



NURSE AIDE I TRAINING PROGRAM

ALZHEIMER'S DISEASE

JUNE 2014

**Objectives from this training:**

Define the terms, dementia, Alzheimer's disease, and delirium.

Describe the nurse aide's role in the care of the resident with Alzheimer's.

## **Dementia and Alzheimer's Disease**

### **Helpful Definitions**

**Activity-based Care** – care focused on assisting resident to find meaning in his or her day, rather than doing activities just to keep the person busy

**Alzheimer's disease (AD)** – is a progressive disease characterized by a gradual decline in memory, thinking and physical ability, over several years

**Aphasia-** (*impaired language*) – inability to speak (*expressive aphasia*) and inability to understand (*receptive aphasia*)

**Behavior** – how a person acts

**Catastrophic Reactions** – out-of-proportion, extreme responses to activities or situations

**Cognition** – ability to think quickly and logically

**Confusion** – inability to think clearly, causing disorientation and trouble focusing

**Delusion** – a false belief

**Dementia** – usually progressive condition marked by development of multiple cognitive deficits, such as memory impairment, aphasia, and inability to plan and initiate complex behavior

**Depression** – a loss of interest in usual activities

**Dignity** – respect and honor

**Doing Activities** – activities that keep the person busy

**Independence** – ability to make decisions that are consistent, reasonable and organized; having the ability to perform activities of daily living without assistance

**Irreversible** – disease or condition that cannot be cured

**Meaningful Activities** – have value to the client with dementia

**Onset** – the time when signs and symptoms of a disease begins

**Paranoia** – an extreme or unusual fear

**Progressive** – the way a disease advances

**Quality of Life** – overall enjoyment of life

**Respect** – treated with honor, show of appreciation and consideration

**Sundowning** – increased agitation, confusion and hyperactivity that begins in the late afternoon and builds throughout the evening

**Trigger** – an event that causes other events

**Wandering** – moving about the home with no purpose and is usually unaware of safety

## **Dementia**

Usually progressive condition marked by development of multiple cognitive deficits such as memory impairment, aphasia, and inability to plan and initiate complex behavior

### **Alzheimer's Disease (AD)**

Alzheimer's disease is the most common cause of dementia. Though people can have Alzheimer's in their 30s, 40s, and 50s, the disease is most prevalent in people over age 65. Progressive disease characterized by a gradual decline in memory, thinking and physical ability, over several years

Average life span following the diagnosis of Alzheimer's disease is eight years, but survival may be anywhere from three to 20 years

Because Alzheimer's disease is progressive, it is separated into three stages: Early (Mild), Middle (Moderate) and Late (Severe) – each stage is different and will require different actions on the part of the nurse aide

### **Early Stage Alzheimer's Disease**

- Memory loss begins to affect everyday activities
- Difficulty remembering names of people, places or objects
- Difficulty following directions
- Disoriented to time and place
- Increased moodiness, agitation or personality changes due to forgetfulness or embarrassment
- Has poor judgment and makes bad decisions
- Develops difficulty maintaining living spaces, paying bills and managing money

### **Middle Stage of Alzheimer's Disease**

- Longest of three stages
- Increased restlessness during evening hours (sundowning)
- Increased level of memory loss; starts losing ability to recognize family members
- Requires assistance with activities of daily living
- Increased problems with communication, ambulation and impulse control
- Increased behavioral issues; may become violent at times
- Urinary and fecal incontinence
- May experience auditory or visual hallucinations and become suspicious of caregivers
- Finally requires full-time supervision

### **Late Stage of Alzheimer's Disease**

- Considered terminal stage
- Loses ability to verbalize needs; may groan, grunt or scream
- Does not recognize self or family members
- Becomes bed-bound
- Total dependence for activities of daily living
- Body function gradually declines
- Death

## **Delirium**

State of severe confusion that is reversible and occurs suddenly  
Usually triggered by a rapid onset (acute) of illness or change in physical condition that is life threatening, if not recognized and treated. These can include but are not limited to: Depression, Infections, Medication Interactions, and Thyroid Problems.

