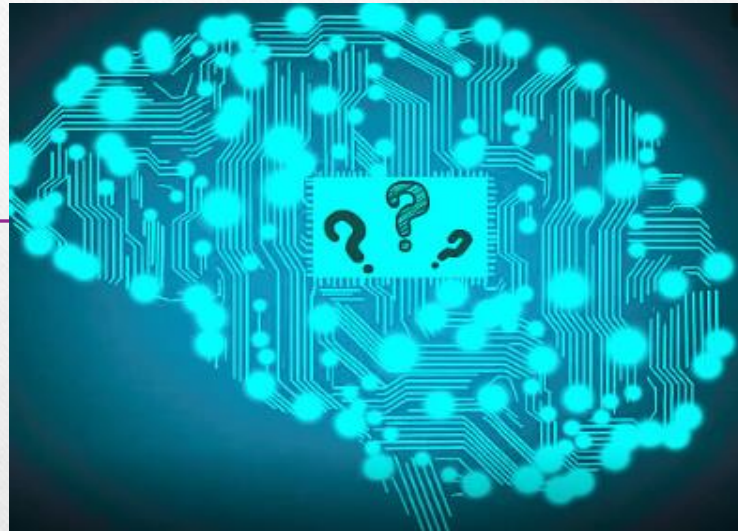


Managing Dementia with Non-pharmacological Approaches



Dr. Lena Ernst, Ph.D.

Retreat Healthcare



“When a flower doesn’t bloom, you fix the environment in which it grows, not the flower”

—A. Den Heijer

Dementia Capable Speaking Dementia Validation

Person Centered Care
Humanitude



Non-Pharmacological Interventions

Reduce Distress

Increase Daily Joy





What Is The
“Lived Experience”

Is My Resident
“Living Well”

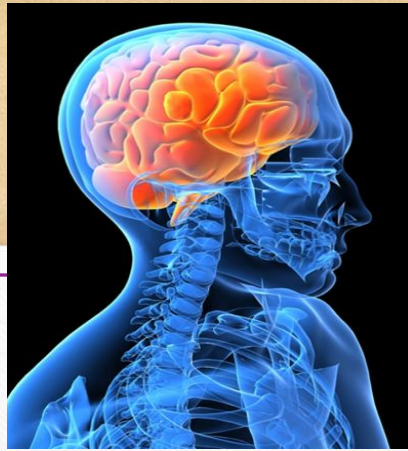
Can I Stand in Their Shoes?
“Do I feel their pain”



“NO HIT AND RUNS”



1. CREATE AN ENVIRONMENT THAT FEELS SAFE
2. CREATE A CARE TEAM THAT CAN BE TRUSTED
3. CREATE GOALS THAT REFLECT COMPASSION
4. LEARN INTENTIONAL APPROACHES AND THEN PRACTICE THEM
5. CELEBRATE SMALL SUCCESSES

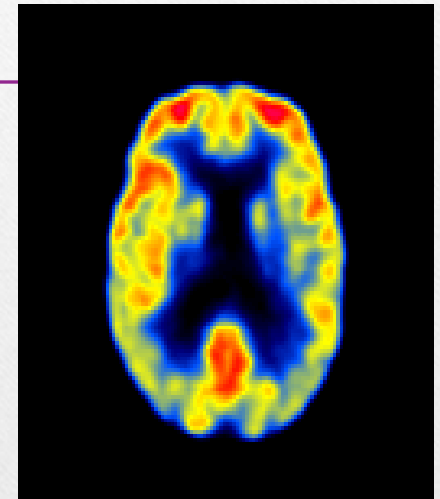


Dementia Review

Brains!

Dementia Defined

**A syndrome of acquired
intellectual impairment
produced by brain
dysfunction**



DEMENTIA

Dementia is an umbrella term that describes a collection of symptoms that are caused by disorders affecting the brain. It is not one specific disease. Dementia affects thinking, behaviour and the ability to perform every day tasks, and brain function is affected enough to interfere with the person's normal social or working life. The most common type of dementia is Alzheimer's disease.

Alzheimer's Disease

Alzheimer's disease is the most common type of dementia accounting for approximately 40-70 % of all dementias.

Vascular Dementias

Vascular dementia is the second most common type of dementia, accounting for approximately 15-25% of all dementias.

Lewy Body Dementia

Lewy Body dementia accounts for approximately 2-20% of all dementias.

