

# It's not him...It's the disease

DementiaCare 2018

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# Objectives

- What does this phrase mean?
- What are possible implications of this thinking
- What should we explore?
- What are better solutions than this philosophy?



**It's not him.**



**It's the disease.**

# Behavioural and Psychological Symptoms of Dementia (BPSD)

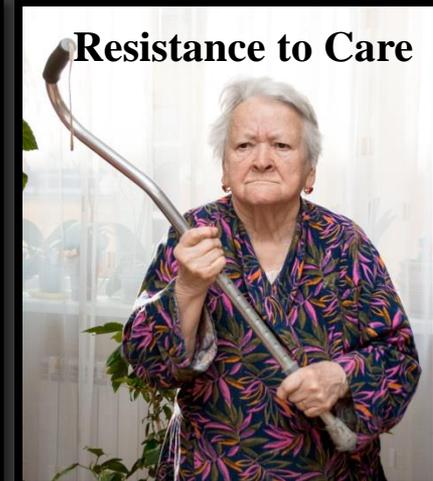
**Agitation**



**Paranoia**



**Resistance to Care**



**Repetitive Questioning**

What time is lunch?

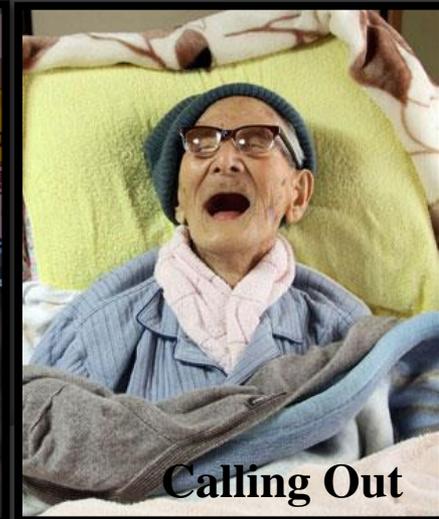
What time is lunch?

What time is lunch?

**Wandering**



**Calling Out**



**This is hard.**



Everything happens  
for a  
reason

God doesn't  
give you  
more than  
you can  
handle

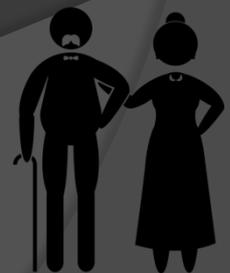
# WELL INTENTIONED PHRASES

It's not  
him.  
It's the  
disease.



# Intended message:

- Do not take it personally
- They aren't trying to be difficult
- If not for the disease, this wouldn't be happening.



# Consequence

- De-humanizing
- Intellectual laziness
- Not a helpful tool



# Knowledge is Power



Dehumanizing

# Don Bellamy



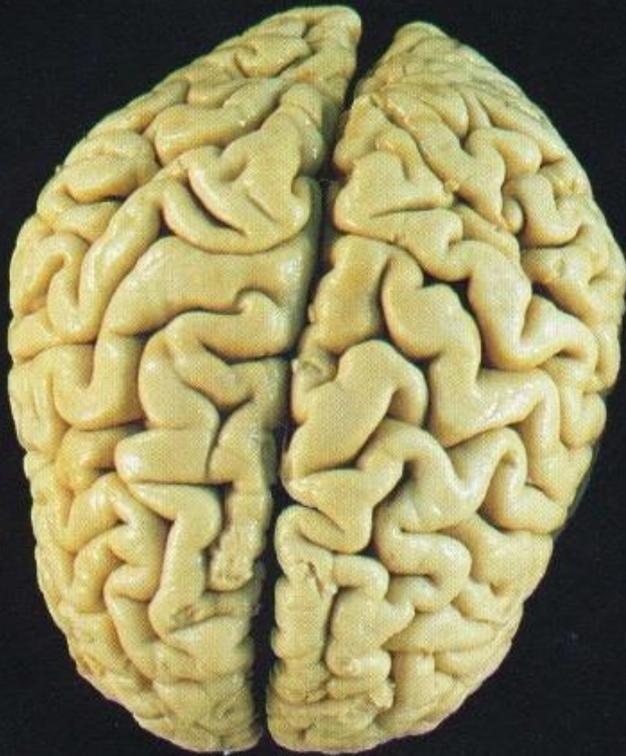
Not Memory Problems...



