

Caring for clients with Alzheimer's and Dementia

Introduction

There are over 44,000 people in Ireland living with a form of dementia today. Although a lot of research is being conducted throughout the world into identifying the cause of the disease and new treatments for the disease, there is no known cause and no cure to date. It is a progressive and debilitating illness.

The risk of developing Alzheimer's disease increases with age with its prevalence rising from approximately 1% in people under 65 years old to more than 25% for those over 80 years. Although rare and more commonly associated with older age, Alzheimer's disease can also occur in people under 65.

(Alzheimer's Society Ireland, 2010)

As people are living longer, myhomecare.ie recognises that more of their clients will develop this disease and the need for our staff to be equipped with the necessary tools to meet the essential care needs of our clients.

The purpose of this policy is to support and inform our staff about caring for clients with Dementia and Alzheimer's disease. This policy is supported by specialised training programmes offered to staff when caring for client's with Dementia/Alzheimer's.

Scope of Policy:

The policy is provided to all staff. The policy applies to all staff involved in working with older people.

DEFINITIONS:

Dementia

"Dementia is characterised by a gradual deterioration in memory and in the person's ability to carry out everyday activities, make decisions, understand information and express themselves. Dementia may also affect a person's mood and personality.

There are many different types of dementia, Alzheimer's Disease and Vascular Dementia are the most common forms. Less common forms include Lewy Body Dementia, Frontal-temporal Dementia (including Pick's Disease) and Korsakoff's Disease (alcohol related dementia)." **(Alzheimer's Society of Ireland, 2010)**

Alzheimer's disease

"Alzheimer's disease is the most common form of dementia, accounting for 50-60% of all cases.

It is a progressive neurological condition characterised by the build up of proteins in the brain called 'plaques' and 'tangles'. These proteins gradually damage and eventually destroy the nerve cells. This can make it more and more difficult to remember, reason and use language. The loss of memory of recent events may be one of the first difficulties noticed. The person may also become disorientated, be at a loss for a word when speaking and have increasing difficulty with simple daily tasks such as using the phone, making meals or managing money." **(Alzheimer's Society of Ireland, 2010)**

The aim of this policy

For the purpose of this policy we will focus on the following:

1. Early Signs of Dementia
2. Diagnosing Dementia
3. Stages of Dementia
4. Training needs of the caregiver
5. To promote comfort and safety through developing a positive attitude towards people suffering from dementia and Alzheimer's disease.
6. Learning to communicate effectively with the Alzheimer's and dementia client

7. Respect the person as a human being
8. Managing behaviour problems
9. Engaging the Alzheimer's client in activities

Early signs of Alzheimer's Disease

The early signs and symptoms may vary from one to another. The first signs are usually memory loss, forgetting names and places. Below is a combined list the signs published by The Alzheimer's Society of Ireland and The Alzheimer's Association, Chicago. This list is not exhausted.

- Memory loss, particularly for recent events
- Difficulty in performing everyday tasks
- Changes in mood and behaviour
- Changes in personality
- Disorientation in familiar surroundings
- Problems with language
- Poor or decreased judgement
- Misplacing things regularly
- Difficulty solving problems or doing puzzles
- Loss of interest in starting projects or doing things
- Confusion with time and place
- Withdrawal from work and social activities

Diagnosing Dementia

If the caregiver becomes concerned that the client is displaying signs of memory loss or becoming more forgetful than usual the following procedure will be followed:

1. Report to the myhomecare.ie Manager.
2. The homecare manager will talk to the family and arrange a home visit.
3. The homecare manager will visit the client.
4. The Homecare manager will report any concerns to the public health nurse and HSE homecare case manager.
5. The Homecare manager will ask the caregiver to keep a diary. The diary will help identify if there are signs of deterioration or if there is a pattern of memory loss. This will also be helpful to the general practitioner.
6. The homecare team will encourage the client to attend their GP. The GP will carry out a series of tests to rule out any other cause of the memory loss such as an infection. The GP may refer the client to a geriatrician for further investigations.
7. Once a diagnosis has been made, a client centred care plan will be put in place. This care plan will be designed and agreed by the client and their family. It is essential that this plan of care is centred to meeting the client's needs.
8. The plan of care will be continuously reviewed and monitored through regular home visits by the homecare managers. Following these visits necessary adjustments will be made to the client's care plan to meet client's changing needs as the disease progresses.

Stage 1: Mild Alzheimer's Disease

The mild stage of Alzheimer's Disease can last from 2 to 4 years or longer. Those in this phase of the disease may:

- Say the same thing over and over
- Lose interest in things they once enjoyed
- Have trouble finding names for common items
- Lose things more often than normal
- Seem to experience personality changes

- Have difficulty grasping complex ideas

People with mild Alzheimer's disease are usually alert, sociable, and enjoy life, but their forgetfulness interferes with daily living and may frustrate them. This frustration may lead them to feel overly emotional, irritable or apathetic.

Stage 2: Moderate Alzheimer's disease

The moderate stage of Alzheimer's Disease is often the longest, lasting from 2 to 10 years. In this stage, a person may:

- Get lost easily, even in places they know well
- Become more confused about recent events
- Need assistance or supervision with tasks such as dressing or washing
- Argue more than usual
- Believe things are real when they are not
- Experience restlessness and agitation
- Have difficulty sleeping and may wander

People with moderate Alzheimer's Disease often require close supervision and support services such as home care may become necessary.

Stage 3: Severe Alzheimer's Disease

The severe stage can last from 1 to 3 years or longer. People with severe Alzheimer's disease cannot do things on their own anymore. They may not be able to:

- Use or understand words
- Recognise family members
- Care for themselves
- Move around independently

People with severe Alzheimer's disease usually require constant care.