Fronto Temporal Dementias

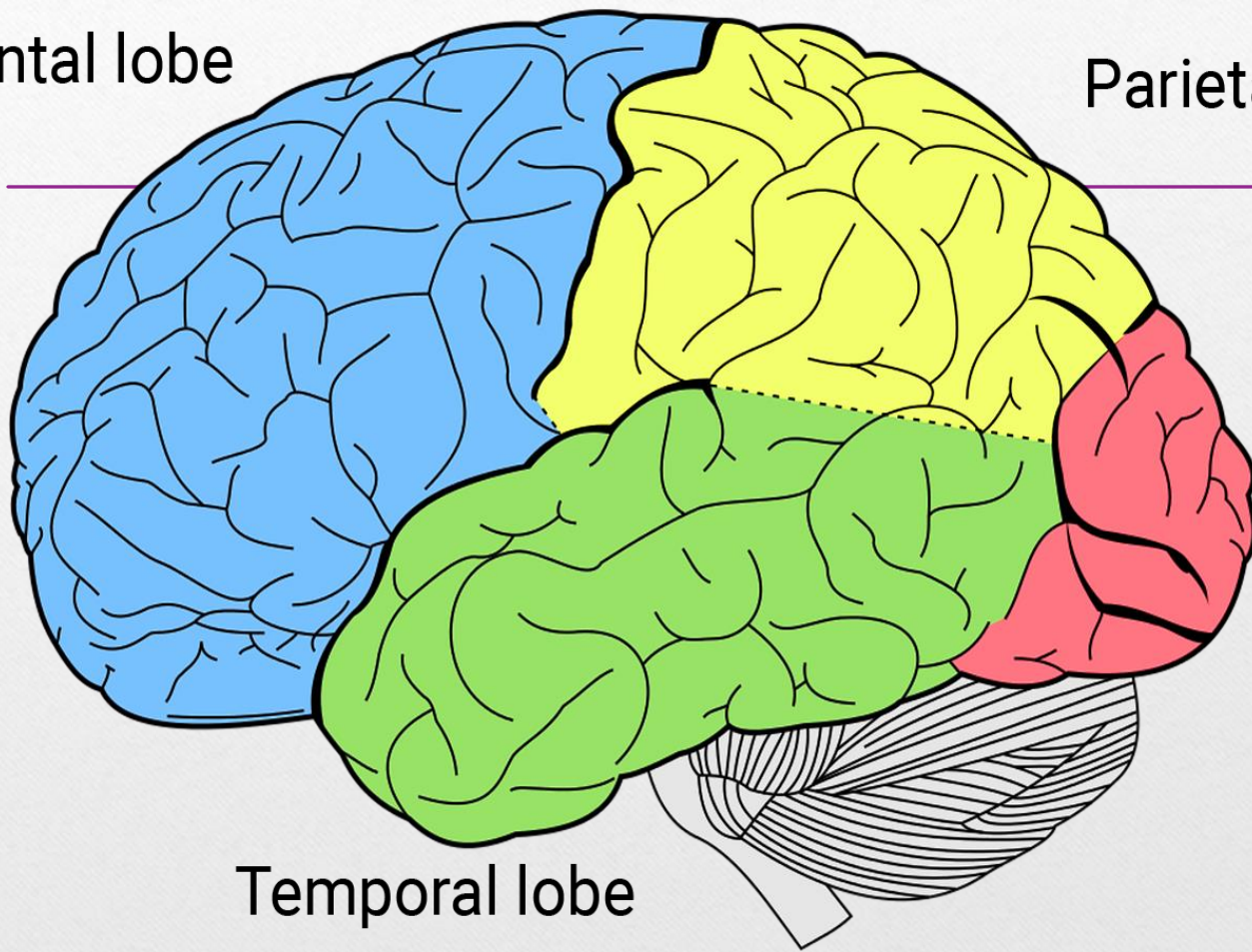
Fronto Temporal Dementia accounts for approximately 2-4% of all dementia.

Other Dementias

Include dementia associated with Parkinson's disease, Huntington's disease, head trauma, human immunodeficiency virus (HIV), alcohol related dementia, Crutzfeldt-Jakob Disease, corticobasal degeneration and progressive supranuclear palsy.

Frontal lobe

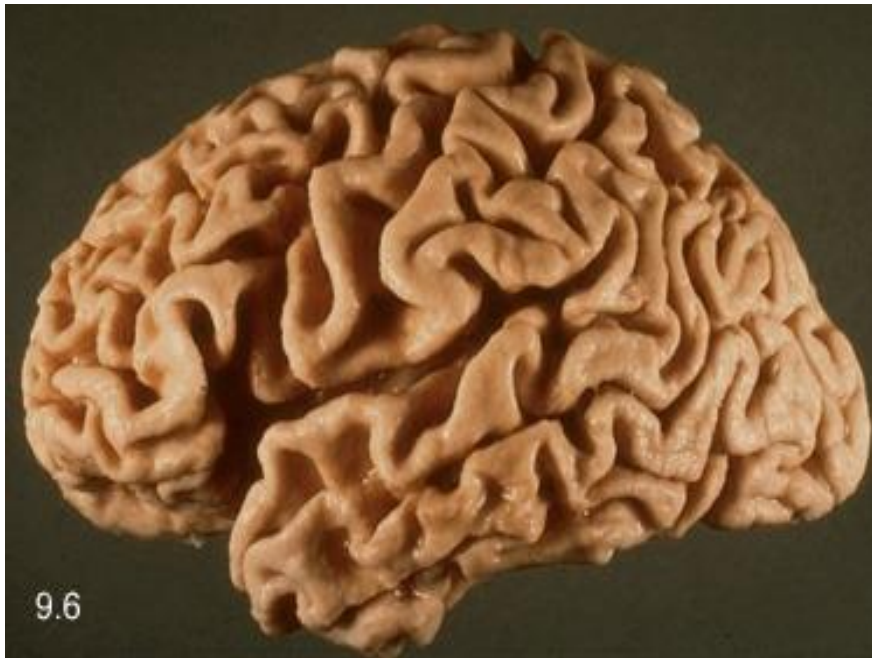
Parietal lobe



Occipital lobe

Temporal lobe

Alzheimer's vs. Frontotemporal



Taken from: Agamandis, D.P. Neuropathology: An illustrated interactive course for medical students and residents.