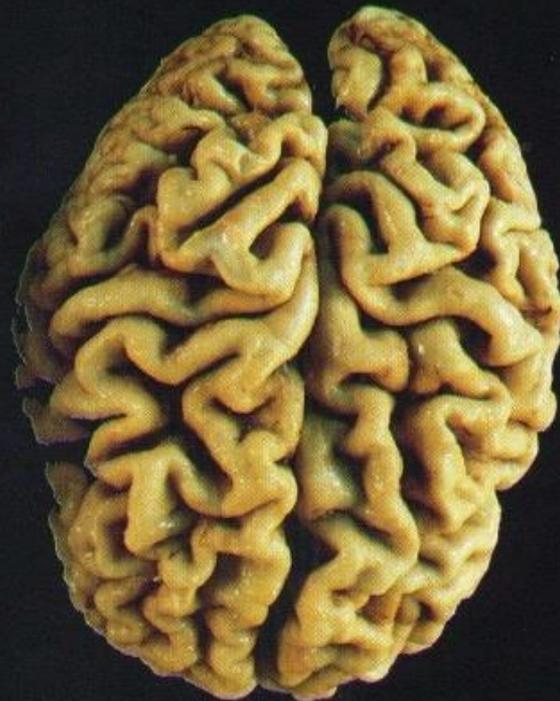
# Brain Failure



Dehumanizing

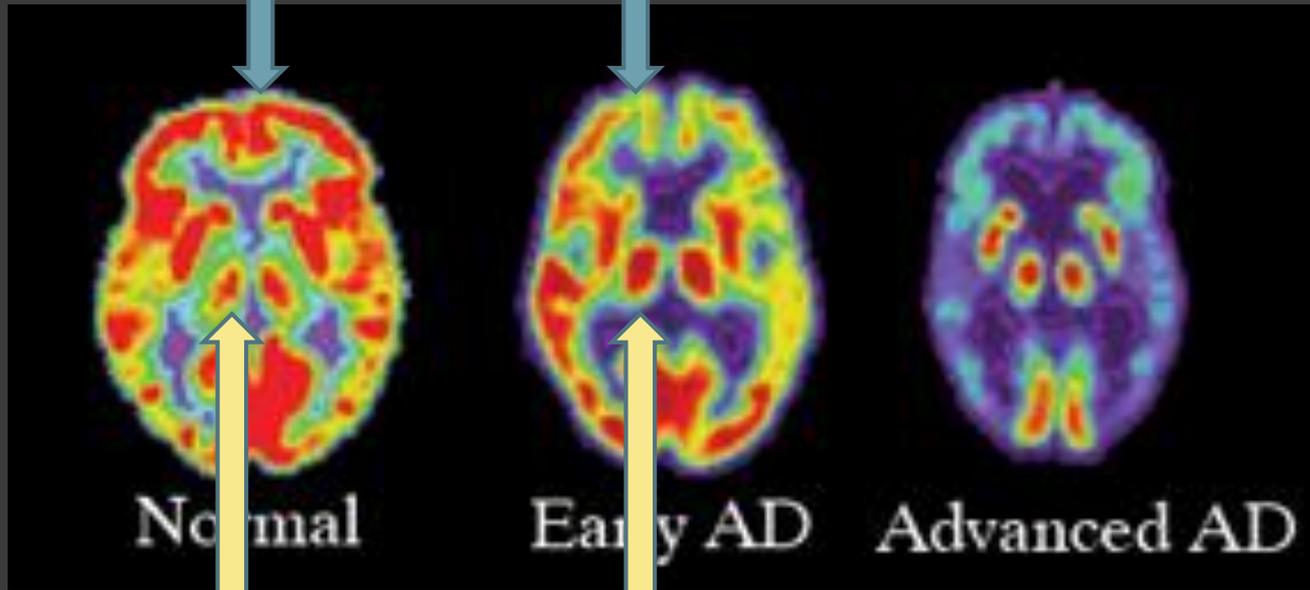


**Normal Brain**



**Alzheimers Brain**

Frontal Lobe



Amygdala

Dehumanizing



- Emotions and emotional memory are real, even if event memory is gone.



Dehumanizing

# Positron Emission Tomography (PET) Alzheimer's Disease Progression vs. Normal Brains

**Normal**

**Early  
Alzheimer's**

**Late  
Alzheimer's**

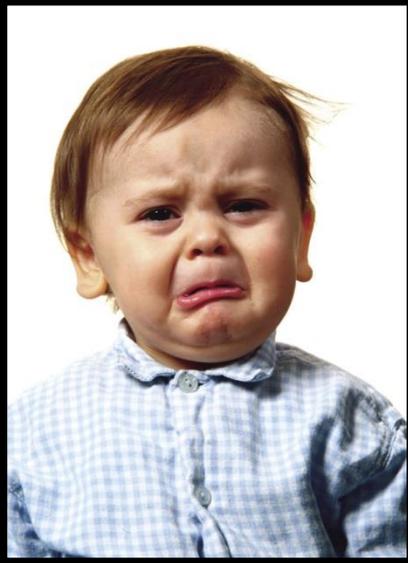
**Child**



used with permission from *Alzheimers: The Broken Brain*, 1999 University of Alabama