Signs and symptoms of acute delirium – rapid decline in cognitive function, disorientation to place and time, decreased attention span, poor short-term memory and immediate recall, poor judgment, restlessness, altered level of consciousness, suspiciousness, hallucinations and delusions

Notify nurse immediately of any client that begins to exhibit the above symptoms or behaviors and stay with client

## **Dementia or Delirium?**

- Delirium and dementia are often confused
- Delirium is reversible; dementia is progressive and irreversible

## **Normal Aging**

In normal aging, our bodies and brains slow down, though intelligence remains stable. We are less physically and mentally flexible, and we take more time to process information. Memory changes occur as well, and it's common to have greater difficulty remembering names of people, places and other things as we age.

## **Maintaining Respect, Dignity and Quality of Life**

Every human being is unique and valuable; therefore, each person deserves understanding and respect

Dementia does not eliminate this basic human need

Person-centered care maintains and supports the person regardless of level of dementia

Clients' abilities, interests, and preferences should be considered when planning activities and care

As the disease progresses, adjustments will be required in order to maintain dignity

Important for Nurse Aide to know who the client was before the dementia started

An individual's personality is created by his/her background, including

Ethnic group membership (race, nationality, religion)

Cultural or social practices

Environmental influences, such as where and how they were raised as children

Career choices

Family life

Hobbies

Encourage clients to participate in activities and daily care, but avoid situations where client is bound to fail

Humiliation is disrespectful, degrading, and can increase likelihood of disruptive behaviors

To promote independence, do things with client rather than for them

Allow time for clients to express feelings and take time to understand what they are feeling

Provide emotional support

Home Care Agencies must provide care for clients in a manner and an environment that promotes maintenance or enhancement of each client's dignity, respect, and quality of life

## **Dementia and Alzheimer's Disease – Communication**

Clients with Alzheimer's disease often experience problems in making wishes known and in understanding spoken words

Communication becomes more difficult as time goes by

Changes commonly seen in the client with Alzheimer's:

Inability to recognize a word, phrase

Inability to name objects

Using a general term instead of specific word

Getting stuck on ideas or words and repeating them over and over

Easily losing a train of thought

Using inappropriate, silly, rude, insulting or disrespectful language during conversation

Increasingly poor written word comprehension

Gradual loss of writing ability

Combining languages or return to native language

Decreasing level of speech and use of select words, which may also cause the use of nonsense syllables

Reliance on gestures rather than speech

## **Communicating with Client with Dementia and Alzheimer's Disease – Nurse Aide's Role**

There are several components when assisting client with communication:

Patience with client

Show interest in the subject

Offer comfort and reassurance

Listen for a response

- Avoid criticizing or correcting
- Avoid arguments with client
- Offer a guess as to what client wants
- Focus on the feelings, not on the truth
- Limit distractions
- Encourage non-verbal communication

### **Dementia and Alzheimer's Disease – Communication Techniques Used by Nurse Aide**

Nurse aide's method of communicating with the client with Alzheimer's disease is as critical as the actual communication

Utilizing the following techniques will decrease frustration for both the client and nurse aide

Obtain client's attention before speaking and maintain attention while speaking

Address client by name, approach slowly from front or side and get on same level or height as client

Set a good tone by using calm, gentle, low-pitched tone of voice

If conversation is interrupted or nurse aide or client leaves room, start over from beginning

Slow down, do not act rushed or impatient

If information needs to be repeated, do so using same words and phrases as before

Speak clearly and distinctly using short, familiar words and short sentences, and avoiding long explanations

Emphasize key words, break tasks and instructions into clear and simple steps, offer one step at a time; and provide client time and encouragement to process and respond to requests

Use nonverbal cues, such as touching, pointing or starting the task for client

If the client's speech is not understandable, encourage to point out what is wanted or needed

