



Dementia: Awareness for CNAs

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Purpose and Objectives

The purpose of this course is to provide awareness about various forms of dementia including causes, treatments, and outcomes.

After successful completion of this continuing education self-study CNA course, you will be able to:

1. Define dementia
2. Describe types of dementia
3. Discuss risk factors for each type of dementia
4. Identify the behaviors of each type dementia
5. Identify current treatments that are used with dementia patients
6. Explain how dementia is diagnosed
7. Describe cognitive changes associated with other conditions
8. Discuss strategies for interacting with dementia patients
9. Describe current research efforts

Introduction

Dementia is a general term for a decline in mental capacity severe enough to interfere with activities of daily life. Dementia is not a specific disease, but is used to describe the loss of cognitive functioning. While the aging process can cause loss of some neurons, people with dementia experience far greater loss. Dementia patients can lose the ability to think, remember, or reason, which may lead to behavioral complications (Alzheimer's Association, 2015; National Institutes of Health, 2013b).

Facts and Figures

The prevalence of dementia can be difficult to determine with varied international estimates. This is related to the complexity of diagnosis, as many symptoms can be attributed to the aging process rather than dementia. Many cases can go undiagnosed. One assessment conducted by the Organization for Economic Cooperation and Development (OECD) estimated that dementia affects about 10 million people in 34 OECD member countries. More recent analyses have estimated the worldwide number of people living with dementia is between 27 million and 36 million (National Institute on Aging, 2015).

The prevalence of AD and other dementias is very low at younger ages and then nearly doubles with every five years after age 65. In the OECD review, for example, dementia affected fewer than three percent of those aged 65 to 69, but almost 30 percent of those aged 85 to 89. The 2010 World
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Alzheimer Report by Alzheimer's Disease International estimated that the total worldwide cost of dementia exceeded \$600 billion (National Institute on Aging, 2015).

In the United States, eleven million Americans provide unpaid care for someone with dementia. Older African-American and Hispanics are considerably more likely than older whites to have dementias (related to other health issues, like hypertension and diabetes). In addition, people with dementia are high users of healthcare, long-term care, and hospice (National Institute on Aging, 2015).

Type of Dementia

There are various types of dementia. These include:

- Alzheimer's disease (most common)
- Vascular dementia
- Lewy Body dementia
- Frontotemporal disorders
- Mixed dementia
- Cognitive changes associated with Parkinson's disease, Huntington's disease, and multiple sclerosis
- Head injury
- Other conditions

This course focuses on dementias other than Alzheimer's disease. For further information on Alzheimer's disease, review the RN.com course titled "*Alzheimer's Disease: Awareness for CNAs*".

Test Yourself

In 2010, the estimated worldwide cost of dementia was:

- A. \$10 billion
- B. \$60 billion
- C. \$600 billion

The correct answer is: C. \$600 billion.

Inside the Brain: An Interactive Tour

The Alzheimer's Association has a very enlightening tour of the brain and how it is affected by Alzheimer's. Although the video discusses Alzheimer's disease, the information can be applied to all dementias.

Click here to take the interactive tour:
<http://www.nia.nih.gov/alzheimers/alzheimers-disease-video>

What Is and What Is Not Dementia

Emotional problems, such as anxiety or depression, can make a person more forgetful and can be mistaken for dementia. For instance, someone who has recently retired or who is coping with the death of a spouse may feel sad, lonely and worried. Trying to deal with these life changes leaves some people confused or forgetful (Alzheimer's Association, 2015).

Dementia is NOT a normal part of aging.

