

St. James's Hospital

Supporting the Person with Dementia in Hospital



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Preface

This booklet has been written to provide practical information and advice to care staff working in clinical settings caring for people who have cognitive impairment, dementia or delirium. Clinical settings can often be challenging and stressful environments for these patient groups. Detailed in this booklet are simple tips and strategies to assist staff to overcome some of these challenges and alleviate distress whilst improving patient experience and comfort.

Contents

Introduction	1
What is Dementia?	1
Communication	4
Environment	7
Doing Things	9
Unusual Behaviours	10
Delirium	14
Conclusion	15

INTRODUCTION

A person with dementia can experience many frustrations and difficulties while in an acute hospital. The aim of this guide is to help staff to understand the **PERSON** with dementia and help prevent or minimise any difficulties.

WHAT IS DEMENTIA?

Dementia is an umbrella term used to describe a set of symptoms caused by changes in the brain that lead to a gradual loss of brain tissue. Common signs include confusion and memory loss. As it progresses, the person experiences difficulties with everyday tasks.

Some of the more common types of dementia are:

- Alzheimer's – the most common type
- Vascular – mainly as a result of strokes
- Lewy Body dementia

Less common:

- Frontotemporal lobe dementia – younger onset



How many people in Ireland have dementia?

In Ireland there are on estimate **55,000 people living with dementia**. Approximately 4,000 of these are people under the age of 65. This number, 55,000, is set to rise due to our aging population and increasing numbers of older adults in Ireland.



Risk factors

There are certain factors that may increase the RISK for dementia. These risk factors can be broken down into non-modifiable (cannot alter or change) and modifiable (can alter or change).

Non-modifiable



Age: Is the most significant risk factor for developing dementia.

Family History: If there is a family member with Alzheimer's disease the risk is slightly higher compared to a person with no family history.

Gender: Women live longer than men and so there are more females with dementia than males.

Genetics: Certain genes increase the risk for dementia but they are very rare.

Medical conditions: Vascular diseases, Type 2 diabetes, Parkinson's disease etc. can increase the risk of dementia.

Modifiable



Lifestyle: Lack of physical activity, poor diet, obesity, smoking, increased alcohol intake/consumption, social isolation etc. These factors will all increase the risk of dementia.

How can we keep our brains healthy?

Stimulate your brain - challenge yourself more (e.g. take a surfing lesson, attend toastmasters, put yourself forward for a new role in work etc.)

Change your routine (e.g. try a new route to work, rearrange your office space etc.)

Learn something new (e.g. learn a new language or instrument etc.)
These may help to reduce the risks of dementia.

Also ...

- Exercise/physical activity – aim to complete 30 minutes of moderate activity 5 times a week.
- Eat a healthy diet – lower your cholesterol and eat fresh fruits and vegetables.
- Go to your GP for a 'check-up' of your blood pressure, cholesterol and blood sugar levels.
- Get enough sleep – 7-8 hours per night.
- Socialise – meet people.
- Reduce your stress.
- Stop smoking.



COMMUNICATION

WHAT DO I SAY?

Usual conversation

It's difficult to know what to say to anybody when you meet them at first unless you have a focus or some common subject to talk about. Meeting a person with dementia is no different. For example start the conversation as you normally would with someone you've never met before; use the local custom greetings: say hello, your name and ask them how they are.



Take your time

The person with dementia may think slower than someone without dementia. When you ask them a question - wait for an answer. They need more time to register what you say.

Try to...

- speak slowly
- pace it - use only a few sentences
- use words you know they will understand
- wait for a response



Get to know them

Getting to **KNOW** the person is one of the most important goals you have.

When speaking with a person with dementia, speak as you would with anyone. Through this, you will get to know their ways, interests and mood.

Listen closely to what they say

- Are they worried or frightened?
- Do they speak about members of their family?
- Are they misinterpreting what's going on around them?
- Do they know where they are?
- Do they mention any interests they may have?

Try to follow their train of thought, as this is of most interest and meaningful to them at that moment. Allow them to choose the topic of conversation if possible.

A person with dementia ...

- Finds it difficult to concentrate.
- Is easily distracted.
- Is constantly trying to understand what's going on around them.

Their Stories

- Can you find out any background information regarding their social life, family and interests?
- Are they interested in anything in particular?
- Have they any stories to tell you?
- Perhaps there is a life story book/album/box available; ask.

Ask yourself the question? What would you talk to a stranger about? It is usually something you are interested in, something you have an opinion about or perhaps something that is happening around you.

These are all areas that you can focus on during your conversation.

Gain their trust

This may take some time. Just as you are 'sussing' them out they are doing the same to you! This occurs naturally between people who don't know each other.

Try to ...

- Not argue - even if you believe you are right. There is no point; it'll only contribute to further frustration.
- Create an equal relationship; share a little about yourself (nothing of a sensitive nature of course).
- Speak as you would to any other person and make the conversation as natural as possible.

