Dementia is an umbrella term for a variety of brain disorders. Common dementias are Alzheimer’s disease, vascular dementia, Lewy body dementia and fronto temporal dementia. Other less prevalent dementias include Creutzfeldt-Jakob disease and Wernicke-Korsakoff syndrome. Some people experience mixed dementia which has features of two or more dementias.

Symptoms of these disorders include memory loss, confusion, difficulty speaking and understanding, and changes in mood and behaviour. These symptoms may affect how a person can manage in day-to-day activities and social relationships.

Sometimes symptoms of dementia can be caused by conditions that may be treatable, such as depression, infections or drug interactions. If the symptoms are not treatable and progress over time, they may be due to changes within the brain and need to be further investigated.

People who are experiencing cognitive changes or who have a diagnosis of dementia want to be safe, accepted, treated with dignity and respect and experience friendship. To the best of their abilities, they want to be involved in decisions that affect their lives. They are people who have lived their lives with strength and humour and continue to want to be part of the community.

The seven A’s of dementia is one way of understanding how dementia impacts a person, their abilities and interactions and their housing needs. A person with dementia may experience a number of the A’s at the same time while another may not experience all of the changes represented by the A’s.

When assisting people with dementia to meet their housing needs, it is important for the person and those who support them to understand the changes that dementia can bring in the person’s life. The progression of dementia will impact the person’s tenancy, their ability to age in place and their future housing needs. Housing providers can assist residents with dementia to have the greatest quality of life by implementing supportive strategies that create a caring community.
# The 7A’s of Dementia: Amnesia

<table>
<thead>
<tr>
<th>Brief Description</th>
<th>Impact on a Person’s Tenancy and Future Housing Needs</th>
<th>Supportive Strategies that Create a Caring Community</th>
</tr>
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</table>
| **Amnesia:** Change in the ability to remember  
- Short term memory is lost  
- Learning is based on “memory trails” created by doing things again and again | ▪ long term tenants may begin to experience memory lapses that result in changes in patterns related to activities of daily living  
▪ tenant may want to return to their “home”  
▪ a resident who has been in the environment for a relatively short period of time may lose recently established patterns  
▪ person may be unable to develop the “memory trails” for their new environment  
▪ person may find the social experience of living in a congregate environment difficult | ▪ identify the Power of Attorney and supportive family/friends for each resident; know who to contact in case of emergency; have contact information for all  
▪ orient/reorient the person to building routines and services as needed  
▪ provide signage in the building identifying common spaces  
▪ post easily interpreted signs outlining the steps for using common equipment (washer/dryer; garbage chute)  
▪ reinforce with the person that this is now their home  
▪ encourage the person to bring their most favoured furnishings – not to buy all new for the new living space  
▪ encourage residents to place identifying markers at their apartment doors and to label areas |

Person may  
▪ be easily overwhelmed  
▪ believe past events are happening in the present  
▪ repeat questions or stories
The 7A’s of Dementia: Aphasia

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<tbody>
<tr>
<td><strong>Aphasia:</strong> Change in the ability to communicate</td>
<td>▪ person may have difficulty in understanding housing agreements and procedures</td>
<td>▪ simplify explanations of tenancy documents</td>
</tr>
<tr>
<td>- Verbal language declines but nonverbal skills remain strong</td>
<td>▪ person may appear antisocial to other residents and become isolated</td>
<td>▪ provide options in easily understood language when a decision is necessary</td>
</tr>
<tr>
<td>- If English is an additional language, the person may revert to their first language</td>
<td>▪ housing provider may become concerned about the person’s ability to understand and follow through in a crisis event</td>
<td>▪ exercise patience when communicating with the tenant</td>
</tr>
<tr>
<td>- Communication in group settings is difficult</td>
<td>▪ person may have difficulty in understanding housing agreements and procedures</td>
<td>▪ encourage building residents to engage in group social activities</td>
</tr>
<tr>
<td>Person may</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ find it difficult to express ideas</td>
<td>▪ person may appear antisocial to other residents and become isolated</td>
<td>▪ encourage a range of activities that include smaller groups where a person with dementia can function/ communicate more easily</td>
</tr>
<tr>
<td>▪ find it difficult to understand what is being said to them</td>
<td>▪ housing provider may become concerned about the person’s ability to understand and follow through in a crisis event</td>
<td>▪ develop a buddy system between cognitively well residents and those with greater cognitive difficulty so that there will be assistance in times of crisis</td>
</tr>
<tr>
<td>▪ appear socially withdrawn</td>
<td></td>
<td>▪ exercise patience when communicating with the tenant</td>
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</table>
<pre><code>                                                                                               |                                                                                      | ▪ encourage building residents to engage in group social activities |
                                                                                               |                                                                                      | ▪ encourage a range of activities that include smaller groups where a person with dementia can function/ communicate more easily |
                                                                                               |                                                                                      | ▪ develop a buddy system between cognitively well residents and those with greater cognitive difficulty so that there will be assistance in times of crisis |
</code></pre>
The 7A’s of Dementia: Agnosia

**Brief Description**

Agnosia: Change in the ability to recognize familiar objects
- Recognition of people or objects from recent past declines

Person may
- think they are younger than their age
- find mirrors disturbing
- use objects inappropriately
- experience delusional beliefs when a person is not recognized
- approach others inappropriately due to having misidentified them

**Impact on a Person’s Tenancy and Future Housing Needs**

- person may have paranoid &/or delusional beliefs that others are stealing from them; talking about them; poisoning them
- person may have problems using appliances and may unwittingly cause damage due to misuse
- person may approach others in socially inappropriate ways due to not recognizing the person or misidentifying the relationship
- tenant may go into the living spaces of others uninvited assuming it is their own

