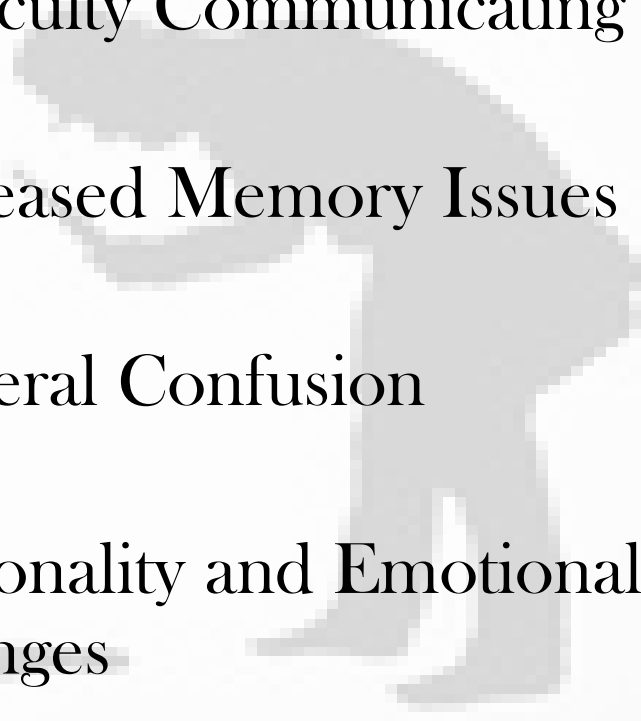




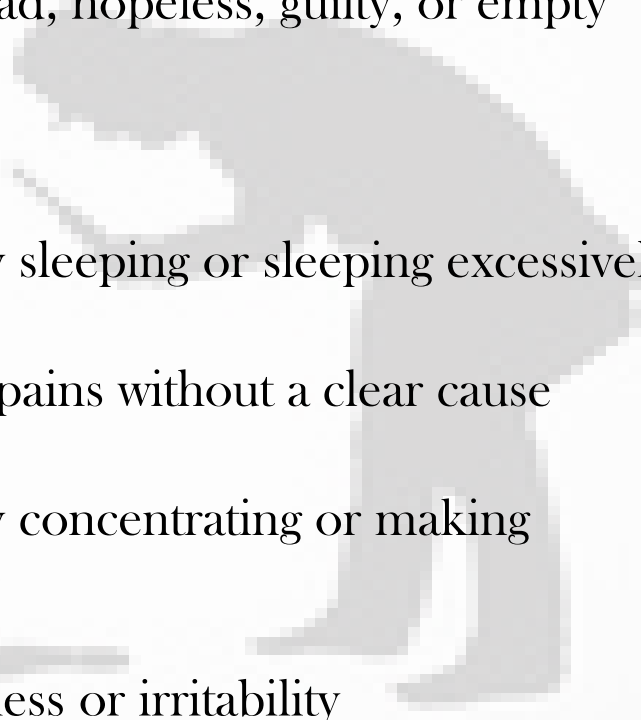
DEMENTIA DETECTIVE

Uncovering the Truth

Diagnosing Dementia

- Symptoms of Dementia
 - Difficulty Communicating
 - Increased Memory Issues
 - General Confusion
 - Personality and Emotional Changes
- 