Dementia Warning Signs

Typical Age-Related Change	Dementia Warning Sign
Forgets but remembers later (e.g. forgets where the car was parked, but remembers in seconds)	Experiences memory loss that interferes with daily routine (e.g. forgets how to make coffee or do laundry)
Experiences occasional gaps in memory (e.g. forgets some formula aspect of a math problem, but remembers it later)	Has challenges solving problems performed for years (e.g. mathematical statistician now takes much longer to solve problems)
Occasionally needs help (e.g. needs help writing the grocery list)	Has difficulty accomplishing usual activities (e.g. has no memory of the location of the market visited for years)
Occasionally forgets (e.g. forgets daughter's birthday, but remembers it later)	Has confusion about specific or usual place (e.g. doesn't know home address or make of car having lived in the home for years with the same car)
Experiences visual changes related to aging (e.g. cataracts that affect vision)	Has trouble understanding visual images (e.g. has difficulty determining whether seeing a car or a truck)
Occasionally has gaps in conversation (e.g. stops conversation to search for a particular word)	Experiences increased problems speaking or writing (e.g. has difficulty following a conversation and frequently repeats the same information)
Forgets placement of object, but remembers later (e.g. forgets putting keys in purse, but remembers placing them there later)	Puts things in usual place, but never able to remember the thing or place; never remembers the loss (e.g. loses entire purse and never knew she had one)
Makes an occasional wrong or bad decision (e.g. decides to walk half a mile after recent knee surgery, realizing afterwards probably shouldn't have)	Applies poor judgment with no thought (e.g. overpays the newspaper delivery person, but doesn't remember doing so or ever seeing the person)
Adapts work or social activities for a good reason (e.g. decreases work schedule from 5 days a week to 3 days a week after 25 years)	Becomes disinterested in usual social activities (e.g. has difficulty playing bridge with social group after enjoying it for 25 years)
Gets upset with changes in established routine of doing things (e.g. watches noon soap opera daily, daughter makes physician appointment for noon, gets irritated by change in routine)	Has unpleasant mood or personality change that may be frightening because of memory loss (e.g. visits relatives in their home and gets anxious because of the strange environment)

Test Yourself

Match the symptoms with the correct category:

- A. Has trouble understanding visual images
- B. Occasionally forgets
- C. Has difficulty accomplishing usual activities
- D. Forgets but remembers later

Typical Age-Related Change

Dementia Warning Sign

Answer:

Typical Age-Related Change = B, D

Dementia Warning Sign = A, C

Risk Factors for Dementia

There are some general risk factors for the development of dementia. These include:

- Advancing age
- Alcohol use
- Atherosclerosis
- Diabetes
- Down syndrome
- Family history of dementia
- Hypertension
- Mental illness
- Smoking

(National Institutes of Health, 2013b)

Types of Dementia: Vascular Dementia

Vascular dementia is also known as multi-infarct or post-stroke dementia. This form of dementia accounts for 10-25 percent of all dementia cases (Alzheimer's Association, 2015). Vascular dementia results from injuries to the vessels supplying blood to the brain. These disorders can be caused by brain damage from multiple strokes or any impairment to the small vessels carrying blood to the

brain. Even people who have suffered only small strokes can have a significant risk of developing dementia (National Institutes of Health, 2013b).

Vascular Dementia: Risk Factors

Risk factors for vascular dementia are similar to those associated with cerebrovascular disease and stroke. These include:

- Atrial fibrillation
- Hypertension
- Diabetes
- High cholesterol
- Amyloid angiopathy (amyloid plaques accumulate in the blood-vessel walls, causing them to break down and rupture)

(National Institutes of Health, 2013b).

Vascular Dementia: Symptoms

Symptoms can vary, depending on the area of the affected brain and the severity of the blood vessel damage. It may be difficult to determine symptoms of vascular dementia, rather than effects of the actual stroke.

Vascular dementia symptoms may be most obvious when they happen soon after a major stroke. Sudden changes in thinking and perception following a stroke may include:

- Confusion
- Disorientation
- Trouble speaking or understanding speech
- Vision loss
- Memory loss may or may not be a suggestive symptom depending on the specific brain area affected

(Alzheimer's Association, 2015).

