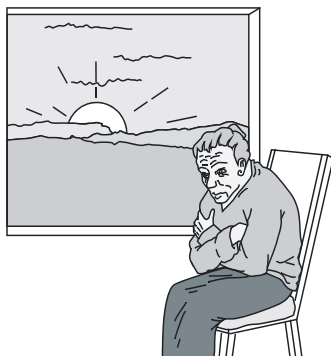


# The Challenge of Dementia



Managing Activities of Daily Living and  
Difficult Behaviors in Dementia Victims

  
HARTMAN PUBLISHING INC.

**Charles A. Illian, RN, BSN**

# The Challenge of Dementia

## Managing Activities of Daily Living and Difficult Behaviors in Dementia Victims

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## NOTICE TO THE READER

Though the guidelines contained in this text are based on consultations with healthcare professionals, they should not be considered absolute recommendations. The instructor and readers should follow employer, local, state, and federal guidelines concerning healthcare practices. These guidelines change, and it is the reader's responsibility to be aware of these changes and of the policies and procedures of her or his healthcare facility/agency.

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**F**our million Americans currently suffer from Alzheimer's disease and an estimated six to nine million will have the disease by 2040 if a cure is not found. Because half of nursing home residents are living with Alzheimer's, and an even greater number of people with Alzheimer's are living at home, it is essential that all healthcare workers, whether they are nursing assistants, home health aides, or others, be trained and supported in providing the best possible care for people living with Alzheimer's disease.

We have designed this in-service to help you ensure that your clients or residents with Alzheimer's or other dementias receive the best possible care. Since our attitudes as caregivers greatly affect the care we give, it is important for caregivers to recognize difficult behaviors and be able to respond appropriately to maximize quality care and minimize disruptions or other problems. This can be extremely difficult to do day after day, especially when caregivers do not always understand *why* an Alzheimer's patient is behaving a certain way.

This SourceBook strives to address specific behavioral problems when dealing with dementia and give some concrete suggestions for dealing with those problems. Participants are also challenged to think about the *reasons* for difficult behaviors, so that they can practice responding to the need, rather than reacting to the behavior. The interventions discussed in this in-service are a "must have" for every caregiver who works with Alzheimer's patients, whether in long term care, home health, or elsewhere. We hope these materials will help make your job easier and more rewarding.

This in-service is organized by learning objectives. Each objective follows a lesson

plan, which is built around learning activities and teaching tools, such as transparency masters, handouts, and assessments. You may decide to use none or all of these tools in your presentation.

Because the in-service covers a lot of material, you may wish to divide your presentation into two parts:

1. Learning Objectives 1-2
2. Learning Objectives 3-6

Please note that limited permission is granted to photocopy the handouts for use at the site originally purchasing this in-service. Photocopying other parts of this in-service, including the lesson plan, is expressly prohibited.

To use handouts, photocopy the number needed for your group. Consider using different colors of paper to organize the different handouts or to make some stand out.

Convert transparency masters to acetates for use with an overhead projector. You can do this by purchasing transparency film at an office supply store and photocopying the transparency masters onto the acetates, or you can have a copy company do it for you. If overhead projection is not convenient for your presentation area, you may wish to copy the information from the transparency masters onto a chalkboard, flip chart or dry erase board.

A companion video entitled, *Nurses' Aides - Making a Difference: Skills for Managing Difficult Behaviors in Dementia Victims* is also available through Hartman Publishing, Inc. See "For More Information."

**Happy Teaching!**

# Introduction and Assessment

**Estimated Time:** 10 minutes

**Tools:** Handout Intro-1 Assessment A  
Handout Intro-2 Assessment A Answer Key  
Handout Intro-3 Key Terms  
Handout Intro-4 Note-Taking Worksheet

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**Distribute  
Handout Intro-1  
Assessment A**

Allow enough time for participants to finish the assessment. If you decide to use the same assessment as a post-test at the end of the in-service, withhold the answers for now. Use the assessment to lead into a discussion of difficult behaviors seen in Alzheimer's patients.

**Distribute  
Handout Intro-3  
Key Terms**

This handout is for the participants' reference.

**Distribute  
Handout Intro-4  
Note-Taking  
Worksheet**

Encourage participants to take notes during the lecture, as this will help them learn and remember the information.

# Assessment A

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**True or False.** For each of the following statements, write “T” for true or “F” for false.

1. \_\_\_ Poor physical or mental health does not cause problem behaviors.
2. \_\_\_ Physical touch can be reassuring to a confused resident or client.
3. \_\_\_ If a resident or client is incontinent, you should limit fluid intake to prevent “accidents.”
4. \_\_\_ Before bathing, never tell the person with Alzheimer’s that you are going to give him a bath, because this will give him time to become anxious or combative.
5. \_\_\_ Sometimes people with Alzheimer’s disease have actually forgotten how to get dressed, so you may have to show them how.
6. \_\_\_ While eating, an Alzheimer’s resident or client will enjoy a variety of foods, with many different dishes and utensils. This keeps her interested in eating.
7. \_\_\_ Hallucinations and delusions are always harmless and should not be reported to your supervisor.
8. \_\_\_ If a resident or client accuses you of stealing something from her, you should defend yourself angrily, so that she will not accuse you again.
9. \_\_\_ The best intervention for aggressive or combative behavior is prevention.
10. \_\_\_ Sundowning is a word that describes confusion, restlessness, and agitation that happens in the late afternoon or evening.
11. \_\_\_ If a resident or client is behaving in an inappropriate sexual way in front of others, you should attempt to distract the person, direct the person to a more private area, and notify your supervisor.
12. \_\_\_ Residents who wander may be lost, uncomfortable, or distracted by noise and confusion.
13. \_\_\_ People with Alzheimer’s disease often steal from other residents.
14. \_\_\_ A resident or client who seems withdrawn should be left alone. He or she probably does not want to be bothered.
15. \_\_\_ There is nothing you can do for a resident or client who seems depressed or lonely.

