

Dementia care in elderly people – vital role of a nurse

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Abstract

The elderly (>60 years) now constitute 9% of total population in India as per 2011 census. According to World Health Organisation (2015), 47.5 million people have dementia and there are 7.7 million new cases every year worldwide. It estimates that elderly who lives with dementia spend 11.2% of years living with disability that is significantly more than stroke, cardiovascular disease, and cancer. The prevalence of dementia in urban India as a whole is 1.83%, while in urban south India it is 3.6%. The family members in rural areas opt to take care of the person with dementia voluntarily by sacrificing their job. In urban area, families who can afford for a care giver are looking for a care provider. The first preference of care giver will be a nurse. The number of people with dementia requiring acute care and hospitalisation is on rise as they live for long years with co morbidities. So the requirement of a trained nurse in dementia care is not only required in a hospital but also to meet social demands. The nurse when trained in dementia care will be in high demand and they too feel different from others, which gives them professional satisfaction.

Keyword: Nurse, Dementia care, Elderly

Introduction

In India for the year 2010, an estimated 3.7 million people aged over 60 have dementia. (ARDSI 2010). The stigma is attached to it in rural and urban areas hence the household member becomes a care giver by chance and even being unaware about the process in dementia practice. Families in urban area, will look for care centres where care for dementia is provided or look for people trained in care of dementia or a hospital which has trained faculty to care of dementia.

Dementia is a progressively disabling condition. It is defined by the International Classification of Mental Disorders (ICD 10),⁽¹⁾ as a syndrome due to disease of the brain, usually of a chronic or progressive nature, in which there is disturbance of multiple higher cortical functions, including memory, thinking, orientation, comprehension, calculation, learning capacity, language, and judgment.

The nursing staff shall be ideal for providing care in dementia practice especially in hospital based care. They can also provide home based dementia care for the needy. The senior nurses acquire skills in dementia care over period of service, while newly registered nurses lack the skills and even awareness about dementia. A nurse when trained in dementia care will improve quality of service and has satisfaction of having given excellent care. This will also help them remain committed to the profession and retain in service for long time.

Petra Alberto (Alzheimer's Society 2012) practicing nurse says after undergoing training in dementia care, her practice has improved significantly and has a better understanding of how to provide excellent care.

The nurse will have compassion towards care giving for individual with dementia, develop caring and positive attitude, develops empathy towards person and the family members and dedicate herself or himself towards care giving. They will have enthusiasm to learn new skills in future and apply in care giving process.

Why nurse?

There are studies which reveal that two thirds of hospital staff in UK think their training in Dementia is inadequate (Limb 2011). According to Griffiths et al (2013) in many hospital staff feel that they are unprepared to care of a confused older people. The dementia care in India is either provided by family members or an informal care giver because of which the quality, compassion and understanding in care are at compromised state. In India where the families are now becoming smaller in size in urban areas, and in middle class families where husband and wife go for a job, there is a need for a formal care giver. It is also found that the nursing staff are the most likely to be in dementia care on long term basis. When the nurses get trained in dementia care they can provide care either at home or hospital which will have a positive outcome in dementia care in the individual as well as in family members. These trained nurses can even function as community nurses. Training the nursing staff in dementia care help staff to deal effectively with behavioural problems. (Spector et al., 2016)

Other advantages of role of nurse in dementia care are that

1. They are competent and knowledgeable regarding objectives of the health system.
2. The nurses are adults
3. They bring their work experience while learning

4. They are mature
5. It will be an opportunity for their personal development
6. They will get additional job and income
7. They will have opportunity to learn and continue to work in their own work place with added benefits.

Components in Dementia care

The two main components are

1. Knowledge
2. Skills.

The knowledge is one of the important domain of learning and this includes discussion on elder abuse, behavioural problems, communication, ethical issues, spiritual aspects, nutritional care and self care.

