

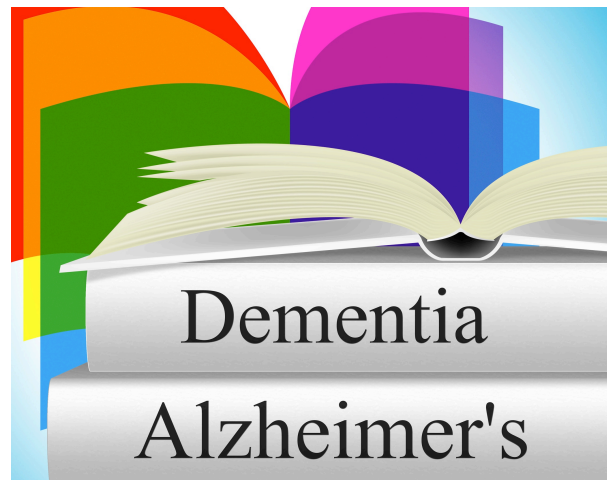
Communicating Compassionately



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Dementia

Overall term for diseases characterized by a decline in memory/thinking skills that affects a person's ability to perform everyday activities



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Many Types of Dementia

- Different types have distinct symptom patterns and brain abnormalities - over 200 conditions
- Important to have thorough evaluation - conditions that mimic Dementia are potentially reversible - 9% in analysis of research articles
 - Depression
 - Delirium
 - Medication side effects
 - Thyroid problems
 - Vitamin deficiencies
 - Alcohol abuse



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Alzheimer's Disease Most Common Dementia

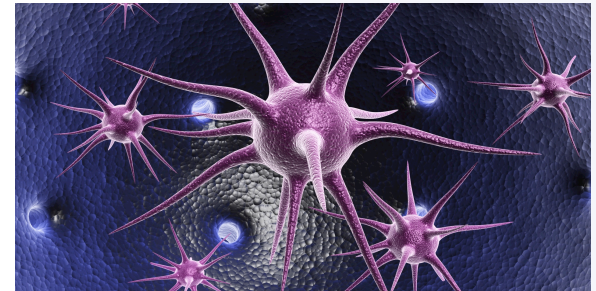
- Discovered in 1906 - Dr. Alois Alzheimer - linked symptoms to changes in brain
- 60-80% of cases
- About 50% solely Alzheimer's - others Mixed Dementia
- Revised guideline in 2011- slow progressive disease may begin 15-20 years before clinical symptoms emerge
- Alzheimer's disrupts the "Neuro Network" built over lifetime, memories, experiences - unravels the tapestry of life
- Initial symptoms inability to learn new information/short term memory loss



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Alzheimer's Caused by Damage to Neurons

- Amyloid Plaques - “boulders” outside neurons
- Tangles of Tau protein form inside neurons
- Inflammation kills brain cells as brain tries to fight off perceived invaders
- Damage destroys ability for brain cells to communicate via synapses, kills neurons
- Plaques and Tangles may be present for many years before clinical signs of disease
- When damage becomes significant - cognitive decline begins



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Facts and Figures Alarming

- More than 5 million Americans are living with the disease.
- Every 67 seconds someone in the United States develops Alzheimer's.
- Alzheimer's disease is the 6th leading cause of death in the United States.
- There are approximately 500,000 people dying each year because they have Alzheimer's.
- 1 in 3 seniors dies with Alzheimer's or another Dementia.



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Risk Factors for Alzheimer's

- **Age**
 - Most with disease are >65
 - Risk doubles every 5 years after 65
 - > 85 - risk is nearly 50%
- **Strong Genetic Component**
 - First degree relative, multiple increase risk
 - Heredity and/or environmental factors may play role
- **Gender - Female**
- TBI
- Vascular Disease - Stroke, high cholesterol, obesity, Diabetes - African Americans and Hispanic people higher rates in US
- Depression/Emotional Trauma



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Signs and Symptoms - Aging Vs. Alzheimer's

- Normal Aging
 - Bodies and brains slow down but intelligence remains stable
 - Take more time to process information
 - Lack of focus
 - Common to have difficulty remembering names, places and other things as we age
- Alzheimer's - symptoms significantly impact work, hobbies, family and social life



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Reducing Risk of Alzheimer's

- Learn new things - make more synapses - keep your mind active
- Exercise/control stress
- Control risk factors for Vascular Disease



- Sleep - long term memory consolidation and clearing of brain occurs during deep sleep - “mental flossing”
- Maintain strong social networks
- Avoid tobacco and excess alcohol



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Later Stages of Alzheimer's Disease

- **Stage 5 - Moderately Severe Cognitive Decline**

- Unable to remember critical info
 - phone/address, etc.
- Confusion about where they are, day, month
- Need help with dressing properly
- Still remember significant details about self and family
- No assistance needed with toileting or eating

- **Stage 6 - Severe Cognitive Decline**

- Lose awareness of recent activities/surroundings
- Recognize familiar faces but may not know names of close family
- Major changes in sleep patterns

- Need help with details of toileting (i.e. prompting, flushing, wiping)

- Increasingly frequent trouble with bladder and bowel control

- Behavior changes may include suspiciousness, delusions, compulsive repetitive behaviors, hand wringing, pacing

- Increased help with dressing, personal care

- Tend to wander and become lost

- **Stage 7 - Very Severe Cognitive Decline** - Lose ability to respond to environment, carry on a conversation, control movement, swallow. Muscles grow rigid, reflexes become abnormal.