About Dementia

Dementia is an umbrella term used to describe a set of symptoms that can include changes in:

MEMORY



THINKING



ATTENTION/
CONCENTRATION



REASONING



PERCEPTION



LANGUAGE



JUDGEMENT



...and ***must be severe enough to interfere with a person's ability to function.***

Alzheimer Disease is the most common form

ALZHEIMER'S
DISEASE



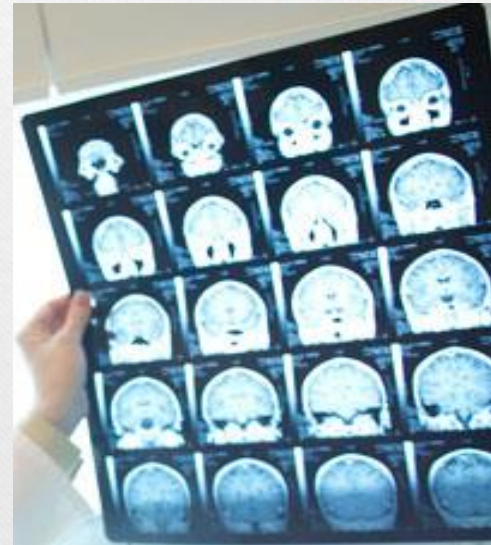
Healthy brain



Diseased brain

Risks Factors for AD

- Type 2 diabetes
- APOE 4
- High blood pressure
- Midlife obesity
- Smoking
- Depression
- Little or no mental activity
- Little or no physical exercise
- Strong family history
- Head injury



Progression through the brain



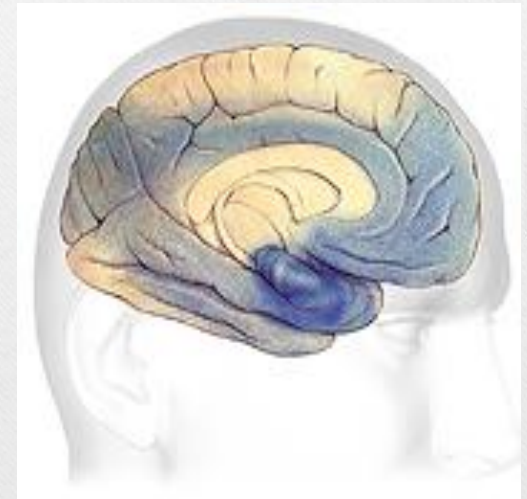
Plaques and tangles shown in the blue-shaded areas