The skills like communication skills, will be discussed by various methods which are role playing and sharing experiences from senior faculty.

1. Knowledge

A. **Abuse:** Elder abuse is common in home or care home set up. The nurse should be able to identify the signs of physical abuse and neglect. Also they should be aware regarding what constitutes abuse while providing care. The person with dementia when is not provided food or feeding is not done as per schedule, bath is not given or clothes are not changed and allowed to develop bed sores constitutes Neglect. The care giver should never lose their temper and avoid hitting the person or apply resistance or tying their hands to bed, all of which constitute physical abuse.

B. **Behavioral problems:** The nurse should be able to handle behavioural problems with gentleness, being patient, and calm. It will be wise to take one step at a time and talk to the individual in a calm and loving manner.

The agitation or restlessness is usually seen in individual with dementia who have illness. It can be managed by various methods mentioned here. First offer reassurance, move to a quiet area. Try to maintain a daily routine activity and exercise .Reduce noise or new people coming to place. Try to limit caffeine intake.

While addressing aggressiveness do not respond in anger. The warning signs to identify individual feel agitated are clenched jaw or fist, rigid posture, kicking and loud voice. Do not stand in front of the individual and stay at an arms length away. Use a soothing voice and reassure them it is okay to be angry. Allow the individual to make decisions and choices if they are able. Keep your movements calm and slow, use touch if you are allowed and a body language that is non-aggressive.

If it seems that these tactics are not working and the individual is becoming increasingly aggressive, if possible, leave the area and come back later. If needed, protect yourself.

While handling day time and nocturnal wandering, try to provide a safe environment. Always Lock all

doors and placealarms on the doors. When available, let the individual wander in a safe, enclosed environment. To guide the individual back to a safe place, fall in step with them and try to gently divert their attention to the direction you want them to go. Avoid restrains as much as possible.

Pain can manifest with behavioural symptoms. Hence it is advisable to try to identify source of pain and if not found can try a course of paracetamol in the individual.

C. **Communication:** The communication plays vital role in providing care. The communication between the care giver, the person and the family members has to be established over time. The nurses need to be good at identifying the ways of communicating pain and distress by person with dementia. The verbal and non-verbal communication methods need to be known. The outcome of the dementia care depends up on how best we put communication skills in use. Following is the list of methods of verbal and non-verbal methods of communication.(www.alzmdak.org,2006) which needs to be put in practice for better outcome in care.

Verbal

1. Always say the individual's name and identify yourself.
2. Relay your message in the simplest terms.
3. Speak slower and allow more time for the response.
4. Give a positive aspect to your message.
5. Make statements instead of asking questions.
6. If you have to ask a question, be specific.
7. Give directions one-step at a time.
8. Talk to the Individual as an adult, NOT a child.
9. DO NOT reason or use logic.
10. Assist with finding words.
11. Answer questions in a calm, reassuring manner.
12. Erase the words "Don't you remember" from your vocabulary.
13. Go along with the Individual's reality – go to their time and place.
14. Repeat what the individual said.
15. It is okay to talk about the past.
16. Individualize the conversation.
17. Continue to communicate even if there is no response.

Non-verbal

1. Ensure to make and maintain eye contact.
2. Observe the actions of the individual and listen to words.
3. Be aware of your own body language. It speaks a lot.
4. Speak in a pleasant tone of voice.
5. Use facial expressions – smile.
6. Use appropriate touch.
7. Use gestures – body movements.

