



DEMENTIA AWARENESS

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SPEECH & LANGUAGE
THERAPY

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Communication



SLT service for dementia

No Specialist SLTs

But...

- Assessment and advice for individual patients/carers/family
- Advice and support for ward staff
- NH and RH training programme – communication and swallowing / feeding

Insight into dementia

When did you last....

- ☹ Mislaid something that you know you put in a safe place
- ☹ Start to say something but then forget what you were saying
- ☹ Wake up and not know where you were
- ☹ Greeted by someone as if you were chums and have no idea who they were

- *How did you feel?*
- *What did you do?*
- *Who or what did you blame for the lapse?*
- *Did anyone/anything help you with the difficulty?*

Insight into dementia - 2

What did you feel?

- panic, anxiety, embarrassed, angry...

What did you do?

- cover up, pretend it never happened, make excuses, blame others...

Who or what did you blame for the lapse?

- Situation, family, friends, alcohol, unfamiliar place, too busy, tired...

Did anyone/anything help you with the difficulty?

- Cues to help remember, finding strategies, one thing at a time, retrace steps...

Insight into dementia -

(Getting the idea?)

- Early stages of dementia

Awareness ⇒ Emotional impact ⇒

How person and other people deal with this ⇒

- Later stages

?Level of awareness but still emotional impact ⇒

How person and other people deal with this ⇒

Characteristics of speech in Dementia

- Word finding difficulties
- Empty phrases – no content
- Saying the same thing over and over again
- Asking the same questions
- Losing the thread of what they are saying
- Incoherent speech or ‘jargon’
- Talking to themselves
- Flitting from topic to topic
- ?Level of understanding ?Level of attention
- Answers bear no relevance to the question



How does this affect conversations?

Normal conversation governed by **rules**

- Shared knowledge
- Acknowledged topic
- Turn taking
- Appropriate style – formal or informal,
relationship

A conversation with someone with dementia...

- Difficulty starting a conversation, difficulty keeping it going
- Not attending/ not understanding
- Answers bare no obvious relationship to your question
- Asking the same question repeatedly
- Flit from topic to topic
- Same topic repeated
- Conversations with themselves
- Says things which aren't 'true', confabulates

Communicating with people with dementia

Oliver James “*Contented Dementia*” (Ebury Publication 2009)

- Don't ask questions
- Learn from them – what was important to them. They are the experts on their disability
- Agree with what they say.

Communicating with people with dementia

Jennie Powell “*Care to Communicate; Helping the older person with dementia*” (Hawker Publications 2007)

- Think “why?”
Ie. Why that behaviour, question, use of language?
- Think “ABC” =
Avoid confrontation
Be Practical
Clarify feelings

Communicating with people with dementia; a few pointers

- Reduce pressure
- Do not 'show them up' or highlight the person's failures
- Make the person feel good about themselves
 - if it helps, put yourself down
- Acknowledge their feelings/concerns

Communicating with people with dementia; a few pointers

- Learn from the person and significant others
 - eg. Communicative history, Life story book, or Alzheimer's Society "This is Me"
- Getting an insight into earlier life (the world now living in again);
 - Gives insight into their present behaviours and concerns.
 - Gives clues about activities and objects that will keep them comfortable and even occupied e.g. secateurs, suitcases

Communicating with people with dementia; a few more pointers!

- **Environmental changes** e.g. lighting, routines, number of visitors
- **Maintain their dignity** e.g. don't patronise, don't invade their space, give positive directions (not "don't...")
- **Communication** e.g. mirror body language, use of words, relaxed interactions, calm tone of voice, one question at a time
- **Validate their experiences** try and stand in their shoes, their world is as real for them as yours is to you
- **Re-direct their focus**
 - Handout at the front!



Feeding and swallowing



Feeding and swallowing difficulties

- Not responding to hunger or thirst (?not feeling hunger or thirst)
- Reduced motivation to eat and drink
- Not recognising food or drink
- ‘Forgetting how’ to feed themselves
- Swallow reflex diminished



Early difficulties

- Difficulty using cutlery
- Reduced sensations of smell and taste
- Overfilling mouth
- Insufficient chewing
- Endless chewing
- ‘Forgetting’ to swallow
- Tiny pieces of food taken out of mouth and placed on edge of plate
- Sleepiness/attention difficulties



Later problems

- Malnutrition
- Dehydration
- Weakness/Frailty
- More drowsy
- Unable to respond to feeding or encouragement
- Non-oral feeding not appropriate – so what happens??

Dangers

- Choking – blocked airway
- Aspiration (but choking more likely)
- Behavioural issues around food/drink/meals
- Unable to maintain oral hygiene
- Malnutrition
- Dehydration ⇒
- UTI's, chest infections ⇒ swallow becomes worse...

Helping

- Encourage independence for as long as possible – finger foods, guiding hand, hand over hand, adapted cutlery and cups
- Increase sensory stimulation – taste, smell and visual stimulation
- Verbal and tactile cueing to swallow
- Positive environment - Social meals or 1:1 without distractions
- Provide correct consistencies esp. high risk foods
- Flexible timing and content of meals – little and often, favourite snacks



Helping

- Do not admit into hospital for “Poor oral intake”
- Better to keeping the person in familiar setting with people who know them
- Support carers