Dementia

mhGAP Training of Health-care Providers
Training manual
Supporting material

World Health
Organization

DEM supporting material

- Person stories
- Role plays
- Case scenarios
- Treatment planning handouts
- Treatment planning suggestions
- Multiple choice questions
- Video link

  Activity 3: mhGAP DEM module – assessment

  https://www.youtube.com/watch?v=fO9nwqF1OJE&index=11&list=PLU4ieskOli8GicaEnDweSQ6-yaGxhes5v

DEM person stories

These are two personal stories describing what it feels like to live with dementia. Each story should last between three to five minutes maximum. The stories can be adapted as required to fit the context and setting of the training.

You can choose to read out the stories in a creative and engaging manner. Or, where available, you can show videos of the person stories by downloading the videos.

If suitable, seek permission to use a person's story from the local area. If there are service users that you know well who are living with dementia and would like to share their experiences, then ask them to share their story with you. Ask them to describe to you how it feels to live with dementia and how it has impacted on their life. You can write this down and use their story, with their consent, to teach other participants.

Person story 1: My disappearing world…

My name is Kate. I am married and have two sons who are 21 and 22. I was born in 1958 in a small country hospital and grew up in a farming community. My first career was nursing, specializing in operating theatres. I then changed careers and became a chef. Finally, I worked in health-care sales.

In 2008, I was working full time, studying for a double degree, caring for our school-age children and running our home with my husband. Then, I was diagnosed with dementia, a debilitating and terminal illness that is trying to steal the very essence of who I am. Losing my legs and arms or my sight or hearing might be better than this hideous disease. I cried, almost nonstop, for about three weeks. I used to think "if only someone would tell me it is depression or some bizarre mental illness… anything other than dementia". It feels as if my soul is being sucked out, little by little, as my world slowly disappears.

It started with headaches followed by symptoms of dyslexia. I would try and read books but the letters would move themselves on the page and appear scrambled with lost meaning. I am terrified at the idea of losing my independence and having to go into institutional care. My life has changed in ways that are challenging to understand and difficult to live with. The feeling that my life is slipping away from me is almost tangible and I do sometimes feel cheated. I fear that I will never get to know my grandchildren. Speaking and thinking is more difficult, the search for words, the meaning of words, numbers and equations, now a major challenge. It is harder to process information, to know how to act and to respond, how to behave appropriately and to know what to do in normal everyday situations. I am disappearing. My mind is filling up with hallucinations of wild cats and strangers. These things feel real for a moment and terrifying for days afterwards as I feel the madness creeping into my soul. I am hearing things that are not there, becoming fixated on things, and adopting strange behaviours. I spend my days getting lost and I feel as if I am drowning.

It is no longer possible to be sure of what I will do or how I will behave, reducing my desire and enthusiasm to go out to socialize or to do simple things. It feels humiliating and demoralizing to show my symptoms, and I am often very fatigued as I spend a large amount of energy hiding them. Sadly, because of this many people do not believe I have dementia.

I fear the doctors and nurses will be too slow to help as my world disappears.

https://www.fightdementia.org.au/about-dementia/resources/stories/my-disappearing-world

Person story 1: Dementia

My mother was diagnosed with Alzheimer's disease two years ago, aged 60, and there is barely any aspect of her life that has been unaffected by her diagnosis. She had to retire earlier than she would have otherwise and has not been able to enjoy retirement to the fullest, as she so deserved. Mum's communication has also been affected by the dementia. She often has things she wants to tell us because she still has interests and notices the things going on around her, but the words regularly escape her, leaving her scared, sad and frustrated.

Sadly, some of mum's friends do not call/visit anymore as they are too daunted by the diagnosis – even though mum is still very much herself minus the same ability to express herself. Unfortunately, they proved Mum right in her earlier reluctance to share her diagnosis as she feared people would immediately treat her differently if they did know. My father is having to learn skills that he has not had to master previously, such as cooking. At the same time he's aware that he needs to tread carefully and ensure he's not taking tasks from mum before she is ready to give them up, as this can upset her. This is one of the crueller parts of Alzheimer's; that the person living with the condition is totally aware of the fact that they are losing their capacity to perform even the most menial task. These are just a few of the things mum deals with daily, along with the terrifying knowledge of what lays ahead.

