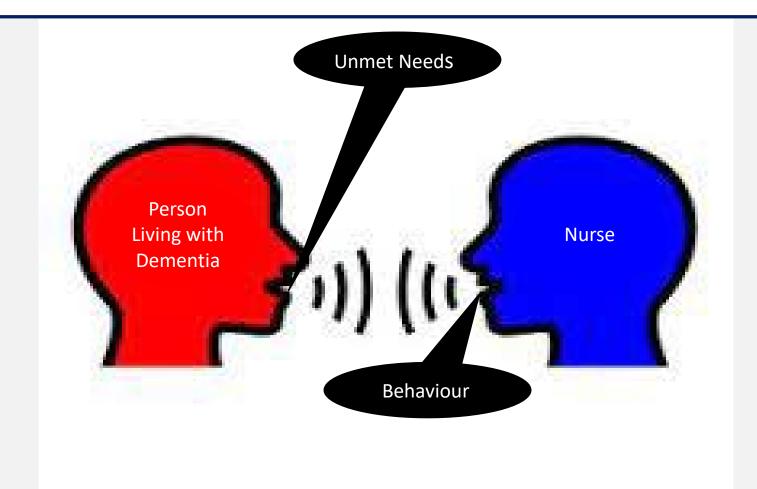


OVERVIEW

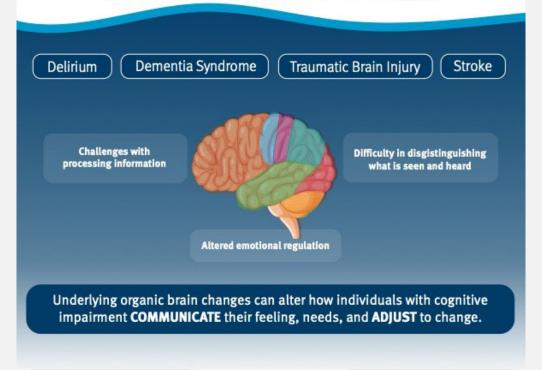


- Reconceptualise 'behaviours' as 'altered communication'
- Assess needs to plan actions
- Fundamental Care: Relationship as the foundation for care
- Communicate care to people living with dementia
- Challenge of culture



Warren A (2022) Behavioral and Psychological Symptoms of Dementia as a Means of Communication: Considerations for Reducing Stigma and Promoting Person-Centered Care. Front. Psychol. 13:875246. doi: 10.3389/fpsyg.2022.875246

Fundamental Care Cognitive Impairment and ORGANIC BRAIN changes



ANTICIPATE...

...needs such as comfort, hunger, thirst, elimintation, social engagement, mobilisation

ASSESS...

...to confirm assumptions using an acronym like PINCH ME

ANALYSE...

...the action. Did it work?

Аст...

...to maintain well-being





Frontal Lobes

- Planning & problem-solving
- Judgement & Inhibition
- Language production
- Self-regulation

Hippocampus

Memory

Amygdala (within limbic system)

- Connect and process emotion & memories associated with behaviour
- Fight-Fright-Flight

Parietal lobe

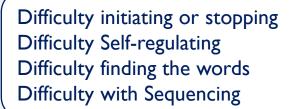
- Positioning and Recognition
- Reading, Writing, Number processing
- Sensitivity to sound, taste, touch, temperature

Occipital Lobes

- Vision
- Difficulty distinguishing what is seen

Temporal Lobe

- Memory
- Comprehension & auditory processing
- Music, rhythm, swear words



Knowing how to get somewhere Difficulty recognising objects Carrying out planned movement Difficulty interpreting discomfort

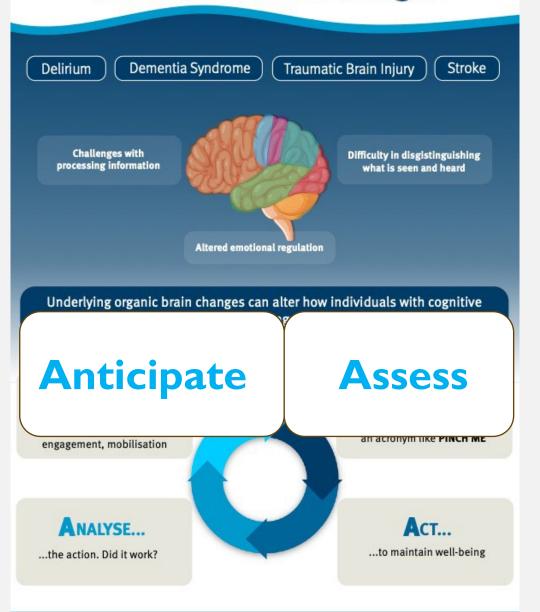
Difficulty distinguishing what is seen

Difficulty remembering

Respond Fight-Flight-Fright

Difficulty processing information (but I can swear)