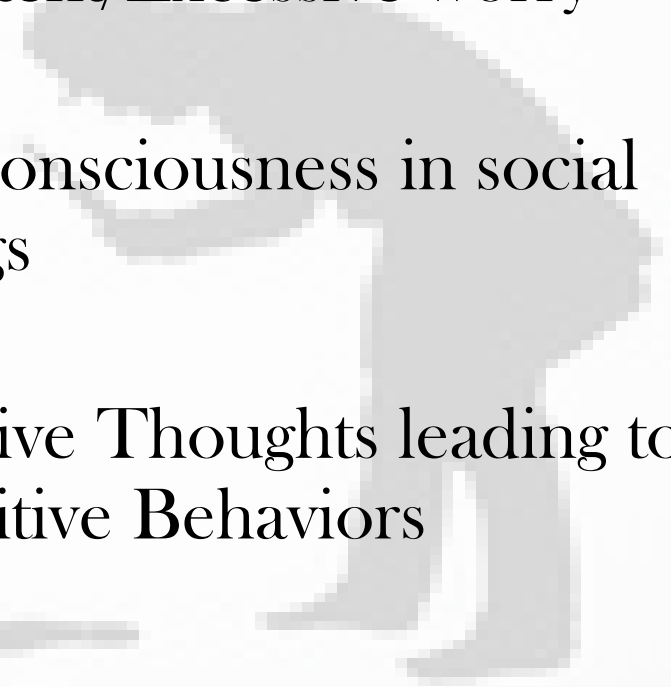
Common Mental Illness in the Elderly

- *Depression (affects 5% of Seniors)*
 - Feeling sad, hopeless, guilty, or empty
 - Fatigue
 - Difficulty sleeping or sleeping excessively
 - Physical pains without a clear cause
 - Difficulty concentrating or making decisions
 - Restlessness or irritability
- 

Common Mental Illness in the Elderly

- *Anxiety (affects 4% of Seniors)*

- Persistent/Excessive worry
- Self Consciousness in social settings
- Intrusive Thoughts leading to Repetitive Behaviors



Common Mental Illness in the Elderly

- *Substance Abuse Disorder*
 - Cravings or urges to use the substance
 - Using the substance even though it causes relationship problems
 - Giving up on other activities to use the substance
 - Wanting to stop but being unable to
 - Building up a tolerance to the substance

Common Mental Illness in the Elderly

- *Bipolar Disorder*

- Mania
- Depression
- Mood Swings
- Sleep Issues
- Irritability

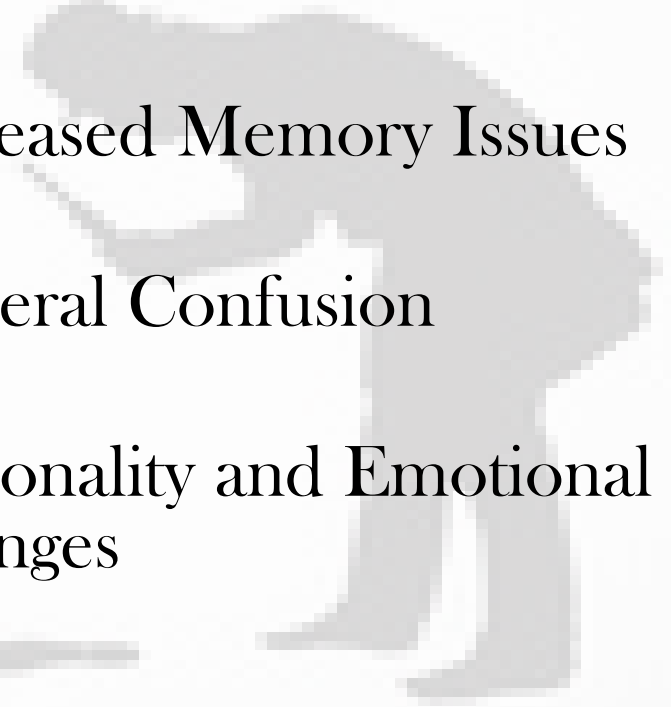


Delirium vs. Dementia vs. Depression

Features	Delirium	Dementia	Depression
<i>Onset</i>	Acute (hours to days)	Insidious (months to years)	Acute or Insidious (wks to months)
<i>Course</i>	Fluctuating	Progressive	May be chronic
<i>Duration</i>	Hours to weeks	Months to years	Months to years
<i>Consciousness</i>	Altered	Usually clear	Clear
<i>Attention</i>	Impaired	Normal except in severe dementia	May be decreased
<i>Psychomotor changes</i>	Increased or decreased	Often normal	May be slowed in severe cases
<i>Reversibility</i>	Usually	Irreversible	Usually

Similar Symptoms?

- Symptoms of Dementia
 - Difficulty Communicating
 - Increased Memory Issues
 - General Confusion
 - Personality and Emotional Changes





Proper Diagnosis is KEY....