Mum has expressed to me that her greatest fear is being in a care facility and being quite aware, but not having the ability to speak and express herself. I believe this is one of the most important messages we need to get out to the wider community. Although people with dementia may not be able to properly communicate, they often still understand a lot of what's going on around them. They deserve respect, compassion, dignity and at least the same standard of care as someone fully comprehending and expressive. Most people reading this would know about these symptoms and struggles, as they have been touched in some way by dementia. The general public, however, knows very little about the realities of the disease because it is frightening and this is what I strongly believe needs to change. We must educate people about all forms of dementia.

People need to know that the person with dementia they encounter may seem incapable of comprehending because they are unable to express themselves, but that they may be quite aware of what is happening. My father, siblings, nephews, my children and I have lost some part of our precious mother and grandmother already, and remain heartbroken and scared about the future. Two things are certain for me though. Firstly, we will all be with mum every step of this path she walks, with love, compassion and admiration for how she faces it. Secondly, I personally will do whatever I can to raise awareness about the realities of living with Alzheimer's so that people with the condition may be better understood and treated in future. If you meet someone out in the community that you suspect has some form of dementia, PLEASE treat them with respect, kindness, patience, understanding and care.

https://www.fightdementia.org.au/about-dementia/resources/stories/vanessa

Role play 1: Assessment

Purpose: To assess a person for dementia and their carer.

Duration: 30 minutes total or less.

Situation: CARER SEEKING HELP
- You are Farah, a 45-year-old lady.
- You have brought your mother Ingrid, 73 year old, to see the health-care provider.
- You report that your mother has been acting strangely over the last few months.
- Your mother has become increasingly forgetful and vague.
- Sometimes she doesn't seem to recognize people she has known for years.
- You also are very concerned about the future.
- Your father died last year and your mother seems to have slowly deteriorated since then.
- Your mother has had a lot of trouble remembering to do things.
- She usually doesn't remember how she got there.
- Her memory problems started gradually and have got worse.
- You are experiencing three main problems in organizing care for your mother: problems with hygiene and bathing; problems with using the toilet, in particular incontinence of urine; and problems with repeated questioning.
- You have symptoms of fatigue and drowsiness over the last month.
- The fatigue seems to be there all the time.
- The fatigue and drowsiness are making it difficult to work and spend time with family.
- You are otherwise well.

Instructions:
Let the health-care provider start the conversation.

Role play 1: Assessment

Purpose: To assess a person for dementia and their carer.

Duration: 30 minutes total or less.

Situation: PERSON SEEKING HELP
- You are Ingrid, a 73-year-old lady.
- Your 43-year-old daughter, Farah, has brought you to see a health-care provider as she is worried about you.
- You have been feeling very frustrated lately as you have been struggling to complete tasks that you have been doing for years like cooking and cleaning.
- You also are frustrated because you are struggling to think of the words you need when you need them.
- You are very frustrated because you don't know why this is happening and you are scared.
- Sometimes your head feels like there is "concrete" in it and you just can't think or remember things – it feels slow and confused.
- You miss your husband and have been feeling very sad about losing him.
- You are scared because you have been getting lost when you go out on your own and you are confused by people who come up and greet you but you don't know who they are.
- You do not want to burden your daughter with this and you know that you already are.
- You are aware that she has to get on with her own life and you do not want her to spend too much time looking after you.
- You want to stay independent but you struggle to do things on your own and that scares and frustrates you.

Instructions:
Let the health-care provider start the conversation.

Role play 1: Assessment

Purpose: To assess a person for dementia and their carer.

Duration: 30 minutes total or less.

Situation: **HEALTH-CARE PROVIDER**
- Farah, 45 years old, brings her mother Ingrid, 73 years old, to your clinic.
- Farah reports that her mother has been acting strangely over the last few months.
- Her mother has become increasingly forgetful and vague.
- Sometimes she doesn't seem to recognize people that she has known for years.
- Assess Ingrid for possible dementia.
- And assess Farah's well-being.

Instructions:
- You are to start the conversation.
- At the end, you are to explain to Farah and Ingrid the diagnosis.

