

# ***CNA Primer: Caring for the Resident with Dementia***

***1.0 Inservice Hour***

**NOTE:** This course is not accredited for RNs, LPNs, LVNs, or APNs.  
This course is approved for 1 contact hour (1 inservice hour) for Certified Nursing Assistants.

***Presented by:***

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# **CNA Primer: Caring for the Resident with Dementia**

By Chantelle Teasdell, PhD, MPH

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## **Objectives:**

At the conclusion of this course, the learner will be able to:

1. Explain the difference between normal aging and memory loss from dementia related disorders
2. Identify characteristics of Alzheimer's disease and related disorders
3. Communicate effectively with residents who have dementia
4. Describe the progress, symptoms, and behaviors at each stage of dementia
5. Identify guidelines for managing inappropriate behavior
6. Provide personal care in an appropriate manner to the resident with dementia
7. Assist residents to participate in activities
8. Provide positive support to the resident's family members
9. Provide a safe, secure, and supportive environment for the resident with dementia

## **Overview of Dementia**

Dementia is a disease that makes it hard for people to communicate and learn new things. This problem occurs in the brain making it hard for a person to remember. Over a period of time, it makes it difficult for the person to take care of themselves. The person who has dementia may not be aware that they have the symptoms.

Dementia is caused by damage to brain cells. A stroke, a brain tumor, or a disease called Alzheimer's can all damage brain cells. Some common signs of dementia are: recent memory loss, problems with language, difficulty performing familiar tasks, time and place disorientation, loss of initiative, misplacing things and mood and personality changes. Not all persons with dementia will experience all of these signs.

- **Recent memory loss:** Everyone forgets things for a short period of time, but then remember them later. People with dementia forget things, but will never remember them. They tend to ask the same question repeatedly, often forgetting that they have already received an answer.
- **Problems with language:** It will become hard to understand what they want due to the patient using the wrong words or forgetting simple words.

- Difficulty performing familiar tasks: A person with dementia may forget something so simple as serving a meal after cooking it or even forget they cooked the meal.
- Time and place disorientation: A person with dementia may forget how to get back home or may even get lost on their own street.
- Loss of initiative: People with dementia often become very passive. They lose the initiative to go places.
- Misplacing things: People with dementia may begin to place things in the wrong place; such as, a wristwatch in the sugar bowl.
- Changes in mood: People with dementia tend to have a fast mood swing, switching from calm to anger to tears all in a short period of time.
- Personality changes: A person with dementia may become irritable or fearful.

If a patient or resident begins to experience any of these symptoms, you should consult the patient or resident's physician as soon as possible. The sooner the physician knows, the sooner treatment options can be discussed with the patient.

Some of the types of dementia are Alzheimer's disease, vascular dementia, Parkinson disease, alcohol-related dementia and Pick disease.

Some types of dementia can be cured either partially or completely with treatment. The most common form of dementia among elderly persons is Alzheimer's disease, also called AD. AD is named after, a German doctor, Dr. Alois Alzheimer. In 1906, Dr. Alzheimer noticed some changes in the brain tissue of a woman who died of an unusual mental illness. He found what is considered signs of AD - tangled bundles of fibers, now called neurofibrillary tangles, and abnormal clumps, now called amyloid plaques.

The second most common type of dementia is vascular dementias, including multi-infarct dementia. Vascular dementias are caused by poor circulation of blood to the brain. In multi-infarct dementia, several minor strokes occur which cuts off the blood supply to parts of the brain. A person can decrease the progress of vascular dementia by maintaining and controlling their blood pressure and avoiding cigarettes.

Parkinson disease and alcohol-related dementia are two other types of dementia. People with Parkinson disease usually have stiffness of the limbs, which can cause shaking and speech problems. Alcohol-related dementia is brain damage caused by consuming too much alcohol. A person with alcohol-related dementia should completely stop drinking to decrease the progress of the disease.

Pick's disease, front temporal dementia, is another kind of disorder that can cause damage to cells in the front part of the brain. It slowly damages the brain cells and

impairs their function. Pick's disease is a less common type of dementia. People often confuse this disease with Alzheimer's disease.

People who have Alzheimer's are known to have lower than normal neurotransmitters, brain chemicals that control very important brain functions. Alzheimer's disease is not reversible, but there are treatments that can slow the progress.

