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Confusion, Dementia, and Alzheimer's Disease

1. Describe normal changes of aging in the brain

Define the following terms:

cognition

the ability to think logically and clearly.

cognitive impairment

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



Confusion, Dementia, and Alzheimer's Disease

1. Describe normal changes of aging in the brain

NAs should remember these points about aging and the brain:

- It is normal for a person to lose some ability to think logically and clearly as he ages.
- Elderly residents may lose memory of recent events.
- Encourage residents to make lists and to write down names, events, and phone numbers.
- Reaction time may slow and it may be harder to find the right word.
- Elderly people tend to sleep less.



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2. Discuss confusion and delirium

Define the following terms:

confusion

the inability to think clearly.



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2. Discuss confusion and delirium

NAs should remember these points about confusion:

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



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2. Discuss confusion and delirium

Any of the following may cause confusion:

- Urinary tract infection (UTI)
- Low blood sugar
- Head trauma or injury
- Dehydration
- Nutritional problems
- Fever
- Sudden drop in body temperature



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2. Discuss confusion and delirium

Causes of confusion (cont'd):

- Lack of oxygen
- Medications
- Infections
- Brain tumor
- Illness
- Loss of sleep
- Seizures



Transparency 19-1: Care Guidelines for Confusion

- Do not leave a confused resident alone.
- Stay calm. Provide a quiet environment.
- Speak in a lower tone of voice. Speak clearly and slowly.
- Introduce yourself each time you see the resident.
- Remind resident of location, name, and date.
- Explain what you are going to do, using simple instructions.
- Do not rush the resident.
- Talk about plans for the day.
- Encourage the use of eyeglasses and hearing aids.
- Promote self-care and independence.
- Report observations to the nurse.



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2. Discuss confusion and delirium

Define the following terms:

delirium

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



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2. Discuss confusion and delirium

Causes of delirium include the following:

- Infections
- Disease
- Fluid imbalance
- Poor nutrition
- Drugs
- Alcohol



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2. Discuss confusion and delirium

The following are symptoms of delirium:

- Agitation
- Anger
- Depression
- Irritability
- Disorientation
- Trouble focusing
- Problems with speech
- Changes in sensation and perception
- Changes in consciousness
- Decrease in short-term memory



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2. Discuss confusion and delirium

REMEMBER:

It helps to be gently and to keep one's voice low when communicating with someone who is confused or disoriented. An NA should use the person's name, speak clearly, be gentle, and reduce distractions.



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3. Describe dementia and define related terms

Define the following terms:

dementia

the serious loss of mental abilities, such as thinking, remembering, reasoning, and communicating.

progressive

something that continually gets worse or deteriorates.

degenerative

something that continually gets worse.



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3. Describe dementia and define related terms

Define the following terms:

onset

in medicine, the first appearance of the signs or symptoms of an illness.

irreversible

unable to be reversed or returned to the original state.



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3. Describe dementia and define related terms

REMEMBER:

Dementia is NOT a normal part of aging.



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3. Describe dementia and define related terms

The following are common causes of dementia:

- Alzheimer's disease
- Multi-infarct or vascular dementia (a series of strokes causing damage to the brain)
- Lewy Body disease
- Parkinson's disease
- Huntington's disease



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3. Describe dementia and define related terms

NAs should know the following information about how a diagnosis of dementia is made:

- Involves getting a patient's medical history and having a physical and neurological exam
- Blood tests and imaging tests like CT or MRI scans may be ordered.
- Tests to trace brain wave activity (EEG) may be performed.
- Diagnosis of dementia helps rule out other possible diseases with similar symptoms.



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4. Describe Alzheimer's disease and identify its stages

Define the following term:

Alzheimer's disease

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



Transparency 19-2: Facts about Alzheimer's Disease

- Alzheimer's disease is the most common cause of dementia in the elderly.
- As many as 5.4 million people in the U.S. are living with Alzheimer's disease.
- Women are more likely than men to have AD.
- Risk increases with age, but it is not a normal part of aging.
- AD is progressive, degenerative, and irreversible.
- Tangled nerve fibers and protein deposits in the brain cause dementia.
- Cause is currently unknown and diagnosis is difficult.
- Length of time from onset to death can range from three to 20 years.
- Each person will show different signs at different times.



