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Let's Talk about Dementia: The Effects of Dementia on Communicative Functions

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“LET’S TALK ABOUT DEMENTIA: The effects of dementia on communicative functions”

Audience: medical staff (i.e nurses or aides)

Time frame: 1 1-hour session

Purpose: The purpose of this seminar is to provide information to medical staff working closely with individuals diagnosed with dementia. Information included relates to the communicative functions and swallowing skills of a person with dementia. Additionally, this seminar aims to educate medical staff about effective procedure and communication when working with an individual with dementia.

Opening Question/Statement: “Is there anyone here that does not know what dementia is? It likely that most, if not all, have or will encounter dementia in your lifetime. In a medical setting, interactions with individuals that suffer from dementia occur on a regular basis. From personal experience, however, it is common for medical staff to be lacking an education in effective communication.”

Objectives: “At the close of this seminar, you will be able to identify and apply knowledge about the effects of dementia on communication and swallowing. Additionally, you will have a better sense of how to navigate interactive situations with an individual that has dementia.”

- Identify and apply appropriate dementia care practices in a variety of medical settings (hospitals, skilled nursing facilities, home services, etc.)
- Identify misconceptions regarding dementia
- Describe and apply effective communication tactics for working with an individual with dementia
- Recognize and describe the common signs of swallowing difficulties/issues
- Determine key strategies in helping provide a high quality of life and apply effective communication with families to enhance/enrich the life of a person with dementia

Definitions/Facts:

“To start, I would like to provide a brief refresher of what dementia is and the bodily functions it frequently affects.”

- Broadly, dementia is a group of symptoms interfering with daily functions.
- There is a PROGRESSIVE decline in memory, judgement, language, motor skills, and other intellectual functions (executive order).
- learning and memory, understanding language, hearing sound, visual field, reasoning/judgement and problem solving
- Resources:
    - Providence Life Services (2017). Dementia care.

<u>Appropriate dementia care practices</u>

"Dementia is truly a condition that must be taken on as a case-by-case basis. No two cases are the same, however, there are basic practices that prove to be relevant for most situations."

- Connection and protection: VISUALLY (approach slowly from the front), VERBALLY (greet, use names), PHYSICALLY (gentle, dominant side, hand under hand), EMOTIONALLY (affirmation, compassion), INDIVIDUALLY (uniqueness, hobbies/childhood)
- Empathetic curiosity: reminiscing to retain a sense of self
- Avoid triggers (fight, flight, fright): startle, rapid movements, authoritative intonation, argumentative
- Do "with" instead of doing "to"
- Being "right" does not necessarily result in a good outcome: go with the flow
- "I'm sorry phrases"
- Resources:
    - McEvoy, P., Eden, J., & Plant, R. (2014). Empathy and curiosity aid dementia care...'Dementia communication using empathic curiosity,'. *Nursing Times*, *110*(26), 9.
    - Providence Life Services (2017). Dementia care.

<u>Misconceptions</u>

"Unfortunate, but true, misconceptions are a popular element in today's world. Dementia is no exception. For most people, their basic understanding of dementia is based on misconceptions. It is important to understand the misconceptions because it is important to understand the ideas most have about

the disease. I have highlighted some common misconceptions that I encourage you to share with people you may know. Education is the first step after all."

- People with dementia cannot communicate and do not understand surroundings. They are incompetent.
    - Maintain wants and needs, must use other forms once speech diminishes
    - Reading emotions becomes increasingly important to determine likes and dislikes
    - Yes/no questions (nod/shake), paper/pencil, pictures
- Dementia is a natural part of aging.
    - It is a disease, not inevitable aging
    - Not everyone in their old age develops dementia
- There is nothing that can be done after diagnosis.
    - A progressive disease that worsens over time (similar to ALS and MS). It is not at its worst from the beginning
    - There are methods to assist in slowing dementia development
        - Brain/thinking exercises
        - Implementing a systematic routine early to allow muscle memory to take over (often used in morning and nighttime routines)
- It is a disease that can only be found in the elderly.
    - Dementia can develop in younger adults due to stroke, a traumatic brain injury, brain infection, or alcohol abuse
- It is important to correct someone with dementia when they are wrong
    - Correcting may cause any set of emotions from aggression to confusion.
    - Going with the flow can allow for use of imagination and may give insight into the patient's wants/needs
    - Promote socialization
- Dementia is practically inevitable (there is nothing to do to the lower the risk)
    - Small steps can be taken to lessen the risk
        - Puzzles, healthy diet, reading

        - Learning new skills (keeps the mind fresh by introducing new activities and "lighting up" new parts of the brain that had not yet been used)
- There is a cure for dementia.
    - There are small ways to prevent dementia and slow the process
    - Maintaining quality of life and managing symptoms.
- Memory loss automatically means dementia
    - Memory loss is a natural part of aging, dementia is not
    - Dementia encompasses several more symptoms besides memory loss
- It is a non-fatal disease.
    - Dementia itself may not be fatal, but its effects are
    - Deterioration of the brain until death is a common occurrence in patients with dementia
- Ultimately leads to aggression/violence
    - Dementia is a disease with overwhelming variability
        - Each case is different
        - Some develop aggressive behaviors while others may become exceedingly friendly or giggly
- Resources:
    - Downs, M., & Collins, L. (2015). Person-centered communication in dementia care. *Nursing Standard*, *30*(11), 37-41. doi:10.7748/ns.30.11.37.s45

<u>Effective Communication Tactics:</u>

"Now that we have covered the basics, it is time to move on to effective communication tactics with an individual that has dementia. I cannot emphasize the importance of effective communication enough. Every interaction you have with a patient is based on communication. Without active communication, a situation has the opportunity to produce an unwanted outcome."

