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Resources for Nursing Home Professionals

Dementia Care

In the United States, dementia affects about 4.5 million people. As a result of the degenerative nature of the disease, many patients receive nursing home care. In fact, studies have shown that about 50 percent of nursing home residents have dementia disorder. Nursing home staff can help dementia patients sustain their high quality of life by providing residents relief from pain, monitoring proper food and fluid intake, and attending to appropriate social activities. Below are some guidelines for caring for dementia patients.

Educate and support staff

- **Engage the experts.** Many nursing home staff are ill prepared to understand and deal with the needs and behaviors of residents with dementia. The demands of caring for residents with agitation and wandering behavior are stressful and a cause of burnout. The Alzheimer's Association new *Foundations of Dementia Care* (PDF) is a comprehensive training program to help nursing homes nationwide improve the quality of care for residents with dementia. The innovative training uses the most current research to help staff make better connections with residents and their families, resulting in better quality of care.

Provide Relief From Discomfort and Pain

- **Routinely assess pain.** Pain assessment should be done routinely, just like vital signs. However, pain is under-recognized and under-treated among dementia residents because of their difficulty communicating. Observation can help spot behavioral changes or the physical expressions that indicate they are in pain (moaning, grimacing, sighing, etc.). Additionally, there are pain scales (Pain Assessment in Advanced Dementia PAINAD) that can be used to assess a resident's situation.
- **Customize pain management techniques.** Some residents may require only non-pharmacological approaches, such as relaxation, physical activities, or heat therapy. If non-pharmacological therapies don't work, analgesics or narcotics may be necessary. One study found that pain medication helped reduce difficult behavior.
- **Consider palliative or hospice care.** As residents enter the final stages of dementia, treatment may involve more intense pain medications, such as those given in palliative or hospice care.
- **Reduce use of restraints.** Studies have shown that physical restraints actually trigger agitation in dementia residents, in addition to causing injuries and falls.

Provide Proper Food and Fluid Consumption

- **Provide good screening and preventive systems for nutrition.** Ongoing nutrition screening and assessment is important to providing optimal care. Monitoring a resident's weight also helps to avoid problems. Also look for residents with swallowing difficulties, poor utensil use, or loss of balance or coordination. In studies, improvement in eating or drinking has been shown to decrease inappropriate behavior and to improve a resident's health and well being.
- **Promote pleasant mealtimes.** Residents should have a pleasant, familiar dining environment free of distractions, using smaller dining rooms if available. Staff should sit and make eye contact and speak with residents when assisting with meals. Stimulate a resident's sense of smell by baking bread before mealtimes. If possible, let residents choose their mealtime, especially if they are distracted or disoriented during normal mealtimes.

Treat Residents As Individuals

- **Patients show benefits from individualized interventions and respect for preferences.** One study showed that listening to music alone more effectively reduced inappropriate behavior than listening in a group environment. Residents need personal space and time to relax in order to increase their quality of life.
- **Be flexible in resident's routines and environments.** Flexibility in meal, bed, and bathing times can reduce conflict and disruptive behavior. Find out from a caregiver if the resident has a favorite object, such as a blanket, pillow, or stuffed toy that they can use for comfort.
- **Manage sundowning.** Many dementia patients get more confused and anxious at the end of the day. Schedule an hour of rest in the afternoon and minimize activities late in the day. Close shades and blinds before dusk to orient the resident.

Dementia Care

Provide Proper Social Activities

- **Assess a resident's interest in activities.** Upon entering the facility, assess the resident's capacity and interest to be involved in various activities. A resident's cultural values, religion, and physical and mental capacity should all be considered.
- **Actively engage residents in activities.** Encourage residents to use their remaining skills to be as independent as possible. Engage the family of the resident to get involved in activities. Consider community activities, such as a local theater or other outings.
- **Use the five senses to engage residents.** Use music therapy, aromatherapy, or massage therapy to provide residents with a wide variety of experiences.
- **Use Montessori-based activities.** These activities include breakdowns of tasks, use of real-world materials, guided repetition, and a focus on productive and personally meaningful activities. Montessori activities have been shown to increase a resident's positive engagement with his or her environment.

Provide Individualized Social Contact

- **Use video or audiotapes of family and caregivers.** Videotapes of family members talking to a dementia patient and a practice called simulated presence therapy (where a caregiver audiotapes his or her side of a simulated telephone conversation) can help enhance their well-being and decrease problem behaviors.
- **Use reminiscence therapy.** Introduced over 20 years ago, reminiscence therapy involves the discussion of past activities, events and experiences with another person or group of people. Studies have shown that reminiscence therapy can improve mood 4 to 6 weeks after treatment and can result in lower strain and improved functional ability among some residents. A Cochrane review, however, found the studies to be inconclusive.

References

- Alzheimer's Association. (2005). "Dementia care practice recommendations for assisted living residences and nursing homes." Chicago, IL. Available at: www.alz.org/Downloads/DementiaCarePracticeRecommendations.pdf.
- Camp, C. J., J. Cohen-Mansfield, et al. (2002). "Use of non-pharmacologic interventions among nursing home residents with dementia." *Psychiatr Serv* 53(11): 1397-401.
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- McGonigal-Kenney ML, Schutte DL. (2004) Non-pharmacologic management of agitated behaviors in persons with Alzheimer disease and other chronic dementing conditions. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Dissemination Core.

Web links

- Alzheimer's Association www.alz.org
- Alzheimer's Disease Education & Referral Center www.alzheimers.org

Contain Wandering

- **Schedule supervised walking trips with resident.** Scheduling routine walks with a resident, especially in a garden or outdoor environment, can help stop wandering. Walks can also help prevent boredom and help the resident expend excess energy.
- **Be prepared for wandering.** If a resident does wander, lead him or her back gently through an indirect route rather than using a confrontational approach. Also try to orient the resident in the surrounding. Another approach is to place pictures of the resident's family outside his or her door to help the resident find his or her room.
- **Provide basic needs.** Sometimes a resident wanders because he or she hasn't met some basic needs like toileting, food, heat, or companionship. Also make sure that a resident has their eyeglasses, or hearing aids to decrease confusion.

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