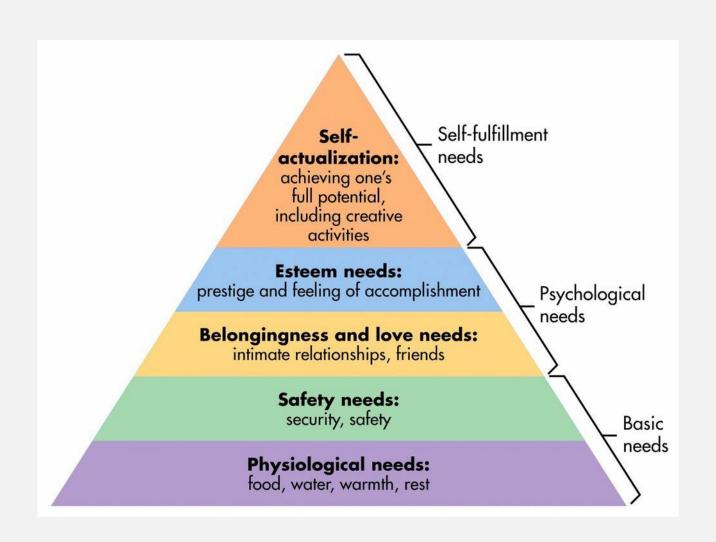
Fundamental Care Cognitive Impairment and ORGANIC BRAIN changes



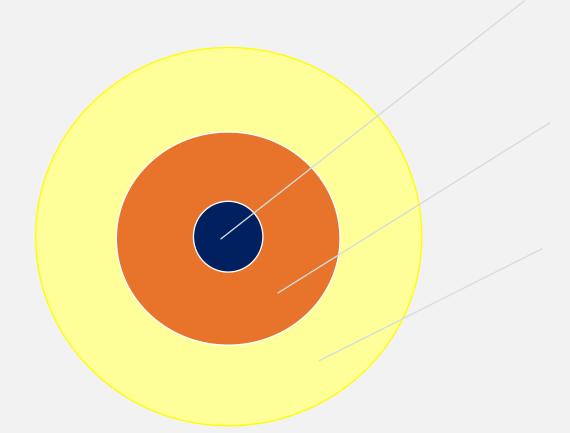




Maslow's Hierarchy of Needs



Needs: Fundamentals of Care



Relationship

belongingness, security & safety

Integrated Fundamentals of Care

 Food, water, warmth, rest, comfort, elimination, ambulation

Context

Culture, business goals, staff shared understanding

Needs: Fundamentals of Care

Anticipate & Assess

Physical: Consider pain, constipation, hunger, thirst.

Intellectual: Feeling disorganised, confused, frustrated?

Emotional: Sad, lonely, afraid or anxious?

Environment: Find their way around e.g. toilet, bedroom? Hot/cold/cluttered

Social self: Learn about what is important to the person, their preferences.

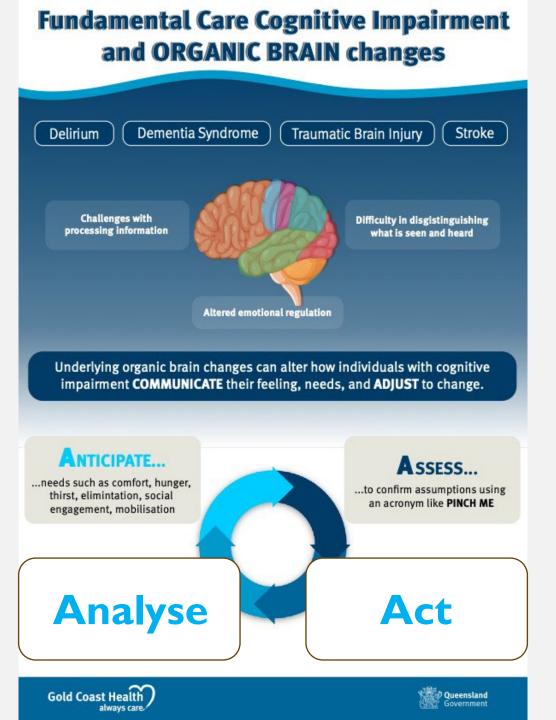
Capabilities: Strengths? Maintain function and independence?

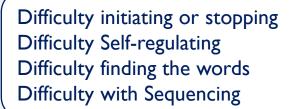
Act

Administer analgesics and aperients as required.

Provide fundamental care including adequate hygiene (including mouthcare), food and fluid intake, and mobilisation at least five times per day.

Use information about the person, such as their preferred daily routines, who and what is meaningful to them, in communication.





Knowing how to get somewhere Difficulty recognising objects Carrying out planned movement Difficulty interpreting discomfort

Difficulty distinguishing what is seen

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Difficulty processing information (but I can swear)

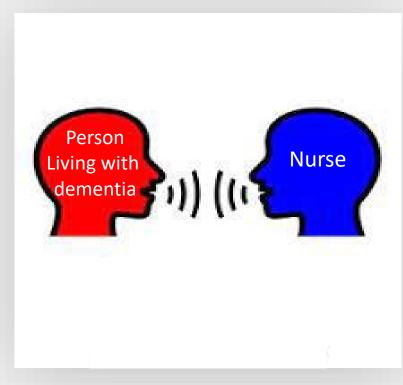
COMMUNICATING CARE

How people living with dementia communicate is related to changes in the brain...

Perceive

Interpret

Respond



Approach

Can the person see you?

Can the person process what you're trying to communicate?

Observe & listen to their response

The more you push the more they will push back....

You're trying to help but maybe its not the help they want or need...

CHALLENGES (CONTEXT)

Western society is ageist, with inherent bias against older people evident in our language and expression

Hospitals were established for acute medical care but older people are increasingly requiring nursing, allied health and social services so don't 'fit' acute care model

Dementia is treated like a disease but it is a syndrome, with limited medical treatment options available

QUESTIONS

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