G. Small, UCLA School of Medicine.





**Sad**



**Scared**



**Angry**



Dehumanizing



Intellectual Laziness

# Atypical Presentation of Illness



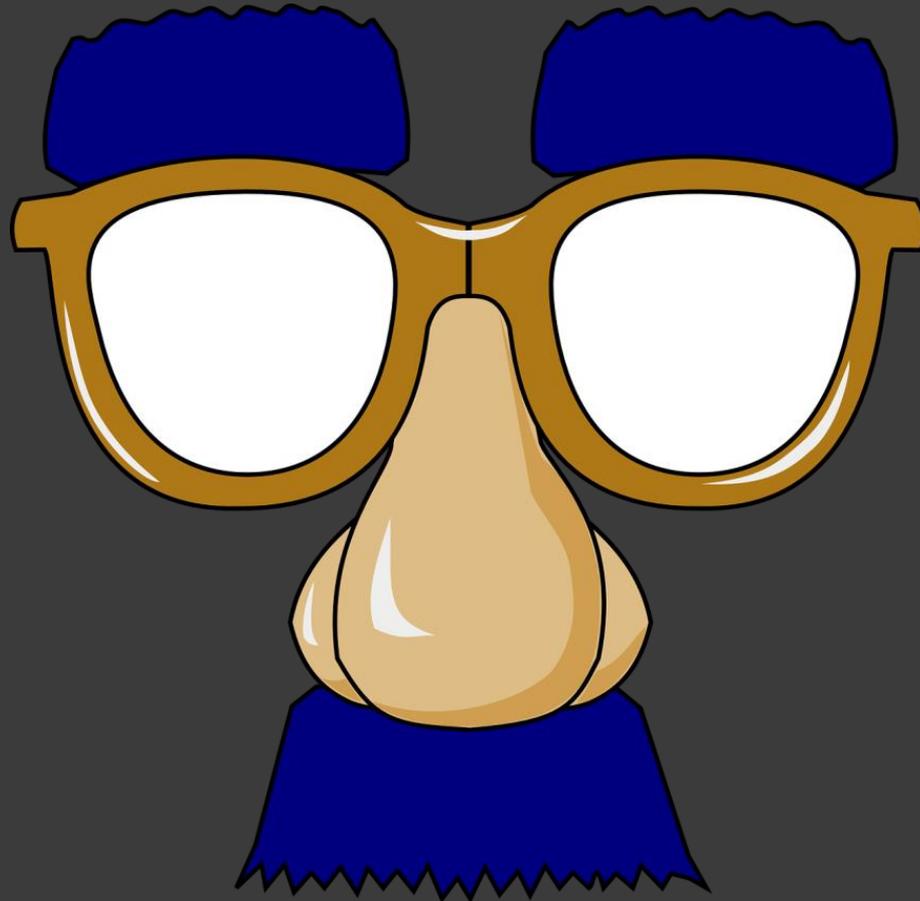
# Vague Presentation

- New onset incontinence
- New onset falls
- Delirium/confusion
- “Hasn’t been herself”
- Apathy
- Fatigue
- Anorexia



Change in mental status is one of the most common presenting symptoms of acute illness

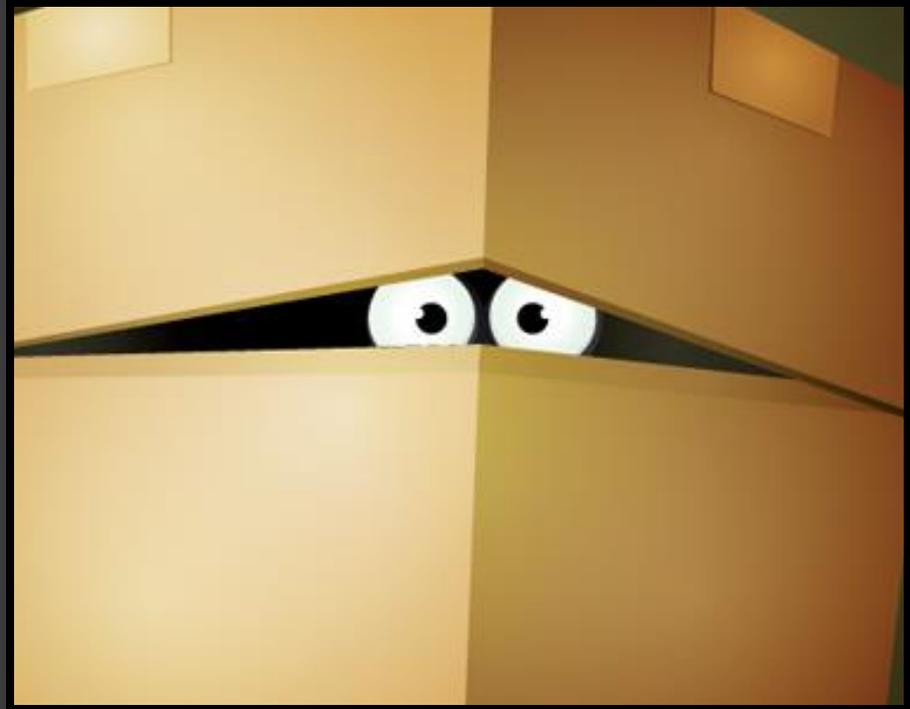
# Altered Presentation



- New onset incontinence
- New onset falls
- Delirium/confusion
- “Hasn’t been herself”
- Apathy
- Fatigue
- Anorexia

