

Understanding Dementia

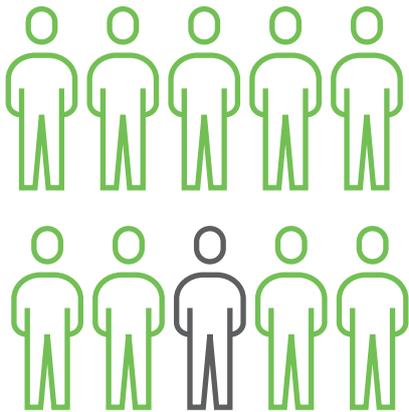


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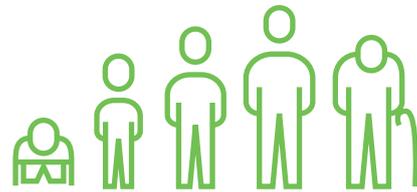
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What is dementia?

- Dementia is a chronic and progressive condition that affects the brain, leading to progressive memory loss, decline in intellectual function and personality changes.
- It causes a person to lose the ability to think, remember, learn, make judgements and care for themselves.



1 in **10** people aged
60 and above
may have dementia¹



It is **not** part of the
normal ageing
process

¹Institute of Mental Health. (2015). *Well-being of the Singapore Elderly (WiSE) study*

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How is dementia different from normal ageing?

It is common for older adults to complain of forgetfulness but it may not be due to dementia.

Normal ageing

Able to do daily activities and function independently, despite occasional memory lapses

May require some time to remember directions and/or navigate new places

Still capable in making judgements and decision making

Able to recall and describe significant events

May occasionally have difficulties finding the right words but have no problem in holding a conversation

Dementia

Have difficulties doing simple daily tasks that they are usually familiar with (i.e. paying bills, dressing, and washing up)

Get lost or appear disoriented in familiar places and are unable to follow directions

Have difficulties choosing when presented with many choices, and may demonstrate improper judgement or socially inappropriate behaviour

Unable to recall significant events, especially the recent ones

Repeat phrases and stories unknowingly in the same conversation and/or frequently forget, misuse, or garble words (i.e. repeatedly asking "Have you eaten?" even after mealtimes)

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What are the common symptoms of dementia?

Below are some symptoms that persons with dementia typically have. However, not everyone will experience all of these symptoms. Dementia presents itself differently in each person.



Forgetfulness (most common symptom)

- Forget information easily and struggle to remember new ones
- Lose track of important dates, names, and events
- Ask for the same information over and over again
- Rely heavily on memory aids (i.e. reminders on smartphones or family members) for things they used to do on their own



Difficulty in doing familiar tasks

- Forget how to shower/dress/prepare a meal



Misplacing things

- Put things in unusual places (i.e. watch in freezer)
- Unable to retrace steps to find misplaced items
- May sometimes accuse others of taking their things



Confusion with time and place

- Lose track of date, time and place
- Get lost easily (i.e. lose track of where they are and how they got there)
- Unable to fully understand something that is not happening now



Problems communicating

- Have difficulties following and joining a conversation
- May stop in the middle of a discussion because they do not know what to say or may keep repeating themselves
- May forget simple words or use words that do not fit into the context



Poor or decreased judgment

- Lapse in judgment which may result in poor decisions
- Give money away when they normally would not
- Pay less attention to personal hygiene/dressing



Difficulty in planning or solving problems

- Have difficulties developing and following a plan (i.e. following a recipe that they have used many times)
- Find it hard to concentrate on detailed tasks, especially if they involve numbers
- Have difficulties keeping track of monthly bills
- Take a longer time to do things they used to do before



Changes in mood, behaviour and personality

- Exhibit rapid mood swings for no apparent reason
- Become confused, depressed, anxious, fearful, suspicious or withdrawn
- Get upset more easily and behave out of character



Changes in vision

- May have visuospatial problems, such as difficulties in reading, judging distance, differentiating colours or contrast which may affect their driving abilities



Withdrawal from work or social activities

- Lose interest in previously enjoyed activities
- Scale back on projects at work, become less involved in their hobbies, lack motivation, and watch television or sleep more than usual
- Avoid social activities due to the changes they are experiencing

Scenario of a person with early dementia

Grandma used to enjoy watching television and was able to operate it independently. However, she has stopped watching it lately and would just sit in the living room.



Why aren't you watching the television?

I don't know how to use the remote control. It is too complicated.



Despite teaching her multiple times, she is still unable to learn how to use it.

