



# Dementia Training Session for Carers

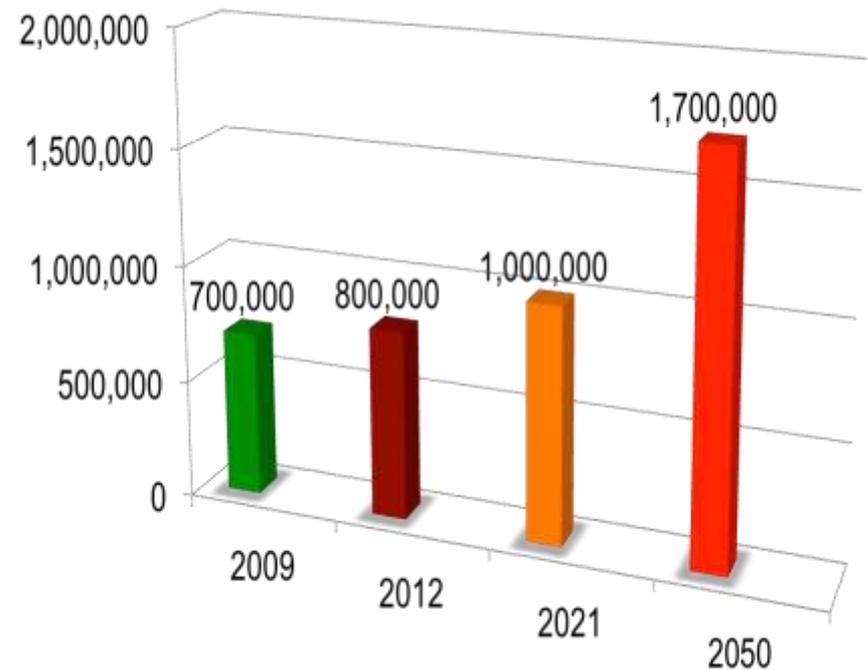
By

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# Dementia in the UK: Facts & Figures

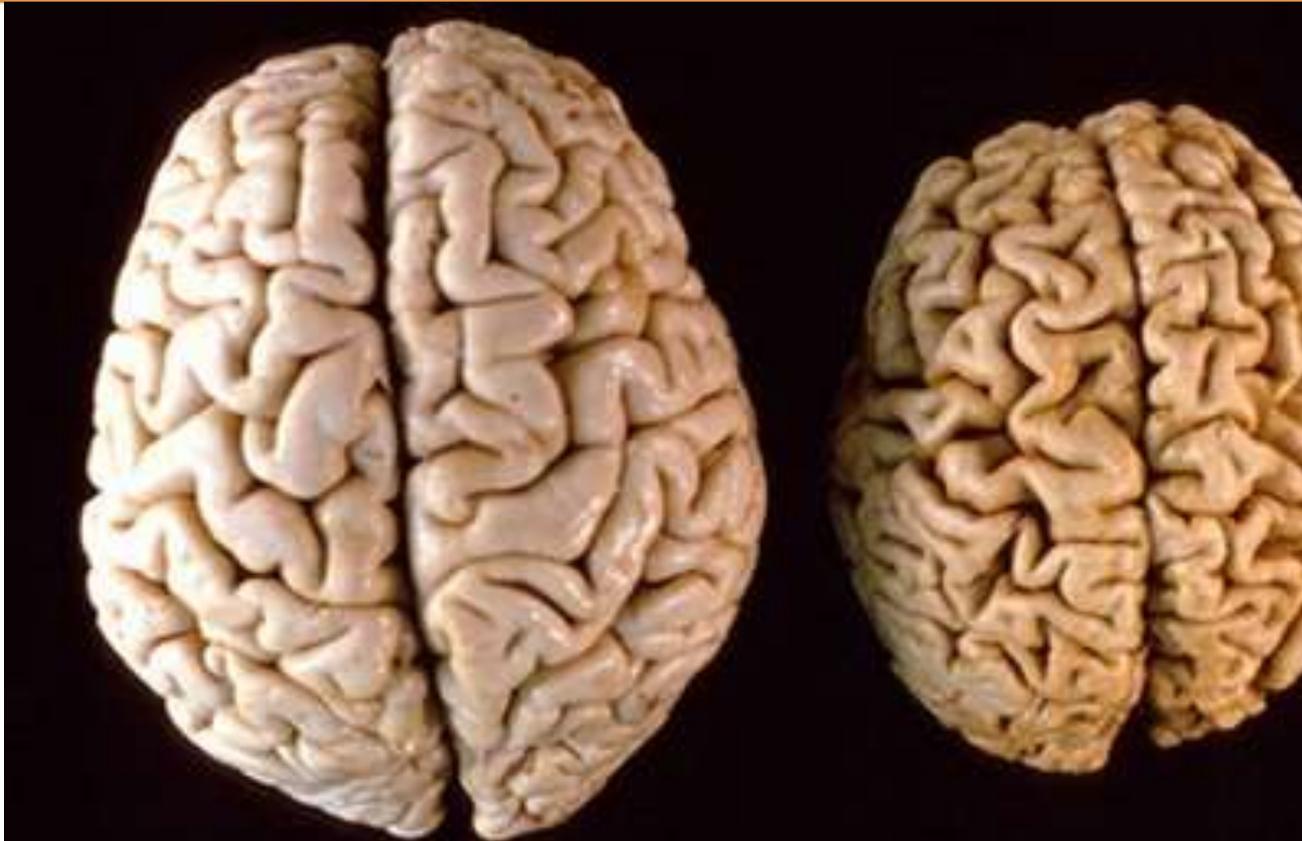
- National Dementia strategy launched in 2009
- **800,000** people living with dementia (2012)
- By 2050 - **1.7 million**
- Dementia costs **£19bn a year** (*more than the costs of cancer, heart disease or stroke*)
- Two thirds are looked after in the community by **670,000** family carers



