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Confusion, Dementia, and Alzheimer's Disease



1. Discuss confusion and delirium

Define the following terms:

confusion

the inability to think clearly and logically.

delirium

a state of severe confusion that occurs suddenly; it is usually temporary.

1. Discuss confusion and delirium

HHAs should know these facts about confusion:

- Interferes with ability to make decisions
- Personality may change
- Anger, depression, and irritability are other signs.
- Can be temporary or permanent

1. Discuss confusion and delirium

The following are possible causes of confusion:

- Urinary tract infection (UTI)
- Low blood sugar
- Head trauma or injury
- Dehydration
- Nutritional problems
- Fever

1. Discuss confusion and delirium

Possible causes of confusion (cont'd):

- Sudden drop in body temperature
- Lack of oxygen
- Medications
- Infections
- Brain tumor
- Diseases or illness
- Loss of sleep
- Seizures

1. Discuss confusion and delirium

Care guidelines for confusion include the following:

- Do not leave client alone
- Stay calm. Provide a quiet environment
- Speak in a lower tone of voice. Speak clearly and slowly
- Introduce yourself each time you see client
- Remind client of location, name, and date

1. Discuss confusion and delirium

Care guidelines for confusion (cont'd):

- Explain what you are going to do using simple instructions
- Do not rush the client
- Talk about plans for the day
- Encourage the use of eyeglasses and hearing aids
- Promote self-care and independence
- Do not leave cleaning or personal care products where the client can access them
- Report observations to supervisor



1. Discuss confusion and delirium

HHAs should know these facts about delirium:

- Causes include infections, disease, fluid imbalance, poor nutrition, drugs, and alcohol.
- Symptoms include the following:
 - Agitation
 - Anger
 - Depression
 - Irritability
 - Disorientation
 - Trouble focusing
 - Problems with speech

1. Discuss confusion and delirium

- Symptoms of delirium (cont'd):
 - Changes in sensation and perception
 - Changes in consciousness
 - Decrease in short-term memory

1. Discuss confusion and delirium

Remember:

It helps to be gentle and to keep one's voice low when communicating with someone who is confused or disoriented. Use the person's name and speak clearly, using simple sentences. Reduce distractions as much as possible

2. Describe dementia

Define the following terms:

cognition

the ability to think logically and clearly.

cognitive impairment

the loss of ability to think logically; concentration and memory are affected.

dementia

a general term that refers to a serious, progressive loss of mental abilities such as thinking, remembering, reasoning, and communicating.

2. Describe dementia

Remember:

The normal changes of aging that take place in the brain do NOT include dementia.

2. Describe dementia

Normal changes of aging include the following:

- Some loss of cognition (affecting memory and concentration)
- Slower reaction time
- Difficulty finding or using the right words
- Sleeping less; being more wakeful

2. Describe dementia

Think about this question:

How can an HHA help a client who is elderly in dealing with normal loss of concentration and memory?

2. Describe dementia

Remember:

Encouraging your clients to make lists is a supportive way to help them address normal loss of memory and concentration.

2. Describe dementia

Common causes of dementia include the following:

- Alzheimer's disease
- Multi-infarct or vascular dementia
- Lewy body disease
- Parkinson's disease
- Huntington's disease

3. Describe Alzheimer's disease and identify its stages

Define the following terms:

Alzheimer's disease (AD)

a progressive, incurable disease that causes tangled nerve fibers and protein deposits to form in the brain, which eventually cause dementia.

progressive

something that continually gets worse or deteriorates.

degenerative

something that continually gets worse.

irreversible

unable to be reversed or returned to the original state.

Key Material 10-1: Facts About Alzheimer's Disease

- Alzheimer's disease is progressive, degenerative, and irreversible
- Tangled nerve fibers and protein deposits in the brain cause dementia
- Person will need more care as disease progresses
- Older skills are kept longer

3. Describe Alzheimer's disease and identify its stages

Think about this question:

How does each stage of Alzheimer's disease differ from the stage which precedes it? (Refer to pages 156-157 in textbook).

