



Alzheimer *Society*

Understanding the Person Living With Dementia

**Ontario College of Social Workers and
Social Service Workers**

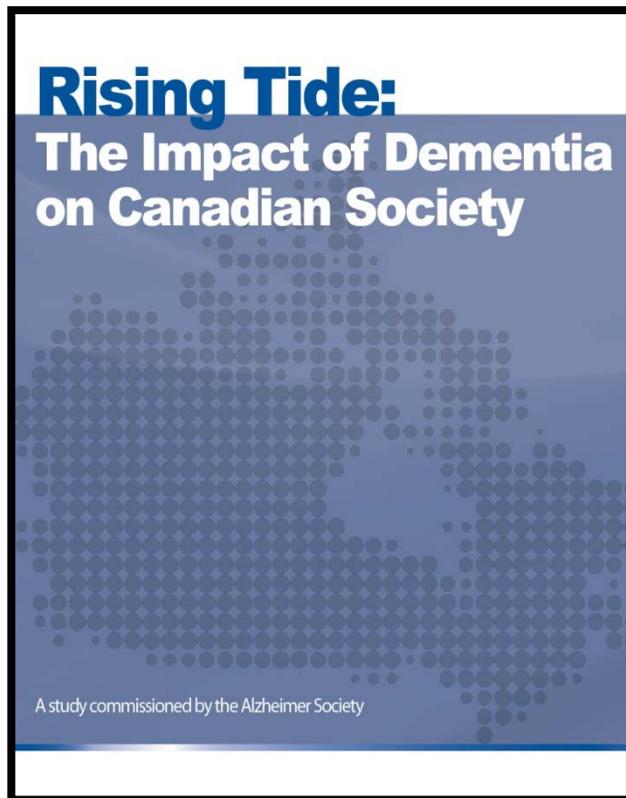
Toronto, ON

May 22, 2012





Rising Tide study: the process

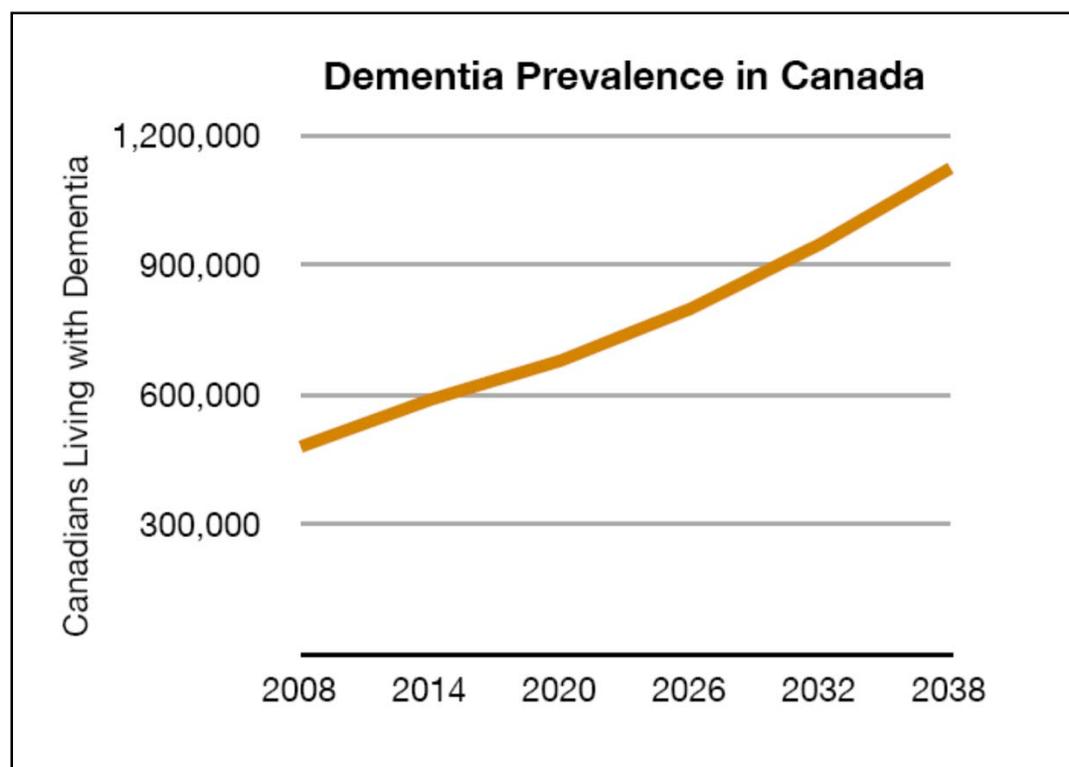


- ✓ Literature review
- ✓ Expert engagement
- ✓ Base case
(prevalence, costs)
- ✓ Scenario analysis
- ✓ Policy review
- ✓ Recommendations
- ✓ Report