# 10 Commonly Reported Symptoms

1. *“My wife can’t remember what she did five minutes ago”*
2. *“She knows what she wants to say but often can’t find the words. Sometimes she does not seem to understand me”*
3. *“He speaks quite openly about what he thinks of people. He was such a shy man before”*
4. *“She does things in the wrong order or doesn’t finish them”*
5. *“He hit me in the face when I was trying to help him get dressed”*
6. *“He often talks about seeing things or hearing things that are not there”*
7. *“Sometimes she thinks she’s back 30 years, or even when she was a little girl”*
8. *“She just sits there all day. She does not want to do anything and will barely talk to me”*
9. *“He is always asking where he is. He ends up following me all around the house”*
10. *“She keeps having accidents, not getting to the toilet on time”*

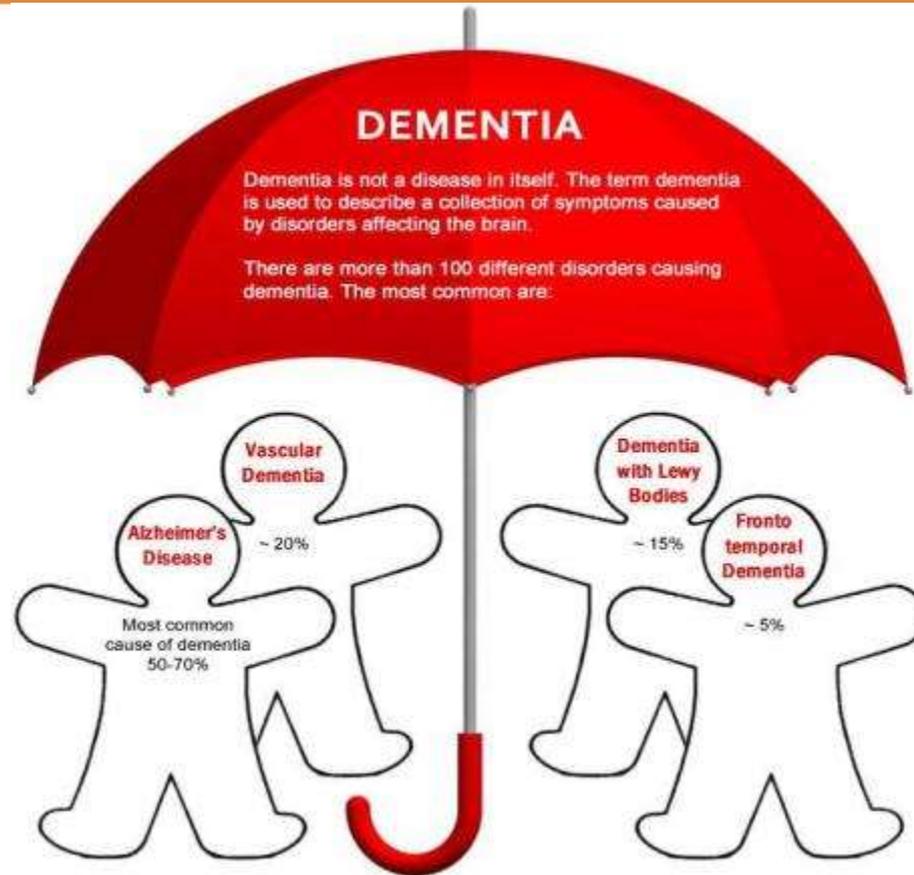
## Brain: Normal & Dementing



## 4 Lobes of Cerebral Cortex

- *Frontal lobe*
  - Planning and organising actions, expressing thoughts, initiating and stopping, regulating behaviour, abstract thought, logic, language, personality and other higher functions (**Aphasia and abnormal executive functions**)
- *Parietal lobe*
  - Remembering sequences of actions, body sense, locating objects, recognising familiar objects and faces (**Apraxia, Agnosia & Visuospatial disturbances**)
- *Temporal lobe*
  - Learning new information, recording and storage of verbal memory (such as names), and visual memory (such as faces), attention (**Amnesia**)
- *Occipital lobe*
  - Processing information about colour, shape and movement received from eyes

