DEMENTIA
THE PUBLIC SAFETY RESPONSE &
TOOLS FOR INTERVENTION
OBJECTIVES

• Understanding dementia
• Tools for intervention
• Resources
Changes in memory & thinking severe enough to impact daily life.
ALZHEIMER’S DISEASE (AD)

• Most common type
• Short-term memory loss
• Apathy/ depression (early)
• Progressive impairment in:
  • Communication
  • Judgment
  • Orientation
  • Swallowing
  • Walking
25 years before kindred’s median age at clinical onset

mutation carriers, healthy

Fibrillar Aβ deposition

Age
## WHAT, WHEN & WHERE

<table>
<thead>
<tr>
<th></th>
<th><strong>Mild Dementia</strong></th>
<th><strong>Moderate Dementia</strong></th>
<th><strong>Advanced Dementia</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>Avg. Length of Stage</strong></td>
<td>1-3 years</td>
<td>2-5 years</td>
<td>1-3 years</td>
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<tr>
<td><strong>Type of Assistance Commonly Needed</strong></td>
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<td></td>
<td>housekeeping</td>
<td>structure and routine in daily living</td>
<td>quiet, predictable and comfortable environment</td>
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<td></td>
<td>shopping</td>
<td>grooming</td>
<td>care for all personal activities</td>
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<td></td>
<td>meal preparation</td>
<td>showering/bathing</td>
<td>medication administration</td>
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<td></td>
<td>lawn care</td>
<td>medication assistance</td>
<td>continence care care</td>
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<td></td>
<td>transportation</td>
<td>continence care</td>
<td>short, individualized, meaningful activities</td>
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<td>paying bills</td>
<td>participation in</td>
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<td>access to social activities</td>
<td>successful and pleasurable activities</td>
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<td></td>
<td>medication reminder</td>
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<tr>
<td><strong>Setting</strong></td>
<td>Home/independent living</td>
<td>Home with 24-hour supervision</td>
<td>Home with 24-hour care and assistance</td>
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<td></td>
<td>Senior center</td>
<td>Adult Day Center</td>
<td>Assisted living with/without hospice</td>
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<td></td>
<td>Assisted living</td>
<td>Assisted living</td>
<td>Skilled Nursing Facility</td>
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</tbody>
</table>
RECOGNIZING PERSONS WITH AD OR DEMENTIA
RECOGNIZE

- Confusion/disorientation: agitation or anger, inability to grasp current situation; difficulty judging passage of time
- Expression – blank or inappropriate
- Inappropriate Dress
- Forgetfulness: short-term, forget what they have forgotten; repeated questions
- Delusions: Paranoia, incorrect beliefs that remain fixed despite evidence to contrary
- Communication Problems: lose ability to understand others and to make themselves understood
- Hallucinations – mistaken sensory experiences
- Unbalanced gait or shuffle
UNDERSTANDING A PERSON WITH DEMENTIA
• Progressively Lowered Stress Threshold
• As disease progresses, tolerance for ‘stress’ is lowered
• ‘Stress’= Anything that requires thought
PROCESSING INFORMATION

• Anosognosia
• Sensitive to trauma
• Limited ability to understand directions
• May forget directions
• Easily agitated, frustrated, or overwhelmed
• Prone to wander or hide
BOOKCASE ANALOGY

Top: Facts, events, memories
Bottom: Amygdala - emotions, feelings
BEHAVIORS

• Actions meant to communicate
• Actions with personal meaning
• Responses to an unmet need
PREVENTION

- Manage fatigue
- Consistency/ routine
- Watch out for overwhelm
TALK TACTICS
Take it slow

Ask simple questions

Limit Reality Checks

Keep eye contact
TAKE IT SLOW

• Approach the person slowly
• They may become overwhelmed
• They may feel things are happening faster than they are
• Approach the person from the front
• Speak slowly and in a low voice
• Low voice helps de-escalate
• Slow speech gives them time to process
ASK SIMPLE QUESTIONS

• Avoid multipart questions
• Avoid open-ended questions; use yes/no or one-word answer questions
• Be patient when waiting for answers; do not rephrase questions
**Limit Reality Checks**

- Live in the person’s world
- Avoid correcting the person
- Redirect as necessary
- If your question is not working, make a connection to another event, place, or time
Keep eye contact

- Non-verbal communication is important to successful interactions
- They react strongly to body language
- Give nods of approval to establish a positive rapport and keep an open posture
- Reassure
SPECIAL CONCERNS
FIREARMS

- Extreme reactions to common events
  - May not recognize family and mistake them for burglar

- Misinterpretation of surroundings
  - May see something violent on TV and feel it’s happening at their home

- Over-reaction to surrounding events
  - May pull a firearm on loud children etc.
SAFETY CONCERNS

- Living alone
- Wandering
- Firearms
- Driving
• Can go both ways
• Be careful what they are watching
• Hall’s Rule of Television Watching & Dementia
SUNDOWNING

• Late day confusion
• Often a result of fatigue
• Keep things calm, routine & purposeful
CALLS ABOUT THEFT & INTRUDERS

- Could be a result of misinterpretation of information
- TV can culprit
- Items can be misplaced
- Reassure, redirect
ABUSE & NEGLECT: BY PERSON

Dementia does not cause abusive behavior. Abusive behavior may stem from:

- Fear of abandonment
- Intimidated by caregiver requests
- Frustration
- Suspicions based on misperceptions

Self Neglect: dehydration, malnutrition, odor, unsafe living conditions, inappropriate clothing
ABUSE & NEGLECT: BY CAREGIVER

Abuse may occur as a result of lack of support rather then as an act of malice

- Stress
- Social isolation
- Depression
- Lack of positive feedback

Abuse by the person with AD: 2006 study – 75% of caregivers reported being verbally abused by person with AD
RESOURCES

- Desert Southwest Chapter of the Alzheimer’s Association;
  - 800.272.3900
  - www.alz.org
- Area Agency on Aging Senior HelpLine
  - 602.264.HELP
- Adult Protective Services
  - 877.SOS.ADOULT (767.2385)
- International Association of Chiefs of Police: Alzheimer’s Initiative
- Banner Alzheimer’s Institute
  - www.banneralz.org
- Medic Alert L.E.A.P.
- Medic Alert + Safe Return
- Registration Programs
QUESTIONS