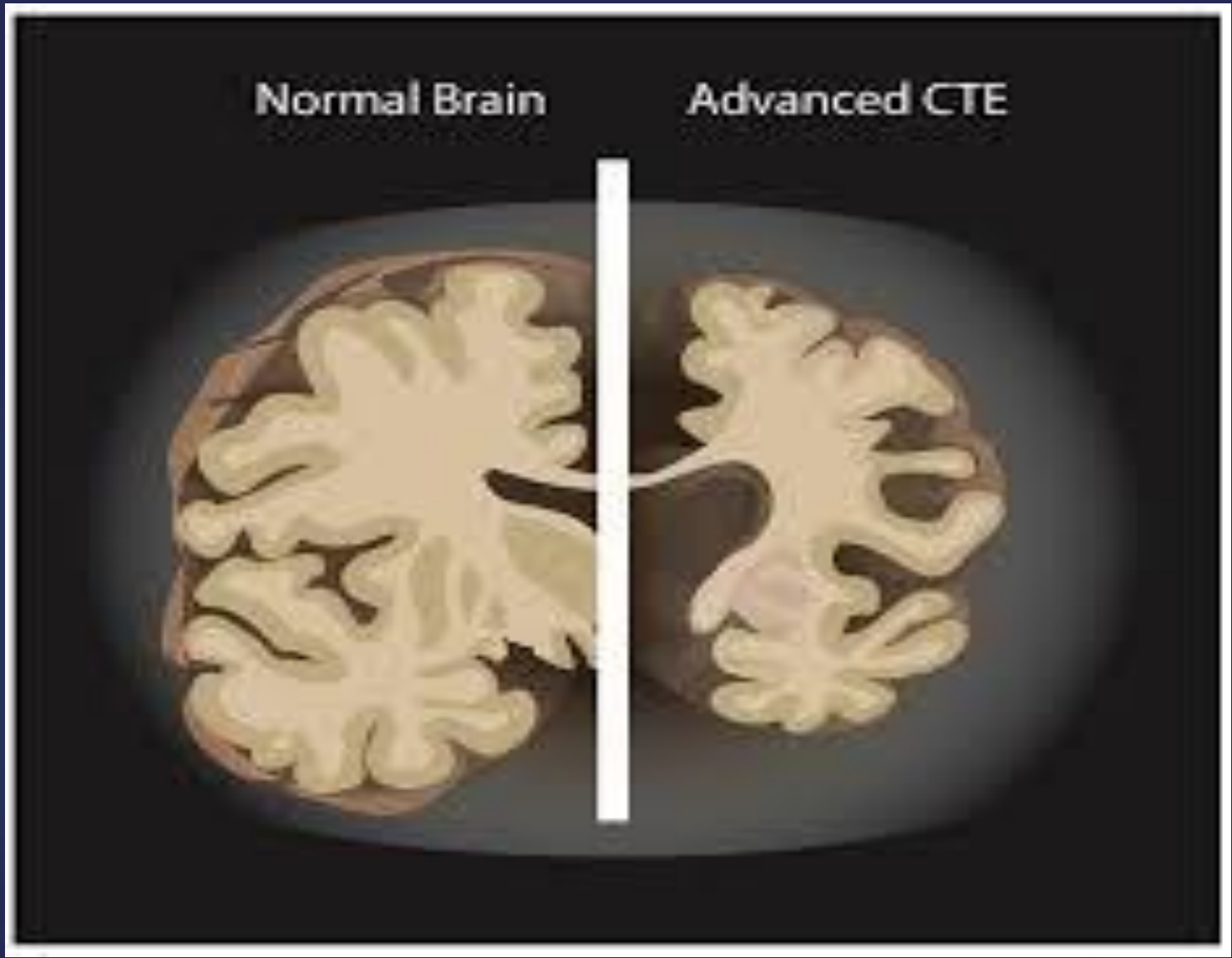
# Common Dementia Related Diseases

- Alzheimer's disease
- Lewy Body dementia (LBD)
- Frontotemporal degeneration(FTD)
- Vascular dementia
- Mixed dementia
- Parkinson's disease dementia (PDD)
- Traumatic Brain Injury (TBI)




**TBI ARE HAPPENING EVERY 15 SECONDS IN THE USA =**
**5.3 MILLION AMERICANS LIVING WITH A TBI DISABILITY**

# CHRONIC TRAUMATIC ENCEPHALOPATHY






# Sport Related Injuries

# Lewy Body Dementia

Protein deposits named Lewy Bodies, develop in the nerve cells in regions of the brain.