3. Describe Alzheimer's disease and identify its stages

Remember:

- Every person with Alzheimer's disease progresses differently, showing different symptoms at different times.
- Clients with AD should be encouraged to do self-care and keep their minds and bodies active for as long as possible.

Key Material 10-2: Facts About Alzheimer's Disease

- Do not take it personally
- Be empathetic
- Work with symptoms and behaviors you see
- Work as a team
- Be aware of the difficulties associated with caregiving
- Work with family members
- Remember the goals of the client care plan

4. Identify personal attitudes helpful in caring for clients with Alzheimer's disease

Remember:

If ever the stress of caring for a client with Alzheimer's disease feels overwhelming, an HHA should talk to her supervisor.

Group exercise

In pairs or small groups, refer to page 157 in the textbook and create a hypothetical client in the middle or late stages of Alzheimer's disease. Give the client a name and describe at least two of the signs and symptoms as they relate to the client. Personalize the behaviors so the client seems like a realistic person. Then consider and discuss the questions on the next slide.

Group exercise

Which two of the helpful attitudes we've discussed do you feel would work best in caring for this particular client? Describe why these attitudes would be helpful for the client you've created at this stage.

What aspects of care for the client might require a team effort?

What information would be helpful to receive from the family?

5. List strategies for better communication with clients with Alzheimer's disease

Define the following term:

perseveration

the repetition of words, phrases, questions, or actions.

5. List strategies for better communication with clients with Alzheimer's disease

HHAs can use these strategies when communicating with clients with Alzheimer's disease:

- Always approach from the front and do not startle the client
- Smile and look happy to see the client. Be friendly
- Determine how close the client wants you to be
- Communicate in a room with little background noise and distraction

5. List strategies for better communication with clients with Alzheimer's disease

Strategies to use when communicating with clients with Alzheimer's disease (cont'd):

- Always identify yourself. Use the client's name and continue to use the client's name
- Speak slowly, using a lower tone of voice than normal
- Repeat yourself, using the same words and phrases, as often as needed
- Use signs, pictures, gestures, or written words to help communicate
- Break complex tasks into smaller, simpler ones

Handout 10-1: Communication Techniques for Client with AD

If the client is frightened or anxious

- Speak slowly in a low, calm voice. Speak in a quiet area with few distractions
- Try to see and hear yourself as they might. Always describe what you are going to do
- Use simple words and short sentences. If helping with care, list steps one at a time.
- Check your body language; make sure you are not tense or hurried.

Handout 10-1: Communication Techniques for Client with AD (cont'd)

If the client forgets or shows memory loss

- Repeat yourself, using the same words if you need to repeat an instruction or question. However, you may be using a word the client does not understand, such as *tired*. Try other words like *nap*, *lie down*, *rest*, etc.
- Repetition can also be soothing for a client with Alzheimer's disease. Many clients with AD will repeat words, phrases, questions, or actions. This is called perseveration. If your client perseverates, do not try to stop him. Answer his questions, using the same words each time, until he stops
- Keep messages simple. Break complex tasks into smaller, simpler ones

Handout 10-1: Communication Techniques for Client with AD (cont'd)

If the client has trouble finding words or names

- Suggest a word that sounds correct. If this upsets the client, learn from it. Try not to correct a client who uses an incorrect word. As words (written and spoken) become more difficult, smiling, touching, and hugging can help show love and concern. Remember however, some people find touch frightening or unwelcome.

Handout 10-1: Communication Techniques for Client with AD (cont'd)

If the client seems not to understand basic instructions or questions

- Ask the client to repeat your words. Use short words and sentences and allow time to answer
- Note the communication methods that are effective and use them.
- Watch for nonverbal cues as the ability to talk lessens. Observe body language—eyes, hands, and face
- Use signs, pictures, gestures, or written words. For example, a picture of a toilet on the bathroom door can help remind a person where the bathroom is. Combining verbal and nonverbal communication is helpful. For example, you can say, “Let’s get dressed now,” while holding up clothes

Handout 10-1: Communication Techniques for Client with AD (cont'd)

If the client wants to say something but cannot

- Encourage the client to point, gesture, or act it out.
- If the client is obviously upset but cannot explain why, offer comfort with a smile, or try to distract him. Verbal communication may be frustrating.