### **Communication strategies to use when communicating with clients that have dementia**

Listen carefully and encourage them; do not talk down to them nor talk to others about them as if they were not present

Minimize distractions and noise

Allow enough time for client to process and respond; if they have difficulty explaining something, ask them to explain in a different way

Monitor body language to ensure a non-threatening posture and maintain eye contact

Nonverbal communication is very important to dementia clients

Choose simple words and short sentences, and use a calm tone of voice

Call the person by name and make sure you have their attention before speaking

Keep choices to a minimum in order to reduce client's frustration and confusion

Include clients in conversations with others

Do not make flat contradictions to statements that are not true

Change the way responses are made to avoid confusion, frustration, embarrassment, and behavioral outbursts

Use of communication devices (such as a picture board, books, or pictures) encourages client's independence and decreases frustration

### **Communication tips to use when caring for client with Alzheimer's disease**

Be calm and supportive

Focus on feelings, not facts

Pay attention to tone of voice

Identify yourself and address the client by name

Speak slowly and clearly

Use short, simple and familiar words, and short sentences

Ask one question at a time

Allow enough time for a response

Avoid the use of pronouns (e.g., he, she, they), negative statements and quizzing

Use nonverbal communication, such as pointing and touching

Offer assistance as needed

Have patience, flexibility and understanding

## **Dementia and Alzheimer's Disease – Key Words About Behavior Issues**

Behavioral responses that may be associated with each stage of the disease

Early stage – depression, anxiety, irritability

Middle stage – wandering, agitation, sleep disturbances, restlessness, delusions, hallucinations, general emotional distress

Late stage – verbal or physical aggression, agitation, gradual behavioral decline as disease progresses to death

## **Dementia and Alzheimer's Disease – Behavior Issues**

Behavior – an observable, recordable, and measurable physical activity

People with normal brain function have the ability to control responses

People with Alzheimer's disease and dementia have lost much of this ability

Behavior is a response to a need

The client is frequently unable to express his or her needs because of cognitive losses

Nurse aides must be attentive to gestures and clues demonstrated by the client

Every behavior is a response to a need or situation

Gestures, sounds, and conversation may reveal trigger to the behavior

As verbal skills diminish, behavior becomes the communication method

Before choosing a specific behavioral intervention, trigger of behavior must be identified

Triggers may be environmental, physical, or emotional

Environmental triggers – rearrangement of furniture, increased number of people in home, change in daily schedule

Physical triggers – new medications, infections, pain

Emotional triggers – may include reactions to loss, depression, frustration, self-perception, past life events, personality

### **Effective behavior management**

Identifying trigger

Understanding trigger

Adapting environment to resolve behavior

Changing the environment (such as reducing excessive noise and activity) or providing comfort measures (such as rest or pain medication) may reduce behavior

Intervention must meet needs of client while maintaining respect, dignity and independence

Successful behavioral interventions

Preserve client's dignity

Helps Nurse Aide gain confidence, improve morale, and increase job satisfaction

Behavior control also assists in reducing use of restraints, decreases abuse and neglect, and increases family satisfaction

## **Dementia and Alzheimer's Disease – Behavior Issues**

Common behaviors

Wandering

Sundowning

Depression

Disorientation to person, place, and/or time

Inappropriate sexual behavior

Emotional outbursts

Combateness (hostility or tendency to fight)

Inappropriate toileting (use of inappropriate areas for toileting, such as a plant)

Easy frustration

Repetitive speech or actions

Swearing, insulting, or tactless speech

Shadowing (following others)

Withdrawal

Hoarding (hiding objects or food)

- Sleep disturbances
- Paranoia and suspiciousness
- Delusions and/or hallucinations
- Decreased awareness of personal safety
- Catastrophic reactions (extreme emotional responses such as yelling, crying, or striking out that seem out of proportion to the actual event)