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4. Describe Alzheimer's disease and identify its stages

Alzheimer's disease generally progresses in the following stages:

- Stage 1 - No impairment
- Stage 2 - Very mild decline
- Stage 3 - Mild decline
- Stage 4 - Moderate decline
- Stage 5 - Moderately severe decline
- Stage 6 - Severe decline
- Stage 7 - Very severe decline



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4. Describe Alzheimer's disease and identify its stages

REMEMBER:

In stages five, six, and seven of Alzheimer's disease a resident will need increasing assistance with ADLs, but at all times residents should be encouraged to do what they can for themselves. AD residents will do best if they keep their minds and bodies active for as long as possible.



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4. Describe Alzheimer's disease and identify its stages

REMEMBER:

Every person with Alzheimer's disease progresses differently, showing different symptoms at different times.



Transparency 19-3: Helpful Attitudes for Working with AD Residents

- Do not take things personally.
- Put yourself in their shoes.
- Work with the symptoms and behaviors you see.
- Work as a team.
- Take care of yourself.
- Work with family members.
- Remember the goals of the resident care plan.



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5. Identify personal attitudes helpful in caring for residents with Alzheimer's disease

Think about these questions:

How can an NA's professional relationship with an AD resident's family help her provide the best possible care for the AD resident?

Why is it important that an NA take good care of himself when caring for AD residents?



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6. List strategies for better communication with residents with Alzheimer's disease

Define the following term:

perseveration

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



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6. List strategies for better communication with residents with Alzheimer's disease

NAs should remember these communication tips when interacting with residents with AD:

- Always approach from the front.
- Determine how close the resident wants you to be.
- Communicate in a room with little background noise and distraction.
- Always identify yourself. Use the resident's name.
- Speak slowly, using a lower tone of voice.
- 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.



Confusion, Dementia, and Alzheimer's Disease

6. List strategies for better communication with residents with Alzheimer's disease

NAs should remember these interventions for possible communication problems:

If resident is frightened or anxious

- Keep him calm.
- Speak in a low, calm voice. Get rid of noise and distractions.
- Try to see and hear yourself as residents might. Describe what you are going to do.
- Use simple words and short sentences.
- Check your body language.



Confusion, Dementia, and Alzheimer's Disease

6. List strategies for better communication with residents with Alzheimer's disease

Interventions for possible communication problems (cont'd):

If resident forgets or shows memory loss

- Repeat yourself, using the same words. If a resident does not understand a word, try a different one.
- If resident perseverates, answer questions using the same words each time.
- Keep messages simple. Break complex tasks into smaller, simpler ones.

If resident has trouble finding words or names

- Suggest a word that sounds correct. Try not to correct a resident who uses an incorrect word.



Confusion, Dementia, and Alzheimer's Disease

6. List strategies for better communication with residents with Alzheimer's disease

Interventions for possible communication problems (cont'd):

If resident seems not to understand basic instructions or questions

- Ask resident to repeat your words. Use short words and sentences and allow time to answer.
- Use the communication methods that are effective.
- Watch for nonverbal cues. Observe body language.
- Use signs, pictures, gestures, or written words.

If resident wants to say something but cannot

- Encourage resident to point, gesture, or act it out.
- Offer comfort with a smile if resident is upset.



Confusion, Dementia, and Alzheimer's Disease

6. List strategies for better communication with residents with Alzheimer's disease

Interventions for possible communication problems (cont'd):

If resident does not remember how to perform basic tasks

- Break each activity into simple steps.

If resident insists on doing something that is unsafe or not allowed

- Limit the times you say "don't." Redirect activities instead.

If resident hallucinates or is paranoid or accusing

- Do not take it personally.
- Try to redirect behavior or ignore it.



Confusion, Dementia, and Alzheimer's Disease

6. List strategies for better communication with residents with Alzheimer's disease

Interventions for possible communication problems (cont'd):

If resident is depressed or lonely

- Take time one-on-one to ask how he is feeling. Listen to the response.
- Try to involve the resident in activities.
- Report depression to the nurse. (More about depression is in Chapter 20.)