"It is common for people with dementia to struggle expressing their thoughts. They know what they need, however, the connection between their thoughts and their voice has been compromised."

- Struggling to express thoughts (wants and needs)

    - REPEAT what you heard and add a “?”
    - “TELL ME more about it.”
    - “SHOW ME what you do with it.” – applicable
    - “I’M SORRY I did not understand. Is it okay with you if we try again later?”
    - Empathy and validation (match the person’s emotion)
        - Do not tell them that they are okay, let them express any emotions they are feeling
- Avoid using “can you” questions. This immediately implies that the person cannot. Set the person up for success, it is better to assume they can.
- Communicate at a comfortable volume, unless a hearing loss is known
    - Dementia is not directly linked to hearing loss
    - A raised voice may be alarming, even if the tone is pleasant
    - Individual will often say “huh” due to difficulty comprehending, not difficulty hearing
    - Eliminate distractions prior to interaction
        - Ex: turn down the television and/or close a window
- Repeating questions
    - REPEAT what the person said and add a “?”
    - ANSWER and use a visual cue/gesture
    - REDIRECT attention to a new activity, place, or words
- Music and rhythm
    - Remain the longest and used as a mood elevator
    - Validation approach with Naomi Feil and Gladys Wilson
        - Using rhythm and familiar songs to achieve a connection
        - The patient feels safe to express wants and needs
    - Singing while completing tasks or conversing may soothe the individual and allow communication to flow with greater ease
- When an SLP intervenes
    - Become familiar with strategies recommended by the SLP
    - Use strategies regularly to maintain consistency
    - Communicate frequently with supervisor, SLP, and family

- Resources:
    - Downs, M., & Collins, L. (2015). Person-centered communication in dementia care. *Nursing Standard*, *30*(11), 37-41. doi:10.7748/ns.30.11.37.s45
    - Providence Life Services (2017). Dementia care.

<u>Common Signs of Swallowing Issues:</u>

"Commonly, dementia does not only lend itself to communication issues. A disruption of swallowing is frequently associated with dementia, as well as, other diseases. It is important to have an ability to recognize the signs of a swallowing disorder to ensure the safety and optimal health of a patient. As medical staff, you encounter clients on a regular basis, therefore, you will be most apt to encounter a swallowing issue if it were to arise."

- Dysphagia: difficulty or discomfort in swallowing
    - Results from "damage to the central nervous system (CNS) and/or cranial nerves" that can be caused by dementia or other neurological dysfunctions
- Signs
    - Drooling
    - Leaking food or liquid left behind after swallowing
    - Complaints of food "sticking"
    - Pain when swallowing
    - Gurgly sounding voice during or after eating
    - Excessive coughing during or after eating
    - Recurring aspiration pneumonia
    - Changes in eating habits (avoidance of certain foods)
    - Weight loss or dehydration
- Procedure once an SLP intervenes
    - Diet restrictions
        - Mechanical soft (soft foods in natural form), puree (softened food), nectar and honey thickened liquids
    - Feeding strategies
        - Size of bite and rate of feeding is dependent on the patient the severity of their dysphagia

    - Communicate frequently with supervisor, SLP, and family
- Resources:
    - Cleary, S. (2007). Current approaches to managing feeding and swallowing disorders for residents with dementia. *Canadian Nursing Home*, *18*(1), 11-16.

<u>Quality of Life and Family Involvement:</u>

"Familiarity is often the key to comfort for someone diagnosed with dementia. The base of familiarity derives from family. It is important to encourage family to be involved and educate them about the basics of dementia. Many families shy away from their loved ones with dementia out of fear or discomfort. It is your job as medical staff to make them feel comfortable and ease fears. Comfort has the potential to enhance quality of life."

- Improving quality of life is different from improving memory
- Goal-setting
    - Ensuring the safety of the person with dementia
        - Frequently evaluating the goals set to ensure they are appropriate for the current context
    - Managing staff/family stress
        - Be well-prepared, all decisions are made within the context of the stage of dementia and the patient's known preferences
    - Goals are dynamic as the disease progresses
        - Ex: preserve functional status (ability to work) is shifted to maintaining the ability to live at home and/or mobility
- Memory box or memory wallet
- Implement simple and relaxing/comforting activities
    - Puzzles
    - Coloring
    - A hobby that reminds them of their past (knitting, playing cards)
- Family education
    - Forbidden words (sex, swear, racial slur) are often retained the longest because they are simply the most memorable – there is a lot of emphasis placed on them in society
        - It is important to help families understand this process to relieve their embarrassment and/or confusion.

- Resources:
    - Solvoll, B. (2017). A daughter's experience when her mother is struck by dementia: Healthcare personnel who interact with patients and their families can learn from the families experiences when a loved one is affected by dementia. *Norwegian Journal Of Clinical Nursing*, 1-9. doi:10.4220
    - Jennings, L., Palimaru, A., Corona, M., Cagigas, X., Ramirez, K., Zhao, T., & ... Reuben, D. B. (2017). Patient and caregiver goals for dementia care. *Quality Of Life Research*, *26*(3), 685-693. doi:10.1007