### **Wandering**

Wandering is a known and persistent problem behavior that has a high risk factor for client safety

Safety risk factors may include

Falls

Elopement

Risk of physical attack by other clients who may feel threatened or irritated by the activity

Clients wander for several reasons and may include

Trying to fulfill a past duty, such as going to work

Feeling restless

Experiencing difficulty locating their room, bathroom or dining room

Reacting to a new or changed environment

Preservation of client safety is the main objective when caring for the wandering client and interventions include

Establish a regular route

Provide rest areas

Accompany the client

Provide food and fluid

Redirect attention to other activities or objects

Determine if behavior is due to environmental stress

### **Sundowning**

Sundowning is behavioral symptom of dementia that refers to increased agitation, confusion, and hyperactivity that begins in late afternoon and builds throughout the evening

Interventions

Encourage rest times

Plan bulk of activities for the morning hours

Perform quieter, less energetic activities during the afternoon

### **Sexual Activity**

Inappropriate sexual activity is another behavior issue. Offensive or inappropriate language, public exposure, offensive and/or misunderstood gestures are the characteristics of this behavior

Interventions

Treat the client with dignity and respect

Remove client from public situation

Redirect attention to an appropriate activity

Assist the client to bathroom

### **Dementia and Alzheimer's Disease – Agitation**

Agitation occurs for a variety of reasons

Nurse aides must ensure safety and dignity of agitated client while protecting safety and dignity of other clients

Interventions

Do not crowd the client; allow them room to move around while still providing for safety

Ask permission to approach or touch them

Maintain a normal, calm voice

Interventions

Slow down and do not rush the client

Limit stimulation in the client's area

Avoid confrontations and force

Avoid sudden movements outside of the client's field of vision

## **Dementia and Alzheimer's Disease – Disruptive Verbal Outbursts**

Disruptive verbal outbursts are one of the most persistent behaviors in a long-term care facility.

These outbursts may include:

Screaming, Swearing, Crying, Shouting

Loud requests for attention

Negative remarks to other clients or staff (including racial slurs)

Talking to self

Anger and aggression are often the visible symptoms of anxiety and fear.

Interventions

Reassure clients that they are safe

Redirect their attention to an activity

Assist clients with toileting, feeding or fluids

Move clients to a quiet area

Notify nurse immediately of aggressive behaviors that may threaten other family and/or staff and stay with the client

## **Dementia and Alzheimer's Disease – Catastrophic Reaction**

Emotional, environmental, or physical triggers may result in a catastrophic reaction

Catastrophic reactions are out-of-proportion responses to activities or situations

Warning signs of a possible reaction

Sudden mood changes

Sudden, uncontrolled crying

Increased agitation

Increased restlessness

Outburst of anger (physical or verbal)

**Interventions include**

Speak softly and gently in calm voice

Protect client, self, and others as necessary

Remove the person from a stressful situation

Avoid arguing with the client

Avoid the use of restraints

Redirect the client's attention

Change activities if the activity is causing the reaction

**Interventions that should not be used include**

Arguing with client or other family members

Speaking loudly to client or other family members

Treating client like a child

Asking complicated questions

Using force or commanding client to do something

**Caregiver behaviors that should be encouraged and used to decrease or prevent use of restraints**

Maintaining calm and non-controlling attitude

Speaking softly and calmly

Asking one question at a time and waiting patiently for the answer

Using simple, one step commands, and positive phrases

Avoiding crowding client with more people than needed for the task

Providing a distraction, such as an activity or music

## **Dementia and Alzheimer's Disease – Activities**

Goal in the care of clients with Alzheimer's disease is to give support needed so that they can participate in the world around them to the best of their ability

Nurse aide must focus on the fact that the client is involved and satisfied, not on the task or activity

Activities fall into two categories

Doing activities – keep the person busy



Meaningful activities – have value to the client with dementia

Activity-based care is focused on assisting client to find meaning in his or her day, rather than doing activities just to keep the person busy