If the client does not remember how to perform basic tasks

- Break each activity into simple steps. For instance, “Let’s go for a walk. Stand up. Put on your sweater. First the right arm...” Always encourage clients to do what they can.

Handout 10-1: Communication Techniques for Client with AD (cont'd)

If the client insists on doing something that is unsafe or not allowed

- Redirect activities toward something else. Try to limit the times you say "Don't"

If the client hallucinates (sees or hears things that are not really happening), is paranoid, or accusing

- Try not to take it personally
- Try to redirect behavior or ignore it. Because attention span is limited, this behavior often passes quickly

Handout 10-1: Communication Techniques for Client with AD (cont'd)

If the client is depressed or lonely

- Take time, one-on-one, to ask how he is feeling. Really listen
- Try to involve the client in activities. Always report signs of depression to your supervisor

If the client is verbally abusive or uses bad language

- Remember it is the dementia speaking and not the person. Try to ignore the language and redirect attention to something else.

Handout 10-1: Communication Techniques for Client with AD (cont'd)

If the client has lost most verbal skills

- Use nonverbal skills. As speaking abilities decline, people with AD will still understand touch, smiles, and laughter for much longer. Remember that some people do not like to be touched. Approach touching slowly. Be gentle. Softly touch the hand or place your arm around the client. A hug or a kiss on the hand or cheek can show affection and caring. A smile can say you want to help
- Even after verbal skills are lost, signs, labels, and gestures can reach people with dementia
- Assume people with AD can understand more than they can express. Never talk about them as though they were not there or treat them like children

6. Explain general principles that will help assist clients with personal care

The following are general principles for providing care to clients with AD:

- Develop a routine
- Promote self-care
- Take good care of yourself

7. List and describe interventions for problems with common activities of daily living (ADLs)

Define the following term:

intervention

a way to change an action or development.

Handout 10-2: Interventions for ADLs

Bathing

- Schedule bathing when client is least agitated
- Prepare the client
- Walk with client to bathroom
- Make sure bathroom is well-lit and at a comfortable temperature
- Provide privacy
- Be calm and quiet
- Be sensitive
- Give client washcloth to hold
- Ensure safety
- Be flexible
- Be relaxed
- Encourage self-care
- Check the skin

Handout 10-2: Interventions for ADLs (cont'd)

Grooming and Dressing

- Help with grooming
- Avoid delays
- Show the clothing to put on
- Provide privacy
- Encourage client to pick clothes. Lay out clothes in order
- Break task into simple steps
- Be friendly and use praise and encouragement

Handout 10-2: Interventions for ADLs (cont'd)

Elimination

- Encourage fluids
- Mark the bathroom with a sign
- Make sure there is enough light in bathroom.
- Note times of incontinence. Check client every 30 minutes
- Take client to bathroom after drinking fluids. Make sure client actually urinates before getting off of toilet
- Take client to bathroom before and after meal and before bed
- Put lids on trash cans and wastebaskets if client urinates or defecates in them
- Be professional when cleaning after episodes of incontinence

Handout 10-2: Interventions for ADLs (cont'd)

Nutrition

- Encourage nutrition food
- Serve meals at same times each day. Serve familiar foods
- Make sure there is adequate lighting
- Keep noise level down
- Keep task of eating simple
- Do not serve steaming or very hot foods/drinks
- Use a simple place setting with a single eating utensil
- Put one kind of food on the plate at a time
- Give simple, clear instructions
- Guide client through meal
- Use assistive devices
- Feed slowly
- Make mealtime relaxed
- Observe and report eating or swallowing problems

Handout 10-2: Interventions for ADLs (cont'd)

Physical Health

- Prevent infections and follow Standard Precautions
- Observe physical health and report problems
- Help clients wash their hands frequently
- Give careful skin care
- Watch for signs of pain and report them
- Maintain daily exercise routine

Mental and Emotional Health

- Maintain self-esteem by encouraging independence
- Share in enjoyable activities
- Reward positive behavior with smiles, hugs, and warm touches

8. List and describe interventions for common difficult behaviors related to Alzheimer's disease

Define the following terms:

agitated

the state of being excited, restless, or troubled.

trigger

a situation that leads to agitation.

sundowning

a condition in which a person gets restless and agitated in the late afternoon, evening, or night.

catastrophic reaction

reacting to something in an unreasonable, exaggerated way.

