

Dementia and housing training

Delegate handbook

Definition of dementia

Dementia is an umbrella term that refers to a number of diseases that all involve the progressive destruction of brain cells. Dementia generally increasingly affects memory and communication, and may result in significant changes in behaviour.

Confusional states (delirium) – some causes

- TIA, stroke or brain tumour
- Sudden change of environment or routine
- Infection, constipation or lack of oxygen to the brain
- Myxoedema, hypoglycaemia, fever or hypothermia
- Kidney or liver disease
- Alcoholism or toxic effects from drugs / medications
- Depression, bereavement, shock or stress
- Brain tumour
- Following a head injury (e.g. concussion), fall or fracture
- Dehydration or malnutrition
- Abuse
- Epilepsy (post-seizure).

Possible risk factors for developing dementia

- Age
- Genetics / heredity
- Down's syndrome
- High blood pressure
- Obesity
- Smoking
- Diabetes
- Depression
- Sedentary lifestyle
- Alcohol misuse
- Repeated head injuries

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Some of the sub-types (categories) of dementia

- Alzheimer's Disease (50-60%)
- Vascular dementia (20-30%)
- Mixed dementia (combination of both of the above) (10%)
- Lewy Body Dementia (10-12%)
- Fronto-temporal dementias (e.g. Pick's Disease) (5%)
- Parkinson's Disease Dementia
- Huntington's Disease
- Neurosyphilis
- Alcohol related dementias (e.g. Korsakoff's)
- HIV-associated neurocognitive disorder (HAND)
- Variant Creutzfeldt-Jakob Disease (VCJD)
- Chronic traumatic encephalopathy (CTE)

Progression of dementia

Possible early stage symptoms: unusual mistakes with...

- Domestic tasks
- Time / season
- Identifying family members
- Navigating (e.g. when driving the car)
- Dressing
- Handling money
- Eliminating

Other possible symptoms

- Clumsiness
- Communication problems
- Difficulties with writing, spelling, sums
- Doing things that are out of character
- Self-neglect
- Problems with reflections in mirrors
- False realities (i.e. delusions, hallucinations, illusions)
- Depression
- Mobility problems and falls
- Problems with eating and drinking
- Personality changes.

You often find that...

- What you learn first in life, you lose last in dementia
- What you learn last in life, you lose first in dementia.

Introduction to person-centred care in dementia

Some of the communication challenges

- Rambling, unclear or indistinct speech
- Words in the wrong order
- Forgetting specific words
- Inserting the wrong word
- Repetitive speech
- Stopping a sentence before the end
- Difficulty understanding other people
- Difficulty initiating conversation
- Sudden emotional outbursts
- Going quiet or silent.

Blocks to good communication

- Excessive information
- Noisy or distracting environment
- Physical pain
- Sensory loss.

Things to think about

- Tone
- Touch
- Body language and facial expression
- Be cautious about offering excessive choice.

Things that can help

- Not speaking sharply or shouting
- Writing things down
- Keeping sentences short and simple
- Not rushing them
- Encouraging them.

Try to enter their world

'As we become more emotional and less cognitive, it's the way you talk to us, not what you say, that we will remember. We know the feeling, but don't know the plot. Your smile, your laugh and your touch are what we will connect with. Empathy heals. Just love us as we are. We're still here in emotion and spirit, if only you could find us' (Christine Bryden, 2005).

'Treat us like a normal person and never speak about us in the third person when we are there. Don't criticise, find fault or taunt us, or speak as if we are no longer there, and certainly do not do everything for us' (ibid).

False realities (delusions, hallucinations and illusions)

A delusion is:

- A fixed, untrue belief
- Out of keeping with the person's age, culture or education
- Not easily shifted by rational argument.

Some common delusions

- Someone else is their spouse
- Someone is trying to harm them
- They are much younger than their actual age
- A parent is still alive
- They're still living in a previous home
- They have to collect their children from school
- They have to go out to work
- There's nothing medically wrong with them.

Possible responses to delusions

- Consider whether the false belief really matters
- Check the real facts if appropriate and possible
- Avoid unnecessary arguments
- Watch and wait (it may disappear)
- Reminiscence or distraction
- Respond to their underlying emotion (e.g. anxiety or fear may need reassurance)
- Check out the family's approach
- Expert advice (e.g. from a CPN or dementia expert)
- Anti-psychotic medication (as a last resort).

A hallucination is:

'A sensory experience in which a person can see, hear, smell, taste, or feel something that is not there'
(www.medterms.com, 2011)

An illusion is:

'A perception that occurs when a sensory stimulus is present but is incorrectly perceived and misinterpreted'
(www.medterms.com, 2015)

Possible responses to hallucinations or illusions

- Ask yourself whether it really matters (e.g. is it causing distress, fear or harm?)
- Avoid arguments over what is real
- Check whether they are misreading something in the environment (e.g. an illusion) that may be moved or changed
- Watch and wait
- Distraction

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- Clarify family's approach
- Unified approach from those supporting the client.
- Advice, e.g. from CPN
- Anti-psychotic medication as a last option.

Helping people with dementia to live well

- Reminiscence
- Music and song
- Laughter
- Exercise and activity
- Nutrition
- Familiarity and routine
- Gardens and nature

Useful organisations / resources

- Alzheimer's Society (national and local) (www.alzheimers.org.uk)
- Alzheimer's cafes
- Age UK (national and local) (www.ageuk.org.uk)
- Carers UK (www.carersuk.org)
- Huntington's Disease Association (www.hda.org.uk)
- Lewy Body Society (www.lewybody.org)
- Frontotemporal dementia (FTD) support (www.raredementiasupport.org)
- National Association of Widows (www.nawidows.org.uk)
- Cruse Bereavement Care (www.crusebereavementcare.org.uk)
- Befriending schemes
- Luncheon clubs
- Admiral Nurses.

References

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5. www.medterms.com



What we do

Homeless Link is the national membership charity for organisations working directly with people who become homeless or live with multiple and complex support needs. We work to improve services and campaign for policy change that will help end homelessness.

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