Role play 1: Assessment

Purpose: To assess a person for dementia and their carer.

Duration: 30 minutes total or less.

Situation: **OBSERVER**
- Farah, 45 years old, brings her mother Ingrid, 73 years old, to the clinic.
- Farah reports that her mother has been acting strangely over the last few months.
- Her mother has become increasingly forgetful and vague.
- Sometimes she doesn't seem to recognize people that she has known for years.
- The health-care provider needs to assess Ingrid for possible dementia, and assess Farah's well-being.

Instructions:
Please keep to time:
- 3 minutes reading
- 10–15 minutes' interview
- 5–10 minutes for feedback and small group discussion.

Please assess the following competencies:

4. Uses effective communication skills
8. Performs assessment

And grade the level of competency the health-care provider achieves.

Role play 2: Follow-up

Purpose: To manage a person, with their carer, for dementia.

Duration: 30 minutes total.

Situation: **CARER SEEKING HELP**

- You are Farah, a 45-year-old lady. You have returned to see the health-care provider with your mother, Ingrid, a 73-year-old lady.
- At the last review, the health-care provider diagnosed your mother with dementia.
- You explain that Ingrid's behaviour has deteriorated. She is now waking up at night and wandering around the house. One night last week she fell over a piece of furniture in the house and hurt her leg.
- Ingrid has also been going out of the house during the day and getting lost.
- One day it took you over 12 hours to find Ingrid and when you did Ingrid had not eaten or drunk anything all day and was weak and dizzy. You worry about what could have happened to her.
- You are exhausted. You are still not sleeping because your mother has been waking and wandering around the house for the last two weeks.
- You are spending your days trying to look after your mother but she is getting very aggressive and quite often leaves the house without telling you where she is going.
- The day you lost her you were so worried and scared and now you do not feel like you can leave her alone at all.
- You think that your mother is more depressed than she was before as she seems more sad and less interested in doing any normal activities. She is showing no interest in cooking or eating and is losing a lot of weight.

Instructions:
Let the health-care provider start the conversation.

Role play 2: Follow-up

Purpose: To manage a person, with their carer, for dementia.

Duration: 30 minutes total.

Situation: **PERSON SEEKING HELP**

- You are Ingrid, a 73-year-old lady. Your 45-year-old daughter, Farah, has brought you to see a health-care provider but you are not sure why.
- You are very confused and find it difficult to understand what the health-care provider is saying to you.
- You just want to go home and you ask Farah to take you home repeatedly.

Instructions:
Let the health-care provider start the conversation.

Role play 2: Follow-up

Purpose: To manage a person, with their carer, for dementia.

Duration: 30 minutes total.

Situation: **HEALTH-CARE PROVIDER**

- Farah and Ingrid return to your clinic three months later for a follow-up appointment.
- Farah is a 45-year-old lady, and Ingrid is her 73-year-old mother. You have previously diagnosed Ingrid with dementia and advised on management.
- Farah explains that Ingrid's behaviour has deteriorated. She is now waking up at night and wandering around the house. One night last week she fell over a piece of furniture in the house and hurt her leg.
- Ingrid has also been going out of the house during the day and getting lost.
- One day it took Farah over 12 hours to find Ingrid and when she did Ingrid had not eaten or drunk anything all day and was weak and dizzy. Farah worries about what could have happened to her.
- You need to perform follow-up and decide on appropriate management.

Instructions:
You should start the conversation.

Role play 2: Follow-up

Purpose: To manage a person, with their carer, for dementia.

Duration: 30 minutes total.

Situation: **OBSERVER**

- Farah and Ingrid return to the clinic three months later for a follow-up appointment.
- Farah is a 45-year-old lady, and Ingrid is her 73-year-old mother. The health-care provider has previously diagnosed Ingrid with dementia and advised on management.
- Farah explains that Ingrid's behaviour has deteriorated. She is now waking up at night and wandering around the house. One night last week she fell over a piece of furniture in the house and hurt her leg.
- Ingrid has also been going out of the house during the day and getting lost.
- One day it took Farah over 12 hours to find Ingrid and when she did Ingrid had not eaten or drunk anything all day and was weak and dizzy. Farah worries about what could have happened to her.
- The health-care provider needs to perform follow-up and decide on appropriate management.