Symptoms observed in this scenario



Lost interest in what she enjoyed doing



Forgot how to do a familiar task



Unable to remember information

Scenario of a person with advanced dementia

Grandpa has difficulties sleeping at night and would wander around the house. He then sleeps through the day until late afternoon.



It's time for me to go to work

You have stopped working 5 years ago..



When his family members tried to explain the situation to him, he becomes agitated and insists on going out.

Symptoms observed in this scenario



Day-night reversal (i.e. stays up all night and sleeps most of the day)



Restlessness or agitation in the late afternoon or early evening



Confusion of time and space



Mood swings (i.e. getting agitated easily)

04

How can you manage challenging behaviours and aggression?

Unmet needs can result in the person showing behaviours of concern, especially when they are unable to express themselves effectively. This can leave caregivers feeling stressed, irritable and helpless. However, caregivers can better manage their loved ones' behaviours by understanding the different types of behaviours and how to cope with them.

Common types of challenging behaviours

Repetitive behaviour

- Ask the same question over and over again

Restlessness

- Pace up and down
- Fidget
- Wander

Trailing and checking

- Follow their carer around, check that they are nearby, and call out to them repeatedly
- Ask to go home when they are already home

Suspicion

- Suspect others of stealing their items
- Think that others are trying to harm them



Aggression

- Shout and scream
- Hit others

Lack of inhibition

- Undress in public
- Inappropriate sexual behaviour

Hiding and losing things

- Lose their wallet frequently and end up hiding them in unusual places (e.g. under the sofa) in an attempt to prevent losing items
- Hoard

Sleep/wake reversal and 'sundowning'

- Sleep during the day
- Unable to sleep at night or wake often throughout the night
- Increased confusion at dusk which continues throughout the night

Managing aggression

Your loved one may develop aggressive behaviour during the middle to late stages of dementia. Aggression may not always be linked to your loved one's personality. Some may develop aggressive behaviours even if they have never been aggressive.

To help your loved one cope with aggression, doctors can prescribe anti-psychotic medications to suppress it but it does not address the root cause.

Aggression may be a result of unmet needs such as:

- Pain or physical discomfort
- Misunderstandings due to poor eyesight, hearing issues or inability to understand
- Hallucinations
- Lack of social contact
- Boredom, inactivity, and sensory deprivation
- Change in familiar routine
- Frustration at not being able to complete tasks
- Depression
- Invasion of personal space
- Feeling ignored



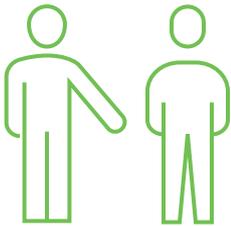
Coping with challenging behaviours

- Remind yourself that your loved one is not being deliberately difficult.
- Stay calm, take deep breaths, and avoid any confrontations.
- Behaviours are a way of communication - try to establish what your loved one is trying to tell you so that you can resolve the problem more quickly.
- Listen to what your loved one is saying.
- Reassure your loved one and acknowledge his/her feelings.
- Try not to show any fear, anger, or anxiety as this may make them more agitated.
- Maintain eye contact and try to encourage communication.
- Distract your loved one with calming activities (i.e. hand massage, play his/her favourite songs) or direct them to another topic.
- Find means of support for yourself from your family, friends, counsellor, or support groups. Take breaks when you need them. If you feel that you cannot control your emotions, make an excuse to leave the room for a while.



How do you communicate effectively with persons with dementia?

Starting a conversation



- Approach them with care in order not to surprise them (i.e. knock the door or ask for permission).
- Always introduce yourself and state the purpose of the conversation. Otherwise, they may feel intimidated, which may result in confrontations and unwanted behaviours.
- Ensure that the space is comfortable, quiet, and has sufficient lighting (i.e. remove any external factors that may result in agitation such as noise, heat, or bright lights).
- Optimise their senses (i.e. ensure that glasses, dentures, and hearing aids are put on properly).

During a conversation



- Communicate at eye level to better engage them.
- Use simple language as complex sentences will confuse persons with dementia as they tend to have short attention span.
- Avoid words with double meanings as they may have lost the ability to think abstractly and make associations (i.e. the word 'right' may refer to the direction or could mean 'correct').
- Use familiar items relating to their past to trigger memories and stimulate their thinking.

