



DEMENTIA

What is dementia?

Dementia describes a decline in mental function. It usually implies an organic disease that is not part of the normal aging process. There are three hallmarks of dementia. One is memory loss, which interferes with the normal activities of daily life (inability to recall recent events and difficulty performing familiar tasks).

A second hallmark of dementia is a decline in intellectual function which is demonstrated in three or more of the following areas: confusion; personality and behavior changes; impaired judgment; difficulty finding words, finishing thoughts or following directions; difficulty with mathematics; or poor visuo-spatial skills (drawing, copying, matching).

A third hallmark of dementia is persistence, which means that inappropriate actions and ideas do not go away, but eventually become severe enough to interfere with a person's work and social life. Dementia affects 5% of the population over the age of 65, 20% over 80, and 30% over 90. It can occur at younger ages, but this is rare.

What is Alzheimer's disease?

Alzheimer's disease is one of many forms of dementia. It accounts for approximately 54% of all cases. Although a dementia is not always Alzheimer's disease, Alzheimer's disease is always a dementia. The disease is incurable. The progression can be rapid (5 years from diag-

nosis to death) or slow (more than 15 years). The disease eventually leaves its victims totally unable to care for themselves.

Who can help?

Some dementias are the result of conditions that can be reversed, such as depression, adverse drug reactions, poor nutrition, and minor head injuries. It is important to have physical, neurological, and psychiatric evaluations to rule out treatable dementias.

Physicians can prescribe tranquilizers to lessen agitation, anxiety, and unpredictable behavior, and to improve sleeping patterns and treat depression. Family members and other caregivers are the most important people in helping the person suffering from dementia to maintain a quality life style. Speech-language pathologists can train these caregivers in ways to enhance functional communication skills.

These skills relieve some of the tensions and frustrations associated with dementia by best using cognitive and communication abilities still retained by the patient, and structuring the environment for the patient's level of independence. There are also organizations to help family member cope with the problems of dementia.

HINTS FOR CAREGIVERS

Helping communication

1. Be calm and supportive. Maintain eye contact and if possible use touch for reassurance and to show you are listening.
2. Show your interest in what is being said or felt. Tone of voice and gestures give important clues in communicating feelings.
3. Acknowledge when you don't understand. Encourage pointing or gesturing to help make

communication clear.

4. When word finding is a problem, relieve frustration by offering a guess.
5. If a wrong word is used, supply the correct word; unless it becomes upsetting.
6. When the patient is upset and unable to explain verbally, offer comfort and reassurance without expecting further explanation.

Helping understanding.

1. Approach from the front, but be sure to give adequate space.
2. Minimize environmental confusion, distraction and noise.
3. To gain attention and help with orientation, begin each conversation by addressing the patient and identifying yourself.
4. Speak slowly and distinctly. A lower voice pitch gives a calming effect. It is also easier to hear for those with hearing impairments.
5. Tone of voice is as important as the words said.
6. Use short, simple, and familiar words in sentences.
7. Explain tasks in clear, simple steps, giving one step at a time.
8. Ask one question at a time and allow time to respond.
9. Repeat what you said using the same phrasing as before.
10. Be positive. Avoid negative words and harsh orders.
11. Avoid expressions that can be taken literally (“hop into bed”).
12. Demonstrate your request by drawing, pointing at or touching things.
13. Use proper names instead of pronouns when referring to other individuals.
14. Always maintain dignity and respect. Do not “talk down” or use pet names such as

“honey”.

15. Ignore harmless hallucinations or delusions. Give reassurance and redirect to another activity.
16. If the person is not paying attention, communicate again in a few minutes.
17. Use non-verbal communication (smile, hug) to reinforce verbal communication or when understanding words is difficult.

Additional helps

1. Consistency! Try to do things in the same way and at the same time.
2. An identification bracelet should be worn at all time bearing the patient’s name address, phone number, and a statement such as “memory loss” referring to the problem.
3. Use recent pictures when using photographs to identify family, friends, and self. Outdated pictures can be confusing.
4. Lighting should avoid twinkling lights, a dim atmosphere, reflecting mirrored lights, and candlelight.
5. Make the environment safe. Steps should have gates; sharp objects and poisonous substances should be out of reach.
6. Give plenty of notice regarding appointments or trips to avoid surprises.
7. Do not try to argue when the patient is being unreasonable.
8. Simplify outings and prepare for accidents with a change of clothing.