Instructions:

Please keep to time:

- 3 minutes reading
- 10–15 minutes' interview
- 5–10 minutes for feedback and small group discussion.

Please assess the following competencies:

4. Uses effective communication skills
10. Plans and performs follow-up
11. Refers to specialist and links with other services

And grade the level of competency the health-care provider achieves.

DEM case scenarios and handouts

Case scenario, treatment planning handouts and suggestions from *Helping carers to care: Training modules* (Alzheimer's Disease International, 10/66 Dementia Research Group, 2009).

Give out the case scenarios and treatment planning handouts.

Give out the treatment planning suggestions after 10 minutes of discussion.

Case scenario 1: Treatment planning

Sara is 75 years old and has been showing signs of dementia for the last five years. The main problem experienced by the family at the moment is that she gets very angry and aggressive. Her aggression generally happens in two main contexts: when her daughter encourages her to take a bath; and at night when she tends to get up from her bed and wander around the house (occasionally she leaves the house as well), when her daughter tries to get her back into bed and/or back into the house Sara screams that she has to find her babies and refuses to let her daughter touch her or accompany her back into the house. At times she has become violent hitting her daughter with her walking stick and other household items.

Case scenario 2: Treatment planning

Jin is a 76-year-old man with Alzheimer's disease. He has been slowly deteriorating over the past six years. Initially, he had trouble finding the right words and would lose things. His 69-year-old wife, Wendy, took him to see the health-care provider five years ago and he was told he had dementia.

For the last year Jin has appeared very apathetic and withdrawn. He sits in the chair or lies in bed and needs to be prompted to go to the toilet, wash, eat and drink. He scarcely speaks and it is very hard to engage him in a conversation. He seems to have lost interest in life. He used to enjoy playing board games with a group of friends but he says that he cannot remember the rules and does not want to see his friends as he does not trust them anymore.

Case scenario 3: Treatment planning

Marium is a 61-year-old lady with likely vascular dementia after a stroke two years ago. Since the stroke, she has shown significant changes in her behaviour. She used to be very independent but now does not like to be left alone. She becomes very distressed, cries and screams inconsolably if her husband leaves her – even for five minutes. If her husband leaves she follows him out of the house and can wander around the town looking for him. Her husband is struggling as he still needs to work in order to earn money but is missing days of work because Marium does not allow him to leave her.

When they are at home together Marium often spends hours asking the same questions repeatedly such as, "Are the kids in school? I have to go and get the kids into school" or "Have we got the shopping? I must go to the market". He tries to answer her but she keeps asking the same questions. It is driving him crazy.

Case scenario 4: Treatment planning

Jon is 88 years old. He was widowed six years ago and identified as having dementia five years ago. He lives with his eldest son, his daughter-in-law and three grandchildren. In the past six months he has been seeing and hearing things (including his dead wife) that no one else in the family sees or hears. He often talks to her and encourages his grandchildren to speak to her. This is distressing for his son and grandchildren.

He also explains that he often feels insects crawling over his skin. He tries to show his family but they do not see anything. The insects scare him and he can become quite aggressive.

Treatment planning handout 1: Personal hygiene

The amount of help a person with dementia needs in personal care varies. A person with dementia will be able to care for themselves in the early stages of the disease, but may gradually begin to neglect themselves and will eventually need total help.

Dressing and bathing are personal activities. We each have our own individual ways of doing things. Some people change their clothes twice a day, some every other day – each of us is quite set in our habits. If a family member has to help, they may overlook these personal habits and cause the person some stress. Taking a bath by oneself is a sign of independence, and it is a private activity, so suddenly if someone has to help the person to bath and change clothes it can be very upsetting.

People with dementia can become abusive and uncooperative, unaware that the carer is only trying to keep them clean. Look for ways to simplify the number of decisions involved in bathing and dressing without taking away their independence.

Treatment planning handout 2: Dressing

People with dementia often forget how to dress and may not recognize the need to change their clothes. Sometimes people may appear in public with inappropriate clothing or no clothing. The person may be unaware that they are not properly dressed, they may not realize that this may be very shocking for others. So be patient if the person is not properly dressed. Being angry will make them feel more confused and scared.