Non-verbal communication

Your body language tells others about your feelings, emotions and opinions more than your actual words. This means you need to make sure it matches what you are saying.

Try to ...

- Always look at the person when you're speaking to them; smile when you think it is right to do so. Your facial expression says a lot.
- Make sure you're on the same level as the person, sit if they are sitting and stand if they are standing. This shows that you consider them an equal partner.

ENVIRONMENT

Homely in Appearance

Naturally, an acute general ward does not look like home. It is white, has numerous tubes and machines around, it's noisy, has different smells and usually has more than two or three beds in the room. There are strangers around too!

The person with dementia may be thinking 'they seem friendly but can they be trusted?'

Think of your own bedroom at home; what makes it homely for you?

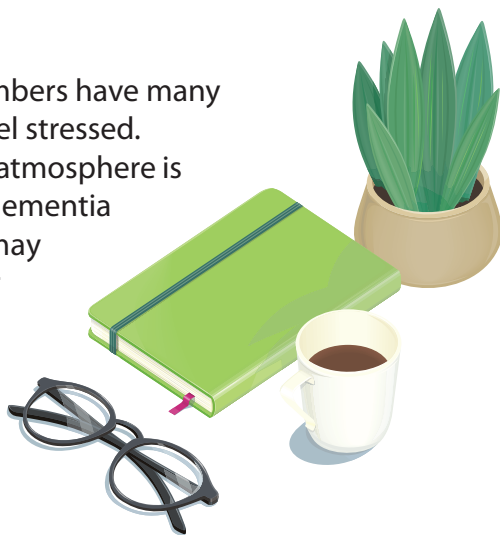
What can YOU do to help?

- Minimise noise as much as possible.
- Make sure they have their personal items around.
- Help them to focus on familiar things around them.

A Homely 'Feel'

Wards are busy and staff members have many things to do and can often feel stressed.

A busy and sometimes tense atmosphere is inevitable. The person with dementia can easily sense this and it may cause them to be afraid or upset. Their experience of this stressed atmosphere impacts on their general well-being.



They may experience...

- A lack of privacy.
- Intimidation.
- Unfamiliar surroundings.

Try to ...

- Reassure by being calm, friendly and taking their concerns seriously.
- Repeat what you are saying when necessary.
- Explain what is going on around them and ask them what they think.
- Use humour, but only when it is appropriate. Always check for a positive response. Stop if there isn't.

DOING THINGS

Boredom is not something any of us like whether you have dementia or not. We all need to do something; we need a focus. How boring is it to wait in a queue? Naturally we look for something to entertain us. The person you're caring for will find it difficult to seek interesting things to occupy their mind.



Try to ...

- Have a conversation – a topic that they find interesting.
- Show items of interest, for example a photo album or personal rummage box in their environment.
- Do an activity that they are familiar with or something they have done in the past for example playing cards etc.

Whatever the person does it needs to be meaningful to them. It may not be of great importance to you, but it must be to the person you are caring for.

UNUSUAL BEHAVIOURS

Sometimes the person with dementia can behave in an unusual way, for example screaming, shouting, taking their clothes off or hitting others. We need to view all these behaviours as ways of communicating that their needs are not being met. These needs can be physical or psychosocial and may be difficult to identify.

While prevention is the ideal option, it is not always practical as these unmet needs may have been there before you met the person.

Try to ...

- Listen closely, observe their body language and look for meaning in what they say and do.
- Check the environment, can you identify any triggers for example noise or people coming too close to them?
- Build trust from the very beginning of your relationship.
- Make them feel at ease with whatever situation occurs.

Examples of these behaviours

Being Agitated

Agitation is a mix of anxiety and restlessness. Not understanding their environment might create a sense of insecurity and fear in the person with dementia, especially if they have always been an anxious person.

Try to ...

- Prevent or reduce agitation by providing an interesting environment and/or conversation – occupation.
- Reassure by explaining what is happening, listen to their worries and acknowledge their concerns with empathy and kindness.
- Allow the person to walk around safely and accompany them.

Walking Around

If the person is able to walk around the ward they should do so. There is nothing wrong with this as long as it is safe for them. However, if they look anxious, you need to try to find out what is on their mind. There are many reasons why someone walks around.

They may be ...

- Looking for someone.
- Hungry and looking for food.
- Wanting to know what they should do.
- Trying to understand where they are.
- Looking for familiar people and places.
- Feeling stiff and exercising.
- Preventing boredom.
- Curious about their surroundings.

Try to ...

- Encourage them to walk around if it is safe to do so.
- Accompany them but don't give the impression you are 'policing them'.
- Have a conversation like any usual social chat as you go along.

Trying to Leave

For many people with dementia, an acute ward can appear unfamiliar and as they don't always realise they are unwell they may attempt to leave.

If you woke up in an acute ward and couldn't understand why you were there, what would you do? You might ask questions but not understand the answers. More than likely you would try to leave at some stage. Most people will try to go to a place of security and the word 'home' generally represents that.