If resident repeatedly asks to "go home"

- Remind him that he is in his home but do not argue.
- Redirect to something he enjoys.
- Expect questions to continue, and remain patient and gentle with responses.



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6. List strategies for better communication with residents with Alzheimer's disease

Interventions for possible communication problems (cont'd):

If resident is verbally abusive or uses bad language

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

If resident has lost most of verbal skills

- Use nonverbal skills, such as touch, smiles, and laughter.
- Use signs, labels, and gestures.
- Assume people can understand more than they can express.



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7. Explain general principles that will help assist residents with personal care

NAs should remember these general principles when assisting AD residents with personal care:

- Develop a routine and stick to it.
- Promote self-care.
- Take good care of yourself, both mentally and physically.



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8. 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 19-1: Interventions for ADLs

Bathing

- Schedule bathing when resident is least agitated.
- Give resident supplies before bathing to serve as visual aid.
- Take a walk with resident down the hall and stop at tub or shower room.
- Make sure bathroom is well-lit and at a comfortable temperature.
- Provide privacy.
- Be calm and quiet. Keep process simple.
- Be sensitive when discussing bathing with resident.
- Give resident washcloth to hold during bath.
- Ensure safety by using nonslip mats, tub seats, and hand-holds.
- Be flexible about when to bathe. Understand if resident does not want to bathe.
- Be relaxed. Offer encouragement and praise.



Handout 19-1: Interventions for ADLs (cont'd)

- Let the resident do as much as possible during bath.
- Check the skin for signs of irritation.

Grooming and Dressing

- Help with grooming.
- Avoid delays or interruptions.
- Show resident clothing to put on.
- Provide privacy.
- Encourage resident to pick out clothes to wear. Lay out clothes in order to be put on.
- Break task down into simple steps. Do not rush the resident.
- Use a friendly, calm voice when speaking. Praise and encourage.



Handout 19-1: Interventions for ADLs (cont'd)

Toileting

- Encourage fluids, even if resident has problems with urinary incontinence.
- Mark bathroom with sign or picture.
- Make sure there is enough light, both in the bathroom and on the way there.
- Note when resident is incontinent. Check him or her every 30 minutes. Take resident to bathroom before bathroom time.
- Observe toilet patterns for two to three nights if resident is incontinent during night.
- Take resident to bathroom after drinking fluids. Make sure resident urinates before getting off toilet.
- Take resident to bathroom before and after meals and before bed.



Handout 19-1: Interventions for ADLs (cont'd)

- Put lids on trash cans, wastebaskets, or other containers if resident urinates in them.
- Be professional when cleaning episodes of incontinence.

Nutrition

- Have meals at consistent times each day. Serve familiar foods. Food should look and smell appetizing.
- Make sure there is adequate lighting.
- Keep noise and distractions to a minimum.
- Keep the task of eating simple. Finger foods are easier to eat.
- Do not serve steaming or very hot foods or drinks.
- Use plain plates without a pattern or color. Use a simple place setting. Remove other items from the table.
- Put only one item of food on plate at a time.



Handout 19-1: Interventions for ADLs (cont'd)

- Give simple, clear instructions on how to eat or use utensils.
- Place a spoon to the lips.
- Ask resident to open his or her mouth.
- Guide resident through meal with simple instructions. Offer regular drinks to avoid dehydration.
- Use adaptive equipment as needed.
- Feed resident slowly, giving small pieces of food.
- Make mealtimes simple and relaxed. Give resident time to swallow each bite.
- Seat residents with others to encourage socializing.
- Observe for eating and swallowing problems. Observe and report changes or problems.



Handout 19-1: Interventions for ADLs (cont'd)

Physical Health

- Prevent infections. Follow Standard Precautions.
- Observe and report potential problems.
- Give careful skin care.
- Watch for signs of pain.
- Maintain daily exercise routine.

Mental and Emotional Health

- Maintain self-esteem. Encourage independence.
- Share in enjoyable activities.
- Reward positive and independent behavior with smiles, hugs, and warm touches.



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9. 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.

triggers

situations that lead to agitation.

sundowning

becoming restless and agitated in the late afternoon, evening, or night.

catastrophic reactions

reacting to something in an unreasonable, exaggerated way.