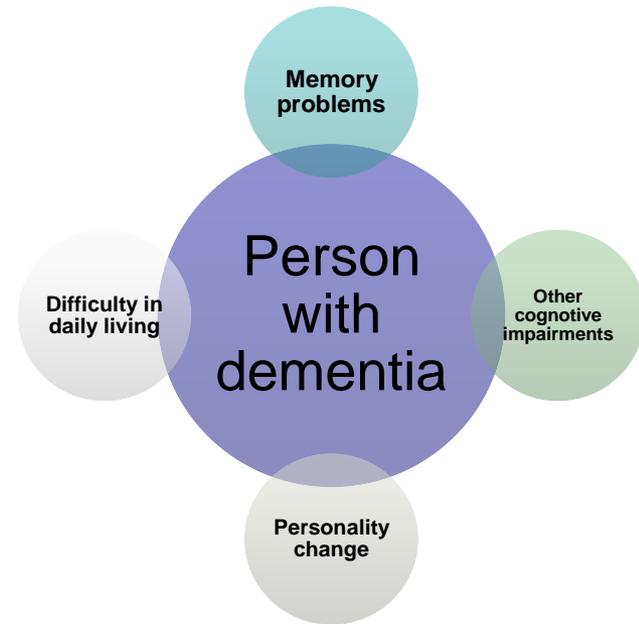
## Common Types of Dementia: Alzheimer's & Vascular



Dementia First Aid 4-h Course

# What is Dementia?

- *Dementia is an umbrella term to describe a group of symptoms that accompany certain diseases, involving the widespread progressive decline in a range of cognitive functions including impairment of memory, thinking, judgement and some degree of personality change.*
- *The impairments of cognitive function are commonly accompanied, and occasionally preceded, by deterioration in emotional control, social behaviour, or motivation*



# Making Sense of Symptoms

## Presentation

- *“My wife can’t remember what she did five minutes ago.”*
- *“She knows what she wants to say but often can’t find the words. Sometimes she does not seem to understand me.”*

## Clinical term & explanation

- **Amnesia** – short term memory loss is a common symptom of dementia.
- **Aphasia** – difficulty with verbal communication. This is a common language difficulty.

# Cognitive Impairment in Lay Language II

## Presentation

- *“She does things in the wrong order or doesn’t finish them.”*
- *“She does not recognise our little grand daughter”*
- *“He often talks about seeing things or hearing things that are not there”*

## Clinical term & explanation

- **Apraxia** – Dementia can cause an inability of the brain to send the right signals for the sequencing of required task, despite a person being physically capable of doing each action.
- **Agnosia** – Dementia can take the ability to recognise familiar objects or people.
- **Hallucination**- Dementia can cause people to see or hear things that are not there.