# LEWY BODY DEMENTIA

- A MORE PROGRESSIVE TYPE OF DEMENTIA
- VISUAL HALLUCINATIONS COME ON EARLY
- THIS DISEASE IS COMMON IN ONE'S 50S
- TRADITIONAL ANTIPSYCHOTIC MEDICATIONS SHOULD BE AVOIDED

# Avoid “Classic” neuroleptic medications!!!

Increased risk of side effects

Enhanced parkinsonism

Neuroleptic malignant syndrome (potentially fatal)





DEMENTIA SPOTLIGHT FOUNDATION

# What is the difference between a delusion and a hallucination?



# NOT ALL HALLUCINATIONS ARE VISIBLE

## Olfactory Hallucinations

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Smelling coffee grounds can “cleanse” your nasal receptors and provide you with an untainted-smelling palate

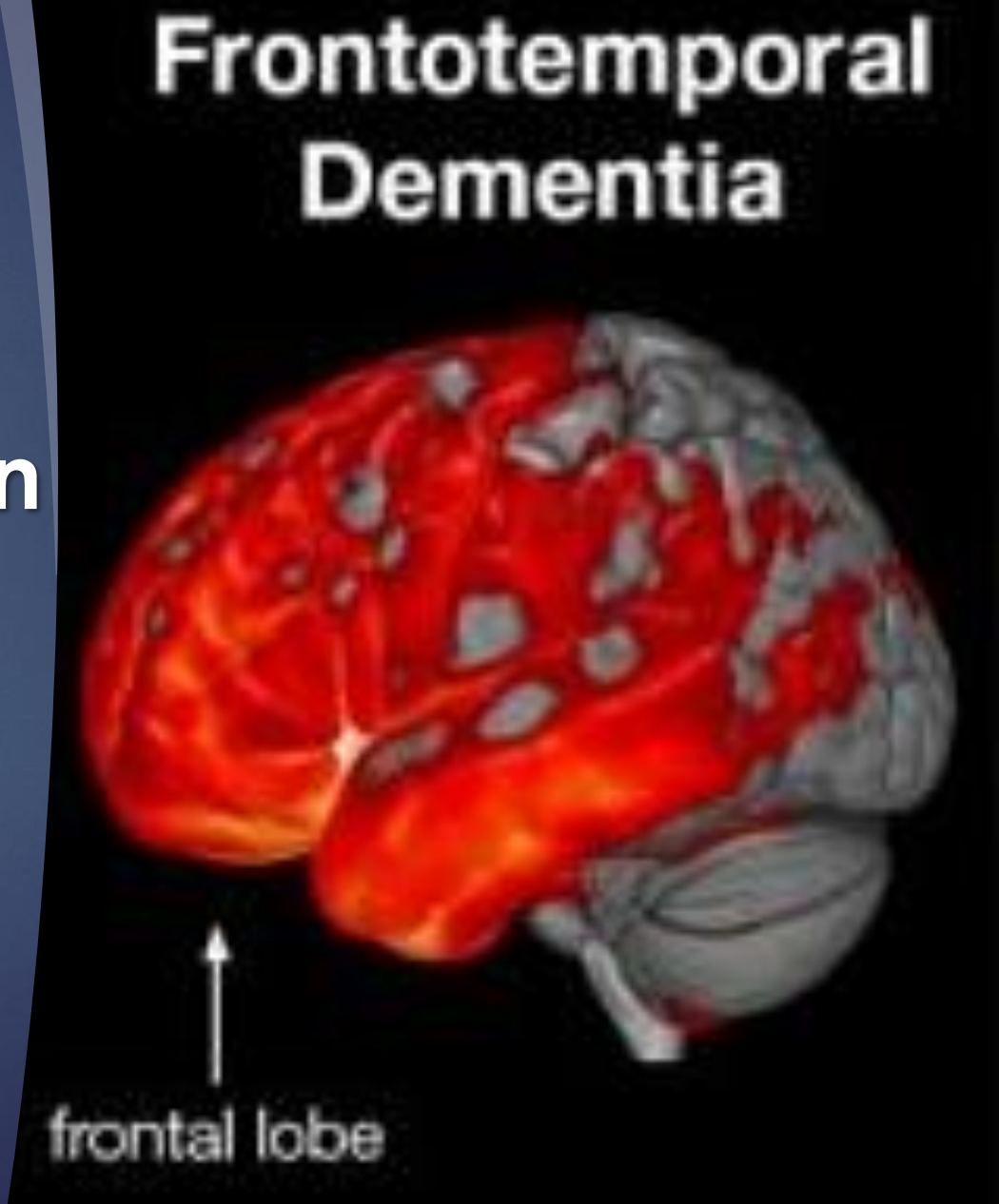
# LEWY BODY DEMENTIA




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# FRONTOTEMPORAL DEMENTIA (FTD)