Studies have shown that over 4.5 million Americans suffer from AD. This particular disease is partly hereditary; however, just because a relative has the disease does not mean another family member will have the disease. The disease begins in the part of the brain that controls thoughts, language and memory. AD usually begins after age 60. The risk of getting AD usually goes up as you get older. It is also higher if a family member has had the disease.

There are three primary types of Alzheimer's disease: early onset Alzheimer's, late-onset Alzheimer's and familial Alzheimer's disease (FAD). Early onset Alzheimer's disease is a very rare form of Alzheimer's disease. Studies have shown that less than 10% of those with the disease have been diagnosed before the age of 65 with this type of Alzheimer's. Muscle twitching and spasms, a condition called myoclonus, is commonly seen in early onset Alzheimer's.

The most common form is late onset Alzheimer's disease, which usually occurs after the age of 65. Familial Alzheimer's disease is known to be entirely inherited. Studies have shown that at least two generations in families that are affected have had Alzheimer's disease.

Dementia is treatable, but the degree to which the spread of the disease can be slowed depends on how quickly the primary cause is treated. Treatments can not stop the disease; however, there are some drugs that may help keep symptoms from getting worse for a limited time.

### **Caring for the Resident with Dementia**

People with dementia are usually cared for at home until the symptoms becomes too much for family to handle. Symptoms become severe over several years. As time passes, persons with AD depend on others for care. The caregiver must make sure the resident's needs are being met; such as safety, hygiene, fluids, nutrition, activity and elimination.

Losing the ability to communicate can be very frustrating for people with dementia and their caregivers. The resident will find it more difficult to clearly express themselves, and it will be difficult for others to understand what they are saying. The communication strategy needs to be short and simple.

Things to try:

- approach the person in a calm manner
- point to objects or use gestures
- always call the person by name
- speak slowly and in a calm, gentle voice
- do not interrupt the person or rush them (let them speak)
- allow time for the person to respond
- ask simple questions
- do not criticize, argue with or correct the person

Wandering, one of the most common behaviors of dementia, has been identified as one of the primary reasons for institutionalizing a patient and one of the most time consuming behaviors for caregivers to tackle. A few safety tips for wanderers are:

- make sure the resident wears an ID bracelet or safe return ID at all times
- do not use restraints
- let the resident wander in enclosed areas
- do not argue with the resident who wants to leave
- keep door alarms and electronic doors turned on

The quality of life is important for all persons, especially those with dementia. Residents have rights, however, they may not know their rights. The family will likely, however, know their rights. The resident has the right to privacy and personal choice, the right to keep and use personal items and to be free from restraints.

Personal choice is very important. A resident may choose whether to watch TV or not, or choose their clothing for the day. If a resident can not make choices, the family should make the choices. They can choose menus, meal times, bath times, clothing, activities and other forms of care.

Engage the residents in daily activities.

- Consider the resident's needs and abilities when conducting activities.
- Promote daily exercise to help reduce wandering. This may also help the resident sleep better.
- Provide a quiet restful setting for the resident.
- Provide oral and personal hygiene.
- Do not force a resident to bath. People with AD are afraid of bathing.
- Carefully observe the person and look for infections. Infections can occur from poor hygiene such as: skin care, perineal care after bowel and bladder elimination and oral hygiene.
- The resident is at risk of pneumonia and pressure ulcers from inactivity and immobility.

## **Supporting the Family**

Most often family members provide the day to day care for people with AD. As the disease gets worse, the care needs increase. This begins to affect the caregiver's daily activities. The family is a very important part of the team. They have to learn how to bathe, feed, give oral hygiene care and dress the person. Caregivers can suffer from anxiety, depression, anger and sleeplessness. Sometimes they find it hard to concentrate or they become irritable. The caregiver needs to remember to take care of their health. They also need to feel free to ask family members and friends for help. Caregivers need a great deal of support.

The family of a person with AD often feel helpless. It may seem like no matter what they do the person only gets worse. They tend to spend a lot of money, time, energy and emotion caring for their loved one. These feelings could cause anger and resentment. The family should also realize that the person did not choose to have the disease.

Many family members decide to join a support group. Support groups are available to help family members learn to give necessary care to persons with dementia. They focus on care-giving issues specific to the beginning of the illness, such as restructuring household responsibilities. Additionally, care-givers learn about the kinds of services available throughout the course of the disease. Ideally, as people progress beyond the first stages of the disease, they transition into a day program, which provides activities and supervision. These groups are sponsored by hospitals, nursing centers, and the Alzheimer's Association.

## **References:**

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