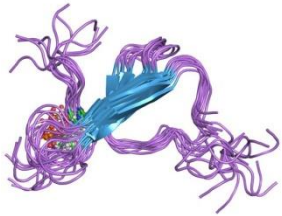
Mild



Moderate



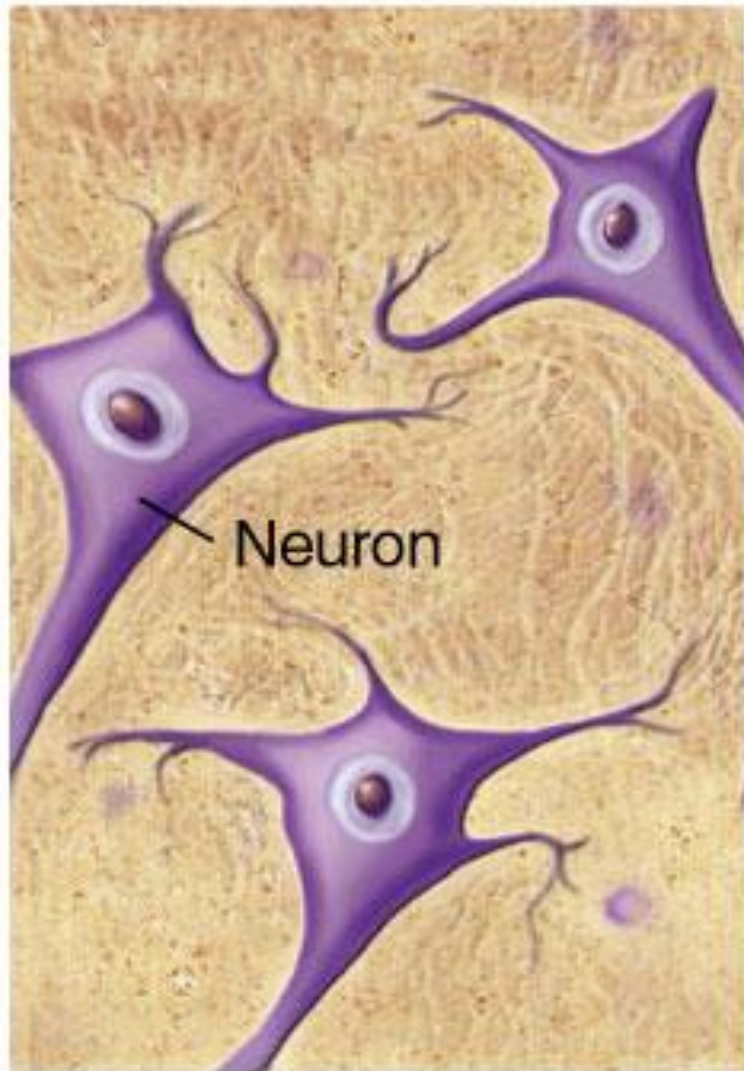
Severe



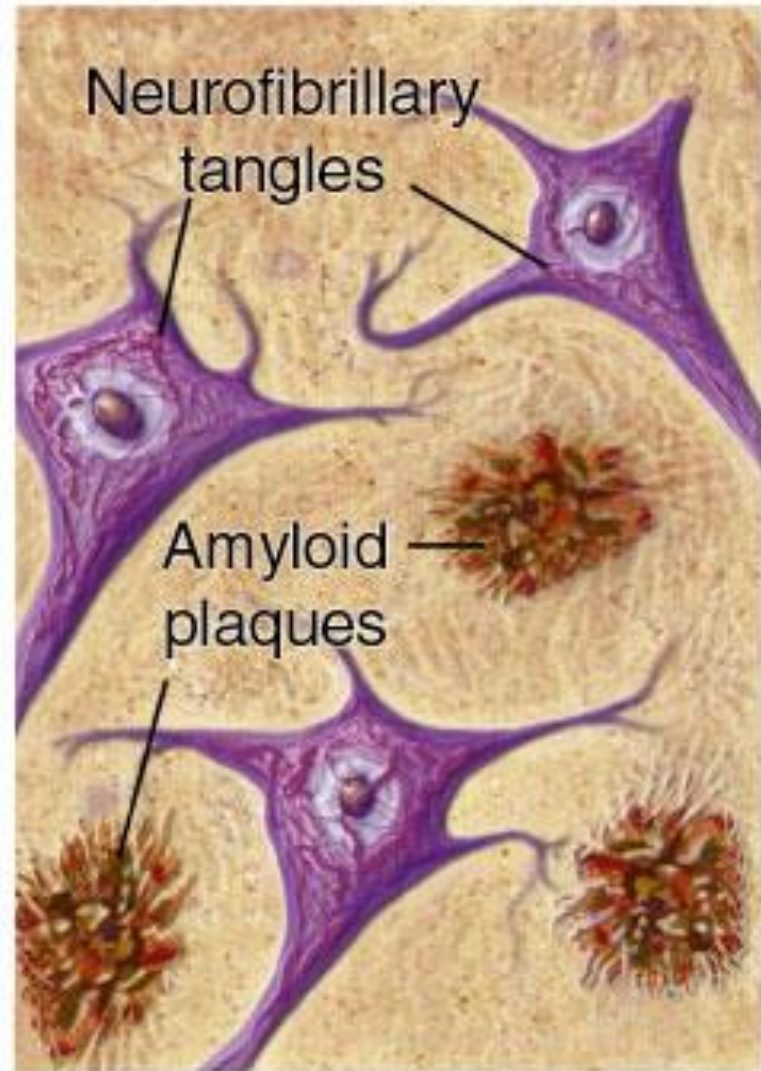
Alzheimer's disease