Vascular Dementia: Treatment

Treatment of vascular dementia includes management of the underlying causes such as atrial fibrillation and high blood pressure; and preventing further strokes (Alagiakrishnan, 2015). Other management includes appropriate referral to community services, occupational therapy or speech therapy, assistance with advance directives, and consideration of caregiver stress (Alagiakrishnan, 2015; Alzheimer's Association, 2015).

Types of Dementia: Lewy Body

Lewy bodies are abnormal aggregations (or clumps) of the protein alpha-synuclein. When these bodies develop in the cortex of the brain, dementia can result. Lewy body dementia is the third most

common type of dementia, up to 10 percent of cases (Alzheimer's Association, 2015; National Institutes of Health, 2013a).

Lewy Body: Risk Factors

Specific causes and risk factors have not yet identified for Lewy body dementia. Most people diagnosed with Lewy body dementia have no family history of the disorder and there have been no identified genes linked to Lewy body dementia (Alzheimer's Association, 2015).

Lewy Body: Symptoms

Symptoms of Lewy body dementia can begin as subtle and progress over time prior to diagnosis. These include:

- Difficulty sleeping
 - Loss of smell
 - Visual hallucinations
 - Memory loss
 - Poor judgment
 - Confusion
 - Difficulty with movement and posture
 - A shuffling walk
 - Changes in alertness and attention
- (National Institutes of Health, 2013a).

Lewy Body: Treatment

Treatment of Lewy body dementia includes management of the symptoms of stiffness, hallucinations, and delusions (National Institutes of Health, 2013a). Other management includes appropriate referral to community services, occupational therapy or speech therapy, assistance with advance directives, and consideration of caregiver stress (Alzheimer's Association, 2015).

Types of Dementia: Frontotemporal Disorders

Frontotemporal disorders are caused by a family of brain diseases that primarily affect the frontal and temporal lobes of the brain. These disorders account for up to 10 percent of all dementia cases (National Institutes of Health, 2013b). Frontotemporal dementia causes cell damage, which leads to tissue shrinkage and reduced function in the brain's frontal and temporal lobes. These lobes control planning and judgment, emotions, speaking and understanding speech; and certain types of movement (Alzheimer's Association, 2015).

Test Yourself

The type of dementia associated with a stroke is:

- A. Lewy body dementia
- B. Vascular dementia
- C. Frontotemporal disorder

The correct answer is: B. Vascular dementia.

Frontotemporal Disorders: Categories

There are three types of frontotemporal disorders, which are categorized based on the earliest symptoms identified:

- **Progressive behavior and personality decline:** this includes changes in behavior, personality, judgment, and emotions.
- **Progressive motor decline:** this includes changes in physical movement, such as difficulty walking, poor coordination, shaking, and frequent falls.
- **Progressive language decline:** this includes changes in language ability, such as understanding, speaking, writing, and reading. Primary progressive aphasia is one example of language decline.

(National Institute of Aging, 2010)

Primary Progressive Aphasia: A Closer Look

Primary progressive aphasia (PPA) involves changes in the ability to communicate, including speaking, understanding, reading, and writing. Difficulties with reasoning, memory, and judgment are not usually identifiable at first, but develop over time. Behavioral changes may also occur over time, such as personality and behavior. There are three types of primary progressive aphasia:

- **Semantic PPA** (also called semantic dementia): with this type, an individual slowly loses the ability to understand single words. There may also be difficulty in recognizing familiar faces and common objects.
- **Agrammatic PPA** (also called progressive nonfluent aphasia): with this type of PPA, an individual has trouble saying complete sentences, particularly with adjectives such as “of,” “from,” and “for.” Eventually, the person may no longer be able to speak at all. Difficulty swallowing and with movement may also occur.
- **Logopenic PPA:** with this type, an individual has trouble finding the right words during a conversation, but can understand words and sentences. The person does not have problems with grammar.

(National Institute of Aging, 2010)

Frontotemporal Disorders: Risk Factors

Some forms of frontotemporal dementia are associated with gene mutations. Others may be linked to mutated proteins, including an inherited form (National Institutes of Health, 2013b). About 20 to 40 percent of people with frontotemporal disorders have a family history, with about 10 percent of people inheriting the disorder directly from a parent. In many cases, the cause is unknown (National Institute of Aging, 2010).