8. List and describe interventions for common difficult behaviors related to Alzheimer's disease

Define the following terms:

violence

forceful actions that include attacking, hitting, or threatening someone.

pacing

walking back and forth in the same area.

wandering

walking aimlessly around the house or neighborhood.

elopes

in medicine, when a person with Alzheimer's disease wanders away from a protected area and does not return on his own.

8. List and describe interventions for common difficult behaviors related to Alzheimer's disease

Define the following terms:

hallucinations

false or distorted sensory perceptions.

delusions

persistent false beliefs.

hoarding

collecting and putting things away in a guarded way.

rummaging

going through drawers, closets, or personal items that belong to oneself or to other people.

Handout 10-3: Management of Difficult Behaviors

Agitation

- Remove triggers, keep routine, focus on familiar activity, remain calm, and soothe

Sundowning

- Remove triggers, avoid stress, play soft music, set bedtime routine, plan calming activity, limit caffeine, give back massage, distract, and maintain daily exercise

Catastrophic reactions

- Avoid triggers such as fatigue, changes, overstimulation, difficult choices/tasks, pain, hunger, or need for toileting. Remove triggers and distract

Violent behavior

- Block blows, never hit back, step out of reach, call for help, do not leave client alone, remove triggers, and use calming techniques as for agitation or sundowning

Handout 10-3: Management of Difficult Behaviors (cont'd)

Pacing and wandering

- Remove causes, give snacks, encourage exercise, maintain toileting schedule, let pace in safe place, and suggest another activity

Hallucinations or delusions

- Ignore if harmless, reassure, do not argue, and remain calm

Depression

- Report signs, encourage independence, talk about client's moods and feelings, and encourage social interaction

Perseveration

- Respond with patience, do not stop behavior, and answer questions each time, using the same words

Handout 10-3: Management of Difficult Behaviors (cont'd)

Disruptiveness

- Be calm and friendly, and try to find out why the behavior is occurring; praise improvements; be tactful; inform and involve client; encourage safe activities; and help find ways to cope

Inappropriate social behavior

- Do not take it personally, stay calm, reassure, find out cause, direct to private area, respond positively to appropriate behavior, and report abuse

Inappropriate sexual behavior

- Do not overreact, be sensitive, try to distract, and provide other types of physical stimulation

Hoarding and rummaging

- Check areas where client stores items and create a special rummage drawer.

Handout 10-3: Management of Difficult Behaviors (cont'd)

Sleep disturbances

- Make sure client gets moderate exercise/activity and spends time in natural sunlight; reduce light and noise during nighttime hours, and discourage sleeping during the day

Suspicion

- Do not argue, offer reassurance, and be understanding and supportive

8. List and describe interventions for common difficult behaviors related to Alzheimer's disease

HHAs should know these points about safe environments for clients with AD:

- A nurse should first assess the home for safety
- Suggested safety measures should be implemented
- Changes in the client, especially in behavior, must be reported
- Environment should be adapted as the need arises

8. List and describe interventions for common difficult behaviors related to Alzheimer's disease

These guidelines are helpful in creating a safe environment for a client with AD:

- For disoriented clients
 - Use signs to mark rooms, including stop signs on rooms that should not be entered
 - Use calendars and other reminders of day, date, and location
 - Put bells on the door to indicate when someone is coming or going
 - Keep pictures and familiar objects around
 - Put stickers or brightly colored tape on glass doors, large windows, or glass furniture

8. List and describe interventions for common difficult behaviors related to Alzheimer's disease

Safe environment guidelines for a client with AD (cont'd):

- For clients who wander
 - Use locks on doors. These can be installed lower or higher than usual, so the client will not use them
 - Install alarms that sound when exit doors are opened
 - Have clients wear identification. Sew labels into clothes
 - Alert neighbors that client may wander. Show them a recent photo of the client. Keep a recent photo handy, as well as a piece of clothing the client has worn. These can help police and police dogs track a client who has wandered away.