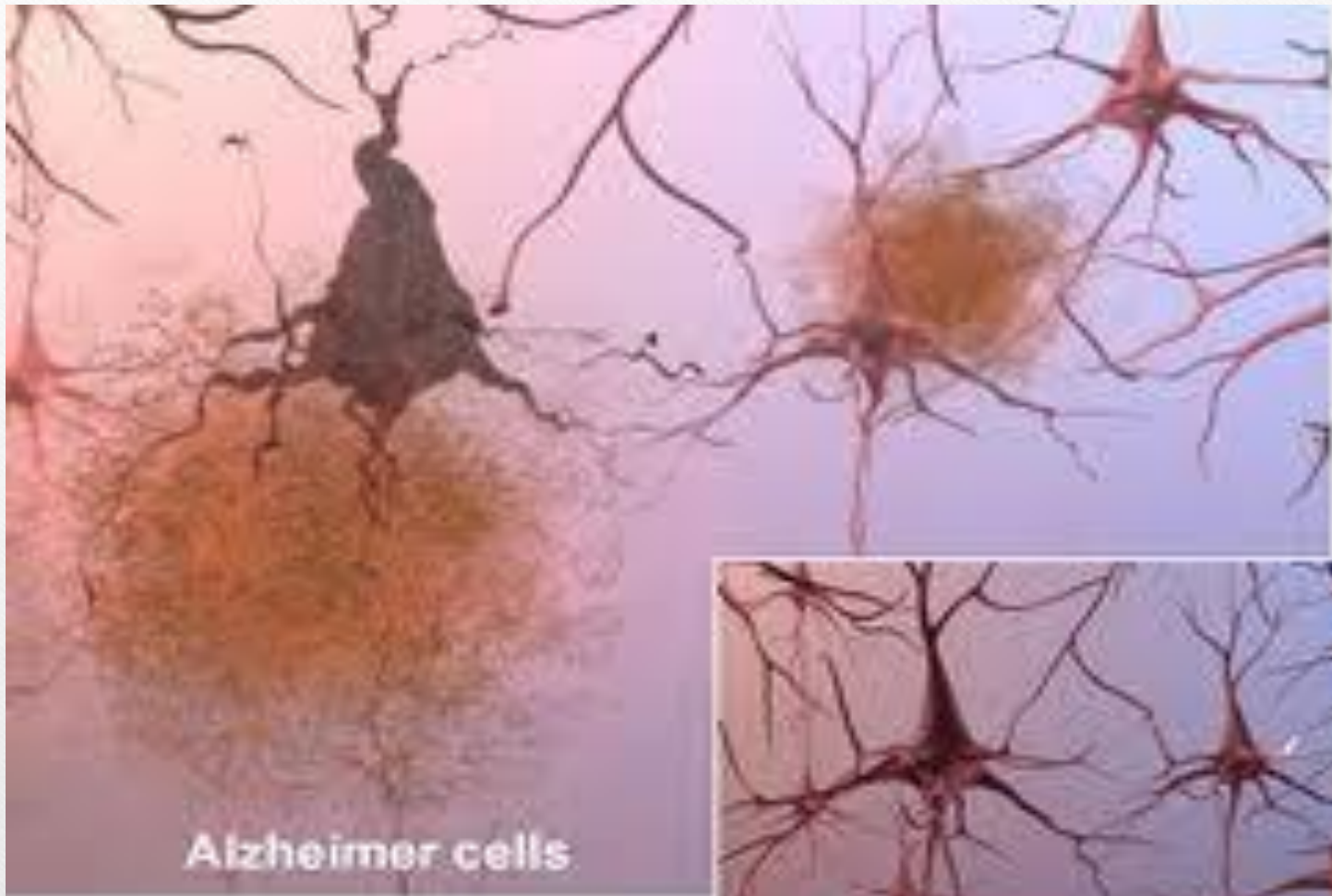
Accumulation of protein **plaques** (**beta-amyloid**) and **tangles** (**tau**) that interfere with communication between brain cells and cause the cell to eventually die