Treatment planning handout 3: Toileting and incontinence

The person with dementia may lose the ability to recognize when to go to the toilet, where the toilet is or what to do when in the toilet. People with dementia can become incontinent of urine and faeces. The two are separate problems but one can occur without the other.

Medical problems can cause incontinence, so if this problem occurs for the first time, you should check with the doctor straight away. There may be a bladder infection, diabetes or a problem with medication that can be corrected.

People sometimes suggest that you should give the person with dementia fewer drinks to reduce incontinence. However, be careful. Particularly in hot weather, an older person can get dehydrated (dry out) very quickly, and this can make them seriously ill. Both too little and too much fluid can be bad.

People use different terms for passing urine (pee, piss, take a leak, going to toilet etc.). Due to difficulty with language the person may be unable to say that they need to go to the toilet and use the wrong words.

Regularly taking the person to the toilet can avoid a lot of embarrassment for the person and family.

Treatment planning handout 4: Repeated questioning

A person with dementia may quickly forget what they asked even before we answer. So, they repeatedly ask the same question. This can be frustrating and exhausting for family members. If they are repeatedly asking the same question it may be that they are worried about something else. If family members can correctly guess and provide reassurance the questioning might stop.

Treatment planning handout 5: Clinging

The person with dementia can become very dependent on the carer or family member, become clingy and feel anxious if they are apart from the person. This can be quite difficult for the family member as they will find it difficult to get on with their life. Also, the person can become very restless or frightened if the carer disappears. The trusted carer becomes the only security for the patient.

It is vital to try to sort out this problem. No carer, however devoted, can afford to spend 24 hours a day, seven days a week, in constant care. You need time to yourself, to rest, to recharge your batteries, and to return to your caring role refreshed and as energetic as before.

Treatment planning handout 6: Aggression

Aggression may or may not be a problem. Generally, this is a symptom that appears rather late in the course of the dementia, when the person with dementia may have deteriorated in many ways. It is, of course, very disturbing to the family. Aggression can have several causes.

1. The person with dementia may be in pain or discomfort. They may, for example turn out to have a fractured leg that has not been noticed. They should, therefore, always be checked over by a doctor.
2. People with dementia sometimes falsely believe that, for example, someone has been stealing their possessions. They genuinely believe this to be true, and so understandably can become aggressive.
3. People with advanced dementia may no longer recognize family members. They may think that you are someone else who is threatening them in some way. Again, understandably this can lead them to be aggressive.
4. Aggression is often caused by extreme anxiety. Try to work out what is making them so anxious.
5. Sometimes aggression is simply a result of severe brain damage to parts of the brain that control aggressive behaviour. Always remember, whatever the cause, it isn't the fault of the person with dementia. It is a result of the illness.

Treatment planning handout 7: Wandering

The person with dementia can leave the house and may not know how to get back. This can be a major problem for the family, as they have to go in search for them. It becomes all the more difficult if it happens at night.

Wandering can also occur if the person with dementia goes out during the day, forgets what they had gone out to do and then gets lost, confused, distressed and unable to get home.

Wandering can occur with the carer or family members, for example if the person with dementia gets lost while out, especially in busy places like a market.

Treatment planning handout 8: Loss of interest and activity

For many carers, as the disease progresses, one of the most distressing things is the sense that the person with dementia has withdrawn from their family and the world. They communicate less and less, and can seem to take little interest in what goes on around them. It is very important to recognize that the person with dementia cannot help this change. They are not being lazy, or difficult. It is just part of the illness. However, as with other aspects of the illness, there are things that you can do that may make a difference.

Are they depressed?

- Many people with dementia get depressed. They may appear sad, anxious or tearful. They may talk in a despairing way. Often, they lose interest in things, and sometimes stop eating and drinking.
- This is not surprising. When people with dementia are aware of their limitations, this can be very frustrating and upsetting. Also, they can misunderstand what is going on around them, and this will be bewildering and frightening.
- As many as half of all people with dementia may have some degree of depression.
- If you suspect depression use the DEP module in the mhGAP-IG to assess and manage:
  - Ensure that you maintain open communication with the person.
  - If you think the person has depression then refer them to a mental health specialist where available.