What the report says: Prevalence

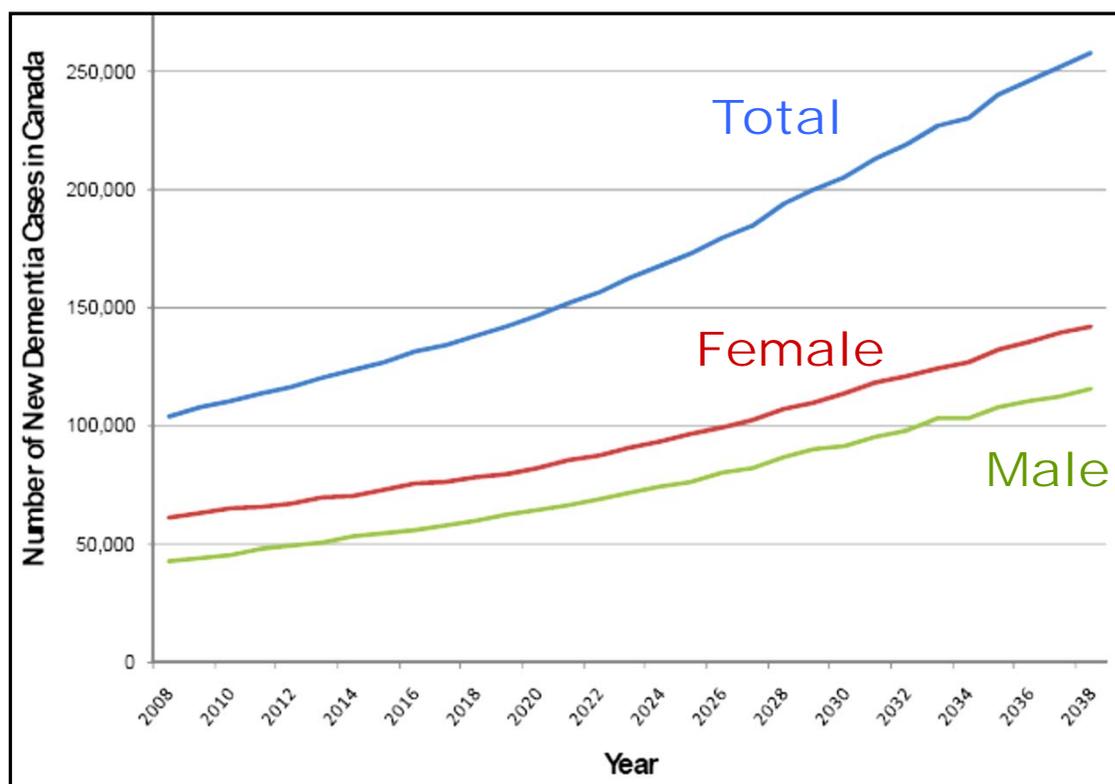


The number of Canadians (all ages) with dementia is expected to increase 2.3 times by 2038





What the report says: Incidence



2008:
103,700 cases
one new case
every 5 minutes

2038:
257,800 cases –
one new case
every 2 minutes





What is Dementia?

- **A set of symptoms that includes:**
 - ✓ **loss of memory**
 - ✓ **lack of insight and poor judgment**
 - ✓ **changes in mood, behaviour**





What is Dementia?

Not a disease, but a set of symptoms that accompanies a disease



**Alzheimer's
disease**

**Lewy Body
Dementia
Disease**

**Vascular
Dementia**

**Frontal-temporal
Dementia**

**Creutzfeldt
Jakob Disease**





Alois Alzheimer



- Nov. 4, 1906 he gave a lecture in which he described (for the first time) a new form of *pre-senile dementia*
- Later known as senile dementia of the Alzheimer type (SDAT)





Mrs. Auguste “D”



- 51 year old female (died April 8, 1906)
- Patient at the Frankfurt Asylum
- Brain showed neurofibrillary tangles and amyloid plaques in the cerebral cortex





Responsive Behaviours

Behaviour is not:

- unpredictable
- meaningless aggression or agitation

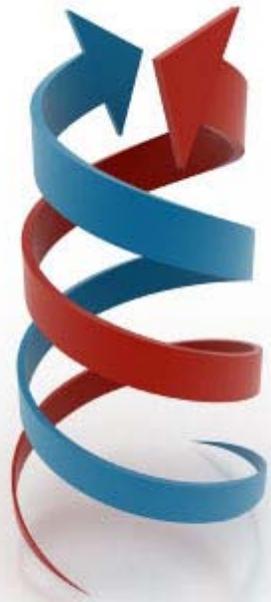
It is due to circumstances related to the person's condition or a situation in his or her environment.

People with responsive behaviours and their caregivers need high levels of support.