Training needs of the caregiver

Myhomecare.ie has developed Dementia /Alzheimer's training programmes for their staff. Staff is invited to attend training updates. They are kept update on any new policies in relation to caring for Dementia clients. Onsite shadowing is also carried out onsite with caregivers ensuring that the client's needs are being met. If any specific training needs are identified in the area, these are addressed.

Providing Routine care

As symptoms progress, unfamiliar people, places and activities can be upsetting or confusing. Routines are reassuring to Alzheimer's patients. Here are some recommendations as mid-stage Alzheimer's begins:

- Structure the day
- Provide consistent environmental cues about time of day
- Help the person to look forward to milestones of the day, such as bathing, dressing, meal preparation and eating, going outdoors, having visitors, getting ready for bed. Talk about the upcoming markers of the day
- Enlist the patient in accomplishing small tasks around the house or yard
- Keep the environment familiar. Put things in expected places. Novelty and surprise are not helpful to most Alzheimer's patients
- Be near the person. Many dementia patients feel most comfortable if their caregiver is nearby. You do not have to talk or entertain them.
- Create a routine around regular toilet visits, to avoid embarrassment, discomfort, or medical complications. The caregiver may have to help with hygiene. In late-stage Alzheimer's, adult diapers are often needed.

To promote comfort and safety and to develop a positive attitude towards people who are suffering from dementia and Alzheimer's disease.

Following the diagnosis of dementia it is necessary to assess the home environment and make certain adjustments. This will help provide a sense of well being and physical safety for the affected person. Things that were taken for granted before, such as home safety and going out, will now require some planning. There will be a need to communicate in new ways. It is important to develop a positive attitude towards dealing with people with dementia and Alzheimer's. This will be achieved through focusing on what the client can do and not what they cannot do.

- Adjusting your communication style to the client's changing needs as the disease progresses
- Plan outings avoid surprises and have something to look forward to. Even if the elder with dementia does not remember, the contact is nonetheless valuable for them
- Establishing routines in activities of daily living
- Setting up a safe home environment

Promoting Comfort & Safety

As the symptoms of Alzheimer's progress, the person becomes more emotionally fragile. At first, there may be the sense of grief and dread that accompanies the awareness of having a progressive terminal illness. During this early stage of the disease, caregivers can promote the patient's sense of well being by providing emotional support and by helping to maintain familiar activities and social contacts. As the diagnosis progresses, the ability to be rational will fade and logical thinking can no longer be used to help alleviate fear and confusion. As problems with memory and judgment increase, the patient becomes more vulnerable to accidents and injuries. Problem behaviours develop that place the person at increased risk of getting lost or getting hurt. Caregivers must develop communication skills and make changes to the home environment in anticipation of the problems of mid-stage Alzheimer's disease. Following are some tips for promoting physical safety and emotional comfort.

It is important to carry out regular environmental risk assessments as they help you identify any risks within the home environment.

Develop a positive Attitude

Many people look on their care giving responsibility as a way of being involved with their loved one. Their caring is based on unconditional love, and they do not consider it a burden. Dementia patients are able to read body language and to respond to the positive attitudes of the caregiver. Where patient and caregiver have had problems in their past relationship, it can be especially challenging to empathise and be kind, so a support system for the caregiver is most important.

Learn to Communicate Effectively

Acknowledge requests and respond to them. Don't argue or try to change the person's mind, even if you believe the request is irrational. Be affectionate with the patient, if this feels natural.

Try not to set up a cycle of paying attention only when the person displays problem behaviours. Break this negative cycle by being supportive of positive behaviour.

Respect the person as a real person

Even if they don't seem to respond, the person deserves to be loved and cared for, and spoken to. Much like an infant, the dementia patient thrives on human contact. If treated poorly, the person feels rejection, loneliness, grief, and pain. Your warm, supportive care is essential to the dementia patient's well being.

Managing behaviour difficulty

Be accepting of the increasingly limited capabilities of the person with dementia and implement care strategies accordingly. Do your best to be patient, kind, flexible, supportive, and calm. This disease is no one's fault, although it is very aggravating and disappointing.

By the same token, don't take problem behaviours (like aggressiveness or wandering) personally. Accept the symptoms of the disease and proceed from there. Remember that the person is not behaving this way on purpose.

Engaging the Alzheimer's / Dementia client in activities

Engaging in activities aids the client's physical and emotional wellbeing. During early-stage Alzheimer's, slowing the progression of the disease can involve maintaining a variety of activities in terms of mental and physical exercise, diet and social life. New experiences are likely to stimulate the health of the brain. It is important to provide a variety of stimuli that reduces boredom, while maintaining a relaxing enough environment to avoid the client becoming stressed.

Plan activities that interest the client, such as art, cooking, walking, swimming, or gardening. Focus on enjoyment, not achievement. Encourage the client to take part in as many activities but also be aware of their limitations as they may become frustrated for example; Playing memory games, crossword puzzles, rhymes, proverbs, cards, contact with pets or listening to music, or sitting out in the garden.

Life story

Use the key to me tool to record the client's life story. This will be recorded in a scrap book or album using pictures and photos to tell the story. As the disease progresses it will help the client reminisce and remember their life. Although they may not remember what happened a half an hour ago, they will usually recall their childhood.

Outdoor activity

Go for walks, go for a drive, or spend time at a park.

Walking is often therapeutic.

Join Groups or encourage client to attend day centres

Senior citizens groups or Alzheimer's groups and day care centres usually provide opportunities for structured activities such as exercise, sharing meals, group games and socialising. Some programs are set up specifically to meet the needs of dementia clients. This will provide stimulation for the client.

References

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