8. List and describe interventions for common difficult behaviors related to Alzheimer's disease

Safe environment guidelines for a client with AD (cont'd):

- For clients who pace
 - Remove clutter and throw rugs
 - Do not rearrange furniture
 - Do not wax floors
 - Be sure shoes and slippers fit and have nonslip soles
- For clients who have difficulty walking
 - Keep areas well lit, even at night
 - Block access to stairs with a gate
 - Clear walkways of electrical cords and clutter

8. List and describe interventions for common difficult behaviors related to Alzheimer's disease

Safe environment guidelines for a client with AD (cont'd):

- General tips include the following:
 - Keep medications and other chemicals out of reach
 - Post emergency numbers, including Poison Control, and the home address somewhere they can be easily seen
 - Use red tape around radiators or heating vents to prevent burns
 - Check refrigerator and hiding places for spoiled food
 - Prevent kitchen accidents by removing knobs on stove, unplugging toaster and other small appliances, and supervising kitchen activities

9. Describe creative therapies for clients with Alzheimer's disease

Define the following terms:

validation therapy

a type of therapy that lets people with Alzheimer's disease believe they are living in the past or in imaginary circumstances.

Validating

giving value to or approving.

reminiscence therapy

a type of therapy that encourages people with Alzheimer's disease to remember and talk about the past.

activity therapy

a type of therapy for people with Alzheimer's disease that uses activities to promote self-esteem and to prevent boredom and frustration.

9. Describe creative therapies for clients with Alzheimer's disease

These creative therapies may help improve the quality of life for clients with AD, and may help HHAs in providing care:

- **Validation therapy**
 - Allows clients to believe they live in the past or in imaginary circumstances
 - Useful in cases of severe dementia
- **Reminiscence therapy**
 - Encourages clients to remember and talk about past experiences
 - Useful in many stages, but especially with moderate to severe dementia

9. Describe creative therapies for clients with Alzheimer's disease

Creative therapies for clients with AD (cont'd):

- **Activity therapy**
 - Uses activities the client enjoys to prevent boredom and frustration
 - Useful throughout most stages of AD

9. Describe creative therapies for clients with Alzheimer's disease

Think about these questions:

What are the benefits of creative therapies for clients? For caregivers?

Role play activity

In pairs or small groups, role play the creative therapies introduced in the last two slides, using the fictional clients you created in Learning Objective 4.

10. Discuss how Alzheimer's disease may affect the family

Think about this question:

What are some adjustments that family members may have to make when a loved one has AD?

10. Discuss how Alzheimer's disease may affect the family

Remember:

Emotional and financial resources (or lack of resources) affect the ability to cope. Be sensitive to the big adjustments your clients and their families may be making. Refer them to your supervisor if help is needed.

10. Discuss how Alzheimer's disease may affect the family

HHAs should know these resources for clients with AD:

- Alzheimer's Association
- National Institute on Aging
- Alzheimer's Disease Education and Referral Center
- Counseling
- Support groups
- Healthcare professionals

Critical Thinking: Case Study

Read the following case study and then, with a partner, answer the questions on the next slide:

Mr. A has been diagnosed with Alzheimer's disease with signs of dementia. You are assigned to visit him every day because he is not able to perform his own ADLs, including bathing and preparing meals.

Critical Thinking: Case Study

Will he recover from this illness? What symptoms would you expect to find on your first visit?

Mr. A is only 69 years old and has a very large family, including grandchildren living nearby. His wife has early Parkinson's disease and is not able to do strenuous tasks for him, but only care for herself. She cooks meals, but cannot drive to the store.

What duties would you expect to see on your care plan for Mr. A?

Why is food shopping important as a caregiving task?

If you were to plan the care for Mr. A for a 24-hour period, what duties could his wife continue to perform? What about nighttime tasks?