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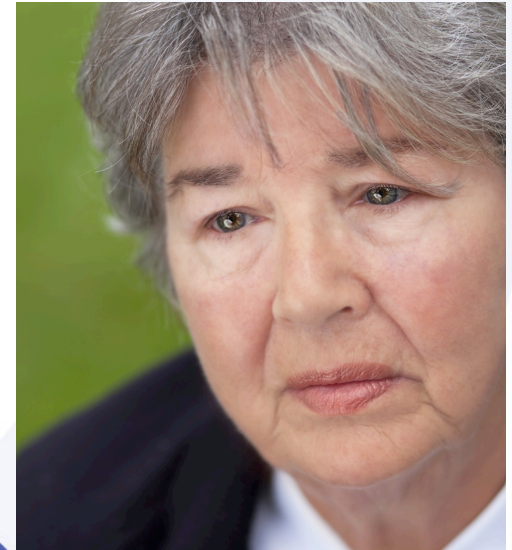


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Communication in the Early Stages

Changes you may notice include:

- Difficulty finding the right words
- Taking longer to speak or respond
- Withdrawing from conversations
- Struggling with decision making or problems



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Communication in the Early Stage

To connect:

- Ask directly how to help with communication
- Keep sentences clear and straightforward
- Anticipate needing plenty of time for conversation - don't rush the person
- Include the person in conversations that affect him or her



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Communication in the Middle Stage

Changes you may notice include:

- Increased difficulty finding the right words.
- Using familiar words repeatedly.
- Inventing new words to describe familiar things.
- Easily losing train of thought.
- Speaking less frequently.



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Communication in the Middle Stage

To connect approach the person gently:

- Approach from the front, say who you are and call the person by name.
- Maintain eye contact and get at eye level if seated or reclining.
- Avoid criticizing, correcting and arguing.
- Pay attention to your tone.
- Take your time.



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Communication in the Middle Stage

- **To connect, keep respect and empathy in your mind, then:**
 - Assess the person's needs
 - Let the person know you hear him or her
 - Provide a brief answer
 - Respond to the emotions behind the statement



Communication in the Middle Stage

- **To connect, keep it slow and specific:**
 - Use short sentences and basic words
 - Speak more slowly and clearly, one person and one question at a time
 - Maintain respectful tone - no “baby talk”
 - Limit distractions
 - Keep it clear and be patient
 - Offer a guess or fill in words if acceptable



Communication in the Middle Stage

To connect, give multiple cues:

- Provide visual cues and gestures.
- Avoid sudden movement.
- Write things down for the person.
- Put answers into your questions.
- Repeat as needed.
- Turn negatives into positives.
- Avoid quizzing.



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Communication in the Middle Stage

To connect, respond empathetically and reassure:

- Join the person's reality
- Provide reassurance that you hear and understand
- Focus on the feeling, not the facts
- Validate and re-direct the person if necessary



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Communication in the Later Stages

Changes you may notice include:

- Communication is reduced to a few words or sounds.
- May respond to familiar words or phrases.



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Communication in the Later Stages

To connect:

- Listen for expressions of pain or physical need (bathroom, thirst) and respond promptly
- Help the person feel safe and happy
- Continue to treat with respect
- Keep talking
- Use all five senses to communicate
 - Touch, Taste, Smell, Sound, Sight



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Communication in all Stages of the Disease

- Join the person's reality to connect
- Understand and accept what you can not change
- Remember the true person is still inside
- Demonstrate respect and connect through feelings
- Always treat the person as an adult
- Try to decode their communication
- Remember your mood and actions has effects - smile and reassure
- Help meet their needs while soothing and calming



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Remember:

You can't control or improve memory loss, compassionate communication will significantly heighten quality of life:

Don't reason

Don't argue

Don't confront

Don't remind them they forget

Don't question recent memory

Don't take it personally

Reassure and distract



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Let's practice!

Client: *Who are you? Where's my daughter?*

Response 1 - She'll be here for dinner, how about a cup of tea and some cookies?

Response 2 - don't you remember me? I'm your caregiver, Mary



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Let's practice!

Client: *My son hasn't called for along time, I hope he is ok*

Response 1 - Your son, Joe, called yesterday and you spoke with him for 20 minutes!

Response 2 - You really like talking with Joe, don't you? Let's call him when we get back from our walk.



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Let's practice!

Client: *I'm not eating this, I hate chicken!*

Response 1 - I know it is not your favorite but it is what I made for your dinner - you said it was o

Response 2 - I know it is not your favorite but nevertheless, I'd appreciate if you'd eat a little bit.



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Let's practice!

Client: *No one is going to make decisions for me, you can go now, I don't need help today!*

Response 1 - I'm not leaving, your son hired me and I am not going anywhere, you need me here because of your memory problems

Response 2 - I'm sorry this is a tough time for you, what if we go for a short walk. Did you know it is supposed to rain later today?



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Client: *What doctor's appointment? There is nothing wrong with me.*

Response 1 - It's just your regular check up visit. I'm sorry I forgot to tell you. Maybe we could stop for ice cream afterwards.

Response 2 - You know you go to the doctor every month - you've been doing that for the last year. It is on your calendar and we talked about it last week when I was here.



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Let's practice!

Client: *I didn't write this check for \$500*

Response 1 - Don't worry, the bank wouldn't be forging your signature.

Response 2 - That's a scary thought, I'll make sure they don't do that. Could you help me fold the laundry?



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Questions?



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