# Cognitive Impairment in Lay Language III

## Presentation

- *“She just sits there all day”*
- *“She does not want to do anything and will barely talk to me”*

## Clinical term & explanation

- **Abnormal executive functions**
  - ❖ Executive functions control the execution of complex goal directed activities (problem solving, planning, organisation etc)
  - ❖ Associated with frontal lobe
  - ❖ Frontal lobe function is stronger predictor of disability than temporal or parietal lobe

## Cognitive Impairment Affects Everyday Tasks

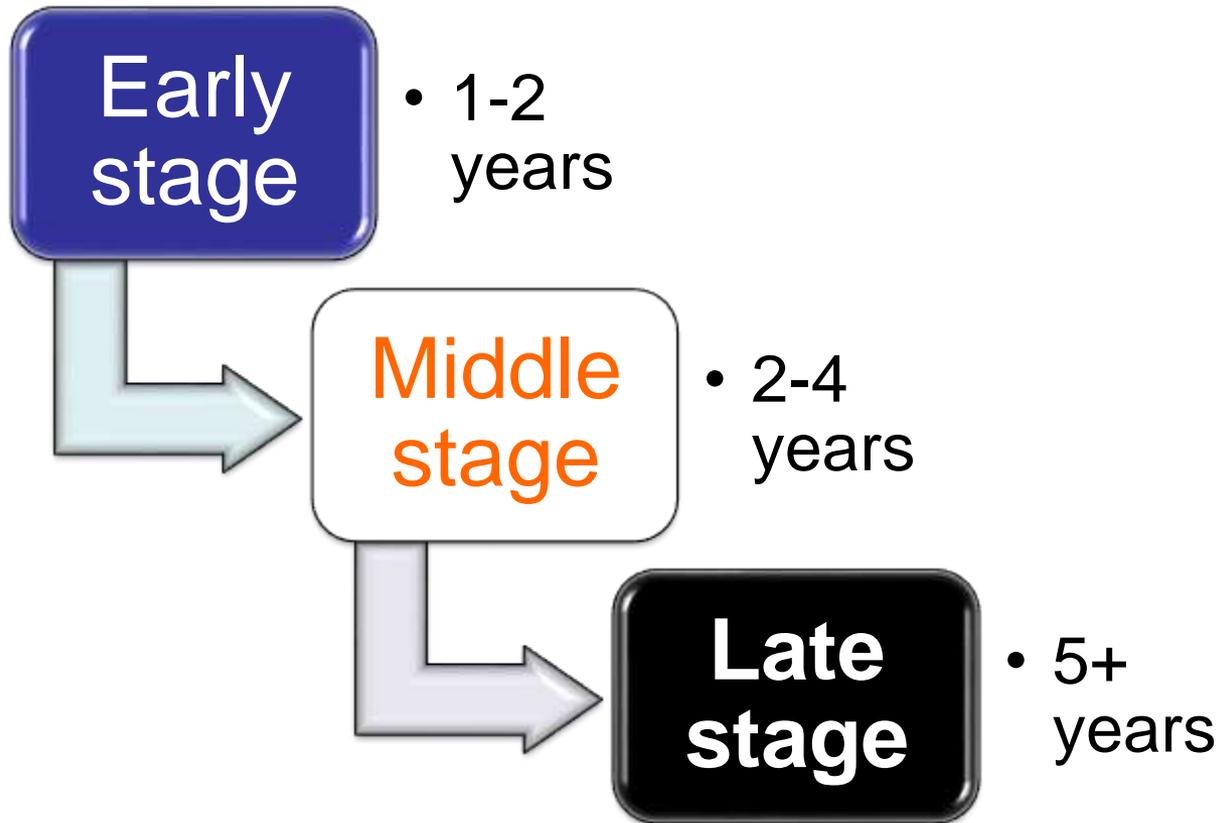
List everyday tasks:

- Cooking
- Cleaning
- Making a cup of tea

• While making a cup of tea:

- They open the cupboard where they think their cups and saucers are, only to find that this cupboard contains coffee, tea, flour, sugar and so on.
- The milk is found in the cupboard instead of the fridge.
- The tea bags are found in the fridge.
- They take out the bag of flour from the cupboard instead of the sugar.
- They put the tea bags in the kettle instead of the teapot.
- When they pour the milk into the cup they overfill it pouring milk all over the kitchen counter and onto the floor.
- They turn on the kettle but they have not filled it.