Treatment planning handout 9: Hallucinations

When a person with Alzheimer's or another dementia hallucinates they may see, hear, smell, taste or feel something that isn't there. Some hallucinations may be frightening while others may involve ordinary visions of people, situations or objects from the past.

Hallucinations are false perceptions of objects or events involving the senses. These false perceptions are caused by changes within the brain that result from Alzheimer's, usually in the later stages of the disease. The person may see the face of a former friend in a curtain or see insects crawling on their hand. In other cases, a person may hear someone talking and may even engage in conversation with the imagined person.

Alzheimer's and other types of dementia are not the only causes of hallucinations so ensure that you assess for other MNS conditions and physical health such as:

- psychoses
- depression
- substance use
- physical problems, such as kidney or bladder infections, dehydration, intense pain or alcohol or drug abuse
- eyesight or hearing problems
- medications.

Treatment planning suggestions 1: Personal hygiene

- Try to know how they like to take a bath (type of soap, warm or cold water, time of the day etc.).
- While bathing, allow them to do as much they can for themselves – pouring water, applying soap, drying.
- If they are used to pouring water, do the same, do not suddenly expose them to a shower.
- If they refuse to bathe, try again a little later, when their mood has changed.
- If they feel shy, keep their body covered during bathing.
- It will be better to encourage them to sit while giving a bath as it will cut down on their scope to make sudden movements, and reduce the risk of falling.

Treatment planning suggestions 2: Dressing

- Consider comfort and convenience as well as dignity. Too many layers of clothes can be difficult and confusing to put on correctly. Ensure the person is warm enough in cold weather but loose fitting clothes are generally easier to put on, and more comfortable, particularly in hot weather.
- It may be very difficult for people with dementia to manage zippers. It may be easier to wear skirts or trousers held up by elastic. Clothes can be altered and fitted with zippers instead of buttons.
- It can be difficult to manage buttons too, so a local tailor can convert the buttons into Velcro, which will be very easy to use both for the person with dementia and their carer.
- Too many choices can be confusing. Try to select clothes for the person and lay them out the night before, so that they can find them easily when they need to dress in the morning.

Treatment planning suggestions 3: Toileting and incontinence

- Make a schedule and assist the person in going to the toilet regularly – ask them regularly if they need to go to the toilet.
- Label the toilet door using bright colours and large letters.
- Easily removable clothing will help them not to pass urine in their pants.
- Always seat them in a chair from which they can get up easily.
- Cut down on drinks before bedtime.
- Provide a commode by the bedside so that they can avoid searching for the toilet in the night.

Treatment planning suggestions 4: Repeated questioning

- Repeated questioning, or calling out, is often a sign of anxiety and insecurity. If appropriate offer them reassurances, give them a hug and tell them how much you care for them.
- Don't keep answering the question over and over if this seems to be getting you nowhere. This will only make you impatient and the person will pick up on your frustration and become more anxious.
- Try to distract the person offering something else to see, hear or to do.
- Talk about the person's favourite topics.
- You could try writing down the answer to commonly asked questions and refer to it when the person starts questioning.

Treatment planning suggestions 5: Clinging

- As far as possible, try to involve other trusted people as regular carers, so that the person with dementia can identify with at least two people. When one person wants to take time off the other can care for the person with dementia.
- It is better to use a few regular carers rather than many. As many different people will appear as strangers to the person with dementia.
- When you have to take time away, first do it for a short time and slowly increase it, rather than start by being away for long hours.
- If you can arrange for other family members to take over at home for a while, try to take a short break. Go to visit your friends, or go out to do something enjoyable. Don't feel bad about this. You will feel better for it, and the person with dementia will be better off with you refreshed rather than tired and irritable. Remember, it is good for them as well as for you!

Treatment planning suggestions 6: Aggression

- Keep calm and try not to show fear.
- Try to find out what provoked such anger. Think back and see if there is a pattern of some kind. Try to avoid such situations in future.
- At all costs, do not become aggressive yourself. If you are losing your temper, remove yourself from the person with dementia until you cool down.
- Do not physically push, pull or restrain the person, unless it is necessary to do so for their own safety.
- If all other measures fail, your doctor may be able to help with medication to calm down the person if they become violent often.