- Frontotemporal degeneration
- Frontotemporal dementia
- Picks disease



# Frontotemporal Dementia Symptoms

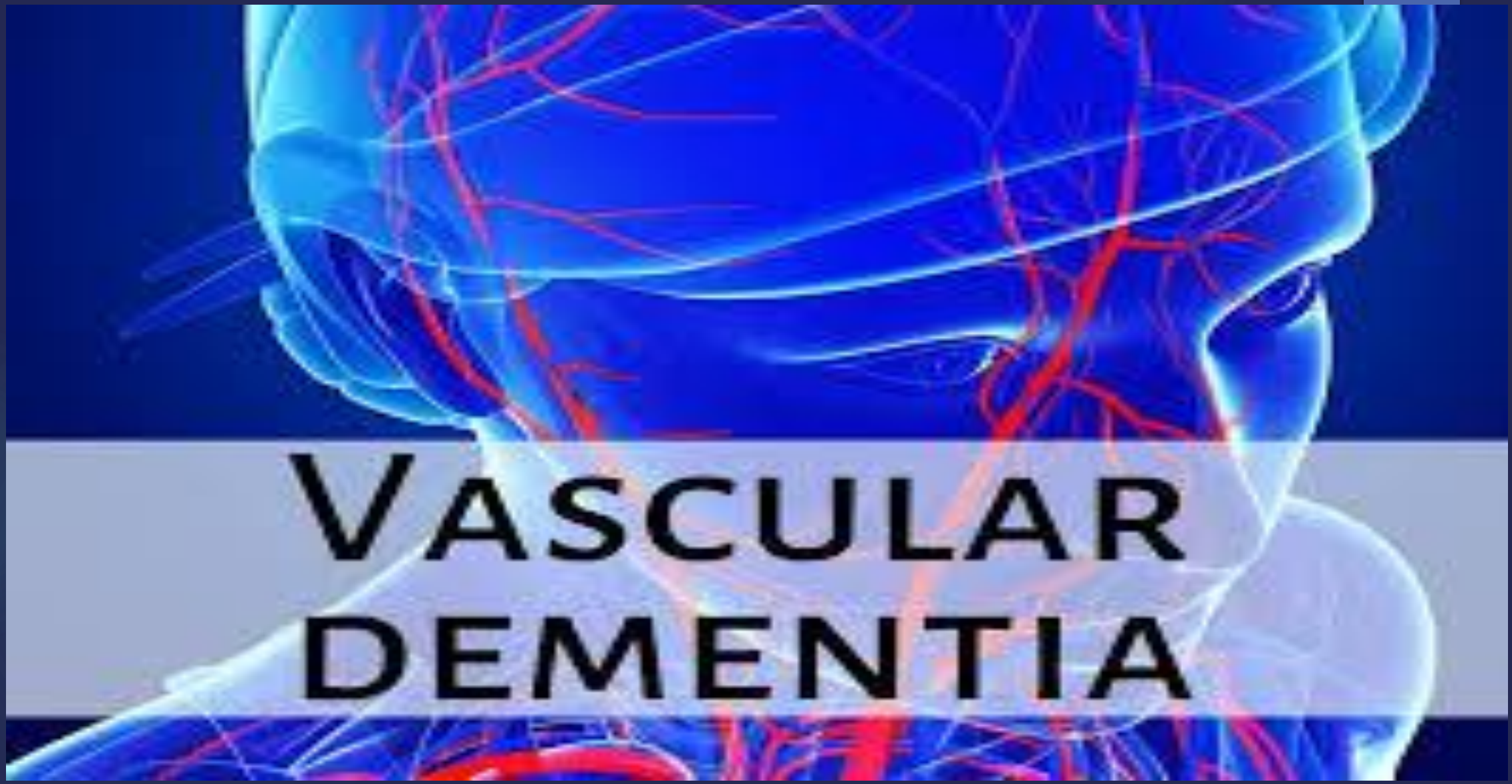
- DEGENERATION OF THE TEMPORAL AND/OR FRONTOTEMPORAL LOBES
- DECLINE IN BEHAVIORS AND SOCIAL SKILLS
- MAY BE ACCOMPANIED BY LOSS OF LANGUAGE SKILLS (PRIMARY PROGRESSIVE APHASIA) (SEMANTIC DEMENTIA)
- CHANGES IN EATING HABITS, NON-EDIBLE OBJECTS, PREDOMINANTLY OVEREATING
- COMMON THROUGHOUT ONE'S 40-60

# APATHY VS DEPRESSION




# Apathy

- Passivity
- Loss of Interest
- Loss of spontaneity
- Lack of Motivation


VASCULAR
DEMENTIA

# Vascular Dementia

Can be caused by damaged blood vessels and reduced circulation depriving the brain of oxygen and nutrition.