Normal



Alzheimer's





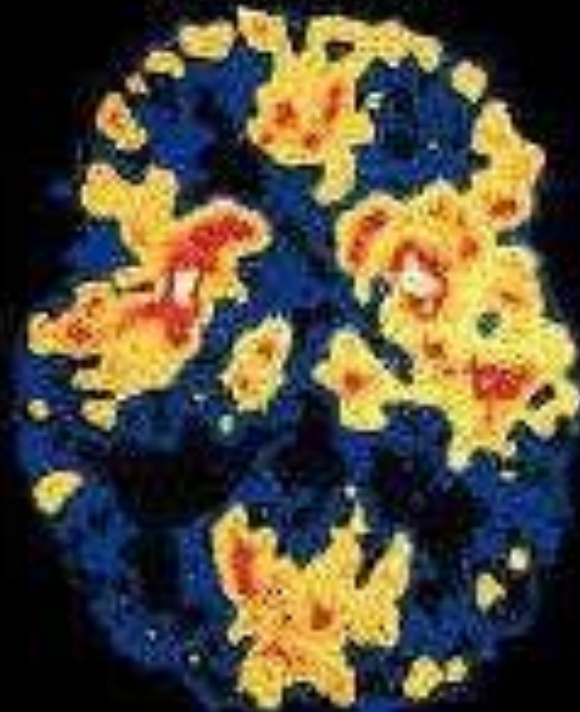
Alzheimer cells

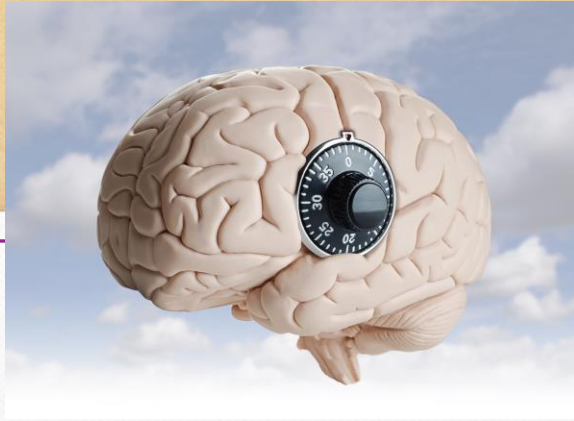
healthy cells

**Normal
Brain**



**Alzheimer's
Disease**





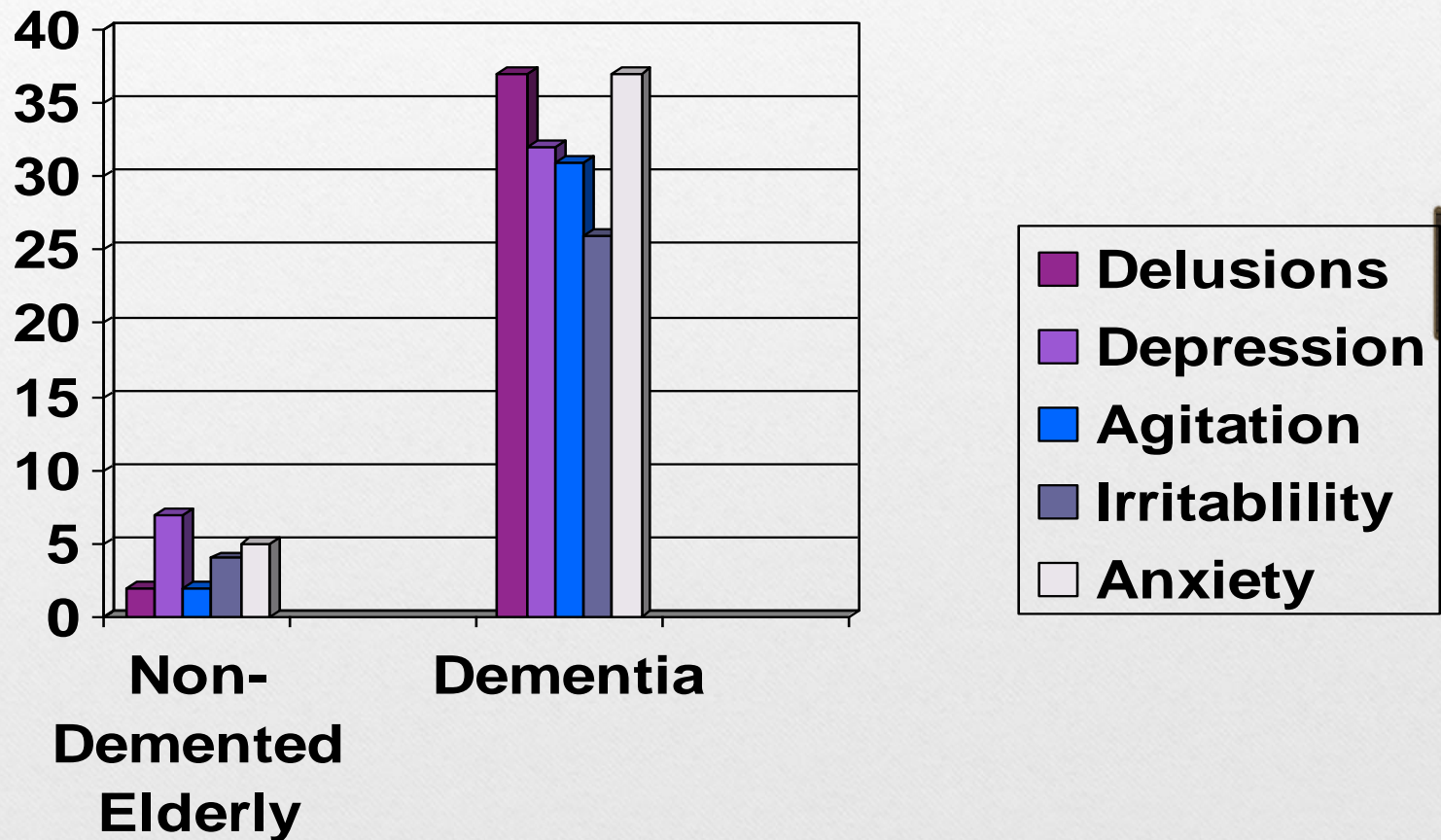
Neuropsychiatric

Symptoms



75%-85% of persons with dementia demonstrate a behavioral expression indicative of distress

Prevalence of Neuropsychiatric Inventory Domains in Dementia



Behavioral Expressions may represent

- ✓ cry for help
- ✓ unmet needs
- ✓ inadequate attempt to fulfill the need



Behavioral Expressions

- Yelling or shouting at others
- Constant requests for help

- Uncooperative with care
- Verbal threatening
- Wandering
- Moving items, hoarding
- Temper outburst
- Biting, grabbing, taking from others
- Sleep problems
- Eating problems
- Dressing/Undressing



Behavioral Symptoms

- Behavioral Symptoms are the outcome of the individual **interacting** with their environment
- Caregiving is about a relationship



Residents have a **lowered capacity to adopt** to a situation and **lowered capacity to problem solve**