# Non Presentation

- Hidden Illnesses:
  - Depression
  - Osteoporosis
  - Dementia
  - Hearing loss
  - Dental/nutrition problems
  - Osteoarthritis



# Non Presentation

## Why?

- Insidious nature
- Tendency to disregard symptoms as normal
- Reluctance to complain
- Communication deficits



# Why is this important?

- Change in mental status is one of the most common presenting symptoms of acute illness
- Acute functional decline = Acute illness
- Prevention of delirium



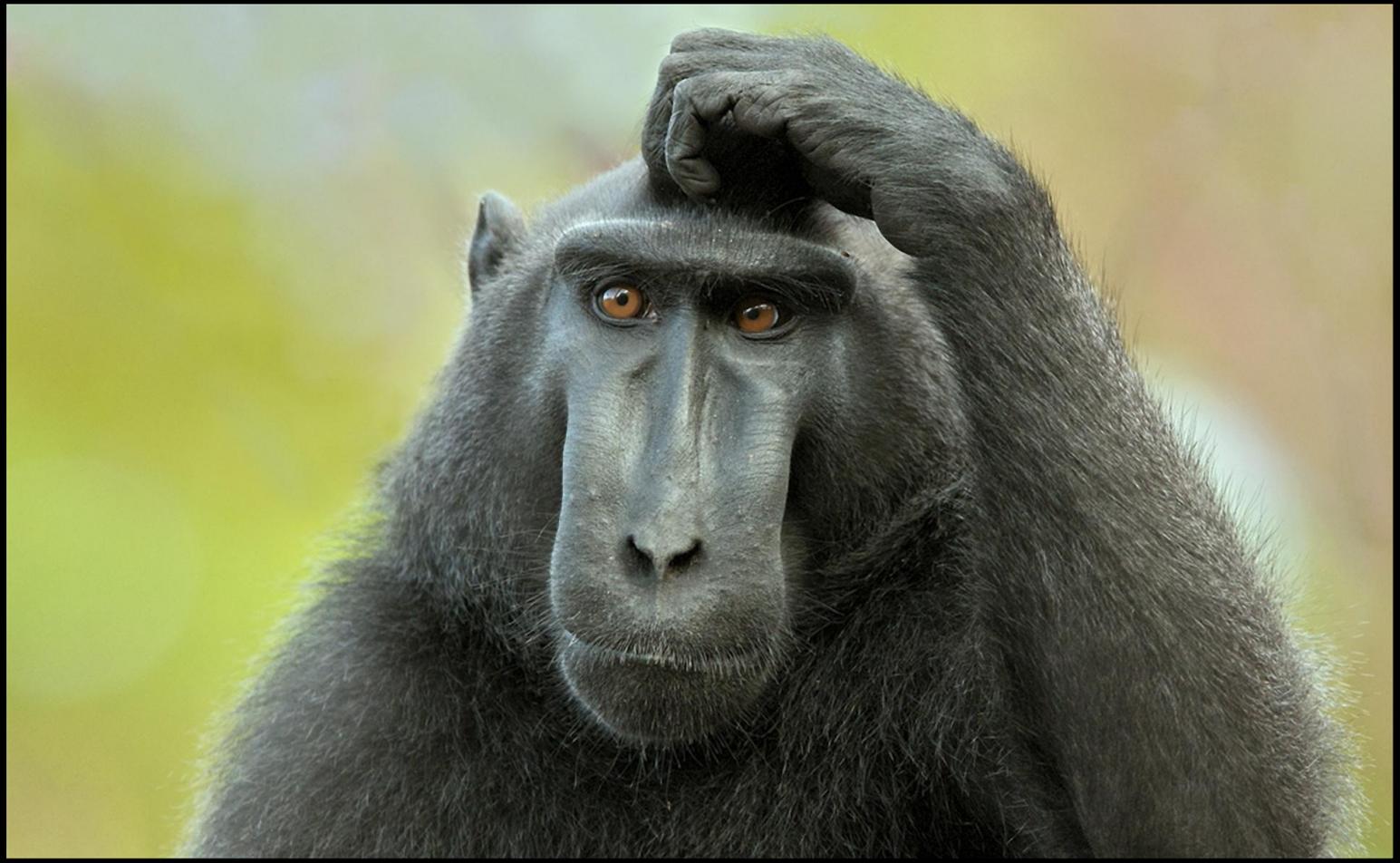
# Delirium vs Dementia

Features	Delirium	Dementia
<b>Onset</b>	Acute (hours to days)	Insidious (months to years)
<b>Course</b>	Fluctuating	Progressive
<b>Duration</b>	Hours to weeks	Months to years
<b>Consciousness</b>	Altered	Usually clear
<b>Attention</b>	Impaired	Normal except in severe dementia
<b>Psychomotor Changes</b>	Increased or decreased	Often normal
<b>Reversibility</b>	Usually	Irreversible

\*Delirium may take up to months to resolve and an individual may never return to the original baseline



Now what?