Any factors that have you at risk for heart attack or stroke . . . high blood pressure, high cholesterol, Smoking, obesity, and diabetes.

Sleep apnea



# “50% OF PEOPLE WITH UNTREATED SLEEP APNEA WILL DEVELOP VASCULAR DEMENTIA - MAYO CLINIC



# Mixed Dementia

Abnormalities linked to more than one type of dementia occur simultaneously in the brain





# KORSAKOFF SYNDROME

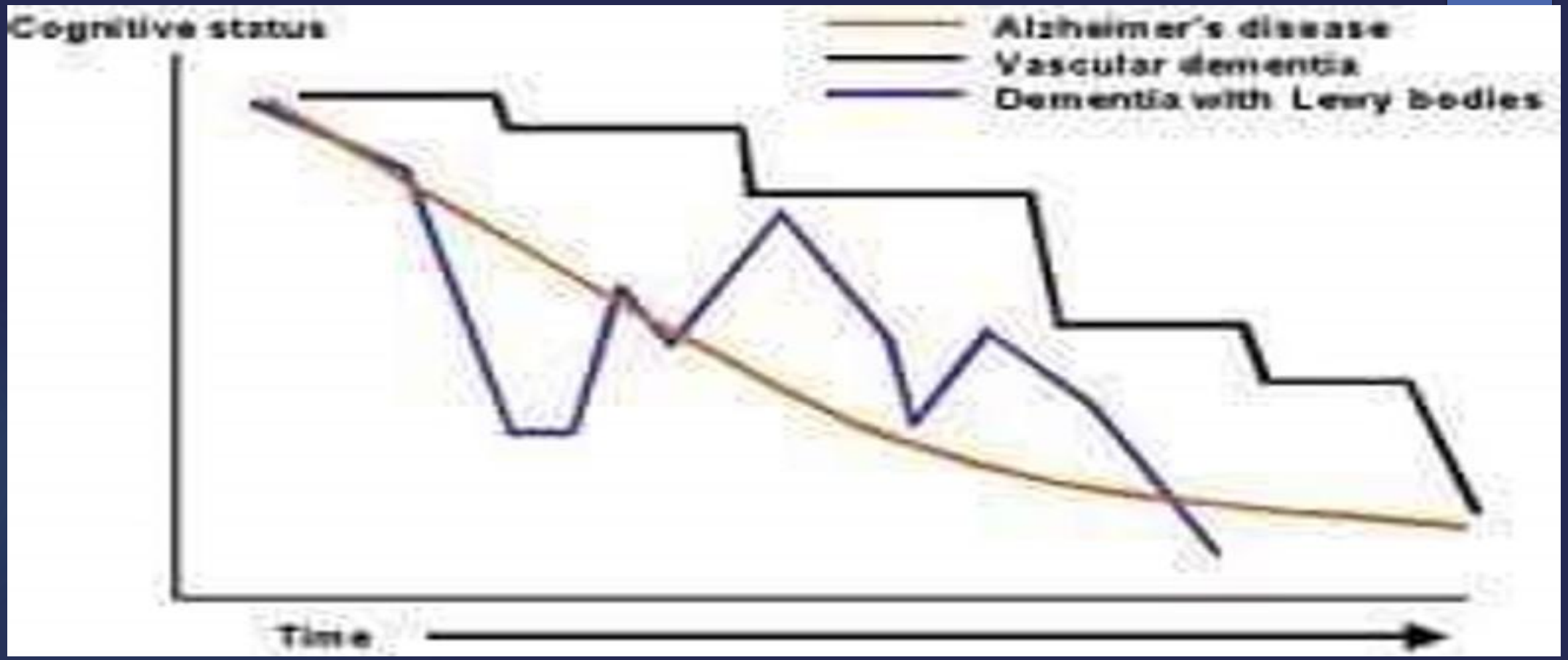
# ALCOHOL RELATED DEMENTIA (ARD)

