

Dementia-Care Resident Care: A Quality Partnership

The Holy Spirit Home

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What is Dementia? By Charysse Gosney and Kay Cohen

Dementia is a term used to refer to a group of symptoms that are the result of the deterioration of intellectual functions such as thinking, remembering, judgment and social relationships. The intellectual impairment associated with dementia is progressive. That is, the signs and symptoms worsen over time.

There are many causes of dementia. The most common forms of dementia include Alzheimer's disease, Vascular dementia (Multi-infarct dementia), and Lewy Body Dementia.

Approximately 250,000 people in this country may have Alzheimer's disease at the present time. Other types of dementia are less prevalent but combined Some of the signs and symptoms of dementia include the following:

- Memory loss that affects everyday living.
- Difficulty performing familiar tasks, such as using an appliance; problems naming a common object, such as a watch or pencil.
- Getting lost easily, even in familiar places
- Poor or decreased judgment
- Problems with abstract thinking
- Changes in mood, behavior, and personality.

Welcome to the Dementia-care Newsletter!

Every 2 months, it is planned to produce this newsletter on dementia-care at the Holy Spirit Home. The aim is to inform staff, relatives and residents on aspects of dementia and dementia-care. We hope to increase the skills and knowledge of people in relation to dementia-care. If you would like to contribute to the newsletter contact Kay Cohen in Coonowrin on 3263 0351 or leave your information in Coonowrin. Comments and/or information can be sent to the e-mail address

k.cohen@holyspirit.com.au In particular, we are looking for general information about dementia and care-strategies. So come-on! Don't keep it to yourself, share the information around. It WILL make a difference.

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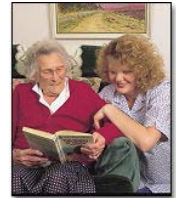
Briefs

- **Vitamin E is an anti-oxidant which can improve the functioning of blood vessels.**
- **Hardening of the arteries increases your risk of getting dementia**
- **Exercise and a low-cholesterol diet help prevent dementia**

Tips for Good Visiting

Often the family of residents who have dementia find it difficult to visit because the person has changed so much and they can't do what they used to do. Rather than concentrating on what the person can no longer do, find out what they CAN DO. You can find out by talking to the staff, especially the diversional therapist, or by your own observations. A few suggestions of things you might be able to do with your relative, depending on their abilities:

- Go for walk and look at the gardens.
- Talk to the person about what is in the environment.
- Therapeutic touch (massage with sorbolene cream).
- Companionable silence— Just being there.
- Looking at photographs or relaying stories about the extended family
- Reminiscing about travels and important life events
- Helping with organized activities



Visiting someone with dementia need not be daunting.

Visiting a Dementia-specific Unit

It can be a bit daunting walking into a busy residential community with lots of people, some who may act very strangely. What you might encounter on your visits: Residents who wander. They may come up to you and ask you to take them home or ask you a question you can't possibly know the answer to. This behavior is common in people who have dementia. The best way to cope is to smile and reassure them about what they are concerned about. If they are not satisfied with this or seem distressed it is best to ask the nurse on duty to help.

“Every exit is an entry somewhere” - Tom Stoppard

Frail residents who are incontinent and/or call out. In the advanced stages of dementia people are often incontinent of urine and feces. This can happen at any time, despite regular toileting and/or changing. Also, some residents may call out to you or to no-one in particular. This is often because of damage to the brain and is not because the person needs immediate attention. The staff are very used to this type of behavior and usually understand when they are needed and when the person's calling out or noise-making is a result of the damage to the brain. However, if you are very concerned about a resident please don't hesitate to ask the staff.

While the above behavior can be distressing if you are not used to it, there are many positive things that you might see when visiting a dementia-specific unit. For instance, staff and/or relatives hugging or communicating closely with a severely impaired resident. Lots of sing-a-longs and familiar music. Residents making friendships and helping one another out. Volunteer visitors and family members spending time with their relatives. Pastoral care teams ministering to people, providing Mass and holy communion. A sense of community and love.

Over time you will get used to the environment of a dementia-specific unit and hopefully the staff will help you, the visiting relative or friend, feel relaxed and welcome.

What is Lewy Body Dementia? Charysse Gosney

Lewy Body Dementia is a type of dementia which is being increasingly recognised in recent times.

It differs quite a bit from Alzheimer's disease so it is important to understand and recognise its symptoms.

The core features of Lewy Body dementia include:

Fluctuating cognition: The intellectual ability of the person with this type of de-

mentia may change across the day. Loss of memory and confusion may occur as in Alzheimer's disease, but as indicated, is transient and fluctuating.

Recurrent visual hallucinations: This is an essential feature of this type of dementia. People tend to see things which aren't there.

Spontaneous Motor features of parkinsonism:

This feature is also prevalent in this type of dementia.

Often the disease is mistaken for Parkinson's disease. Some of the parkinson type signs include tremor, rigidity, shuffling gait. Often the person with this type of dementia has repeated falls which are difficult to predict and protect against.

Lewy Body Dementia Treatment

Another important aspect of Lewy Body Dementia to note is that people with this disease often respond favourably to the new cognitive enhancer therapies such as Aricept and Exelon.

Other treatments are symptomatic, often involving the use of medication to control

the parkinsonian and psychiatric symptoms. However, this can be problematic as often anti-psychotic medication can worsen parkinsonian symptoms. Some of the new atypical anti-psychotics are more successful than

older versions such as haloperidol.

Nonetheless, Lewy Body Dementia is a slowly progressive condition for which there is no cure.

“Recurrent visual hallucinations are an essential feature of this type of dementia”

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Resident Care: A
Quality Partnership

The Mission of The Holy Spirit Home is to enhance the lives of older people through our Christian quality of care and service. Our values are Respect, Integrity, Compassion and Justice.

Staff carer: Pam Jackson

Pam Jackson has worked at The Holy Spirit Home for approximately 5 years and in aged care for much longer. In particular Pam enjoys working with people who have dementia. She has a special talent in this area as noted by her supervisor Sr Pippa Ahern. "Pam uses her sense of humour and touch to communicate with people who have dementia. She makes activities light and happy and is able to jolly people along who may be difficult at times."

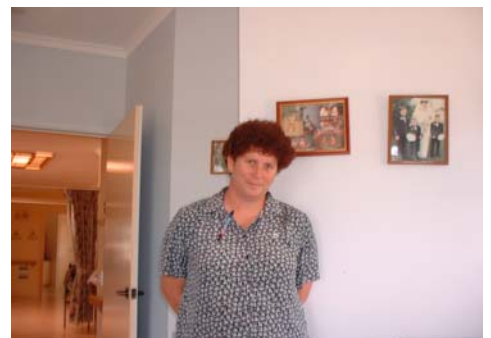
I asked Pam what she liked about working with people with de-

mentia. She said that she liked establishing positive relationships with them, to see them as friends rather than someone with dementia. She likes to look past the dementia and see the person behind the diagnosis.

One thing that Pam has noticed is, that despite memory impairment, the person she is caring for often remembers her face and responds to her accordingly. People with dementia can establish new relationships. However, she does find the variability in some people's moods and behavior difficult. For ex-

ample, one day they know you and respond, the next day they may be totally different.

However, Pam embraces both the challenges and the rewards of working with people who have dementia.



Pam on the job in Madonna.