# First Communications



- What are our first communications?





- Empathic Curiosity
- Look for the emotion behind the words
- Look for cues/clues
- **Consider their history**

**Remember: This IS  
“Mary”**





Useful Tools





Useful Tools



Made with  
Instant frames

**We must  
try to  
see what  
they see.**



# What tools can we use?

## Preserved for Longer

Long ago memories

Emotional memories (even new ones)

Paraverbal communication: tone, rhythm, body language, facial expressions

Procedural memories – motor memory

Social cues and rituals

Awareness of familiar vs unfamiliar

Ability to use hands to describe

Automatic speech (social chit chat, turn taking)

Music and song

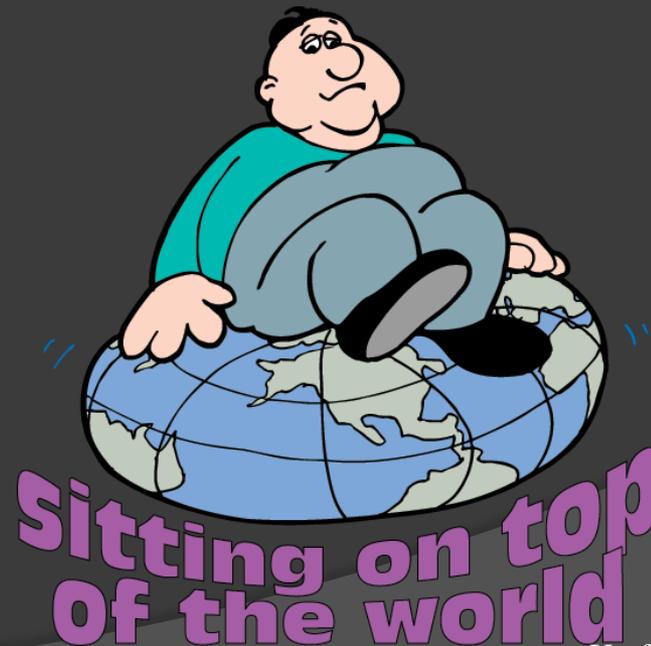
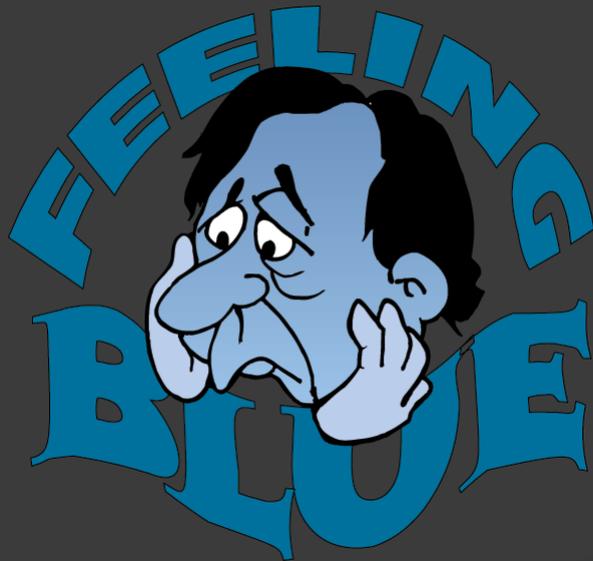
Desire to be respected