## DEPLETES YOUR VITAMIN B-1

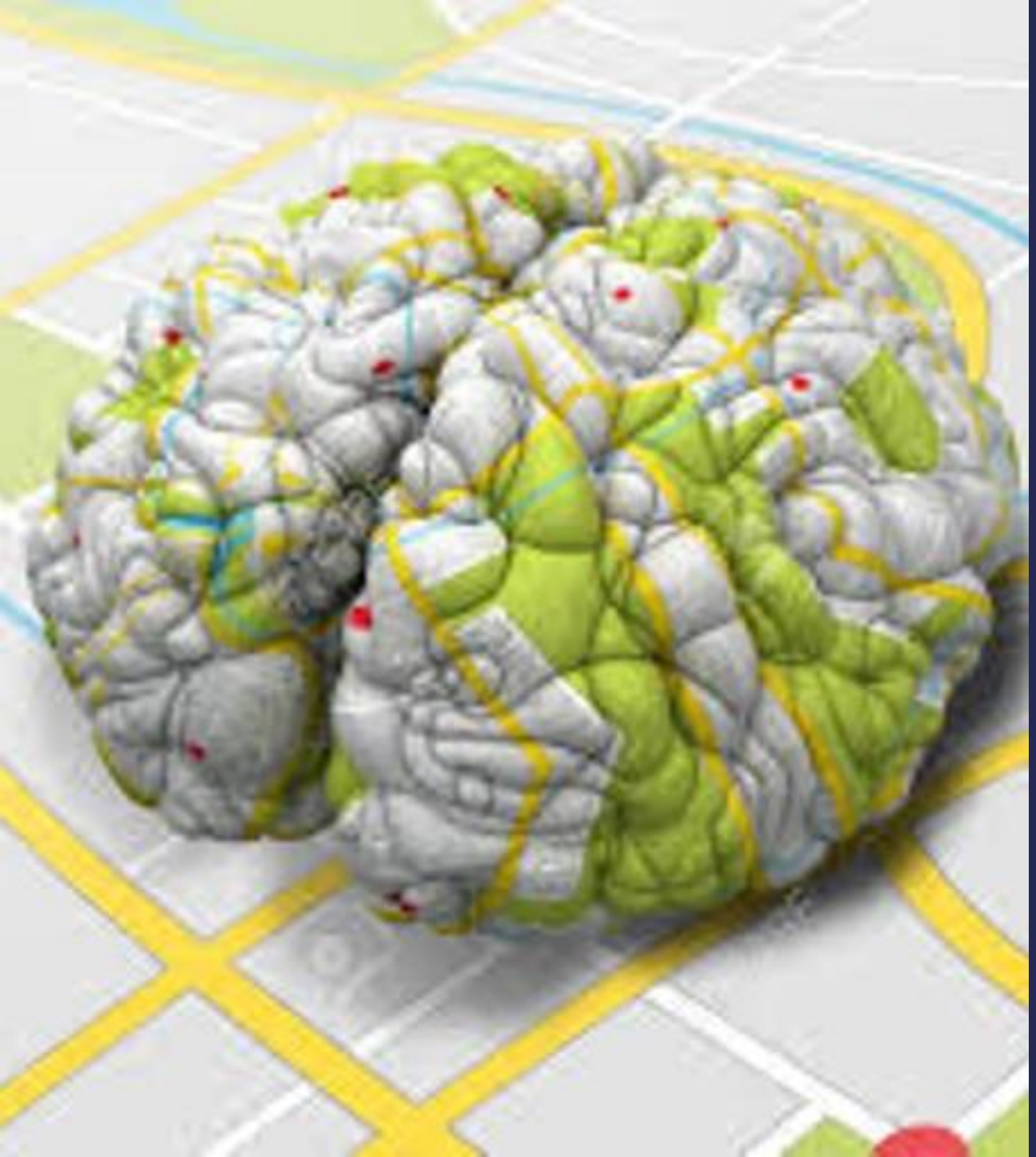
Down Syndrome
FOUNDATION
OF FLORIDA

About 50% of people with Down Syndrome in their 60s have Alzheimer's disease.

# Cognitive Chart




Graph DESIGNED by Robert Bowles of United Against Dementia



# SHORT TERM MEMORY LOSS

Also known as working memory and reference memory




# CARING FOR THOSE ONE LIVING WITH DEMENTIA




# Routine, Routine, Routine, Routine!



# KNOW THEIR DAILY ROUTINE

**STAGES** – Knowing whether a resident is in the mild, moderate, or late stage of dementia helps a caregiver or family member understand reasonable expectations for that person.

**Each person experiences Dementia in their own way**

# REDIRECTION

**TASTE, TOUCH, AND SMELL ARE POWERFUL TOOLS!**




FREEZER BEFORE
MEDICINE CABINET!



# PHOTO ALBUMS ARE ANOTHER GREAT TOOL

# PUT SOMETHING IN THE HANDS

# ANXIETY

**CONTROLLING YOUR LOVED ONE'S ANXIETY IS HALF THE BATTLE**



# IDENTIFYING ANXIETY

Problems sleeping

Cold or sweaty hands and/or feet

Shortness of breath

Heart palpitations

An inability to be still and calm

Dry mouth

Numbness or tingling in the hands or feet

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# DEPRESSION & DEMENTIA

DEPRESSION BY ITSELF CAN CREATE SYMPTOMS OF DEMENTIA.

ALL PATIENT'S DIAGNOSIS WITH A DEMENTIA-RELATED DISEASE WILL GO THROUGH BOUTS OF DEPRESSION.

