

Short Communication

NURSING ASPECTS IN CARE OF PATIENTS WITH DEMENTIA

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Abstract :

Dementia is one of the major disorders existing in our population. The nurse is responsible to plan the activities which will help to improve the behavior of clients and thereby reduce the complications. Nurses working with dementia clients should perform an analysis of client's ability to perform activities of daily living (ADL)

Keywords: Dementia, nursing care, assessment

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Introduction:

Nursing is often involved in the development and implementation of therapeutic activities. For people with dementia, activities are designed to prevent behaviour problems, to provide some meaningful purpose of the day to maintain and restore holistic health and function, promote socialization, pleasure and a positive sense of self. Nurses working with dementia clients should perform an analysis of client's ability to perform activities of daily living (ADL). After careful assessment of the sufferers, ADL help should be given to the sufferer where there is handicap. At all times the demented client should be

encouraged to undertake the activity on his/her own and help given when necessary. Assessment of activities of daily living includes:

- | Personal ADL: Activities concerning self care. For eg :feeding, dressing and Bathing
- | Instrumental ADL Activities concerning home management. eg: cooking, cleaning, shopping
- | Professional ADL: Ability to perform his /her professional work to his /her customary ability
- | Leisure ADL: Ability to participate in the usual leisure activities of the religious places.

Problems/Needs

A. Physical problems :

1. Urinary incontinence or inappropriate urination

Other possible causes of incontinence should be identified before contributing the problems to dementia.

2. Faecal smearing:

This is due to constipation and improper evacuation of his or her bowel

Nursing Management

- | Avoid giving the dementia patients fluids after 6.00 p.m. at night and then the patient be toileted prior to being taken to bed.
- | If nocturnal incontinence continues to be a problem, it might be necessary to toilet half way through the night.
- | If cold cause recurrent urinary tract infection and that in itself could lead to other problems with regard to the patients care. The only solution which could give some relief to this distressing condition is regular toileting
- | Locate bed near a bathroom when possible. Take patient to the toilet at regular intervals.
- | Establish bladder /bowel training programme
- | Promote patient participation to level of ability.
- | Provide the patient with laxative
- | Arrange for regular toileting. Regular bowel evacuation does indeed relieve this condition to a fair extent.
- | Maintain personal hygiene.
- | Adequate bowel elimination is essential for physiologic functioning and daily comfort of older clients.

- I Give simple directions, one at a time, step by step instructions, using short words and simple sentences
 - I Focus on appropriate behaviour, give verbal feedback, positive reinforcement
 - I Identify potential dangers to client in environment.
 - I Place identification bracelet on clients
 - I Avoid unfamiliar situation
 - I Decrease noise levels by call light
 - I Give one simple direction at a time
 - I Use symbols rather than written signs to assist clients to locate room, bathroom
 - I Pleasant ,calm, supportive tone of voice should be used
 - I Verbal communication should be clear, concise & unhurried
 - I Nonverbal techniques especially touch may be reassuring to the patient
 - I Pictures & symbols can be used for locating bathrooms, bedrooms or other areas in the setting
 - I Environmental clues can prevent unwanted behaviour. Creative use of environmental cue is putting a stop sign on an exit door.
 - I Maintain eye contact
 - I Give time for comprehension
 - I Repeat key words & phrases
 - I Use gestures, pictures & facial expression to convey more meaning
 - I Listening carefully can help decipher a patients words substitution & generally understand what the patient is trying to say.
 - I Use short small sentences
 - I Repeat sentences as often as needed & periodically summarize what has been said
 - I Continuous praise & encouragement promote successful communication with Alzhiemer's disease patients.
 - I To question, ask one specific question at a time requiring yes or no or multiple choice answer.
 - I Use soft voice while conversing
 - I Music therapy is a very effective method to enable communication for patients in third stage because it helps to preserve quality of life
 - I Simplify the verbal message using more than five or six words at a time .
 - I Accompany words with touch & visual clues to decrease confusion & increase clarity of message
 - I Maintain eye contact-Determine in which language the client can communicate more effectively by asking family ; & use interpreter if necessary
 - I Approach from the front, make eye contact, address the person by name, and speak in a calm voice.
 - I Talk first; pause ; touch second, reducing the person's threat.
 - I Avoid verbal testing or questioning beyond the client's capacity
 - I Do not argue or insist that the client accept your reality.
 - I Be aware of memory impairments in addition to communication difficulties.
 - I Assessment of specific receptive & expressive language abilities helps in understanding the client's communication difficulties & facilitate communication.
- Lubinski 1991 discusses the following needs for improved communication
1. To develop & maintain a sense of identity to permit elderly patients to be participants in their care
 2. To vent anxieties
 3. To relieve loneliness
 4. To diminish depression
 5. To exercise some power or influence
 6. To meet basic desire & need
- 2. Ineffective communication
 - I Assess patient's level of disorientation /confusion to determine specific requirement for safety
 - I Orient to him to time, place & persons with the help of a clock, calendar & physical setup
 - I Remove dangerous articles like lighter, matches, cigarettes & sharp objects
 - I Provide padded side rails
 - Identify hearing & vision impairments
 - 3. Reduce disorientation
 - I Assess patient's level of disorientation /confusion to determine specific requirement for safety
 - I Orient to him to time, place & persons with the help of a clock, calendar & physical setup
 - I Remove dangerous articles like lighter, matches, cigarettes & sharp objects
 - I Provide padded side rails