Frontotemporal Disorders: Symptoms

In frontotemporal disorders, some people decline rapidly over a few years, while others show only minimal changes for many years. The signs and symptoms may vary greatly among individuals as

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different parts of the brain are affected (National Institutes of Health, 2013b).

Frontotemporal Disorders: Treatment

Treatment of frontotemporal disorders includes management of the physical and behavioral symptoms (National Institutes of Health, 2013b). Other management includes appropriate referral to community services, occupational therapy or speech therapy, assistance with advance directives, and consideration of caregiver stress (Alzheimer's Association, 2015).

Test Yourself

The type of primary progressive aphasia that includes the inability to understand single words is known as:

- A. Semantic PPA
- B. Agrammatic PPA
- C. Logopenic PPA

The correct answer is: A. Semantic PPA

Types of Dementia: Mixed Dementia

Mixed dementia occurs when abnormalities linked to more than one type of dementia occur concurrently in the brain. Most commonly are combination of Alzheimer's disease and vascular dementia, but other types also occur. Recent studies suggest that mixed dementia may be more common than previously realized (Alzheimer's Association, 2015). Risk factors for mixed dementia include the risk factors for the associated types of dementia.

Mixed Dementia: Symptoms

The symptoms of mixed dementia vary, depending on the types of brain changes involved and the brain areas affected. In many cases, symptoms may be the same or similar to those of Alzheimer's or another type of dementia. In other cases, a person's symptoms may suggest that more than one type of dementia is present (Alzheimer's Association, 2015).

Mixed Dementia: Treatment

Treatment of mixed dementia is difficult. Because most people with mixed dementia are diagnosed with a single type of dementia, the medications prescribed are usually based on the type of dementia that has been diagnosed. No medications are specifically approved by the U.S. Food and Drug Administration (FDA) to treat mixed dementia. Physicians who believe that Alzheimer's disease is among the conditions contributing to a patient's dementia may consider prescribing the drugs that are FDA-approved for Alzheimer's (Alzheimer's Association, 2015).

Did You Know?

There is ongoing research about how underlying disease processes in mixed dementia influence each other. For example, it is not known if symptoms are worse with an individual who has brain changes demonstrating multiple types of dementia. It is also unknown if treating one type of dementia will benefit a patient with multiple dementias (National Institutes of Health, 2013b).

Diagnosing Dementia

An early, accurate diagnosis of dementia helps patients and their families plan for the future. It gives them time to discuss care options with the patient. Early diagnosis also offers the best chance to treat the symptoms of the disease.

To diagnose and identify the type of dementia, healthcare providers typically rely on the information they can gather by interacting with the individual and speaking with his or her family members. Information gathered for diagnosis includes:

- **A complete medical history:** This includes information about the person's general health, past medical problems, and any difficulties the person has carrying out daily activities.
- **Neuropsychological tests:** The provider will typically perform memory and other cognitive (thinking) tests to assess the person's degree of difficulty with different types of problems. These tests can measure memory, problem solving, attention, counting, and language. The results of these tests can be monitored over time.
- **Medical tests:** This includes tests of blood, urine, or spinal fluid. Blood tests may be performed to investigate if a chemical or hormonal imbalance or vitamin deficiency is contributing to the person's difficulties. A lumbar puncture is sometimes performed to help identify the type of dementia.
- **Imaging:** Brain scans (usually MRI) are performed in people with dementia to rule out other problems. Imaging can also help healthcare providers identify the type of dementia.
- **Psychiatric testing:** Evaluation is done to determine if symptoms are caused by a mental illness.

(Alexander & Larson, 2015; National Institutes of Health, 2013b).