# Non-Verbals and Dementia

With dementia, people live in the here and now

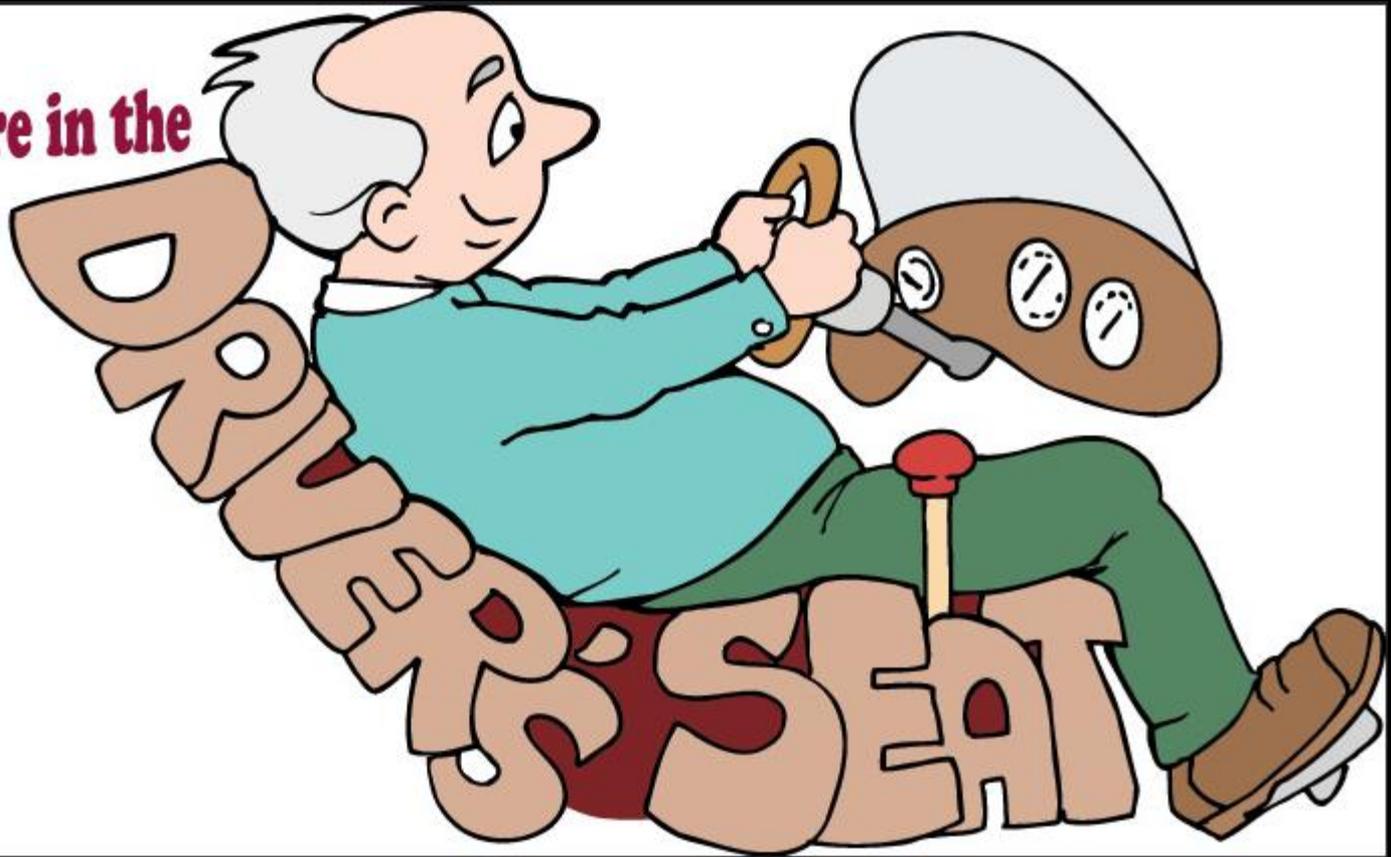
- May not **remember** the *details*
- May not be able to **understand** the *details*
- They **know** how they *feel* and they **retain** the *emotions* from an interaction





Useful Tools

You're in the

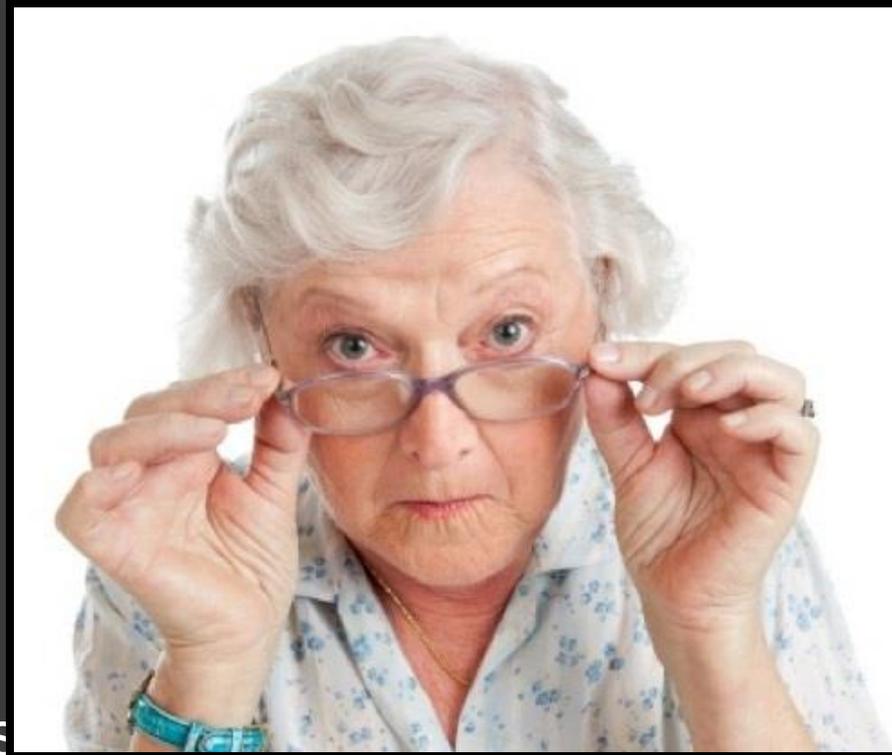


# Approach

# Approach

Always use this sequence to cue:

- VISUAL
- VERBAL
- TOUCH

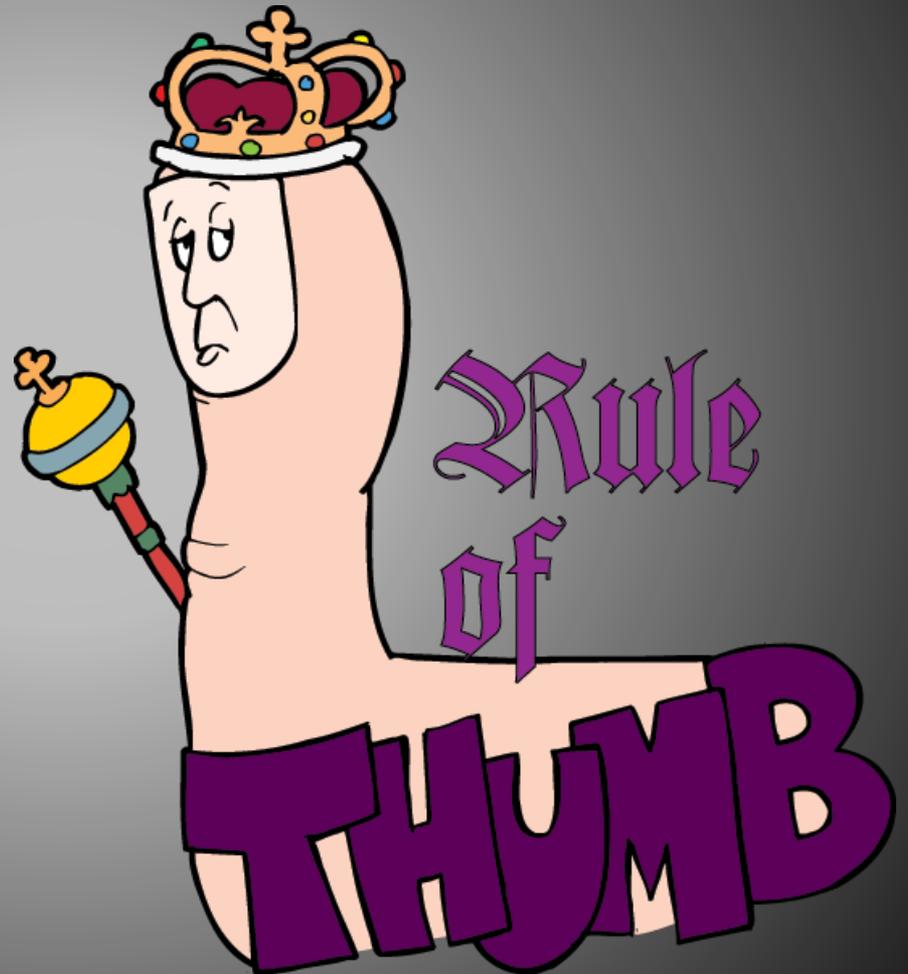


Changes in vision  
everything

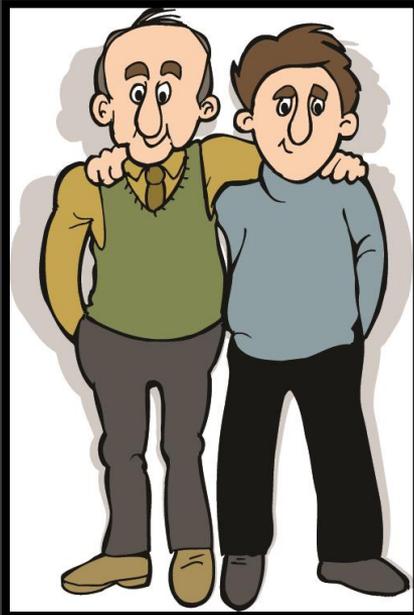


# Approach

- Start every communication with connection
- Support self esteem and control
- Meet a need
- Substitution NOT Subtraction



# Start with Connection



- Hold off on your agenda
- Connect using social cues
- Offer your hand



# Support Control and Esteem

- Do not argue.
- Set up for success
- Involve them in decisions
- Be flexible
- Never use “Elderspeak”
- Focus on feelings not details