Confusion, Dementia, and Alzheimer's Disease

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

Define the following terms:

pacing

walking back and forth in the same area.

wandering

walking aimlessly around the facility or facility grounds.

elope

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

hallucinations

seeing, hearing, smelling, tasting, or feeling things that are not there.



Confusion, Dementia, and Alzheimer's Disease

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

Define the following terms:

delusions

false beliefs.

repetitive phrasing

repeating words, phrases, or questions.

pillaging

taking things that belong to someone else.

hoarding

collecting and putting things away in a guarded way.



Handout 19-2: Difficult Behaviors and Management

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, remove caffeine, give back massage, distract, and encourage daily exercise.

Catastrophic Reactions

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



Handout 19-2: Difficult Behaviors and Management (cont'd)

Violent Behavior

Block blows, never hit back, step out of reach, call for help, do not leave resident alone, remove triggers, and use calming techniques.

Pacing and Wandering

Causes: restlessness, hunger, disorientation, need for toileting, constipation, pain, forgetting how or where to sit down, too much napping, need for exercise

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 stay calm.



Handout 19-2: Difficult Behaviors and Management (cont'd)

Depression

Causes: loss of independence, inability to cope, feelings of failure and fear, facing incurable illness, chemical imbalance

Report signs, encourage independence, talk about moods and feelings, and encourage social interaction.

Perseveration or Repetitive Phrasing

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

Disruptiveness

Gain resident's attention, be calm, direct to a private area, ask about behavior, notice and praise improvements, tell resident about changes, encourage to join in activities, help find ways to cope, and focus on positive activities.



Handout 19-2: Difficult Behaviors and Management (cont'd)

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 to nurse.

Inappropriate Sexual Behavior

Be matter-of-fact, be sensitive, distract, direct to private area, and consider other ways to provide physical stimulation.

Sleep Disturbances

Make sure resident gets moderate exercise or activity during the day. Allow resident to spend time in natural sunlight if possible. Reduce light and noise during nighttime hours. Discourage sleeping during the day.



Handout 19-2: Difficult Behaviors and Management (cont'd)

Pillaging and Hoarding

Label belongings, place a label or symbol on door, do not tell others that person is stealing, prepare the family, ask family to report unfamiliar items, and provide a rummage drawer.



Confusion, Dementia, and Alzheimer's Disease

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

REMEMBER:

If a person with dementia *elopes*, or leaves the facility or home unsupervised or unnoticed, it is very important to alert a supervisor immediately. The earlier a search is started, the more likely the person is to be found nearby and safe.



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10. Describe creative therapies for residents with Alzheimer's disease

Define the following term:

validating

giving value to or approving.



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10. Describe creative therapies for residents with Alzheimer's disease

NAs should be familiar with these creative therapies for residents with AD:

- Reality orientation
 - Useful in early stages of AD
 - Involves use of calendars, clocks, signs, and lists
 - May frustrate residents in later stages of AD
- Validation therapy
 - Involves letting residents believe they live in the past or in imaginary circumstances
 - Can give comfort and reduce agitation
 - Useful in cases of moderate to severe disorientation



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10. Describe creative therapies for residents with Alzheimer's disease

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

- Reminiscence therapy
 - Involves encouraging residents to remember and talk about the past
 - Should focus on a time of life that was pleasant
 - Useful in many stages of AD, but especially with moderate to severe confusion
- Activity therapy
 - Uses activities resident enjoys to prevent boredom and frustration
 - Promotes self-esteem
 - Useful in most stages of AD



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10. Describe creative therapies for residents with Alzheimer's disease

REMEMBER:

Music is a form of sensory stimulation. Hearing familiar songs can cause a response in people with dementia who do not respond well or do not respond at all to other treatments. Music therapy has been used successfully with people who have Alzheimer's disease.



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

REMEMBER:

Family members of residents with AD have made and will continue to make very difficult adjustments. Emotional and financial resources will affect each family's ability to cope.



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

Think about these questions:

Have you had to deal with a loved one with AD? What was your experience like?



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12. Identify community resources available to people with Alzheimer's disease and their families

The following resources may be of assistance to family members and caregivers of individuals with AD:

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