Cognitive Changes: Parkinson's Disease

Parkinson's disease is a chronic neurodegenerative disorder, usually characterized by motor symptoms, including tremor, rigidity, difficulties in balance, bradykinesia (slow movement) or akinesia (loss of voluntary movement). Parkinson's disease affects over four million people worldwide (Solari, Bonito-Oliva, Fisone, & Brambilla, 2013).

Cognitive changes can also occur with Parkinson's disease. These may include:

- Attention deficits
- Memory deterioration
- Inability to plan
- Difficulty in forming concepts or abstract reasoning
- Inability to recognize objects

Treatment of Cognitive Changes: Parkinson's Disease

Treatment of cognitive changes associated with Parkinson's disease includes symptom management (Solari et al., 2013).

Other management includes appropriate referral to community services, occupational therapy or

speech therapy; and behavioral and cognitive therapy (Solari et al., 2013).

Cognitive Changes: Huntington's Disease

Huntington's disease is a hereditary neurodegenerative disease which progressively worsens and is ultimately fatal. Motor symptoms include uncoordinated movements, imbalance, clumsiness, difficulty speaking, difficulty swallowing, and impaired ability to walk (Huntington's Disease Society of America, 2013).

Cognitive changes can also occur with Huntington's disease and may actually present earlier than motor symptoms. Changes in cognition can be debilitating. These may include:

- Memory deterioration
- Deficits in attention and learning
- Difficulty in forming concepts or abstract reasoning
- Inability to recognize objects
- Difficulty with language and communication

Treatment of Cognitive Changes: Huntington's Disease

Treatment of cognitive changes associated with Huntington's disease includes symptom management (Huntington's Disease Society of America, 2013).

Other management includes appropriate referral to community services, occupational therapy or speech therapy; and behavioral and cognitive therapy (Huntington's Disease Society of America, 2013).

Cognitive Changes: Multiple Sclerosis

Multiple sclerosis (MS) is an autoimmune disease of the central nervous system (CNS) that attacks the body's myelin sheaths, which protect neurons. Without this myelin, there is malfunction in communication between the brain and spinal cord. Physical symptoms include weakness, loss of coordination, neuropathic pain, and paralysis (Rahn, Slusher, & Kaplin, 2012).

Cognitive changes can also occur with multiple sclerosis. These may include:

- Memory impairment
- Impairment of attention and concentration
- Difficulty finding words
- Slower ability to process information
- Decreased abstract reasoning and problem solving
- Difficulty with visual spatial abilities

Treatment of Cognitive Changes: Multiple Sclerosis

With the focus on compensation for symptoms, management includes appropriate referral to community services, coping methods, speech therapy, and behavioral and cognitive therapy (Rahn, Slusher, & Kaplin, 2012).

Test Yourself

Difficulty with visual spatial abilities is a change seen in which disorder?

- A. Parkinson's disease
- B. Multiple sclerosis
- C. Huntington's disease

The correct answer is: B. Multiple sclerosis

Cognitive Changes: Head Injury

Repeated traumatic brain injury, which can occur from multiple concussions (usually related to contact sports), can cause a condition called chronic traumatic encephalopathy. Individuals with this condition often develop poor coordination, slurred speech, memory impairment, behavioral and mood changes; and other symptoms similar to those seen in dementia.

Subdural hematoma, or bleeding between the brain's surface and its outer covering, can also occur after a fall. These hematomas can cause dementia-like symptoms and changes in cognitive function.

Treatment of the underlying brain injury or subdural hematoma, along with management strategies of dementia, may reverse some symptoms (National Institutes of Health, 2013b).

Cognitive Changes: Other Conditions

Other conditions that may cause memory loss or dementia include:

- Medication side effects
- Chronic alcoholism
- Cancer or infections
- Blood clots in the brain
- Vitamin B12 deficiency
- Some thyroid, kidney, or liver disorders

A brief video that reviews the main points of dementia can be viewed by clicking here:

https://www.youtube.com/watch?v=_KIRpFu1Ub8

Tips in Caring for Dementia Patients

Caregivers who work with dementia patients know that it can be challenging and rewarding. You might not only deal with people with dementia in the work setting but possibly in your personal life, too. Many of these tips may be effective in both settings. As always the specific care depends on the dementia patient's symptoms and abilities and also on the policies and procedures of your

organization.

