REHABILITATION AND DEMENTIA

Professor Mary Marshall
Definitions of Rehabilitation

• “A process aiming to restore personal autonomy in those aspects of daily living considered most relevant by patients and service users, and their family carers”
• “Rehabilitation is concerned with enabling those with any short or long-term disability to obtain the maximum psychological or physical independence possible”
Definitions

• “Rehabilitation is about enabling people who are disabled by injury or disease to achieve their optimum physical, psychological, social and vocational well-being”
Rehabilitation and dementia

• An unlikely pairing?
• A way of presenting an optimistic approach to dementia care
• Could provide a useful structure for dementia care itself
Four kinds of rehabilitation

• Rehabilitation following an acute physical episode
• Rehabilitation following a dementia-related episode
• Cognitive rehabilitation
• Rehabilitation as an approach to dementia care
Rehabilitation following an acute physical episode

- Some issues for the acute health sector
  - Low expectations
  - Role of nurses
  - Training gap
  - Pain
  - Delayed discharge
  - Moving between wards
Rehabilitation following an acute physical episode

• Some general issues:
  – Communication skills
  – Lateral thinking
  – Doing *with* not doing *for*
Rehabilitation following a dementia-related episode

- Reviewing medication
- Detective work
- Revising the care plan
- Changing the social and the built environment
Cognitive rehabilitation

• Aims to enable clients or patients, and their families, to live with, manage, by-pass, reduce or come to terms with deficits precipitated by injury to the brain
  – Professor Clare will explain how
Rehabilitation as an approach to dementia care

• We need to look at the characteristics of rehabilitation
Characteristics of rehabilitation

• Teamwork
• Working with families and supporters
• Prosthetics
• Removing causes of excess (unnecessary) disability
• Learning and motivation
• A focus
Teamwork

- Has to be a joint effort
- Every profession has a role
- Consistency is crucial
Working with the family and other supporters

- Families and friends can contribute crucial information and understanding
- Families and friends may need training and support
Prosthetics

• Design
• Signage
• Adaptations
• Equipment

Skilled assessment is essential
Removing causes of excess (unnecessary) disability

• Almost any aspect of the person’s social and built environment can be sub-optimal. For example:
  – Interactions which undermine confidence and self-esteem
  – Care plans not based on personal preferences
  – Under-nutrition and dehydration
  – Lack of activities
Learning and motivation

• Easy to underestimate the capacity to learn of people with dementia
• Motivation is linked to self-esteem and confidence
• Need for lateral thinking
A focus

- Could be short term, for example, restoring confidence in cooking or restoring continence
- Could be long term, for example, maintaining exercise or social skills
The sub-theme

• Optimism
  – Because
    • Fear has to be acknowledged
    • Dementia is not entirely a negative experience
    • We have increasing evidence about what works
Fear has to be acknowledged
(Stephen Post)

• “In our hyper-cognitive culture and society… nothing is as fearful as AD because it violates the spirit of self-control, independence, economic productivity, and cognitive enhancement that defines our dominant image of human fulfilment….the hyper-cognitive societies..can neglect the emotional, relational, aesthetic and spiritual aspects of well-being.”
Dementia is not an entirely negative experience

- We need to listen to people with dementia.
- “Personally, I would not like to go back to not having dementia. I’m in love with dementia and fascinated with the condition. I now understand how a kaleidoscope works, Shake me and find out!”
- We need to focus on the emotional, relational, aesthetic and spiritual aspects.
We have increasing evidence about what works

- In psychosocial interventions, for example:
  - Singing
  - Activities
  - Training and support for carers
  - Design features
Three questions:

• Can we be invigorated by increasing optimism about dementia care?
• Can we improve rehabilitation for people with dementia?
• Is this a useful way to describe dementia care?
Sources

- Other references:
Sources cont.