Try to ...

- Find out if they are looking for something or somebody in particular.
- Walk with them and show them around to help their understanding.
- Use gentle distraction towards topics and things that are meaningful to them.
- Engage them in an activity that they enjoy.

Showing Frustration

Dementia develops over time and the individual may experience frustration. This may happen as a consequence of their poor memory, not knowing what to do or having difficulty with complex tasks. They may feel powerless and view the environment as threatening. All of us have different levels of tolerance to frustration and when these are reached we may verbally or physically lash out. The person with dementia is no different.

It is important to remember this aggression is not necessarily a part of the individual's personality but a result of the frustration they experience as they develop dementia. The key to helping the person is to try to understand what frustrations they are experiencing at the time so that you may be able to relieve them.

Try to ...

- To look for signs of frustration and ensuing aggression so it can be prevented. For example shouting, banging the furniture or angry facial expressions.
- Not to respond aggressively as this will only escalate the aggressive behaviour. Do not argue your point.
- Not to take it personally, aggressive behaviour is a sign of their frustration.
- To show concern, respect and listen to what the person is saying and not saying.
- To check the environment, keep it calm or accompany the individual to a calmer area if possible.

Protecting the person, yourself and others from potential harm is very important. Make sure you do not invade their 'personal' space. Positioning yourself too close to the individual may be intimidating. Take what they are saying seriously, it may be true!

DELIRIUM

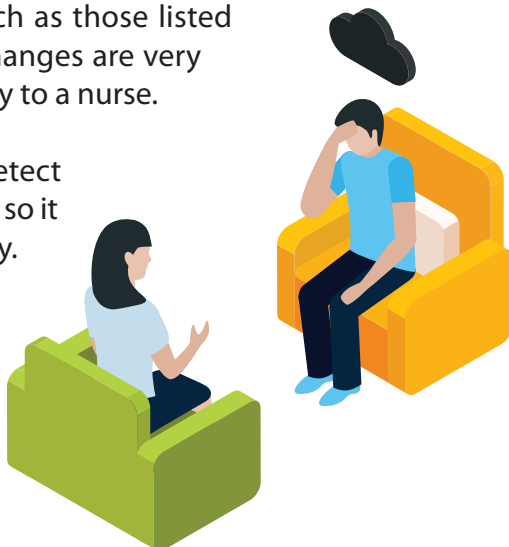
Delirium is quite common amongst older people in acute hospitals. It starts suddenly with disturbances in the individual's thinking, perception and level of consciousness. There are many causes of delirium, for example infection, dehydration and over medication. It can fluctuate and if not treated can be quite serious for the individual.

Try to ...

- Spot a sudden change in behaviour.
- Check for any drowsiness.
- Detect any increase in confusion especially if their relative says this is not usual.
- Notice if they are seeing or feeling things that don't exist.

If you identify changes such as those listed above and even if these changes are very subtle, report it immediately to a nurse.

It is very important to detect delirium as soon as possible so it can be treated straight away.



CONCLUSION

Remember, the person is trying to figure out what is going on around them, what they should be doing and who all these strangers are. This can make them feel very frightened, sad or even angry. Think of yourself in a world you cannot understand and how you would react.

The key to helping someone with dementia is to ...

- Put yourself in their shoes and try to find out their understanding of what's going on around them.
- Get to know them and their life experiences so you can relate to them in a meaningful way at a personal level.
- Always check what they are saying to you non-verbally. They may be finding it difficult to express how they feel and what they want.

Remember the **PERSON**
behind the **DEMENTIA!**



For more information go to ...

St James's Hospital Dementia E-Learning modules LearnPath

w: sjh.learningpool.com

Alzheimer Society of Ireland

w: www.alzheimer.ie/Home.aspx

Social Care Institute for Excellence

w: www.scie.org.uk

Dementia Services Information & Development Centre

w: www.dementia.ie

Alzheimer UK

w: www.alzheimers.org.uk

Alzheimer International

w: www.alz.co.uk

Types of dementia

w: www.alz.co.uk/info/types-of-dementia

Frontotemporal lobe dementia

w: www.alz.co.uk/info/fronto-temporal-dementia

Prevalence and Projections for Dementia in Ireland: 2011-2046

w: www.genio.ie/system/files/publications/Dementia_Prevalence_2011_2046.pdf

Ways to communicate

w: www.alzheimer.ca/en/Living-with-dementia/Ways-to-communicate

Social living environments

w: www.dementiavillage.com

Keeping an active life

w: www.alzheimers.org.uk/info/20114/publications_about_caring_for_a_person_with_dementia/954/taking_part_activities_for_people_with_dementia

Delirium

w: www.mayoclinic.org/diseasesconditions/delirium/basics/definition/con-20033982

Dementia

- Understand Together

w: www.understandtogether.ie
HSE public support, awareness and information campaign.