- Try to obtain good information about the patient (cognitive level, care ability, safety precautions)
- Introduce yourself to the patient, looking at them face-front and speaking in a caring tone
- Assure the patient that you are there to help
- Acquire an understanding of the patient's level of independence (for example, if the patient needs help walking or using the toilet)
- Observe and report activity level (watching TV, doing puzzles, walking)
- Determine ability to consume own meals (observe the person eating)
- Ask if the patient is a wanderer (might require constant monitoring)
- Observe if the patient is in pain and report appropriately
- Maintain the patient's routine of daily activities for consistency (this reduces anxiety)
- Provide positive feedback and rewards for accomplishments, especially in early stages of the disease process (this is encouraging)
- Explain continuously all care and activities
- Provide care in clusters to prevent frustration (e.g. combine assessment and bathing together; this prevents having to interrupt the patient numerous times to perform different skills or care)
- Allow patient independence as much as tolerable and safe
- Always put yourself in the place of patients to appreciate what they might be experiencing from their point of view
- Provide reminders for recognition, such as the use of name tags or labels on objects

(AlzBrain.org, n.d.).

Strategies for Working with Dementia Patients

When working with dementia patients, strategies should be individualized to the patient, based on psychosocial, spiritual, and cultural needs. The behaviors associated with the patient's dementia also require a variety of techniques to use. Strategies can be developed based on the type of impairment the patient is experiencing (AlzBrain.org, n.d.).

Strategies: Impairment in Personality, Reasoning, Movement, Speech, Attention

Symptoms of dementia can cause a change in personality, inability to plan, poor judgment, diminished attention span, decreased concentration, distractibility, and inability to initiate activity. Some strategies to address these concerns include:

- Give clear, step by step directions
- Cues or prompts
- Reduce distractions
- Observe and reduce hazards in the environment

Strategies: Impairment in Perceptions, Senses, and Language

Symptoms of dementia can cause a decrease or inability to sense, follow visual or auditory cues, recognize objects by touch, or decreased ability to understand the purpose of objects. Some

strategies to address these concerns include:

- Cues or prompts
- Body language or gestures to demonstrate

Strategies: Impairment in Vision and Visual Interpretation

Symptoms of dementia can cause a loss of peripheral vision or depth perception, difficulty processing, and rapid movements. Some strategies to address these concerns include:

- Approach the patient from the front
- Maintain eye contact
- Slow movements
- Modify the environment to reduce designs on the walls or floors

Strategies: Impairment in Language

Symptoms of dementia can cause aphasia (impaired language), including ability to speak and understand. Some strategies to address these concerns include:

- Cues or prompts
- Body language or gestures to demonstrate

Strategies: Impairment in Emotions

Symptoms of dementia can cause fear, outbursts of anger or inappropriate behavior. Some strategies to address these concerns include:

- Distraction
- Provide reassurance
- Redirect the patient with activities

Strategies: Impairment in Memory and Learning Processes

Symptoms of dementia can loss of short term memory, challenges with direction and time, and confusion. Some strategies to address these concerns include:

- Provide reassurance
- Answer all questions (even if the question is repeated)
- Redirect the patient with activities
- Move slowly between tasks, allowing time for the patient to adjust

Behaviors Associated with Dementia

There are various behaviors seen in patients with dementia. Some behaviors are benign and harmless, while others can be a risk to the patient or others around them (AlzBrain.org, n.d.).

There may be common triggers that cause challenging behaviors with dementia patients. These may be actions of others that frighten, annoy, cause discomfort or pain, or threaten the patient, based on their perception. The physical environment may feel uncomfortable, boring, noisy, threatening, or over-stimulating. The patient may not understand what is happening to them, or they have physical or emotional needs that are not being met. The patient may also demonstrate behaviors based on their

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own thoughts or emotional responses (AlzBrain.org, n.d.).