# ROLE PLAYING

- You may discover that you suddenly receive a new identity as these diseases progress.
- I wish I could prepare you!






# PRETEND YOU'RE GOING FOR AN ACADEMY AWARD



# IN THE LAST TWO YEARS, I BECAME DAD!

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# The Sounds of Dementia





# LISTEN TO THEIR ENVIRONMENT YOU CAN LEARN A LOT

# Eating Dilemmas

- Too many items on tray, Limit choices (Small Portions)
- Too many distractions, including smells
- May forget how to use utensils
- May need assistance to get started
- Mouth discomfort, or missing dentures



# Taste Buds Atrophy

**TRY DESSERT FIRST IF NEEDED!**

**WATCH FOR SWALLOWING DIFFICULTIES AND WEIGHT LOSS IN THE ADVANCED STAGE.**

# Bathing Issues



Stick to the same time/days of the week if possible



Have a calm environment, Rainmaker Showerhead



Attempt to use the same products (Color & Aroma)



Fake doctor's note



# Do you know the biggest complaint I receive from families on Home Care?



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# Financial Burdens

Then there is the problem of finances or the lack thereof. Facts show that one-third of caregivers and former caregivers report their income to be at the poverty level.





**The average caregiver loses $15k+ annually due to cutting back employment to help a loved one.**

**Due to the physical and mental demands of caregiving, studies have found elevated levels of stress hormones circulating through caregivers' bodies, like post-traumatic stress disorder. Many healthcare professionals are increasingly calling this**

Caregiver Syndrome.

**Due to the physical and mental demands of caregiving, studies have found elevated levels of stress hormones circulating through caregivers' bodies, like post-traumatic stress disorder. Many healthcare professionals are increasingly calling this**

Caregiver Syndrome.




# COMMUNICATION AND BEHAVIORS

# BECOME A SPEECH THERAPIST

**WE NEED TO KEEP THEM TALKING**





# LEARNING TO USE ALL TYPES OF COMMUNICATION

Body Language

Verbal & Non-Verbal

Touch

Facial

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# MAKING A CONNECTION

- Visually
- Verbally
- Physically
- Emotionally
- If what you are doing doesn't seem to be working STOP, BACK OFF and than TRY AGAIN LATER

# VERBAL COMMUNICATION

People with dementia may not be able to keep up with a conversation or understand directions. Caregivers will need to simplify their communication.

Make sure you give all directions in steps, one step at a time.

Be patient, you must stay calm

# NON-VERBAL COMMUNICATION

Approximately 80% of our communication is non-verbal.

Word skills will become impaired. Their ability to process information diminishes.

Non-verbal communication skills become required. Body language speaks as loud or louder than words.

Learn to read theirs and use yours.

# BODY LANGUAGE



**Persons with dementia become hyper-fluent in body language**

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# THE WINNING TRIFECTA OF DEMENTIA COMMUNICATION

Verbal

Body Language

Visual Clues

# THINK IMPROV

BE QUICK ON YOUR FEET




Be in the Moment

# COMMUNICATION TIPS

Always stay calm; they will feed off your emotions.

Use short, simple sentences.

Speak slowly and clearly.

Speak only when in visual contact.