## **Dementia and Alzheimer's Disease – Activities**

Principles of activity-based care

Focuses on giving caregivers the tools to create chances for clients with dementia to be successful in activities and their relations with other people

Uses any daily activity that can be broken down into individual, sequential steps

Works within remaining abilities or strengths of the client with Alzheimer's disease, helping to shift emphasis away from client's disabilities and impairments

Adjusts an activity based on client's ability level

Depends on caregiver's interest and desire to create opportunities for successful interactions that are planned and guided to encourage client's full involvement

Rewards the client's attempts at participating in activities and provides them with a sense of being capable and alive

Timing of activities is important and individualized

Attention and focus activities, physical activities and sensory activities provided during each client's prime time and on a set, routine basis may increase participation and satisfaction with that activity

Cultural environment refers to values and beliefs of people in an area

CNA, client, families, visitors and volunteers determine culture of the home

Promotion of positive environment begins with inclusion of the clients and making them feel important to relationships and activities

## **Some Tips for the CNA with providing daily ADL's**

### **During a Bath or Shower**

Allow the person with Alzheimer's to do as much as possible. This protects his or her dignity and helps the person feel more in control. Here are other tips: Put a towel over the person's shoulders or lap. This helps him or her feel less exposed. Then use a sponge or washcloth to clean under the towel. Distract the person by talking about something else if he or she becomes upset. Give the person a washcloth to hold. This makes it less likely that he or she will try to hit you. Prevent rashes or infections by patting the person's skin with a towel. Make sure the person is completely dry. Be sure to dry between folds of skin. If the person is incontinent, use a protective ointment, such as petroleum jelly, around the rectum, vagina, or penis. For most people, a full bath or shower two or three times a week is enough. Between full baths, a sponge bath to clean the face, hands, feet, underarms, and genitals is all you need to do every day. When people feel good about how they look, they often feel better. Helping people with Alzheimer's disease brush their teeth; shave, and get dressed can help them feel more like themselves.

### **Mouth Care**

Here are some tips to help the person with Alzheimer's care for his or her teeth and mouth. Show the person how to brush his or her teeth. Go step by step. Remember to let the person do as much as possible. Help the person clean his or her dentures. Try a long-handled, angled, or electric toothbrush if you need to brush the person's teeth.

### **Dressing**

People with Alzheimer's disease often need more time to dress. It can be hard for them to choose their clothes. They might wear the wrong clothing for the season. They also might wear colors that don't go together or forget to put on a piece of clothing. Allow the person to dress on his or her own for as long as possible. Other tips for dressing: Lay out clothes in the order the person should put them on, such as underwear first, pants, then a shirt, and then a sweater. Hand the person one thing at a time, or give step-by-step dressing instructions. Put away some clothes in another room to reduce the number of choices. Keep only one or two outfits in the closet or dresser. Keep the closet locked if needed. Buy three or four sets of the same clothes if the person wants to wear the same clothing every day. Buy loose-fitting, comfortable clothing,

such as shirts, bras, cotton socks and underwear, and sweat pants and shorts with elastic waistbands. Try slip-on shoes that won't slide off or shoes with velcro@ straps.

### **Maintain Familiar Routines**

Change can be difficult for a person with Alzheimer's disease. Maintaining familiar routines and serving favorite foods can make mealtimes easier. They can help the person know what to expect and feel more relaxed. View mealtimes as opportunities for social interaction. A warm and happy tone of voice can set the mood. Be patient and give the person enough time to finish the meal. Respect personal, cultural, and religious food preferences, such as eating tortillas instead of bread or avoiding pork. If the person has always eaten meals at specific times, continue to serve meals at those times. Serve meals in a consistent, familiar place and way whenever possible. Avoid new routines, such as serving breakfast to a person who has never routinely eaten breakfast. Proper nutrition can keep the body strong and healthy, but regular nutritious meals may become a challenge for people with dementia. They may become overwhelmed with too many food choices, forget to eat or think they have already eaten.