Dementia Behaviors

Challenging behaviors need a variety of strategies and interventions to address them. Examples of some behaviors include:

- **Repetitive verbal and physical behaviors:** Patients may repeat questions, sentences, or stories again and again. Physical behaviors may include rubbing their hands, tapping their feet, or banging.

Strategies: It is important to remember that it is not personal and the patient is not trying to purposely annoy you. Provide distraction or redirection. Respond to the emotion behind the behavior. Use written notes and reminders. Provide an object the patient can stroke or hold.

- **Wandering:** Patients may wander for various reasons. Some patients have a specific goal, some have excess energy and need to move; and others are interested in their environment.

Strategies: It is important to monitor the patient's behavior and keep the environment safe at all times. If needed, create one area that is safe and redirect the patient to that area. Use distraction. Exercise activities may decrease wandering. Walk with them. Make sure that their physical needs, such as eating and toileting, are being met.

- **Aggression:** Behaviors may include outbursts of yelling or screaming, throwing objects, or even hitting and biting.

Strategies: It is important to remember that it is not personal. Stay calm, as your behavior and reactions can influence the patient's. Watch the patient's emotions and note when frustration appears to be building up. Try to reassure and redirect. Back away if necessary. The patient should not be restrained unless absolutely necessary for safety.

- **Paranoia and hallucination:** Some dementia patients develop paranoia, demonstrated by high feelings of suspicion and blame for others. Other patients may have actual hallucinations.

Strategies: It is difficult when patients have delusions or hallucinations and it is important not to argue with the patient; it will not change their belief. Use distraction. Reassure the patients of their fears. Evaluate the environment- sometimes rearranging the environment might help.

- **Labile emotions:** Behaviors may be an extreme emotional response that does not correlate to the current situation. This may include uncontrolled crying, screaming, uncontrolled restlessness, anger, and rapid mood swings.

Strategies: It is important to remember that it is not personal. Stay calm, as your behavior and reactions can influence the patient's. Watch the patient's emotions and note when emotion appears to be building up. Try to reassure and redirect. Maintain safety of the patient and yourself. Encourage the patient to express their feelings. Try to understand the event that produced the reaction and determine if it can be avoided in the future.

Tips for Challenging Behaviors

Behaviors of dementia patients are very individualized, but there are some general tips that may be applied in many situations.

- Try to intervene before a behavior or situation becomes a problem
- Identify, remove, or avoid triggers that cause a challenging behavior
- Do not take the behavior personally
- Try to identify the need or purpose behind the behavior- all behavior has meaning
- Be calm, understanding, patient, and reassuring
- Be alert- watch the behavior and the environment, with a focus on patient safety
- Do not argue or try to convince the patient
- Respond to the feelings and emotions of the patient
- Be creative and adapt to each situation
- Respond to the questions and requests of the patient
- Try different approaches, even if one approach worked previously- the same approach may not work each and every time
- Discuss strategies with other staff members- what has worked for them?
- Talk to the family and learn what they suggest
- After the situation, evaluate what happened, to incorporate into future plans. What are the individual needs of the patient? What behavior did they demonstrate? When did it happen? Where did it happen? Why did it happen- what do you think the triggers were? How was the response to your interventions?

Family Support

Families are integral to the diagnosis and management of patients with dementia. It can be an emotional experience as they watch their loved ones deteriorate both mentally and physically. It is also difficult for changing relationships and roles within a family that can occur. Responsibilities in a household can also shift, which may add stress to the situation. Most of the care of dementia patients is provided by families as caregivers. Approaches and interventions to help support caregivers of those with dementia include skills training, support groups, and education.

Providing support and assistance to families of patients with dementia is essential. Good communication and effective listening skills are important. Listen to the caregiver's fears and concerns without judging. It is also important to recognize when a caregiver is experiencing stress. Be proactive in identifying when a family member needs help, including allowing them to have time for his or herself (Joanna Briggs Institute, 2010).