Engaging in an activity



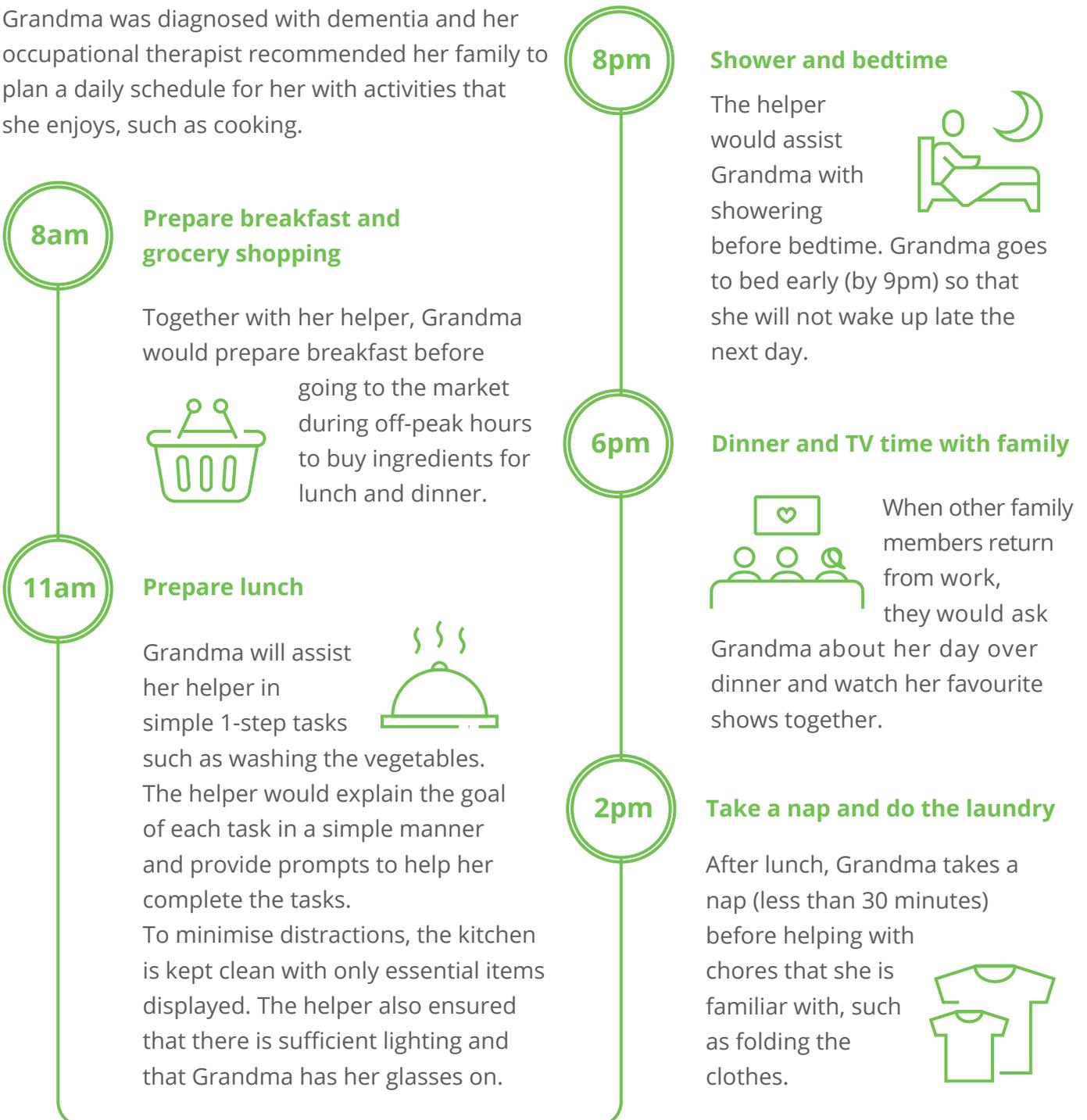
- Provide step-by-step instructions. Presenting a task in simple one-step directions can help with their performance.
- Ask closed-ended questions when helping them with activities of daily living. Open-ended questions can be too overwhelming for them, especially if they struggle with short attention span and poor memory as they may not even remember what they want to say.
- Engage them through different senses (i.e. sound, touch, or smell) to provide stimulation during tasks.

In general...

- Always offer **comfort** and **reassurance** as persons with dementia may feel frustrated in a new environment, or when faced with new tasks.
- Keep an **open mind** when engaging them — there is no right or wrong way for them to respond. For instance, when they say things that are not logical or recount things that never happened, it is not about correcting them. Instead, continue to participate in their conversation as the end goal is to engage them meaningfully.
- **Educate the rest of the family members** to ensure that everyone understands how to interact with persons with dementia.

Example of a daily schedule

Grandma was diagnosed with dementia and her occupational therapist recommended her family to plan a daily schedule for her with activities that she enjoys, such as cooking.



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If you have any questions...

Please feel free to reach out to your occupational therapist or visit any of our Day Rehabilitation and Wellness Centres.

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