- 4. Memory:
 - | Call him by name
 - | Orient patient to reality and surroundings at frequent times
 - | Repeat the routine activity
 - | Speak slowly, clearly in simple sentences
 - | Convey warmth & concern
 - | Encourage him to speak clearly
 - | Create comfortable environment
 - | Provide opportunities to recall past events
 - | Encourage to use written cues such as calendar, lists or a notebook
 - | Keep environment changes to a necessary minimum
 - | Provide single step instructions for the client when instructions are needed
- 5. Spiritual needs
 - | Make them understand that change is due to disease
 - | Tell relatives not to get irritated if the patient forgets to inform important message
 - | Give appreciation for complete work
- 6. Support to families
 - | Allow patient to attend regular prayers
 - | Don't get irritated with extra time spent by patient for prayers
 - | Provide guidance & counseling
 - | The nursing professionals should help & advice the caregivers to cope with their emotional problems.
 - | A very important aspect is to promote communication between caregivers & individuals with dementia.
 - | Note physical /mental condition ,therapeutic regimen of care receiver
 - | Identify strength of care giver and care receiver
 - | Provide information or demonstrate techniques for teaching with acting out disoriented behaviour
 - | Discuss care giver's view and concerns about situation
 - | Determine available supports and resources currently used
- 7. Therapeutic needs
 - | Give medicines as prescribed
 - | Help he patient to express his physical complaints
 - | Provide reassurance
- 8. Prevention from injuries
 - | Provide adequate furniture in the room
 - | Electricity connection should be covered
 - | Provide bell within reach of the client
 - | Adequate light should be provided
 - | Pleasant & quiet environment should be provided
- 9. Impaired social interaction
 - | Do not allow the client to embarrass himself/herself I in front of others
 - | Intervene as soon as you observe embarrassing behaviour
 - | Praise the client for appropriate behaviour
 - | Determine the client's interests, hobbies and favorite activities before hospitalization
 - | Assess the client's current capability of engaging in former hobbies or activities. Make these activities available as much as possible
 - | Approach the client with a calm, positive attitude
 - | Begin with small, short term activities, initially one-one staff, and gradually progress to small groups
 - | Encourage small group activities or discussion of an activity with clients who share similar interests
 - | Allow the client to ventilate feelings of despair and hopelessness

Conclusion :

Like any other disease, patients with dementia also have problems that nurses have to take care. Nurses can observe

any change in behaviour since they are with the patient for 24 hours. Family members should understand that dementia is not a sign & symptom of aging but a problem in itself.

References :

1. Witzke J,Rebecca A (2008). Music for Alzheimer's dementia. J O G N Online; 34 (10):45-52.
2. Rasin J.(2008).Knowing the resident with dementia perspectives of assisted living facility care givers. JOGN online; 33 (9):30-36.
3. Hepburnn K, Lewis M. (2007) .Transportable dementia caregiver psychoeducation programme. JOGN Online.; 33(3):30-36.
4. Sorell JA, Sorell JM.(2008) Music for older adults. Journal of Psychosocial Nursing. March; 46(3):21-24.
5. Tompkins C J,Sorell JM. (2008). Older adults with Alzheimer's disease in a faith community. Journal of Psychosocial Nursing; 46 (1):22-25.
6. Kar N (2009) Behavioural and psychosocial symptoms of dementia and their management .Indian Journal of Psychiatry. Vol. 51 Supplement; 577-586.
7. Shaji KS, George RK, Prince JM, Jacob KS . (2009). Behavioral symptoms and care givers burden in dementia. Indian Journal of Psychiatry; 51(1):45-49.
8. Rawlins R P, Williams SR, Beck CK.(1993). Mental Health Psychiatric Nursing – A holistic lifestyle approach. St. Louis: Mosby Year Book; 649-670.
9. Fortinash KM, Holoday PA .Psychiatric Mental Health Nursing .St. Louis: Mosby
10. Lilly ML, Richards BS, Buckwalter KC.(2003)Friends and social support in dementia caregiving – Assessment and Intervention. Journal of Gerontological Nursing; 29 (1).
11. Roper JM, Shapira J, Beck A (2001).Nurse caregiver feelings about agitation in Alzheimer's disease. Journal of Gerontological Nursing; 27 (12):33-38.
12. Lorentz MM. (2000) Effective nursing interventions for the management of Alzheimer's disease. Journal of Neuroscience Nursing; 32(3):153-156.