## Assessment A Answer Key

**1. False.** Poor physical or mental health can be a contributing factor to difficult behaviors.

**2. True.**

**3. False.** Unless prescribed in the care plan, do not limit fluid intake, as this can cause dehydration.

**4. False.** Always tell the person what you are going to do, using visual cues as necessary (handing the person a washcloth, shampoo, etc.). Sometimes you may have to be indirect about it, such as walking past the bath or tub room and suggesting a nice bath.

**5. True.**

**6. False.** Too many types of food or utensils can be overwhelming. Limit the food to simple finger foods, and only offer one or two items at a time.

**7. False.** Sometimes a hallucination or delusion can be harmful to the person or to others. Always report if the hallucination/delusion is harmful or if it happens frequently.

**8. False.** Never argue or become defensive if a confused resident or client accuses you of something like stealing. This will only make the person more agitated. Try distraction.

**9. True!** Prevention *is* the best intervention for aggressive or combative behavior.

**10. True.**

**11. True.**

**12. True.**

**13. False!** People with Alzheimer's disease cannot and do not steal! They may collect interesting items and carry them around, but there is no conscious thought of stealing.

**14. False.** If you notice someone who seems withdrawn, attempt to draw her out with conversation, reassurance, and activities. Do not simply leave her alone because she is not "bothering" anyone.

**15. False.** There are many things you can do for someone who is depressed or lonely. Provide reassurance, encouragement, and understanding. Listen actively, and encourage social activities, reminiscing, and family visits.

## Key Terms

**Activities of Daily Living (ADLs):** The things we do everyday, such as eating, bathing, grooming, dressing, and toileting, that become increasingly difficult for people with dementia.

**Aggression:** Aggressive behavior is hitting, pushing, or threatening that commonly occurs when a caregiver attempts to help a person with daily activities, such as dressing. Keeping this type of behavior under control is important, because aggressive persons can cause injury to themselves or others.

**Agitation:** Behavior that is disruptive, unsafe, or that interferes with care, such as screaming, shouting, complaining, moaning, cursing, pacing, fidgeting, wandering, etc.

**Alzheimer's disease:** A progressive, degenerative, and irreversible disease that causes dementia. Alzheimer's disease is the most common cause of dementia.

**Anxiety:** A feeling of apprehension, fear, nervousness, or dread, accompanied by restlessness or tension.

**Apathy:** Lack of interest, concern, or emotion.

**Catastrophic reaction:** Overreacting in an unacceptable way. For example, yelling and hitting a caregiver who suggests a bath.

**Combative:** Becoming physically aggressive.

**Degenerative:** Becoming gradually worse. Degenerative diseases eventually cause a breakdown of the body system(s) affected, causing lower and lower levels of mental and physical health, and sometimes even death.

**Dementia:** A loss of mental abilities, such as thinking, remembering, reasoning, and communicating, that is severe enough to cause difficulty in performing activities of daily living. Dementia is not a disease itself, but rather a group of symptoms which may accompany certain diseases or conditions. Symptoms may also include changes in personality, mood, and behavior. Dementia is irreversible when caused by disease or injury, but may be reversible when caused by drugs, alcohol, hormone or vitamin imbalances, or depression.

**Delusion:** A belief in something that is not true or that is out of touch with reality.

**Depression:** Feeling sad, hopeless, and inadequate. A common emotional state of people with Alzheimer's disease, as they begin to lose their independence and self-esteem.

**Hallucination:** Hearing or seeing something that is not really happening.

**Hoarding:** Collecting and putting things away in a guarded manner.

**Incontinence:** Loss of bowel or bladder control.

**Insomnia:** Chronic or prolonged inability to sleep.

**Memory:** The ability to remember past experiences or facts that were previously learned.

**Pacing:** Aimless wandering, often triggered by agitation, confusion, or distractions in the environment.

**Perseveration:** Repeating words, phrases, or movements over and over.

**Pillaging:** Taking things that belong to someone else. A person with dementia may honestly believe something belongs to them, even when it clearly does not. This is not stealing, since it is not intentional.

**Reassurance:** Encouragement and praise which is meant to relieve tension, fear, and confusion that result from dementia.

**Reminiscence therapy:** Encouraging your resident or client to remember and talk about the past, focusing on positive memories and experiences.

**Sundowning:** Restless or agitated behavior which often occurs in the late afternoon or early evening.

**Suspiciousness/paranoia:** Believing someone is guilty of doing something wrong or harmful, with little or no proof. Also, believing that one is being persecuted or harassed by others. Common in people with Alzheimer's as their memory becomes progressively worse. For example, believing their glasses or other belongings have been stolen because they forgot where they left them, or thinking their spouse is "spying on them."

**Wandering:** Moving around aimlessly because of discomfort, distraction, or confusion.

# Note-Taking Worksheet

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**1-1 List the four main causes of difficult behaviors:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**1-2 List one simple DO:** \_\_\_\_\_

**1-3 List one thing you should always do when SPEAKING:** \_\_\_\_\_

**1-4 List one way to do the task TOGETHER with your resident/client:** \_\_\_\_\_

**1-5 List one thing you can do to help your resident/client UNDERSTAND you better:** \_\_\_\_\_

**1-6 List one definite DON'T:** \_\_\_\_\_

**2-1 List three interventions for incontinence:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**2-2 List three interventions for bathing problems:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**2-3 List three interventions for dressing problems:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**2-4 List three interventions for eating problems:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**3-1 Define the following in your own words:**

1. Hallucinations: \_\_\_\_\_