Treatment planning suggestions 7: Wandering

- Do not use physical restraints.
- Try using warning signs on key exit points in your house which say "no exit" "wet paint" or "danger".
- Try to place physical obstacles close to the exit points which make it difficult for them to leave through a door.
- If you have a yard or garden then make sure they can spend enough time in that area to enjoy the benefits of being outside and reduce any urges to leave the house. Provide objects of interest for the person to look at touch and feel and encourage them to remain in this area and reduce any urges to wander off.
- As a last resort, if all else fails, then lock the front door.
- Keep an identification card with your address and telephone number in the person's pocket so that other people can help the person.
- Embroider their address in all their dresses and clothes so that other people can help.
- If the person gets lost, inform the police and give them a recent photograph.
- While taking the person out always hold hands, offer them reassurances and encourage them to stay close to you.
- When you find the person try not to get angry. Remember this behaviour is part of the condition. Just take their hand and lead them back. (This will avoid a lot of embarrassment for both of you.)

Treatment planning suggestions 8: Loss of interest and activity

Maintain communication

- Make sure the person can see and hear properly (e.g. spectacles may no longer be of the right prescription, or a hearing aid may not be working properly). This will mean that the person can continue to communicate with the world around them.
- Make sure you have their attention before speaking.
- Speak clearly, slowly, face to face and at eye level.
- Show love and warmth through hugs, if this is comfortable for the person.
- Pay attention to their body language – people whose language is impaired communicate through non-verbal means.
- Be aware of your own body language.
- Find out what combination of verbal cues or prompts, guidance and demonstration are needed to communicate effectively with them.

Keep up activities and interests

- Planned activities can enhance a person's sense of dignity and self-worth by giving purpose and meaning to life.
- Remember, however, that because dementia advances, their likes, dislikes and abilities will change over time. There is no point in trying to encourage the person with dementia to do something that doesn't interest them, or that overwhelms their abilities. You will need to try different things.
- A person who was once a homemaker, gardener, trade person or business executive may gain satisfaction and reassurance from using some ability related to their job. Often some of these abilities are retained even when the person appears to forget so much else.
- In the later stages of the illness, consider how you may stimulate each of the senses in simple, interesting, but reassuring ways:
  - **Hearing:** music, a radio programme, reading a book or poem out loud, singing.
  - **Touch**: interesting objects that can be squeezed or bent or are covered in soft material (make sure that they cannot come to any harm with them!).
  - **Sight**: bright colours, painting, clearly labelled pictures of relatives, old photographs.
  - **Smell**: involve them in cooking, familiar smells of food and spices (remember again to keep things safe at all times!), perfumes.

Treatment planning suggestions 9: Hallucinations

- When responding to hallucinations, be cautious. First, assess the situation and determine whether the hallucination is a problem for the person or for you. Is the hallucination upsetting? Is it leading the person to do something dangerous? Is the sight of an unfamiliar face causing the person to become frightened? If so, react calmly and quickly with reassuring words and a comforting touch. Do not argue with the person about what they are seeing or hearing.
- Respond in a calm, supportive manner. You may want to respond with, "Don't worry. I am here. I will protect you. I will take care of you".
- Gentle patting may turn the person's attention toward you and reduce the hallucination.
- Acknowledge the feelings behind the hallucination and try to find out what the hallucination means to the individual. You might want to say, "It sounds as if you are worried or I know this is frightening for you".

Use distractions

- Suggest a walk or move to another room. Frightening hallucinations often subside in well-lit areas where other people are present.
- Try to turn the person's attention to music, conversation or activities you enjoy together.

Modify the environment

- Check for sounds that might be misinterpreted, such as noise from a television or an air conditioner.
- Look for lighting that casts shadows, reflections or distortions on the surfaces of floors, walls and furniture. Turn on lights to reduce shadows.
- Cover mirrors with a cloth or remove them if the person thinks that they are looking at a stranger.

DEM multiple choice questions

1. Which of the following is a common presentation of dementia? Choose the best answer:
   - ☐ A Low mood and loss of enjoyment in usual activities.
   - ☐ B Fixed false beliefs and hearing voices.
   - ☐ C Excessive hyperactivity and inattention.
   - ☐ D Decline or problems with memory and orientation.

