

Dementia Information Kit for HACC Workers

This presentation has been compiled as part of the Loddon Mallee region Dementia Management Strategy project in 2002 and revised in 2008 to assist HACC workers in managing clients with dementia.

2008

DEMENTIA

The word “Dementia” is used widely to describe a group of diseases which affect the brain and cause a progressive decline in a person’s abilities to remember, think and learn. The main abilities affected are:

- Judgement
- Orientation
- Emotions
- Memory
- Thinking

HOW COMMON IS DEMENTIA?

- Dementia can happen to anyone at any age, but becomes increasingly common after the age of 65 years.
- Most older people do not get dementia. It is not a normal part of ageing.

WHO GETS DEMENTIA?

- Approximately 1% of people over 75 years of age have dementia and the risk of developing dementia increases with age.
- 10-12% of the population aged over 85 years will develop dementia.

WHAT CAUSES DEMENTIA?

- There are different forms of dementia and each has its own causes. Some of the most common forms of dementia are:
 - Alzheimer's Disease
 - Vascular dementia
 - Frontal Lobe dementia
 - Dementia with Lewy Bodies
- (see www.alzvic.asn.au)

THE BRAIN & BEHAVIOUR

- When a person has dementia one or more areas of the brain are damaged with the areas of damage different for each person.
- The person cannot help their behaviour that results from this brain damage.
- People with dementia are individuals both in the way they are affected (their behaviour) and the nature & extent of the underlying brain damage.

BEHAVIOUR PROBLEMS

- Behavioural & Psychological Symptoms of Dementia (BPSD) will occur in 70 % -90 % of people with dementia
(includes both AD & Vascular Dementia)

What are BPSD?

The Behavioural and Psychological Symptoms of Dementia (BPSD) are defined by the International Psychogeriatric Association (IPA) as:

Behavioural symptoms: restlessness, physical aggression, screaming, agitation, wandering, culturally inappropriate behaviours, sexual disinhibition, hoarding, cursing & shadowing.

Psychological symptoms: Anxiety, depressed mood, hallucinations & delusions

see www.ipa-online.org

CAUSES OF BPSD

- **Physical**

- medically unwell (especially delirium)
- impaired vision / hearing
- medication effects
- fatigue
- pain/physical discomfort
- constipation

Note: due to communication difficulties acute health issues can be difficult to identify

CAUSES OF BPSD

- **Environmental**

- New/change in environment
- Over/under stimulating
- Lack of orientation cues
- Lighting - dim/glare
- Too restrictive - no place to wander
- Temperature - too hot/cold

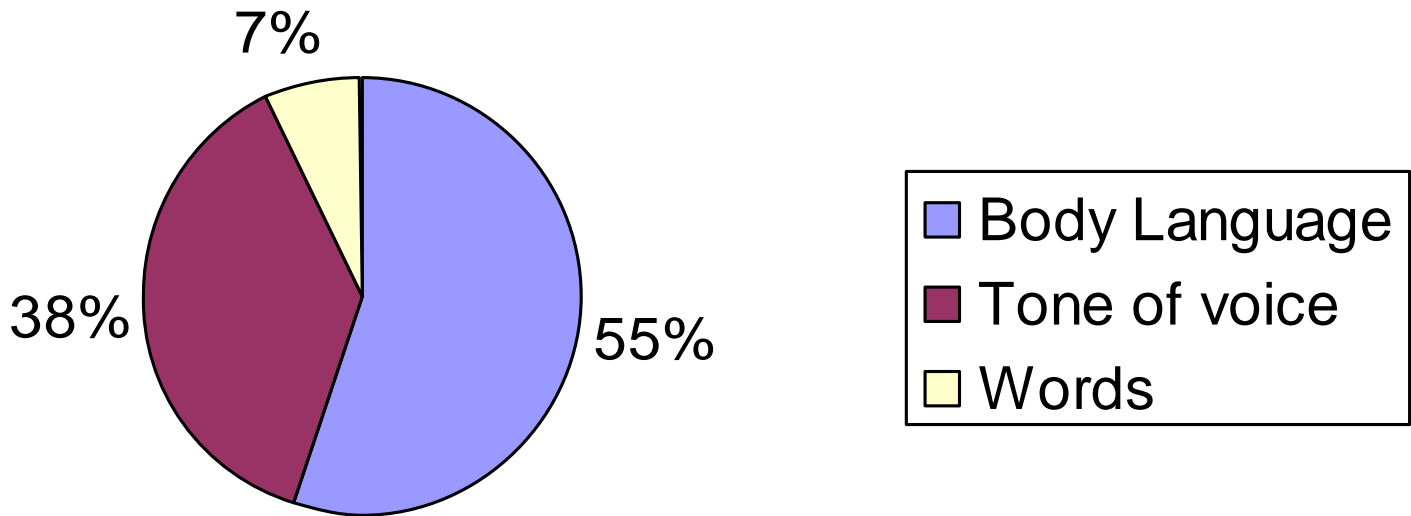
CAUSES OF BPSD

- **Communication difficulties**
 - **Client**
 - is unable to communicate needs
 - has communication problem (eg; due to CVA)
 - has sensory deficit (hearing, sight)

CAUSES OF BPSD

- **Communication difficulties**
 - Communication is too complicated
 - Communication is too confronting
 - Lack of communication - not explaining things properly to the person

COMMUNICATION



COMMUNICATION

- Remember, people with dementia will reflect the mood behaviour of others.
- When caring for a person with dementia who is having difficulty communicating, remember they will pick up on negative body language such as sighs & raised eyebrows.

TEN TOP TIPS TO PREVENT BEHAVIOUR PROBLEMS

- **Stop, plan & explain!**
- **Smile!**
- **Go Slow!**
- **Go Away!**
- **Give them space!**
- **Stand aside!**
- **Distract them!**
- **Keep it quiet!**
- **Don't argue!**
- **Brainstorm & debrief!**

References & recommended reading

- Alzheimer's Association Australia (2000) *Help Sheets for people with dementia and their families and carers*. Alzheimer's Association Australia. [available online] <http://www.alzvic.asn.au> .
Department of Veterans Affairs - Health Promotion Section & Alzheimer's Association Australia (2001) *Living with Dementia - A guide for Veterans and their Families*. Commonwealth of Australia [available online July 2002] <http://www.dva.gov.au/health/promo/books/dementia/guide.htm>
- International Psychogeriatric Association (1998) *Behavioural and Psychological Symptoms of Dementia (BPSD) Educational Pack - Module 1*. [available online] http://www.ipa_online.org. accessed November 2001]
- Keane, B. & Dixon, C. (1999) *Caring for people with problem behaviours*. 2nd Ed. Ausmed Publications, Australia
- Poole, J. (2000) *Poole's Algorithm Aged Care Facilities: Nursing Management of Disturbed Behaviour in Aged Care facilities. Lecture notes & resource kit*. Department of Aged care and Rehabilitation Medicine, Royal North Shore Hospital & Community Health Services. Government Print Office NSW
- Robinson, A. Spencer, B. & White, L. (1991) *Understanding Difficult Behaviours: Some practical suggestions for coping with Alzheimer's Disease and related illnesses*. Eastern Michigan University, USA
- Teri, L. (1999) 1] *Latest advances in the assessment and management of behavioural symptoms: an international perspective*: 2] *State of the art strategies in approaching behavioural disturbance and depression in dementia*. Papers presented at Symposium reporting the latest evidence-based practices in the care of behavioural symptoms of dementia, Melbourne.