The Role of the Occupational Therapist in Dementia Care

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CONTENTS

- Occupational effects of dementia on a person and the three stages
- Effects on the informal carer
- What can be done
  - Occupational Therapy interventions
The term ‘dementia’ is used to describe symptoms that occur when the brain is affected by a specific condition or disease.

- Memory
- Reasoning and Thinking
- Orientation (place, time and spatial)
- Comprehension
- Planning and Initiating
- Learning Ability
- Language (Understanding and Spoken)
- Judgement and Awareness of Safety
- Behaviour
- Personality
- Mood
Occupational Effects of the First Stage

- Begins gradually with minor changes in memory, usually short term
- Forgetting conversations, names, events and appointments
- Minor word finding difficulties and slow to grasp new information
- Losing items around the home and sometimes accusing people of theft
- Confusion during sequencing of known tasks e.g. cooking, shopping
- Judgement and decision making
- Personality
- Decreased level of interest in activities previously enjoyed
- Social withdrawal
- Anxiety and loss of confidence
Middle Stage

- Marked changes in ability to sequence and plan daily tasks like washing and dressing
- Increasingly forgetful of names
- Increasingly repetitive and recall of information becomes much harder
- Decrease in recognition of familiar people and objects such as kettles and fridges
- Disorientation – getting lost in previously known environments
- Temporal adaptation in ‘time muddling’
- Hallucinations, visual disturbances and bumping into doorways
- Communication difficulties receptive and expressive dysphasia
- Inappropriate behaviour – aggression?
- Mood swings – tearfulness, fear, sense of being lost
Late Stage

- Physically frail vs. excessive strength
- General mobility – weak shuffling gait
- Nearly complete loss of memory and orientation to time and place
- Loss of recognition of family members, familiar objects and surroundings
- Swallowing and eating difficulties
- Speech difficulties
- Restlessness, agitation, looking for someone or something
- Aggression, especially if perceiving a threat
Effects on the Informal Carer  
- Spouse, Family Member, Friends

Objective burden – practical difficulties

- Strain
- Tiredness, lack of sleep, broken sleep pattern
- Constantly having to ‘do’ for the person
- Fear of ‘taking over’
- Restriction in life
- Isolation – socially and environmentally

Subjective burden – emotional effect on the care giver

- Frustration, low morale
- Sense of loss and grief
  - for the person
  - the planned future
  - relationship they once shared
- Guilt, resentment and anger
- Numbness

“Total and complete mental and physical exhaustion”
What can be done?

The OT can become involved in all stages of the disease

The OT uses purposeful activity as a way to assess individual ability and as a method of treatment

What people do and how they do it, their strengths and weaknesses are our concerns

Interventions look at:

- personal Activities of Daily Living
  - Washing, dressing, grooming, toileting, bathing

- (ADL)
  - Cooking, shopping, home management, money management, daily routine

- Interests and leisure

- Home environment

- Activity in groups and on a one-to-one basis

- Carer’s group and memory groups
Personal Care

Washing, dressing, grooming, toileting and bathing

- Introduce the activity to the individual and find out how it has been achieved in the past
- Importance to the person?
- One instruction at a time
- Describe and demonstrate the movement if necessary
- Easily accessible clothing – minimise, fastenings
- Avoid distractions
- Try to make the person at ease
- Encourage personal grooming and use mirrors

Equipment – perching stool, rails, toilet seats, bath seats, transfer ability
Activities of Daily Living

Cooking, shopping, home maintenance, money management, daily routine

Motor Skills –
Balance, co-ordination
R.O.M, dexterity
Manipulation, standing tolerance

Cognitive Skills –
Attention, concentration,
Memory, judgement
Sequencing, problem solving
Decision making
Object recognition, comprehension
Visual perception

Social Skills –
Interpersonal – Language skills,
Communication, eye contact
Intrapersonal – motivation,
Beliefs, self-esteem
Confidence,

Independence
Achievement
Safety and Risk

WHY DO O.T.’S MAKE TEA?
Home Visits

Orientation – Time, person, place

Safety Awareness and Risk – Including Road Safety

Perceptual Ability

Social and Environmental Network – Knowledge of the Local Area

Access

Ability

Aids and Adaptations

Carer and Community Support

Mobility, Transfers and Stamina

Coping skills

Insight and Realistic Attitude
The Importance of Activities

Why?

❖ Structures time
❖ Engagement with the “doing of” helps to distract from repetitive behaviours
  ❖ Maintains skills and increases skill level
  ❖ Gives a sense of purpose and dignity
❖ Prevents boredom and may help when dealing with challenging behaviours
  ❖ Improves relationships and communication
❖ Compensates for lost abilities and allows for self-expression
Activity Choice and Approaches

- Pertinent to individual interests
  - Interest checklist
  - Personal profiling
- Graded to reflect skill and ability levels
  - “just the right amount of challenge”
- Focus on enjoyment and participation rather than achievement
- Consider optimum time of day for the Individual
- Break tasks into easily achieved components
- Parts
- Use demonstration and support the individual through difficult parts
- Help with task initiation
- Encourage creativity and self-expression
- Let the person know how well they are doing and how much they are needed
- Competition??
Activity Suggestions...

...Endless
- Routine day-to-day activities around home/hospital – making beds, setting tables, folding washing, watering flowers setting up the tea trolley
- Cooking – group or singularly
  - whole task or part
  - use the time of year for themed meal
- Exercise – walking groups
  - exercise groups
  - chair movements to music
  - Tai Chi
- Listening to music and singing – “Singing for the Brain”
- Reminiscence – use photos
  - smell boxes
  - life story books
  - lifelines
- Gardening – planting seeds
  - raised beds
  - indoor gardening, bulbs
- Outing to places of interest – National Trust homes
  - gardens
  - museums
  - garden centres
  - local cafes
Arts and crafts – painting
   - collage
   - papier mâché
   - marbling
   - wet on wet painting
   - decoration and card making
Social activities, groups and chatting
Reading poems, short stories, newspapers, relaxing
In Conclusion

Occupation is a natural part of daily life for everyone.

People with a dementia have a right to a personally stimulating routine that will help to maintain their skill levels and their self-esteem.

Involvement with various activities helps to relieve boredom and encourages intellectual and physical stimulation.

It can improve, or at least maintain, a sense of well-being.

Individuals can participate and feel that they are giving rather than receiving.

Activity discourages passivity and dependence. It offers a chance for self-expression, decision making, creativity and positive achievement.
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