



Intermountain Project ECHO Dementia Care

Non-Pharmacological Dementia Treatment

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Session Objective

By the end of this session, participants will be able to:

- Evaluate Functional Status and determine appropriate interventions based on stage of disease.
- List strategies for keeping persons with Dementia Safe
- Recognize need and identify resources available for Advanced planning for healthcare, financial and legal matters.



People only see what they are prepared
to see.

~~Ralph Waldo Emerson~~



Stages of AD and other dementias

Mild Cognitive Impairment (MCI)	Mild-stage	Moderate	Advanced
Earliest clinical detection, activities of daily living are OK	Characterized by impaired: <ul style="list-style-type: none">•Memory•Language•Activities of Daily Living	Increasing behavioral disturbances	Development of physical problems

^ Dementia

- Dr. Kelly Garrett PhD, 2007

Slide subhead, Calibri Body, 30 pt.

- Key point number 1
- Key point number 2
- Key point number 3
 - Supporting point number 3.1
 - Supporting point number 3.2



What Doesn't Work

Reality Therapy

- Frequent correction and forcing someone into the present.

Yelling

- Difficulty in understanding is not the same thing as being deaf.

Treating a person like a child

Chemical restraints

Ignoring problem behaviors

Promising future rewards

Having a one-size-fits-all mentality

Using interventions that are not appropriate for the stage of disease progression.



Mild Cognitive Impairment

Behaviors

- Occasional forgetfulness or confusion.
- Some IADL changes
 - Forgetting medications
 - Decline in food prep
 - Possible driving issues

Respond well to minor environmental changes and therapeutic adaptations.

More able to cover for memory slips.

Still able to reason and problem solve

-Best time to plan for future.



Mild Dementia Stage

Can often pass as unimpaired in short conversations.

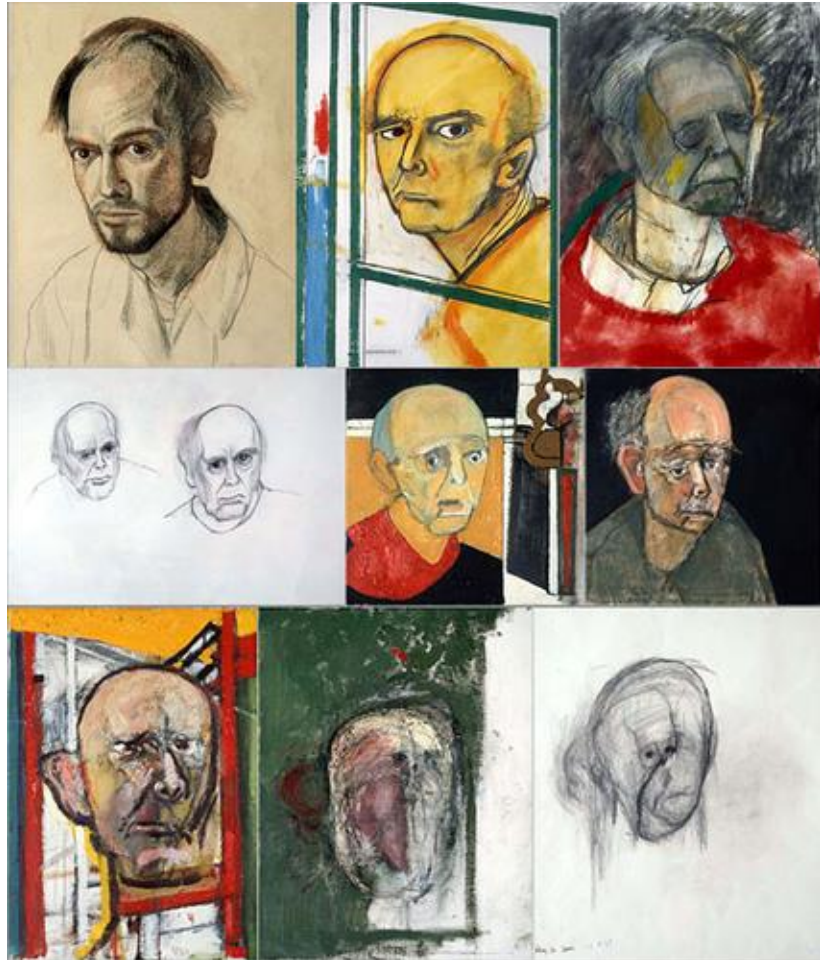
Increasing difficulties in IADLS

- Issues managing finances, upkeep of the home, remembering when to eat, difficulty using appliances, medication management ect...