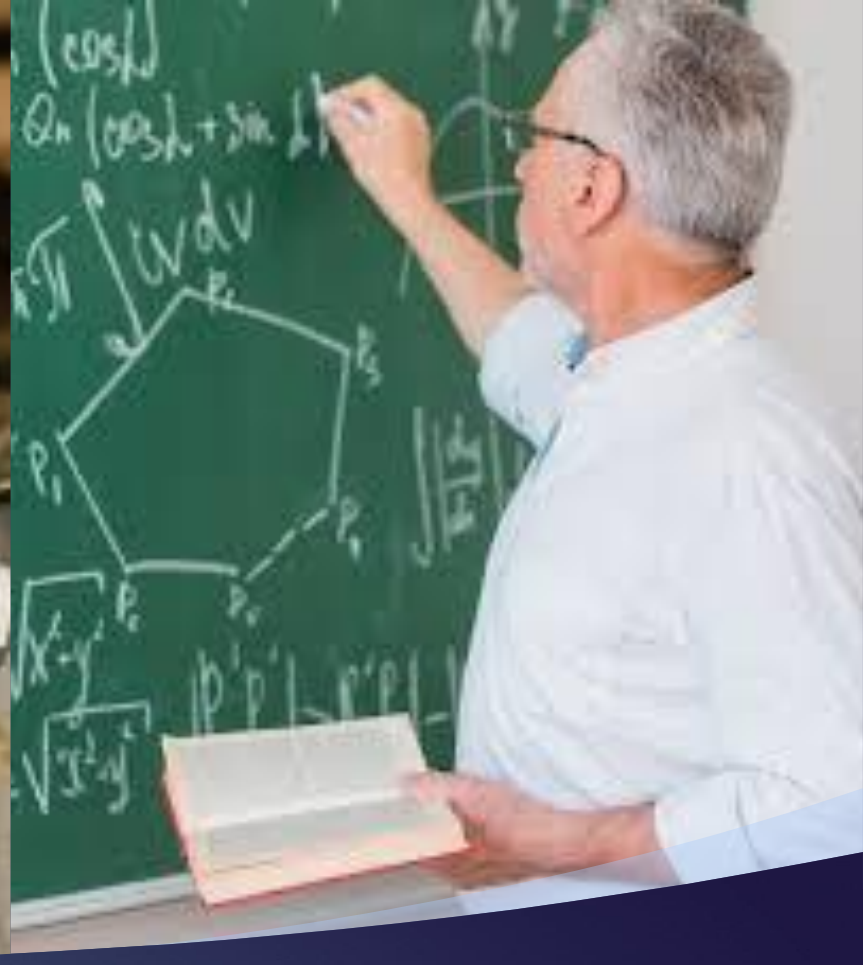
# IT'S SO IMPORTANT TO TALK EYE-TO-EYE

# COMMUNICATION TIPS

- LIMIT DISTRACTIONS (TELEVISION)
- NEVER ARGUE (YOU WILL LOSE)
- AVOID TALKING FOR THEM
- WHEN THEY'RE STUCK FOR WORDS, ENCOURAGE A WORD OR TWO, CALMLY







# Incorporating a person's life history and routines into care planning

# ALWAYS INTRODUCE YOURSELF

**EVERY TIME** you enter their room, always introduce yourself "Hi, my name is Julie/John, I'm here to help you today."

Try to learn what name they respond to best.



# The Therapeutical Lie



# ATTENTION SPAN

Try to learn your dementia patient's attention span

Their attention span will usually be better in the mornings



# IN-TIME COMMUNICATION

Alert patient to changes or events an hour before, not days!

# USING THE "WE" WORD




Substitute the pronoun "YOU" for the word "WE"; this will give them the impression that you are working as a team.

# WHEN CONFUSION IS HIGH

- USE A LOW AND AFFECTIONATE VOICE. TONE OF VOICE CAN SET THE MOOD.
- USE A GENTLE TOUCH WHILE TALKING.
- AVOID LONG SENTENCES.
- USE EVERY VISUAL CLUE YOU HAPPEN TO HAVE.

# NEVER ASSUME!

- NEVER ASSUME THEY UNDERSTAND.
- JUST BECAUSE THEY SAY YES, OR NOD THEIR HEAD, DOESN'T MEAN THEY UNDERSTOOD YOU.
- NO DOESN'T ALWAYS MEAN "NO"
- REPEAT ALL IMPORTANT INFORMATION.



# ALL BEHAVIORS SHOULD BE CONSIDERED AS COMMUNICATION

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# What is the average time it takes a caregiver to call 911 when a loved one wanders?




# CHALLENGING BEHAVIORS

# Challenging Behaviors

Possible reasons may include:

Illness on top of their dementia (UTI)

Medications

Overstimulation

Loud and unfamiliar noises

Taken out of their daily routine

# Assess the Problem



What is the behavior?



Why is it a problem?



Is it environmental?



When & where does it take place?



Who is around?

# Address the Problem with their Doctor



Behavioral problems may have an underlying medical reason

# Solutions

| | |
|---|---|
| Feelings | **Always focus on their feelings, not facts** |
| Stay Calm | **Stay calm, never show your agitation** |
| Limit | **Limit distractions** |
| Redirect | **Always attempt to redirect.** |
| Senses | **(Use senses, taste, touch & smell)** |

