DEMENTIA

Clinical features of Dementia	
Onset	Generally insidious and depends on cause
Course	Long, no diurnal effects, symptoms progressive
Progression	Unpredictable, variable
Duration	Months to years
Awareness	Diminishing with occasional insight
Alertness	Generally normal
Attention	Generally normal
Orientation	Impaired
Memory	Short term memory loss. Longer retention of long term memory
Thinking	Difficulty with abstraction, thoughts impoverished, make poor judgements, words difficult to find, lack of cognitive cohesion
Perception	Misperceptions of themselves and others often observed. Physical depth perception affected

	DEMENTIA	DELIRIUM	DEPRESSION
ONSET	Insidious, slow, gradual and relentless	Rapid over a short period of time, hours to days	Usually able to date onset with some precision
COURSE	Progressive, unremitting and unpredictable	Fluctuates over 24 hours	Often not recognised or misdiagnosed in the elderly
DURATION	Progresses until death unless precipitated by co-morbidity	Brief, usually 1 week, rarely over 1 month	Self limiting, may last up to 2 years

Screening tools to assist in the diagnosis of Dementia

- Abbreviated mental test score (AMT)
- Mini Mental Status Examination (MMSE)
- Addenbrooke's Cognitive Examination Acer – R
- The Rowland Universal Dementia Assessment Scale: a multicultural cognitive assessment scale (RUDAS)

DEFINITION OF DEMENTIA

A syndrome due to disease of the brain usually of a chronic and progressive nature, in which there is impairment of memory, thinking, orientation, comprehension, calculation, learning capacity, language and judgement. Consciousness is not clouded.

The cognitive impairments are commonly accompanied and preceded by deterioration in emotional control, social behaviour or motivation (WHO 1993, DSMIV).

DEMENTIA AND PALLIATIVE CARE

A Palliative Approach for Dementia aims to improve the quality of life of those affected by this capacity-limiting syndrome through early identification, assessment, education and compassionate comfort care inclusive of physical, cultural, psychological, social and spiritual needs. Actively treat reversible conditions if this improves the quality of life.

Has there been a recent (hours, days, weeks) change or decline in the resident's memory/cognitive functional status?

If the answer is **YES**

Refer to the **delirium flow chart** (pg 11) to rule out an acute cause.

If resident has a diagnosis of dementia but there has been an increase in confusion, disorientation continue through the delirium guidelines.

If dementia symptoms are new and/or worsening, refer resident for evaluation by Geriatrician, Psychogeriatrician or Psychologist

WARNING SIGNS OF DEMENTIA

1. Memory loss that affects usual activities.
2. Difficulty performing familiar tasks.
3. Problems with language.
4. Disorientation to time and place.
5. Poor or decreased judgement.
6. Problems with abstract thinking.
7. Misplacing things.
8. Changes in mood and behaviour.
9. Changes in personality.
10. Loss of initiative.

**Alzheimer's Association*

STRATEGIES TO MANAGE BEHAVIOURS THAT CHALLENGE

- Know how to communicate with the resident
- Speak in a clear, simple manner, using gestures to supplement
- Do not argue with validity of delusions; rather try to understand the feelings being indirectly expressed
- Adjust personal cares at a later time if resident is resistant
- Assess and treat pain
- Assess the cause of wandering
- Decrease environmental stimuli that agitates the resident
- Remove the resident from the stressful situation – gently guide the resident from the environment while speaking in a calm and reassuring voice
- Allow a resident to wander if the environment is safe and secure
- Music
- Distraction and diversion – distract the resident with favorite food or activity
- Gentle physical touch to help calm a resident
- Massage

NURSING CARE PLAN

IMPLEMENT PERSON CENTRED & DEMENTIA CENTRIC CARE

- Evaluate the environment for safety and appropriateness
- Structure the environment to enhance memory e.g. clocks, calendar, orientation board
- Place familiar objects in room
- Label important rooms, using pictures e.g. photos at a young age and present, for help with recognition
- Use photos of the person at a young age and in the present to assist with recognition of self
- Know the resident, know their background
- Ensure consistent daily routine and familiarity
- Call resident by name, approach in clear view, make eye contact
- Give simple requests, substitute pictures if resident is experiencing aphasia
- Speak slowly, clearly and calmly
- Speak in a friendly tone
- Don't order the resident around or tell them what they can and cannot do
- Use simple instructions and repeat if necessary
- Ensure the resident has hearing aids and glasses if needed
- Encourage the resident to select his/her own clothes – but simplify the number of choices
- When assisting with personal cares ensure privacy: keeping doors closed and blinds pulled.
- Scheduled toileting and prompted voiding to manage and reduce urinary and faecal incontinence
- Graded assistance and positive reinforcement to maintain functional independence for as long as possible
- Participation in structured group activities
- Music: particularly during meals and bathing
- Walking or other forms of light exercise
- Pet therapy
- Aromatherapy