Test Yourself

A strategy to help reduce anxiety when working with a dementia patient is:

- A. Allow the patient to wander
- B. Maintain the patient's routine
- C. Do not allow independence

The correct answer is: B. Maintain the patient's routine.

Case Study: Jane

Jane is an 83 year old female who suffered a stroke a month ago. She is a widow and moved in with her son and daughter-in-law after she was discharged from the hospital. Jane continues to have left-sided weakness as residual effects from her stroke. Jane's son has concerns about her behavior since her stroke. He states that she has had trouble speaking, becomes easily confused and disoriented; and she complains that her vision is "failing". The physician evaluates her, and suspects that Jane has dementia.

Which type of dementia do you think the physician diagnosed?

Answer: *Jane's history of a recent stroke and her symptoms of vision loss, confusion, disorientation, and difficulty speaking suggest she has vascular dementia.*

Jane's son and daughter-in-law both work, so there are times when Jane has been left alone. With her increasing confusion, disorientation, and vision loss, there is concern for Jane's safety. It is determined that Jane requires a caregiver to assist.

What are some initial questions to ask when you first start caring for Jane?

Answer: *Obtain good information about Jane, such as cognitive level, care ability, and safety precautions. Acquire an understanding of Jane's level of independence, such as she needs help walking or using the toilet. Ask if Jane is a wanderer, as she might require constant monitoring.*

What are some initial strategies to use when you first start caring for Jane?

Answer: *Introduce yourself to Jane, looking at her face-front and speaking in a caring tone. Assure Jane that you are there to help. Maintain the Jane's routine of daily activities for consistency, to help reduce anxiety.*

Jane's son looks apprehensive when he is answering your questions. He kisses his mother on the head and appears as if he may cry. You recognize that he is experiencing emotions associated with caring for a loved one with dementia.

What are some key points in your conversation with Jane's son?

Answer: *Listen to his fears and concerns without judging. Ask questions and anticipate what he may need help with.*

Current Research

In 2011 a national effort, the National Alzheimer's Project Act (NAPA), was created for research on Alzheimer's disease and related dementias, including Lewy body dementia, frontotemporal, mixed, and vascular dementias.

The National Plan calls for increased federal funding for dementia research support for patients and

families affected by dementia, increased public awareness, and improved data collection and analysis to better understand the impact of dementia.

Clinical studies offer an opportunity to help researchers find better ways to safely detect, treat, or prevent dementias. Clinical studies supported by the National Institutes of Health focus on Alzheimer's disease and related dementias; and are conducted at medical research centers throughout the United States.

For information about clinical studies for Alzheimer's disease and other dementias, check out:

- www.nih.gov/health/clinicaltrials
- www.nia.nih.gov/alzheimers/clinical-trials
- For a comprehensive list of all trials, go to www.clinicaltrials.gov

Conclusion

Dementia is the umbrella term for multiple diseases that cause impairment with memory and cognition. It is not a normal part of the aging process and can have a delay in diagnosis when symptoms are overlooked. Currently, there are no cures for the common dementias. However, some forms of dementia are treatable. A better understanding of dementia disorders through research, as well as their early diagnosis and treatment, will make it possible for affected individuals and their caretakers to live their lives more fully and meet daily challenges.

Resources

- A listing of clinical trials, sponsored by the National Institutes of Health (NIH), other federal agencies, and private industry: www.ClinicalTrials.gov
- Alzheimer's Association: www.alz.org
- Keep Memory Alive: www.keepmemoryalive.org
- MedlinePlus, a Service of the NIH and National Library of Medicine: <http://medlineplus.gov>
- National Institute on Aging: www.nia.nih.gov
- National Institute of Mental Health: www.nimh.nih.gov
- National Institute of Neurological Disorders and Stroke: www.ninds.nih.gov
- U.S. Administration on Aging's Eldercare Locator: www.eldercare.gov

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