# Stages of Dementia



# Causes of Alzheimer's Disease

## Age

The greatest risk factor

## Genetics

(e.g. APOE- e4, APP, PS-1, PS-2 genes may cause AD)

## Causes of AD

## Lifestyle

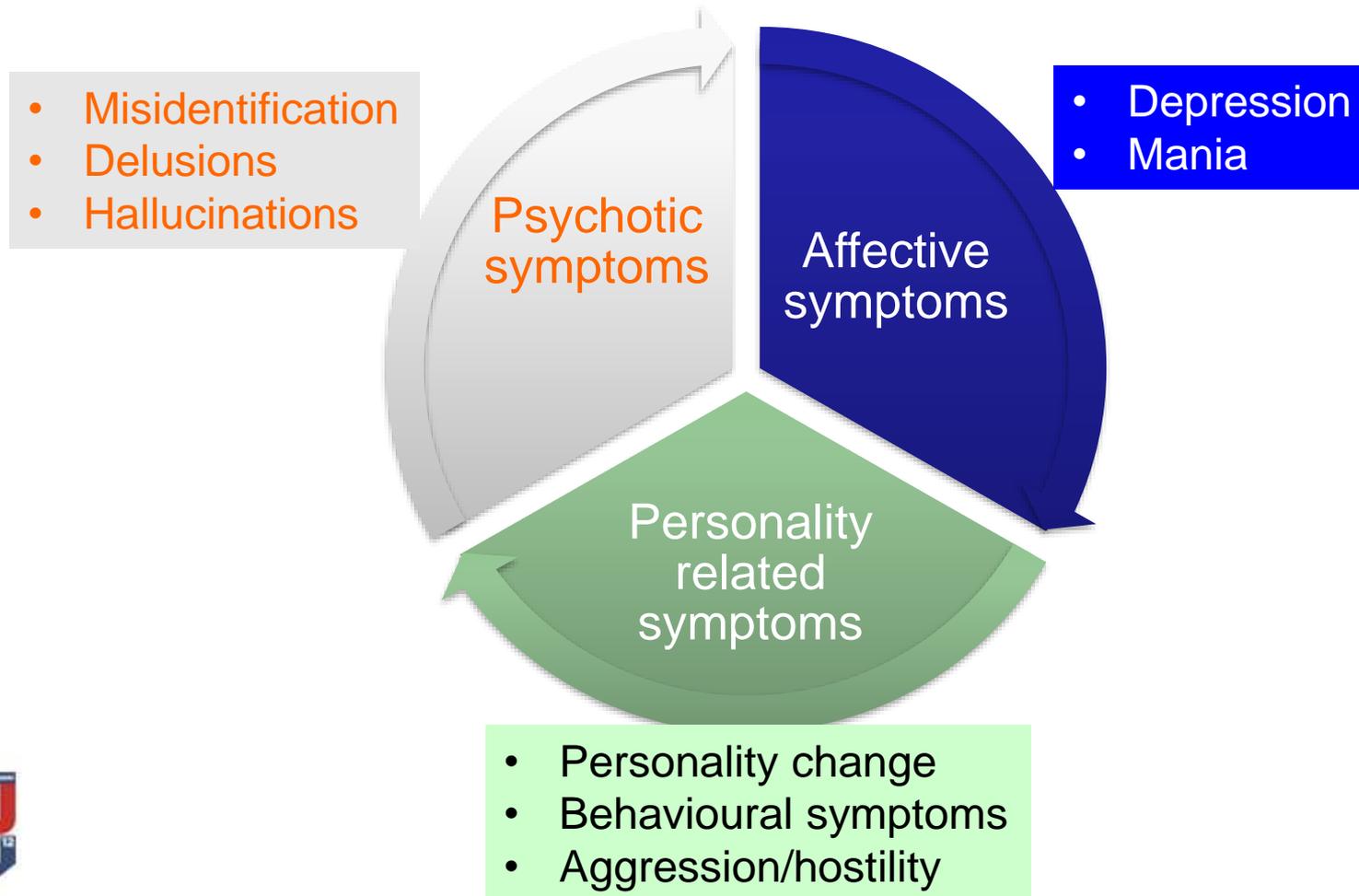
## Environment

## Prevention:

- Health factors
  - Blood pressure and diabetes control
- Lifestyle factors
  - Healthy diet
  - Physical activity
  - Appropriate weight
  - NO smoking



# What are BPSD?



## Impact of BPSD

If left untreated, BPSD may cause:

- Premature placement in care homes
- Increased financial cost
- Decreased quality of life
- Significant caregiver stress
- Excess disability
- Frequent hospital admissions