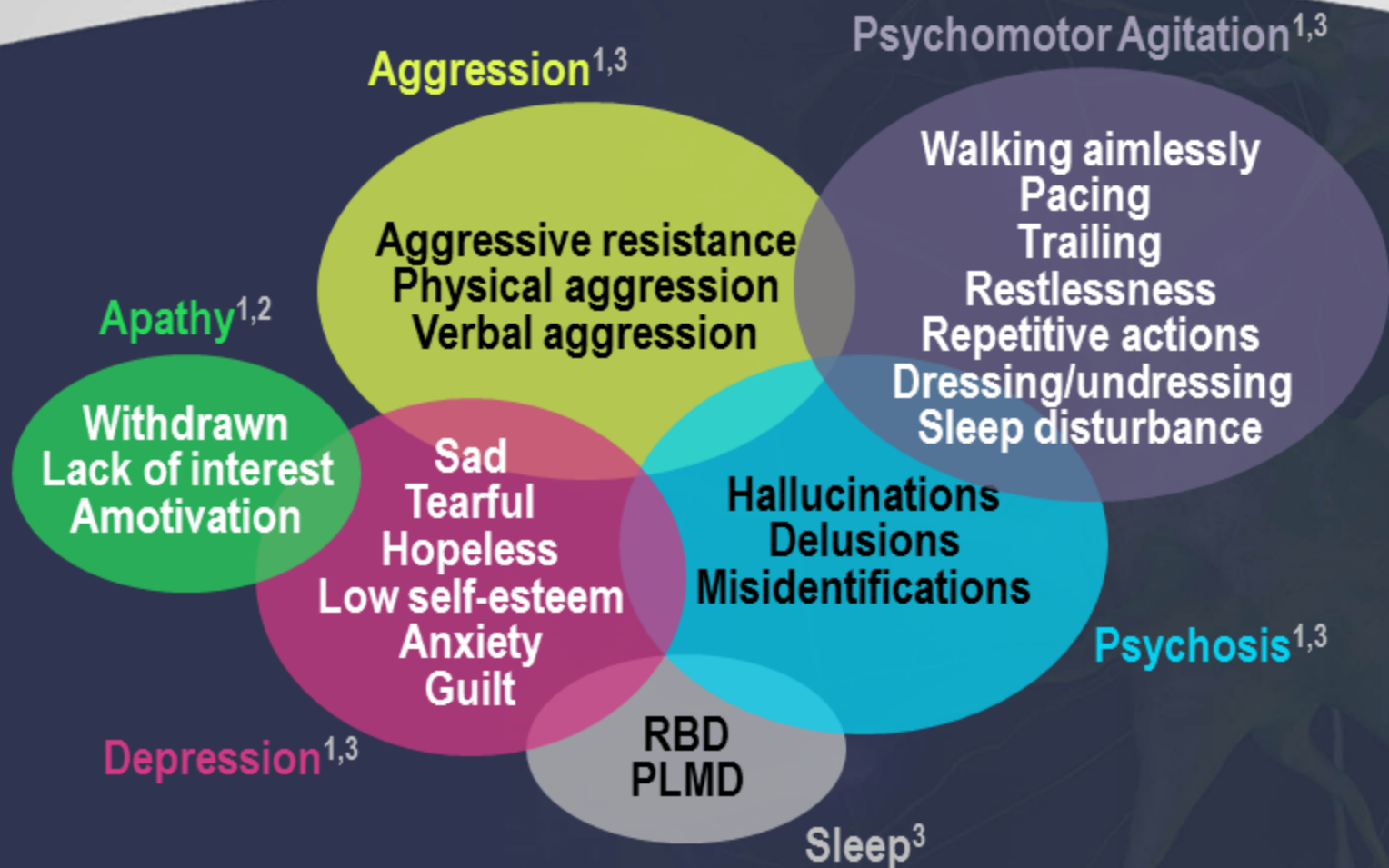




The presence of disturbances in behavior affect

- ❖ Quality of daily life (reduced joy)
- ❖ Safety of the resident
- ❖ Burden on the caregiver

Neuropsychiatric Symptoms: Behavior Clusters in Dementia



RBD=rapid eye movement (REM) sleep behavior disorder. PLMD=periodic limb movement disorder.