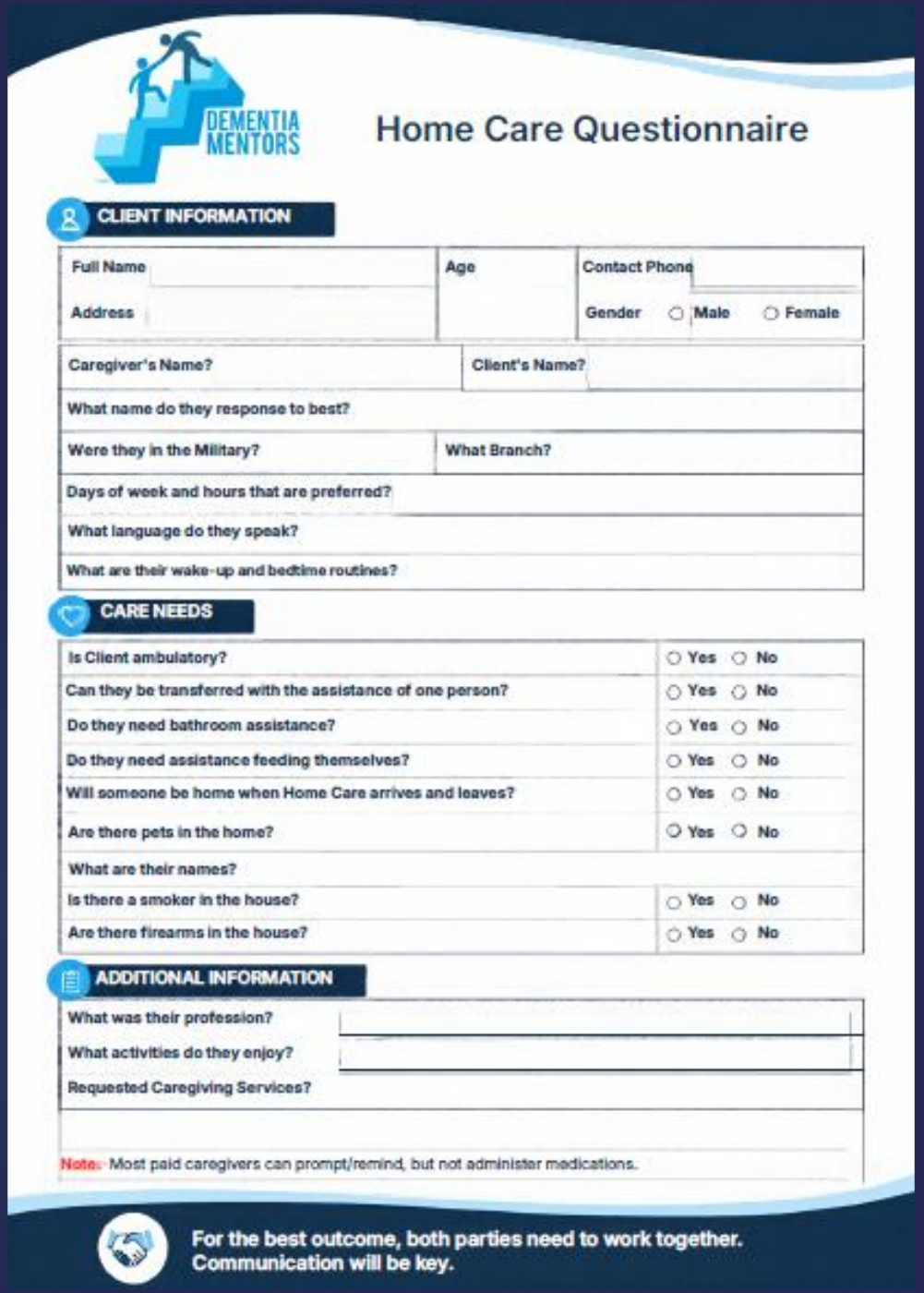
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# YOUR WORDS MATTER

Instead of asking,

“What’s wrong with you?

Ask, “What happened?”



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## Home Care Questionnaire

### CLIENT INFORMATION

| | | | |
|---|---|---|---|
| Full Name | | Age | Contact Phone |
| Address | | | Gender ○ Male ○ Female |
| Caregiver's Name? | | Client's Name? | |
| What name do they response to best? | | | |
| Were they in the Military? | | What Branch? | |
| Days of week and hours that are preferred? | | | |
| What language do they speak? | | | |
| What are their wake-up and bedtime routines? | | | |

### CARE NEEDS

| | |
|---|---|
| Is Client ambulatory? | ○ Yes ○ No |
| Can they be transferred with the assistance of one person? | ○ Yes ○ No |
| Do they need bathroom assistance? | ○ Yes ○ No |
| Do they need assistance feeding themselves? | ○ Yes ○ No |
| Will someone be home when Home Care arrives and leaves? | ○ Yes ○ No |
| Are there pets in the home? | ○ Yes ○ No |
| What are their names? | |
| Is there a smoker in the house? | ○ Yes ○ No |
| Are there firearms in the house? | ○ Yes ○ No |

### ADDITIONAL INFORMATION

| |
|---|
| What was their profession? |
| What activities do they enjoy? |
| Requested Caregiving Services? |

Note: Most paid caregivers can prompt/remind, but not administer medications.

For the best outcome, both parties need to work together.
Communication will be key.

# HOME CARE QUESTIONNAIRE

# DEMENTIA MENTORS RESOURCE PAGE

# Healing through Volunteerism



Serve. Learn. Change.



"Named a Top 5 Dementia Support Organization by Everyday Health 2024 & 2026"

# DEMENTIA MENTORS

DementiaMentors.org