## Common Behaviours that Challenge

- Restlessness
- Repetitive behaviour
- Shouting and screaming
- Walking (wandering)
- Sleep disturbances
- Sundowning
- Hiding, hoarding and losing things
- Accusing
- Trailing and checking
- Disinhibition
- Aggression

## Causes of Challenging behaviour

### Dementia

- Memory loss, orientation problems
- Language difficulties

### Biological

- Pain, constipation
- Fever, infection

### Psychological

- Feeling of not being understood
- Anxiety, depression and psychoses

### Social

- Being bored
- Feeling lonely and ignored

## Strategies for Carers

1. Not to see the behaviour as just another symptom that needs treating
2. Developing a 'problem-solving' approach: 'Dementia First Aid Action plan'
3. Carers also have a right to live happily without feeling 'guilty'
4. It is OK to ask for help and support
5. Use antipsychotic drugs only as a last resort

## Assess the situation and Assist with any Crisis

*Assessment may be carried out using the PAIN approach:*

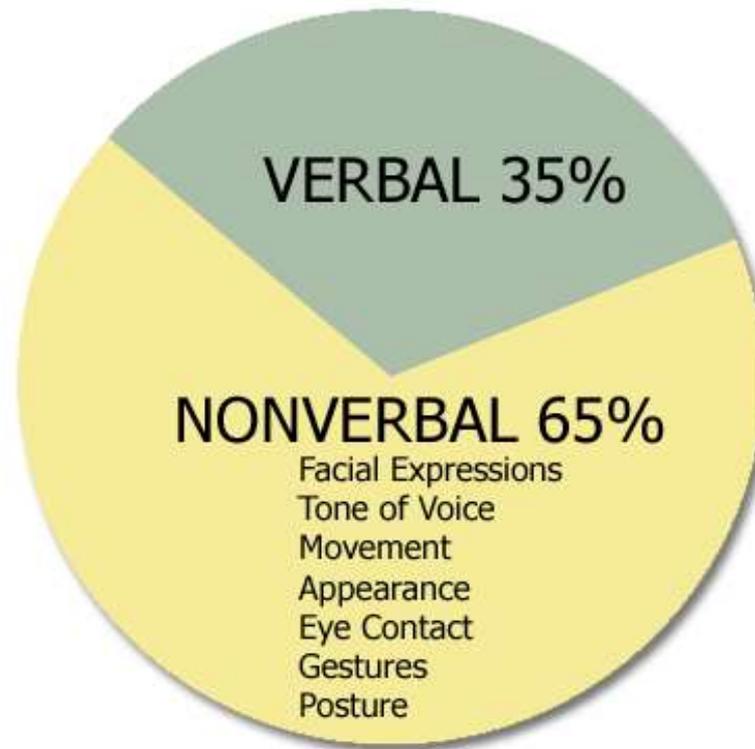
- **P** – physical factors e.g. pain
- **A** – activity related e.g. care tasks
- **I** – intrinsic to dementia e.g. wandering, psychosis
- **N** – noise and other environmental factors



# COMMUNICATION

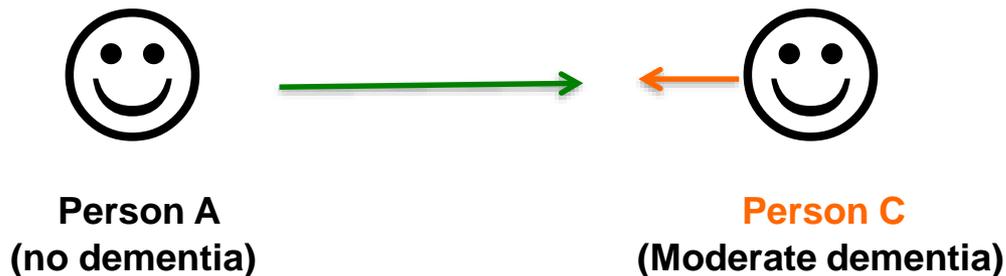


# Communication



## People with moderate dementia cannot reach out

- They may say less or conversation may include muddled memories or become repetitive.
- May not understand abstract ideas
- Can mistake the person talking to them with someone else
- Growing attention issues make it hard for them to concentrate
- Impairment of executive function may make them indecisive and look bewildered



**Person A must make more effort to reach out and have a relationship with Person C**

## Difficulties of Caring

### Time Constraints

- As dementia progresses, needs increase, less personal time – ↑feeling of burden



### Psychological symptoms

- Depression & anxiety are common





Any Question?

**THANK YOU**