- *Complete
Neurologic workup*
- *Psychiatric
Evaluation*



Power of Investigation - Digging Deep

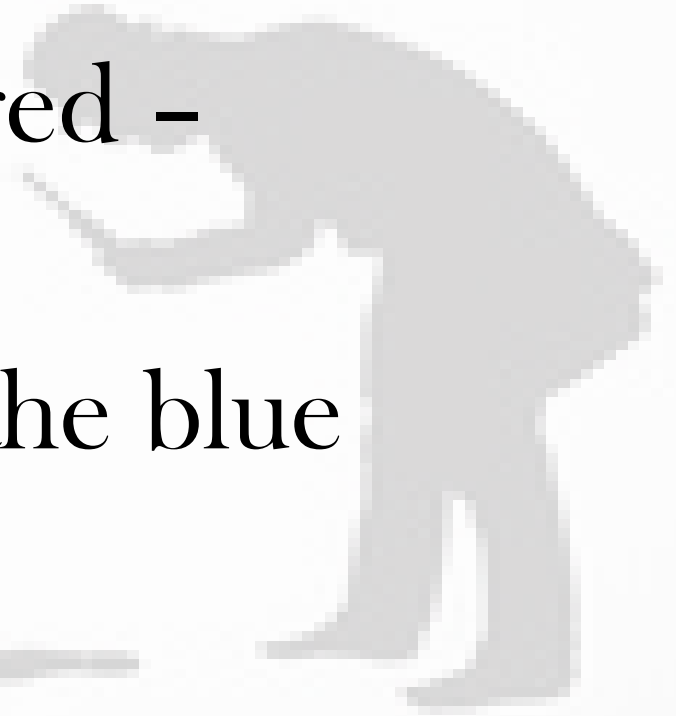
- Interview and Assessment
 - Medical
 - Mini Mental
 - Historical
 - Family and Relationship
 - Schedule and Routine
 - Activity and Interest
 - Environmental
 - Fall Risk



Managing Behaviors

It is important to understand that
all behavior is triggered -

It doesn't occur out of the blue



Environmental Issues Causing Behaviors

- Overhead paging
- Vacuum
- TV shows
- Glasses not clean
- Loud talking
- Flushing toilet
- Alarms



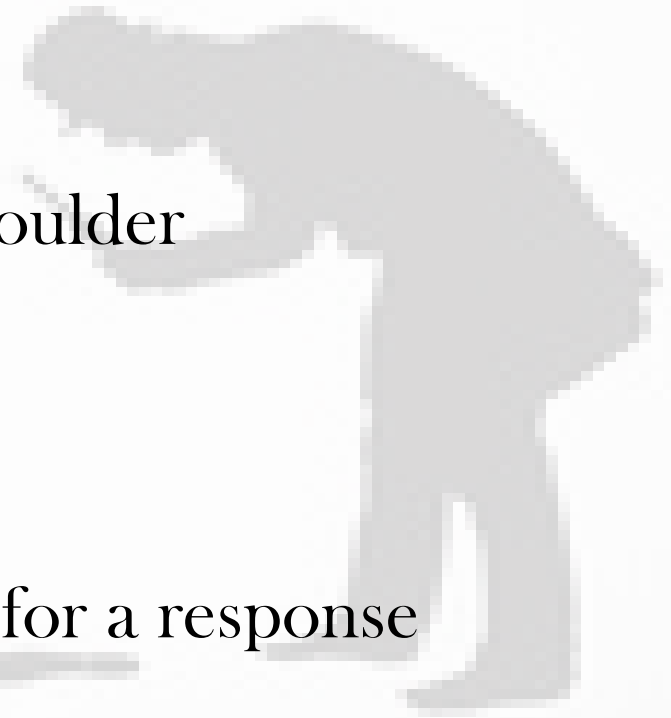
Caregiver Issues Causing Behaviors

- Approaching from behind
- Standing over the resident
- Rushing while speaking
- Raising voice
- Reality orientation
- Arguing
- Not using simple questions



Effective Communication Skills

- Approach from the front
- Kneel and make eye contact
- Speak slowly and move slowly
- Use touch such as shaking hands or hand on shoulder
- Use gestures to demonstrate
- Use single task instructions
- Eliminate distractions
- Ask one question at a time and give 20 seconds for a response
- Ask yes or no questions