8. Observe the individual's body language for signs of understanding, fear, frustration, anger, etc.
- D. The nurse need to know regarding the rights of person with dementia. They should be sensitive to understand and respect the rights of people with dementia. The right to privacy and freedom needs to be emphasized.
- E. **Ethical issues:** The ethical issues are complex. Whatever care we provide is in context to cultural beliefs and various limitations in a given situation, it always involve a question of right or wrong. For our decisions to be ethical we need to understand the person, how they engage with the world, the relevant past history. According to Small et al., 2007, we need to recognise the importance of our relatedness to one another and of the natural tendency of all of us to care and to be cared for. Restraints are no more acceptable in dementia care. In event of ryles tube feeding, whether to feed or not should be given relevance with respect to cultural background and wishes of family members. In Indian context, there is a strong belief that the dying person need to be fed with liquids.
- F. **Nutritional aspects:** The nutrition plays important role in dementia care. Most of the people refuse to eat or show restraint to eat and this leads to undernutrition which risks them for infections and decreased activity. Suominen et al.(2007) in their study found that the staff in dementia care have underestimated residents nutritional intake. The methods regarding feeding techniques, and to enhance intake of food and choice of food needs to be practiced. The cultural aspects and medical conditions that interfere with food intake also need to be understood. In a study by Chang and Lin(2005) it is found that the staff who have undergone training in dementia care, established longer eating times and help to finish the meals of the residents thus improving nutritional status.
- G. **Spirituality:** The role of spirituality in dementia care has its own importance. Tisdell (2008) found that the practice of spirituality has beneficial role and can be source of new learning and development.
- H. **Holistic approach:** The nursing staff are good in providing care with holistic approach. This advantage need to be encashed in the dementia care and practice. The overall approach and tender care with due respect to the individual, their needs and leading to dignified death are needed through this approach. If the individual had hobbies of dancing or listening to music, the same should be practiced every day. Such activities improve quality of life.
- I. **Self care:** The nurse need to know how best to take care of their self both physical and psychological aspects. They will be made aware of signs of fatigue, suffering and emotional breakdown which are likely to happen in dementia care.

Training in acquiring communication skills has been found to be protective from negative social influences and help personal development. (Bombeke et al., 2010). The nurse should undergo training in communication skills if the need is felt.

J. Religious practices need to be emphasized. The person with dementia should be allowed to practice or assist in doing so if need arise. The nurse should be aware about such practices in various religions.

2. Skills

A. **Communication skills:** The nurse need to be good in communication methods and. I share an example where in a old lady with dementia screaming that her kids are supposed to come to home by this time from school. Why they haven't come? The nurse who used to look after her has option either to say that they are no longer school going so they won't come now or says ok, I will enquire with school and let you know. After five minutes the care giver says the bus tyre is punctured and there will be delay by one hour. This statement calmed the old lady. The first statement could aggravate restlessness in the lady.

B. **Capacity building:** The issues like, whether the nurse will continue to work in which they are trained in or not, able to apply learning in to the practice, has access to upgrade knowledge and has support in providing care needs to be assessed.

Capacity building measures has to be applied to boost the morale of the nurses and enhance their competence in the field of dementia care. A small one to one group meeting to share problems encountered and solutions whenever required will facilitate confidence in the nurses. The nurse should be provided autonomy in work and listen to them while making policy. Respite care should be provided for the nursing staff. There should be opportunities for the nurse in dementia care to attend training programmes and upgrade their existing knowledge and skills.

The success of dementia care depends up on the motivation and leadership qualities in nurse and support from family members where dementia care is provided. The word of caution here the nurse may not have been trained in all aspects of dementia care as many factors are seen in various stages of dementia and in also differs among individuals. Most of the time it is observed that certain aspects and skills of care are learned while providing care.

Feedback from the family members also will help to know the outcome of dementia care.

Conclusion

In view of workforce crisis, there is acute need for creating the manpower in understanding and providing care in dementia. In such a given situation, the nurses are ideal because they are already in health care and when they are trained in dementia care they are the best and reliable resource in dementia care. The nurses who

are part of dementia care practice will be having better opportunities in job prospects and enhanced economical status. They also feel they are “different” and they have high level of job satisfaction. The compassion and dedication they can do in dementia care will be benefitting the individuals with dementia, their family members and society at large. At the end of the day they feel proud to be a nurse!

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