### **What To Do About Incontinence**

Remind the person to go to the bathroom every 2 to 3 hours. Don't wait for him or her to ask. Show the person the way to the bathroom, or take him or her. Watch for signs that the person may have to go to the bathroom, such as restlessness or pulling at clothes. Respond quickly. Make sure that the person wears loose, comfortable clothing that is easy to remove. Limit fluids after 6 p.m. if problems happen at night. Do not give the person fluids with caffeine, such as coffee or tea. Give the person fresh fruit before bedtime instead of fluids if he or she is thirsty. Be understanding when bathroom accidents occur. Stay calm and reassure the person if he or she is upset.

### **Examples of communication with the Client with Alzheimer's**

Provide the solution rather than the question. For example, say, "The bathroom is right here," instead of asking, "Do you need to use the bathroom?"

Avoid confusing expressions. For instance, say, "Please come here, your shower is ready," instead of, "Hop in! "

Avoid vague words. Try saying, "Here is your hat." instead of Here it is,' stress the words in a sentence you feel are most important. Say, here is your coffee," instead of, "Here you go, Always try to turn negatives into positives. Try saying, let's go here, instead of saying, "Don't go there'

To help demonstrate a task, point to or touch the item you want the person to use. Or, begin the task for the person. Avoid quizzing or making the person feel like he or she should know something.

Provide cues in your communications. Say, It will be fun when we see Susan this weekend," rather than, aren't you looking forward to our plans this weekend?"

### **Things to watch for and report**

Coughing

Excessive thirst or sudden weight loss

Sudden bowel and bladder changes

Weakness

Fever

Painful or more frequent urination

Open sores

Hallucinations, delusions, agitation or aggression not previously seen

Changes in the ability to move sleep or breathe signs of pain, including bruises, swelling, fever, vomiting, and uneven skin tone, facial expressions or sounds related to distress.

## **10 warning signs of Alzheimer's:**

1. Memory loss that disrupts daily life
2. Challenges in planning or solving problems
3. Difficulty completing familiar tasks at Home, at work or at leisure
4. Confusion with time or place
5. Trouble understanding visual images and spatial relationships
6. New problems with words in speaking or writing
7. Misplacing things and losing the ability to retrace steps
8. Decreased or poor judgment
9. Withdrawal from work or social activities
10. Changes in mood and personality

## **Dementia and Alzheimer's disease – Nurse Aide Stress and Burnout**

Providing care on daily basis for client with Alzheimer's or dementia extremely stressful  
This population of clients may be more prone than others to becoming victims of abuse or neglect

Because of this, nurse aides that deal with Alzheimer's or dementia clients must take additional precautions to ensure they do not over-react or react negatively to client behaviors

Regardless of the cause, nurse aides must take necessary steps to ensure that they do not react inappropriately to client behavior

Frustration can lead to

Negative, harsh or mean-spirited statements made to family or clients

Physical abuse of clients

Emotional abuse of clients

Verbal abuse of clients

Neglect of clients

Nurse aides must always remember that statements and behaviors of clients suffering from Alzheimer's or dementia are beyond control of the client and not personally directed toward nurse aide

Usual profile of employee who is subject to burnout

Takes work personally and seriously

Works over at end of a shift

Works extra shifts

Takes on extra projects

Very high or unrealistic expectations

Perfectionist attitude

Signs of staff burnout include

No longer enjoying work

Irritable with clients and co-workers

Fear of failure, inadequacy, job loss and obligation to supervisor, co-workers, family

Feelings of being overwhelmed

Viewing work as a chore

Frequent complaints of illness

Strategies to use to assist in preventing burnout include

Maintain good physical and mental health

Get adequate amounts of sleep on off days and before each shift

Remain active within family and community

Maintain a separation between work and personal relationships

Maintain a sense of humor