Useful Tools



# Meet a Need



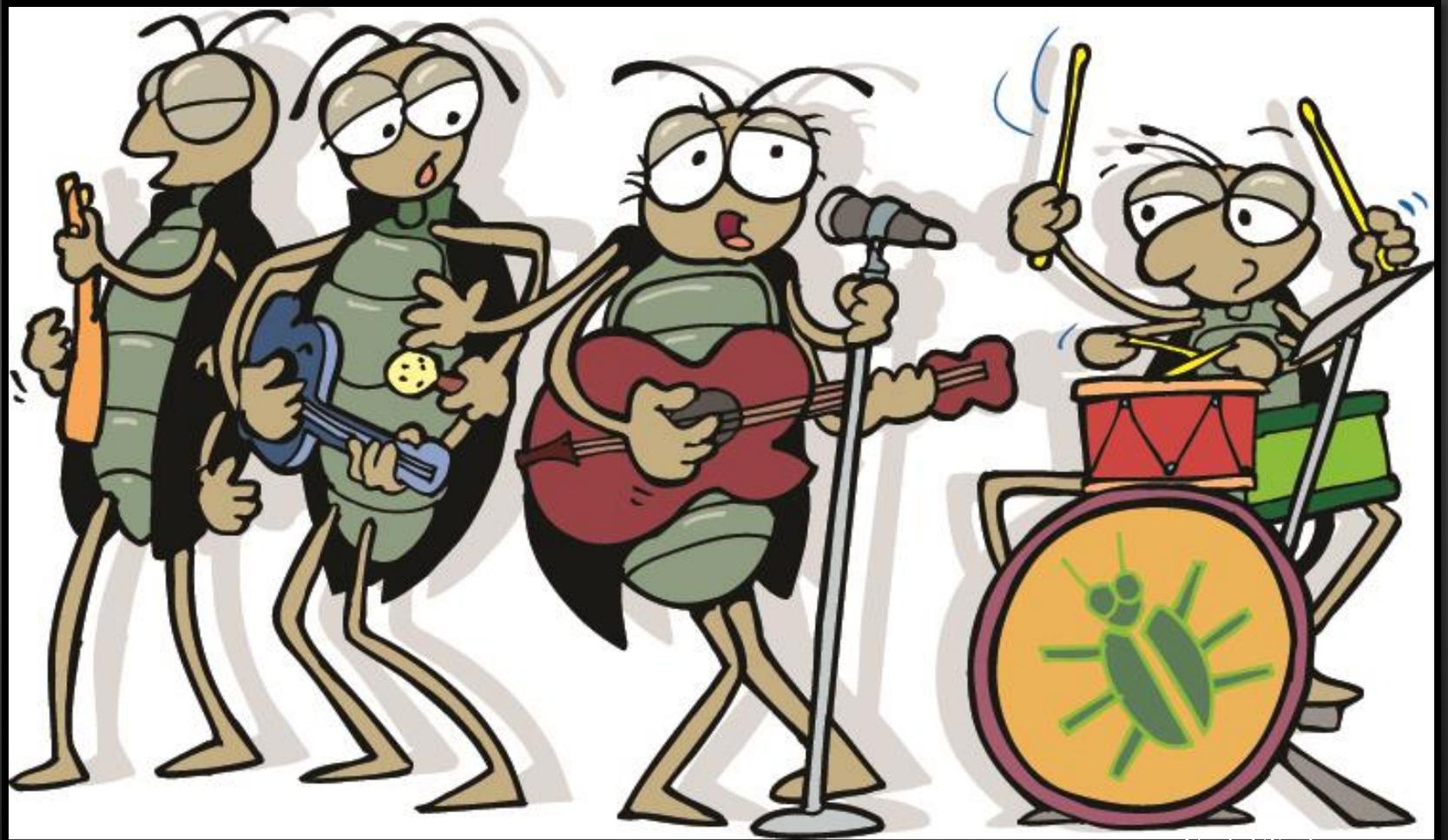
# Substitution NOT Subtraction



- Purposeful activities
- Consider the individual
  - Work history? Hobbies? Interests?
- Keep a log of ideas that work
- Focus on enjoyment rather than achievement



# Music



# Music

- Music and rhythm remain until end of disease
- Can be used for calming or distraction
- Can be used to get people moving



# Other Tools and Tips



- If they are upset: meet them in their emotional space
- Sometimes less is more – Quality not quantity
- Your shadow is long
- Use hand holding technique to manage tasks
  - – Teepa Snow
- It IS HIM



Reset



# Recommended Teepa Snow

- Worksafe BC presentation part 1
  - <https://www.youtube.com/watch?v=b1KUM2Db8Bs>
- Worksafe BC part 2
  - <https://www.youtube.com/watch?v=b1KUM2Db8Bs>