Medical Causes for Behaviors

- Medication side effects
- Illness or infection
- Pain or discomfort
- Vision issues
- Depression
- Hearing impairment



Repetitive Behaviors and Interventions

Behaviors

- Repetitive questions, words, sounds
- Pacing
- Rummaging

Interventions

- Address basic needs such as toileting, temperature issues
- Determine if resident is in pain
- Provide quiet environment
- Distract with activity or conversation
- Answer repeated questions regularly
- Never scold
- Offer tactile or comfort items such as dolls, snacks, pictures

Wandering and Elopement Triggers

- Resident sees coat, hat, keys
- Change in schedule
- Change in medication
- Unfamiliar environment
- Confrontational situation
- Staff changing shifts
- People saying goodbye



Wandering and Elopement Interventions

- Camouflaged doors (paint same color as walls or design as a bookshelf or garden)
- Walking programs
- Resident distractions and activities
- Consistent routines and activity programming structure
- Stop signs, directional signs
- Pictures for signage
- Name and familiar pictures at room door
- Meet basic needs
- Rocking chairs and gliders



Aggression Causes

- Frustration
- Caregiver approach
- Noise
- Unmet basic needs
- Fear
- Confusion
- Over stimulation
- Communication problems
- Pain or illness



Aggression Interventions

- Identify triggers
- Leave alone and return later
- Have another person intervene
- Remove staff and residents
- Slow down and modify communication



Sexual Behavior Interventions

- Use a calm, firm tone of voice
- Create a physical boundary
- Call patient by formal name
- Talk about grandkids, fishing, football
- Identify yourself and what you are doing
- Provide something for the resident to hold



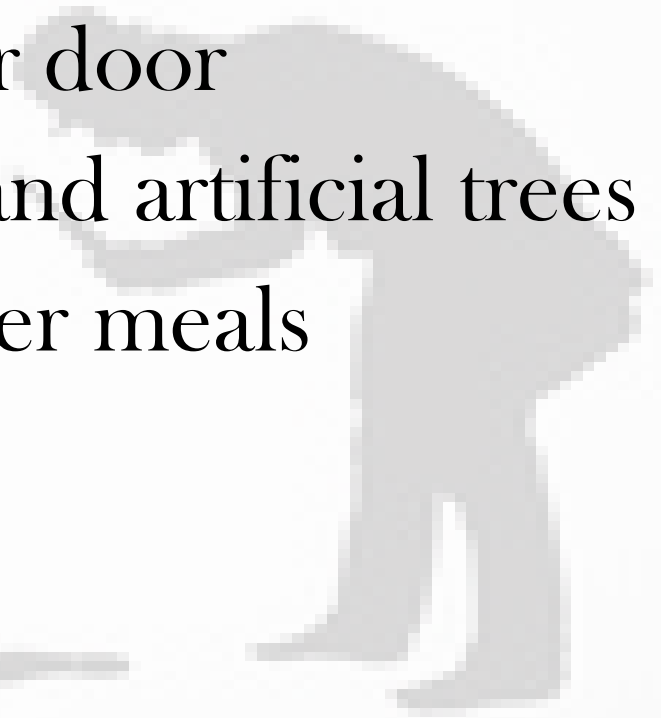
Interventions for Bathing Aggression

- Sponge bath versus shower
- Provide comfortable temperature of room and water
- Have all items ready so no delay
- Allow resident to assist and hold washcloth
- Provide soothing music



Interventions for Toileting Problems

- Make toilets more visible
 - Black seat and picture of toilet near door
- Remove items such as waste baskets and artificial trees
- Take to toilet every few hours and after meals



Conclusion

- Do your homework up front
 - Medical History
 - Interests/Likes
 - Patterns of Behavior
- Care Plan to accommodate needs
 - Minimize triggers
 - Maintain routine as much as possible
- Train staff to **COMMUNICATE** any changes in behaviors; address timely



LTCM

LOREE TAMAYO
CONSULTING & MANAGEMENT

Cell: 832-622-3404

www.loreetamayo.com

andrea@loreetamayo.com