1. Lyketsos CG, et al. *Am J Psychiatry*. 2000;157(5):708-714.

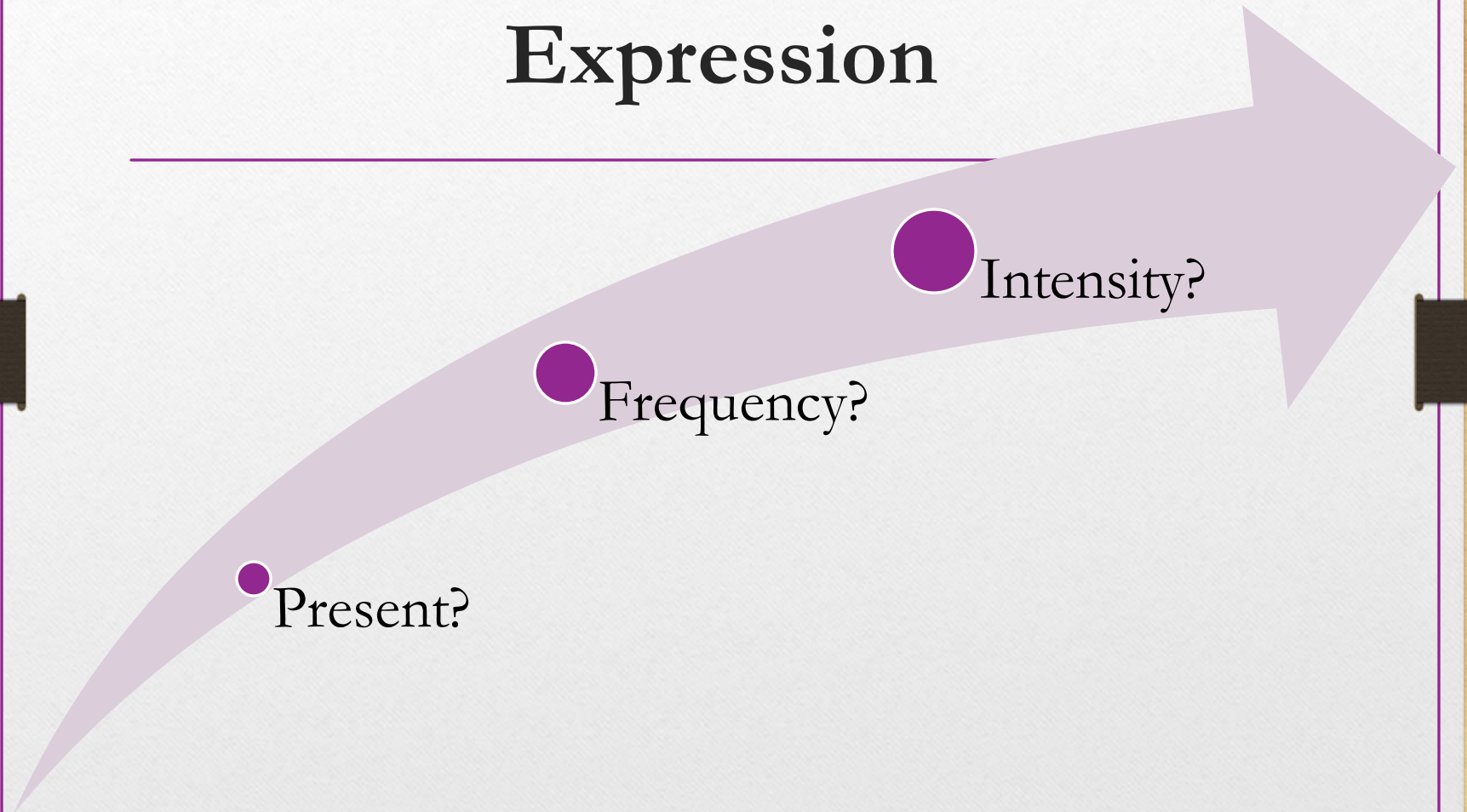
2. Clarke DE, et al. *J Neuropsychiatry Clin Neurosci*. 2008;20(3):337-347.

3. Boyd M. *Psychiatric Nursing: Contemporary practice*; 2008



Non-Pharmacological --- Evaluation

Assessing Behavioral Expression



Possible Unmet Physical Needs

- Pain
- Thirst/Hunger
- Toileting Needs
- Fatigue
- Medications
- Infection/Medical Instability
- Temperature



WHAT DOES IT MEAN?





- D: Describe
- I: Investigate
- C: Create
- E: Evaluate

DESCRIBE

What specifically is the behavior?

What is the frequency and Intensity?





INVESTIGATE

- What time?
- What was happening in the room?
- What do we know about this resident?
- What's happening before this occurrence?
- Who was involved?

Be a Detective!

CREATE!!!!



EVALUATE



The results of RX for treatment of distress has been average to poor

There is a role for medications when non-pharmacological interventions on their own are unsuccessful or there is a significant safety risk





Non-Pharmacological

INTERVENTIONS

Complementary Therapies



Have the potential to **reduce the frequency and severity** of neuropsychiatric behaviors with similar effect to medication use...

Increase Daily Joy While Decreasing Distress



Non-Pharmacological Interventions

- Music Therapy
- Aroma Therapy
- Touch Therapy
- Art Therapy
- Changes in lighting
- Changes in visual path
- Multi-sensory stimulation
- Meaningful activity
- Spiritual activity
- **COMMUNICATION Training & DICE**



Focus on Strengths

Focus on What is Relevant to THEM

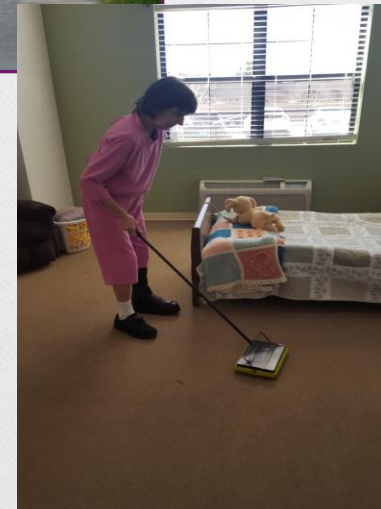


All residents have a previous lifestyle to be honored



Distraction as a Key

- “Let’s Go”
- “Could you Help Me”
- “I’ll help you write a letter”
- “Let’s make a call”
- “Do you like Elvis?”
- “Would you Like to say a Prayer?”
- “I understand, Let’s go Talk”
- EMPATHY buys you Time



GREAT CAREGIVERS

are always

GREAT COMMUNICATORS



































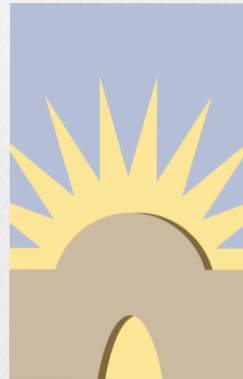






lena@retreatnm.com

Thank You!!!!!!



RETREAT HEALTHCARE

A FAMILY OF SERVICES