

Dementia

What is dementia?

Dementia is a result of diseases that affect how the brain works. Alzheimer's disease is the most common cause of dementia. Symptoms occur gradually over time. Memory loss is usually the first symptom. Dementia also affects mental and physical functioning. Dementia does not affect each person the same.

What are the signs and symptoms of dementia?

- Dementia symptoms fall into five groups:
 - Decreased attention span – the person may not be able to do two things at once. Even familiar activities and tasks take longer and may not be done correctly. May stop doing favorite hobbies.
 - Difficulty with decision-making and complex projects – extra time is needed to do planning. Decreasing ability to do a job and care for household upkeep and expenses.
 - Memory – long-term memory is usually better than short-term memory. Forgets where he/she placed items. Repeats questions. May not be able to find his/her way home if walks out the door.
 - Language problems – difficulty remembering names of people and objects. Grammar slowly worsens. The person may not be able to use simple words or may use the wrong word to fill in what he/she does not know. It may be hard to know what the person is trying to say.
 - Unaware of what is socially accepted behavior – may not dress for situation and weather. Exhibits decreased empathy and inhibition in what he/she does and says. May have a personality change.
- All symptoms cause safety risks.

What to report to the hospice/palliative care team?

- Any signs of the behaviors listed above
- Any signs of unsafe behaviors including hurting themselves or others
- Needing more help to care for the person with dementia

What can be done for dementia?

Family

- When assisting someone with dementia, remember that:
 - He/she has limited control of his/her abilities and behaviors.
 - He/she believes that their “reality” is what is real.
 - All behaviors are communicating something.
- Respect the person by treating him/her as an adult.
- Allow the person as much control as safely allowable. Give two choices – “Do you want to wear the green shirt or the red shirt today?”
- Remind the person of the day, place, and time, until this no longer has meaning to the person.
- Tell the person what you are going to do before you do it. “I am going to help you with your shower.” “I will help you take off your shirt.”
- Try to find the meaning behind the behaviors, emotions, and feelings of the person. Being combative during a bath may mean he/she is cold. Pacing may mean he/she has forgotten the location of the bathroom.
- Create a daily routine with small rituals, which include activities that he/she can complete. These can include prayers, washing hands, or preparing food. Try to not overtire the person.
- Allow the person to do as much of their own care as possible. This will help maintain their self-esteem.
- Include activities with positive memories that have meaning to the person – hobbies, pictures
- Provide physical closeness, hand holding, if acceptable by him/her.
- Talk in a calm, reassuring, and inviting manner. “Let’s go to the dining room.”
- Remember safety for you and the person is always first!
- When bothersome or unsafe behaviors are exhibited, redirect the person to safer more enjoyable activities. Know his/her “triggers” that can be used to redirect his/her attention. Start singing a favorite song that you know he/she will join you in singing.
- Caring for someone with dementia is physically and emotionally demanding – remember to take care of yourself and ask for help when needed.

Other HPNA Teaching Sheets on are available at www.HPNA.org.

References

Berry PH, ed. *Core Curriculum for the Generalist Hospice and Palliative Nurse*. Dubuque, IA: Kendall/Hunt Publishing Company; 2010.

Dahlin CM, Coyne PJ, ed. *Compendium of Treatment of End Stage Non-Cancer Diagnoses: Dementia*. 2nd ed. Pittsburgh, PA: Hospice and Palliative Nurses Association; 2014.

American Psychiatric Association. *Desk Reference to the Diagnostic Criteria from DSM-5™*. Washington, DC: American Psychiatric Association; 2013.

Approved by the HPNA Board of Directors October 2005,
Reviewed by the HPNA Education Department January 2009
Revised by the Education Advisory Team October 2013