Problems with **Initiation** and/or **Insight**

- Do not recognize that there is a problem
- Apathy is a brain issue not stubbornness
- Difficulty in making up a plan and following through with the necessary steps.
- Planning and instructions must be concrete, difficulty with abstract terms.

Mild Stage interventions



- Avoid arguments or becoming confrontational.
- Focus on Emotions instead of logic and reasoning
- Look for environmental changes to address problems.
- Balance of safety and independence
- Look for triggers for difficult behaviors
- Pick your battles
- Put in place all legal/ medical power of attorneys and designate agents.

Moderate Stage

Continuing decline in IADLs and some BADLs

- May need prompts for bathing, eating, and toileting
- Can still participate in most activities but requires external support.

Increasing Behavioral disturbances

- Hallucinations, wandering, paranoia, perseveration, disorientation for time and place

Increased Supervision is vital for safety issues.

- Unlikely to remember to take medications or to recognize correct dosing
- May wander or be unable to contact help in an emergency.
- Patient is unaware of own limitations.



Moderate Stage Interventions

- Encourage engaging activities, address issues of boredom
- Use validation techniques to diffuse situations before they escalate
- Slow down and allow time for the person to respond.
- Patient is no longer safe to be left alone.
 - Caregiver burnout
 - Need for family planning urgently at this stage



Advanced Stage



May qualify for hospice services for dementia diagnosis or comorbid conditions.

Need hands on help for BADLs

- Cannot dress, bathe, toilet independently

Increasing difficulty with communication

- May have difficulty expressing pain or discomfort
- Cannot give a coherent history

Disorientation to environment, time, person and self

- May not recognize loved ones, or own self.

Agitation, disinhibition, hoarding, aggression, sleep disturbances, hypoactivity.

24 hour care and supervision needed

Advanced Stage Interventions



Aggressively treat for pain.

Look for unmet needs

- Boredom, movement, purpose, affection, connection

Offer choices

Respond to the emotions that the person is displaying not the content.

Learn the personal preferences of the individual.

Use reassuring touch if the person is comfortable with being touched.

Top concerning behaviors for caregivers

Aggression-

- This is a medical emergency and should be treated as such because it determines where the patient can live.

Sleep disturbance-

- including wandering at night.
- If the caregiver cannot sleep it is not a long term workable situation.

Physical care giving beyond the caregivers ability to provide or comfort level.

- Every caregiver has a limit and it is important to respect that limit and let them know it is okay to express those limits without feeling guilty. “line in the sand”

Concerning behaviors cont.:

Psychosis/hallucinations/delusions-

- can be more upsetting to the caregiver than the patient.
- Need to decide if it is worth treating pharmacologically.

Depression and Anxiety

- Can be assessed using scales such as GDS or by caregiver history for mood and affect. Be careful not to confuse with neurological apathy.
- Generally best treated by increasing pleasurable activities and limiting sources of anxiety.

Agitation and disorientation

- Give orienting clues, introduce yourself and provide context.
- Move at the pace that is comfortable for the patient.

Repetitive behaviors and questions

- Lots and lots of patience. Redirection.
- Address the emotion behind what is being said.

Key therapeutic techniques

Planning and education of caregivers

De-escalation

Redirection

Validation

Check for pain or personal care needs

Increasing Pleasurable activities

Identify triggers

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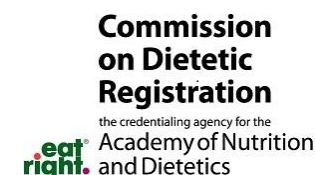
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