U-First! – A New Approach



- We all have potential
- No downward spiral thinking
- We need to look at people with dementia differently
- We need to learn on the job





U-First!

- U** understanding
- F** flagging
- I** interaction
- R** reflection and reporting
- S** support
- T** team





Alzheimer *Society*

U-First!

Common language

Common values

Common approach among caregivers

Better resident/client support

Improved client well-being

Reduced Stress, injury





UNDERSTANDING

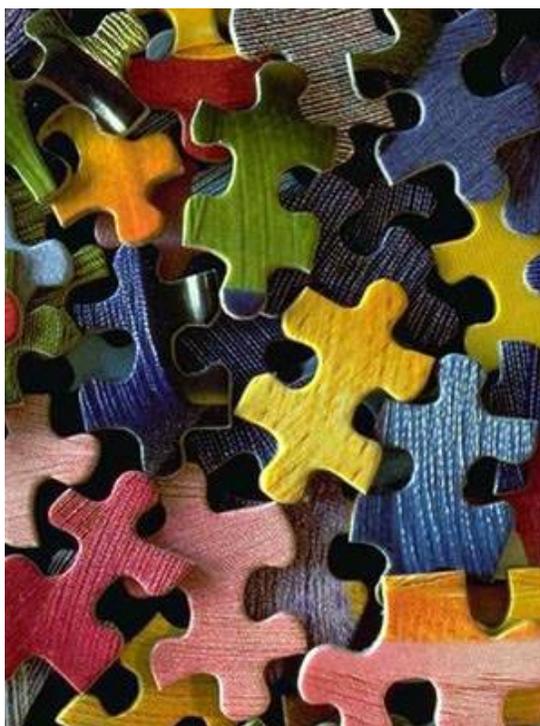
- **Develop a shared understanding of the person.**
- **We know that all behaviour has meaning.**

“Only after I understand the behaviour can I meaningfully respond to the problem”





P.I.E.C.E.S.



- P - Physical**
- I - Intellectual**
- E - Emotional**
- C - Capabilities**
- E - Environment**
- S - Social**





PHYSICAL



Think About 5 D's:

1. Delirium
2. Disease
3. Drugs
4. Discomfort
5. Disability





INTELLECTUAL

Think About 7 A's:

- Amnesia
- Aphasia
- Apathy
- Agnosia
- Apraxia
- Altered Perception
- Anosognosia





EMOTIONAL



- A client's emotional state can influence behaviours - including willingness to receive care.
- Losses, feelings of abandonment, adjustments, past traumas and psychotic experiences all contribute to emotional well being.





CAPABILITIES



- Knowing what the person can and can't do will help to build on his/her strengths
- Balance between strengths and demands to avoid overload





ENVIRONMENT

- Over or under stimulation
- Relocation stress
- Changes in routine
- Temperature, noise, lighting
- Furniture, flooring etc.





SOCIAL and CULTURAL



- Life story, accomplishments; previous profession, education
- Likes/dislikes
- Interactions with Family & Others
- Previous coping strategies
- Social network





Flagging

“What am I seeing and what has changed?”

Interaction

How do others interpret what I say & do?”

Reflection & Reporting

“What do others need to know from me to improve the care plan?”

Support

“What am I doing to bring out the person’s Strengths?”

Team

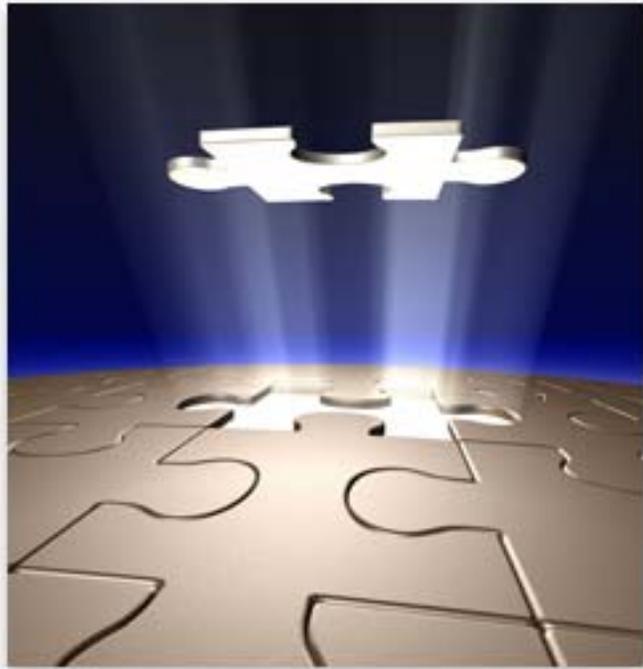
“What can we do together?”





Commitment to Change

- Reflect on what **YOU** have learned today



- What will you **STOP**, **START** and **CONTINUE** to do?

- What role will **YOU** play?