**Supportive Strategies that Create a Caring Community**

- encourage tenants to keep their unit and valuables secure
- suggest that non-replaceable valuables not be brought to the site
- provide the process that the tenant and their family should follow in case of loss of valuable items
- encourage that the tenant or their family be present when work is being done in their unit
- remove or suggest the removal of small appliances that are creating a safety risk due to misuse
- provide education to all tenants about the range of needs of the residents including information about cognitive decline and brain health
- encourage residents to responsibly inform the building management of situations where a resident is putting themselves or others at risk
### The 7A’s of Dementia: Apraxia

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<td><strong>Apraxia:</strong> Change in the ability to do familiar tasks and sequence tasks</td>
<td>▪ tenant’s ability to keep the living space or themselves tidy and hygienic may decline; instances of incontinence may be noted</td>
<td>▪ inform family about changes in the tenant’s situation; assist the tenant’s support network to access services and resources</td>
</tr>
<tr>
<td>- Last things learned are the first things lost</td>
<td>▪ person may begin collecting or hoarding</td>
<td>▪ refer the tenant to services (e.g. Home Care or mental health teams) for assessment</td>
</tr>
<tr>
<td>- Person frequently appears able to do tasks that they appear to “refuse”</td>
<td>▪ resident may not want to participate in activities such as congregate meal programs or social gatherings where activities seem too complex</td>
<td>▪ encourage family and friends to assist the person to participate in building activities</td>
</tr>
<tr>
<td>Person may</td>
<td>▪ other residents may see the person’s declining ability to care for themselves and may assist; the situation may develop to an extent that other residents become resentful of the person</td>
<td>▪ encourage residents to responsibly inform the building management of situations where a resident is putting themself or others at risk</td>
</tr>
<tr>
<td>▪ become frustrated if a task seems too difficult</td>
<td>▪ ▪ consider forming resident clusters where groups of people watch out for each other rather than all responsibility seeming to fall to a few residents</td>
<td>▪ ▪</td>
</tr>
<tr>
<td>▪ have difficulty to begin a task sequence</td>
<td>▪ ▪</td>
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### The 7A’s of Dementia: Altered Perception

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| **Altered Perception**: Change in the ability to perceive depth and interpret their place in space. | ▪ changes in a person's abilities may be the result of delirium  
▪ resident may develop a pattern of unexplained falls or bruises  
▪ resident may report that others are living in their apartment and that they can no longer stay in their unit  
▪ person may express fear of going out of their apartment due to perceived “holes” in the floor  
▪ tenant may avoid using the stairs | ▪ use environmental cues to orient tenants to the day, weather and activities/routines  
▪ encourage use of health services to monitor the person’s health  
▪ suggest to the person and their support network environmental adaptations (e.g. grab bars, mobility assists) that will help the person to move more confidently in the space  
▪ mark edges of the steps on flights of stairs |
| Person may  
▪ not want to move in a space due to misinterpretation of the environment  
▪ develop gait problems to accommodate their uncertainty in their environment  
▪ bump into objects frequently  
▪ interpret two dimensional objects as being real | | |

---

### Altered Perception

- Change in the ability to perceive depth and interpret their place in space.
- Person may:
  - not want to move in a space due to misinterpretation of the environment
  - develop gait problems to accommodate their uncertainty in their environment
  - bump into objects frequently
  - interpret two dimensional objects as being real

### Impact on a Person’s Tenancy and Future Housing Needs

- Changes in a person's abilities may be the result of delirium.
- Resident may develop a pattern of unexplained falls or bruises.
- Resident may report that others are living in their apartment and that they can no longer stay in their unit.
- Person may express fear of going out of their apartment due to perceived “holes” in the floor.
- Tenant may avoid using the stairs.

### Supportive Strategies that Create a Caring Community

- Use environmental cues to orient tenants to the day, weather and activities/routines.
- Encourage use of health services to monitor the person's health.
- Suggest to the person and their support network environmental adaptations (e.g. grab bars, mobility assists) that will help the person to move more confidently in the space.
- Mark edges of the steps on flights of stairs.
## The 7A’s of Dementia: Anosognosia

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<tr>
<td>Anosognosia: Change in the ability to recognize the things one knows or does not know - the person’s insight into their cognitive health declines often resulting in frustration or irritability - social behaviours may be impaired - perseveration may occur</td>
<td>▪ other tenants may report frustration about a person’s social appropriateness ▪ person may do things that others see as an intentional attempt to be upsetting ▪ outburst of anger or physical interactions may occur</td>
<td>▪ encourage family/friend supports of the person with changing cognition to have the person’s health status monitored for possible physical causes of disorientation ▪ provide education and referral to supports for the family of the tenant who is experiencing cognitive changes ▪ dialogue with substitute decision makers as the need to find alternate living accommodation is approaching ▪ discreetly discuss with other residents who are aware of changes in the tenant what may be the triggers/causes of the upsetting interactions and strategize with the cognitively well resident(s) how the situation could be avoided</td>
</tr>
</tbody>
</table>

Person may ▪ be unable to “switch off” a behaviour; lack of impulse control ▪ develop habits not typical of their prior life patterns ▪ lack empathy for others
# The 7A’s of Dementia: Apathy

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| **Apathy:** Change in the ability to initiate activity - person does not initiate activities but will participate in an activity if another assists them. | ▪ tenant withdraws missing activities previously attended and enjoyed  
▪ tenant may become dependent on other residents | ▪ ask the tenant and their family about the person’s previous social patterns and the activities enjoyed  
▪ consider engaging outside groups or volunteers to do activities with residents that are at risk of social isolation  
▪ implement a formal staffed social/recreational program that will add quality life experiences for all residents |
| Person may | ▪ appear depressed  
▪ require cuing to do familiar tasks | |