2. Which of the following is a common presentation of dementia? Choose the best answer:
   - ☐ A Severe forgetfulness and difficulties in carrying out usual work, domestic or social activities.
   - ☐ B Drowsiness and weakness down one side of the body.
   - ☐ C Fluctuating mental state characterized by disturbed attention that develops over a short period of time.
   - ☐ D Low mood in the context of major loss or bereavement.

3. Which of the following is the best description of dementia? Choose only one answer:
   - ☐ A Dementia is a communicable disease of the brain that can be contagious.
   - ☐ B Dementia is most common in those aged 40–50 years old, and rare after this age.
   - ☐ C Dementia is a chronic and progressive syndrome due to changes in the brain.
   - ☐ D Dementia is rarely noticed by anyone other than the person who has it.

4. Which of the following is the best description of dementia? Choose only one answer:
   - ☐ A Dementia can have a large impact on the person, their carer, family and society at large.
   - ☐ B Dementia can be cured through pharmacological interventions.
   - ☐ C Dementia does not interfere with activities of daily living, such as washing, dressing, eating, personal hygiene and toilet activities.
   - ☐ D Dementia is a normal part of ageing.

5. Which of the following is a common cluster of symptoms in dementia? Choose the best answer:
   - ☐ A Minimally responsive, slow respiratory rate and pinpoint pupils.
   - ☐ B Problems with orientation, mood and emotional control.
   - ☐ C Failure to thrive, poor motor tone, delay in reading and writing.
   - ☐ D Elevated mood, decreased need for sleep, increased activity.

6. Which of the following is a common cluster of symptoms in dementia? Choose the best answer:
   - ☐ A Excessive over-activity and inattention.
   - ☐ B Excessive crying, clinging to a carer and extreme shyness.
   - ☐ C Abrupt onset and disturbed level of consciousness.
   - ☐ D Decline of memory with mood or behavioural problems.

7. Which of the following statements best describes treatment options in dementia? Choose only one answer:
   - ☐ A All people with dementia should have access to pharmacological interventions, regardless of specialist availability.
   - ☐ B Pharmacological interventions, if started early enough, can cure dementia.
   - ☐ C With early recognition and support, the lives of people with dementia and their carers can be significantly improved.
   - ☐ D Psychosocial interventions for dementia should only be provided by a specialist, due to their complexity.

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8. Which of the following might you do first for a carer of someone with dementia? Choose the best answer:
   - ☐ A Provide them with antipsychotic medication to administer to the person if their behaviour is unmanageable.
   - ☐ B Provide them with details of specialists, to see if the person can be started on medication.
   - ☐ C Assess their needs, including whether they are coping or becoming depressed.
   - ☐ D Refer them to a social worker who can assess whether they are experiencing financial hardship.

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9. Which of the following is the best first-line treatment for someone with dementia? Choose the best answer:
   - ☐ A Pharmacological interventions.
   - ☐ B Psychosocial interventions.
   - ☐ C Antipsychotic medication.
   - ☐ D Referring to a specialist.

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10. Which of the following are components of psychosocial intervention in dementia? Choose the best answer:
    - ☐ A Interpersonal therapy in combination with cognitive behavioural therapy.
    - ☐ B Promoting independence and support for the person with dementia, including ways to improve cognitive functioning.
    - ☐ C Cholinesterase inhibitors, in combination with antipsychotics if there are behavioural and/or psychological symptoms.
    - ☐ D Reducing physical activity, changing their usual routine and leaving things exactly as they are in the house.

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11. Which of the following might you tell a carer of someone with dementia? Choose the best answer:
    - ☐ A The person with dementia will only get worse so you should not bother trying to help them.
    - ☐ B A lot can be done to make the person with dementia more comfortable and to make providing support less stressful.
    - ☐ C Taking the person to new and unfamiliar places can help stimulate their memory.
    - ☐ D The person with dementia should avoid physical and recreational activities to help preserve their health.

DEM multiple choice answers

1. = D
2. = A
3. = C
4. = A
5. = B
6. = D
7. = C
8. = C
9. = B
10. = B
11. = B