



**INTRODUCTION TO DEMENTIA CARE  
KNOWLEDGE**

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### INTRODUCTION

Remember, life for the person with dementia, did not begin on the day that they walked into your care home, day centre or you walked into their home.

Their lifelong experiences, relationships, work and the local community of which he or she were part, all combined to make them the person they are today.

They had a routine that was familiar to them and made them feel secure but now it is all different, a new environment, strange faces and a reliance on different people to provide safety and security.

It is crucial to recognise that the client with dementia, despite the effects of the illness, still has similar responses to coping with change, as do those without dementia.

Once you understand this you can begin to get an insight into reasons for the particular behaviour of your clients.

As individuals our self worth is the coming together of our personality, past experiences, habits, routines, relationship with others and feelings of being capable. Each one of us is different, with different past history. The person with dementia is no different. The diversity of their life experiences means that each person is influenced by their dementia in different ways. Their response to living in a community will also be different for each individual.

### USING PAST EXPERIENCES AS A RESOURCE FOR COPING WITH THE PRESENT

A person with dementia is no different to anyone else experiencing change. To some extent everyone becomes anxious and wants to be reassured.

Past experiences can help us cope with new experiences. They also mould our views, attitudes and behaviour.

A fear of the dark may relate back to a bad childhood experience and may lead to people always leaving a light on.

Memories of unpleasant past experiences can prevent people coping with the present and also make them reluctant to change.

Such feelings apply equally to people with dementia and can explain their need to feel a sense of security, value, identity and control.

Routines and habits of a lifetime remain. People often express anxiety about things not being in order. It may sound unreasonable to you but it may be indicative of their feeling of loss of control over their own affairs.

- South American rhythms.
- Caribbean street band music all can lift the mood!

Individual areas for people to listen to their own choice of music are also a good idea. Check that the music playing in your work place is clients choice not just yours or the managers.

### **Art**

This covers a whole variety of activities, music, drama, songs, poetry and painting. Becoming involved in any art and leisure activity can enable a person with dementia to utilise previously learned skills or learn new ones. The artwork may evoke some distance memory and provide a discussion point for carers.

Drama can also be very effective in creating a sense of belonging, sharing experiences. The only limitations is often imposed by what the care worker feels able to do, but with proper support and training there need be no limitations.

## **WHAT IS DEMENTIA?**

Dementia is an umbrella term that describes a group of symptoms caused by the impact of disease on the brain. Symptoms such as difficulties with memory, reasoning, understanding, learning and speech that over a period of 6 months or more are sufficient to disrupt the normal functioning of a person in their daily living. For most people, it is progressive in nature and terminal.

In the early stages it is often difficult to say whether a person has dementia as there are other diseases that can cause the same symptoms and many of these diseases are treatable. Understanding a little of the brain function will help in the understanding of the effects of dementia.

### **THE BRAIN**

The brain is a very complex organ in our body. It is a grey, spongy mass, protected by the skull and made up of millions and millions of nerve cells that are connected to each other. It has a blood supply and is bathed in cerebral fluid.

Different parts of the brain control distinct functions.

#### **The Front part**

- (frontal lobe) initiates our actions and then receives feedback about whether what is happening is what was intended or needed and will then adjust our actions accordingly.

#### **The Middle part**

-(parietal lobe) helps us to speak, read, move our arms and legs, find our way around. It consists of 2 sides (hemispheres) one of which will be dominant. If you are right handed the left side is dominant and visa-verse.

#### **The base of the Brain**

(brain stem). Towards the base are the temporal lobes, which contain our memory bank.

## THE IMPACT OF THE DISEASE

Predominantly affects people 60 years and over but it is not due to the ageing process. As previously said the impact will be different for each sufferer.

### **Memory Impairment**

Short-term memory is affected first. Increasingly difficult in learning new information. Long-term memory remains strong and often becomes their reality.

### **Aphasia**

(difficulty in finding the right words to express thoughts and feelings).

### **Apraxia**

(impaired ability to carry out motor activities).

Tasks such as tying shoe laces, getting dressed, making a cup of tea becomes increasingly difficult. They may know what to do, can move their hands and arms but cannot put their actions together. Sensitive prompting by you the care worker can help remind the person of each step they need to take.

### **Agnosia**

Failure to recognise significant people or identify objects despite sensory functions being intact.

People with dementia have an inability to translate the information from what they see with their eyes into a correct response. For example: If asked to pick up a spoon, the person may look straight at it but fail to recognise it as a spoon. However, if you put the spoon in their hand the feel of the spoon often prompts the memory of how to use it correctly.

This inability to recognise extends to people as well, even those very close family members. Also when the person with dementia looks in a mirror they do not see themselves but a stranger.

## DEMENTIA

In the later stages there is more impairment of brain function. The person may lose control of many physical functions including bladder control causing them to be incontinent both day and night. They have problems with the bowels causing constipation or diarrhoea. Weight loss is common and eating becomes difficult because poor co-ordination when swallowing can occur, or it may be due to damage to the part of the brain that controls appetite and weight loss. This explains why people over eat or eat anything that they see lying around e.g. paper or plants but still lose weight.

The part of the brain that controls the internal body clock can become damaged and therefore sleep patterns are disrupted, being awake at night and sleeping during the day. Although dementia is usually fatal after 7-9 years some people do live longer.