Promoting positive approaches in dementia care

Advanced Nurse Practitioner Forum
13th November 2010

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Dementia.....

- Whose business is it?
Dementia….. everyone’s business?’

- There are currently about 750,000 people in the UK with a form of dementia
- There are over 16,000 people under 65 with dementia in the UK
- One in 14 people over 65 years of age and one in six people over 80 years of age has a form of dementia
- Two-thirds of NHS beds are occupied by people over the age of 65 or over
  (‘Everybody’s business’ DH/CSIP 2007))
- Between 25%- 40% of people in hospital have dementia

(Quality outcomes for people with dementia DH 2010)
Numbers of people with late onset dementia by age group
Co-morbidity issues

- Multiple medical problems
- Diabetes: increases risk of dementia by 6 times
- Cardiovascular disease: increased risk of dementia of about 30%
- Hypertension: can increase risk of development of dementia in those with executive dysfunction
- Parkinson’s disease: more than 80% have cognitive impairment after ten years
- Down’s syndrome:
  - 50-59 years 36.1%
  - 60-69 years 54.5%
Dementia in general hospitals: the challenges

- **Counting the Cost; Caring for people with dementia on hospital wards** (Alzheimer’s Society 2009)
  - 97% of nursing staff reported caring for people with dementia
  - Significant use of antipsychotic medication
  - Increased length of hospital stay
  - Carers report deterioration following admission
  - Only 12 per cent of nursing staff felt that they had had enough training to meet the needs and challenges of working with patients with dementia
A National Response

- Dementia strategies/plans for England & Scotland
- Work underway in Wales and Northern Ireland

Key themes:
1. Raising awareness & improving understanding
2. Earlier diagnosis and treatment/care pathways
3. Improving quality of care in all settings
What is dementia?

- Dementia is the umbrella term for a group of symptoms that include a progressive loss of:
  - Memory
  - Judgment
  - Reasoning
  - The ability to communicate
  - Ability to function
  - Changes in mood and behaviour
Main types of dementia

- Alzheimer's disease (AD): 62%
- Vascular dementia (VaD): 17%
- Mixed dementia (AD and VaD): 10%
- Dementia with Lewy bodies: 4%
- Fronto-temporal dementia/Picks: 2%
- Parkinson's dementia: 2%
- Other dementias: 3%
  - Huntingdon's disease
  - Prion diseases (e.g. Jacob-Creutsfeld disease)
  - HIV dementia
- Alcohol-related (? up to 10%)
- etc................
Alzheimer’s changes the whole brain

A brain without the disease

A brain with advanced Alzheimer’s

Alzheimer’s disease leads to nerve cell death and tissue loss throughout the brain. Over time, the brain shrinks dramatically, affecting nearly all its functions.

How the two brains compare
Stage theory of dementia

- **Stages and possible symptoms:**
  - **Mild (MMSE = 20-30 points):**
    - Forgetfulness, mood changes, errors with complex tasks
  - **Moderate (MMSE = 10-20 points):**
    - Significant memory deficits, disorientation (time/place), decline in cognitive ability, problems with verbal communication, disinhibition, difficulty with routine tasks, neglect of personal hygiene, behavioural changes
  - **Severe/advanced (MMSE = Less than 10 points):**
    - Severe memory deficits, disorientation (time/place/person), limited verbal communication, restlessness/wandering, decline in physical health, reduced mobility, assistance with personal care
Enriched model of dementia

- Dementia =
  - Neurological impairment
  - Health and physical fitness
  - Biography/life history
  - Personality
  - Social psychology

- (Environment)

- Kitwood (1997)
Impact on family caregivers

- Prevalence of depression among carers of PWD is estimated at between 40-60%  
  *Redinbaugh et al., 1995*
- Caregivers for dementia patients have higher stress levels than other caregivers  
  *Rosenvinge et al., 1998*
- Behaviour disturbance is the most consistent predictor of carer burden  
  *Coen et al., 1997*
- Even at early stages of cognitive impairment spouses assume the role of family caregiver and experience both caregiver burden and psychiatric morbidity associated with the role.  
  *Garand et al., 2005*
The importance of skilled assessment
Screening for dementia

- Rule out reversible causes e.g.
  - Depression
  - Delirium
  - Brain Tumours/ Hydrocephalus
- Cognitive tests e.g.
  - MMSE,
  - Clock drawing test,
  - ADAS Cog etc.
- Neuro-imaging
  - CT/PET/MRI Scan
Short Confusion Assessment Method (CAM)

- Delirium diagnosed if (a) + (b)+ either © or (d) present
- (a) Acute onset and fluctuating course
- (b) Inattention
- © Disorganised thinking
- (d) Altered consciousness
# Causes of delirium

<table>
<thead>
<tr>
<th>Causes</th>
<th>Assessments</th>
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<tbody>
<tr>
<td>Pain</td>
<td>Abbey Pain Scale / Doloplus 2</td>
</tr>
<tr>
<td>Depression</td>
<td>Cornell Scale for Depression in Dementia / Hamilton Depression Scale</td>
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<tr>
<td>Nutritional disorders e.g. vitamin deficiency, thyroid dysfunction, raised calcium</td>
<td>Blood screen / History</td>
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<tr>
<td>Infections e.g. Urine, chest</td>
<td>Observations, Specimens</td>
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<tr>
<td>Brain Tumours</td>
<td>Neuro-imaging</td>
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<tr>
<td>Hypoxia</td>
<td>Blood gases / saturation</td>
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<tr>
<td>Constipation/ dehydration</td>
<td>Observations / examination</td>
</tr>
<tr>
<td>Reaction to anaesthetic</td>
<td>Observation / History</td>
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Mental Capacity & Deprivation of Liberty

- Does the person have the capacity to make the decision in question?
- Support best interest decision making
- Is there an LPA? What would the person have wanted? Involve an advocate if required
- Aim to provide care in least restrictive manner
- Consider use of Deprivation of Liberty Safeguards if:
  - Person repeatedly challenges restrictions placed on them
  - Significant restrictions on the person’s contact with family and friends, or the outside world.
  - Significant people disagree
<table>
<thead>
<tr>
<th>Enriched model for dementia</th>
<th>Person- centred assessment</th>
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<tr>
<td><strong>Neurological/cognitive impairment</strong></td>
<td>Assess the level and extent of impairment on the person’s abilities to function, plus type of dementia (if possible)</td>
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<tr>
<td><strong>Health and physical fitness</strong></td>
<td>Assess physical health state. Establish possible influencing factors such as infection, constipation, medication, (i.e. delirium), pain, eyesight/hearing loss</td>
</tr>
<tr>
<td><strong>Biography/life history</strong></td>
<td>Gather information about person’s biography, i.e. family/friends, occupation, interests, likes/dislikes</td>
</tr>
<tr>
<td><strong>Personality</strong></td>
<td>Gather information about person’s personality prior to illness, including individuals coping style</td>
</tr>
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<td><strong>Social psychology</strong></td>
<td>Assess and consider impact of social interactions with others; both positive and negative.</td>
</tr>
<tr>
<td><strong>Environment</strong></td>
<td>Assess and consider impact of environment on person e.g. lighting, level of noise, signage, colours etc</td>
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WELL-BEING in Dementia

The main psychological needs of people with dementia
(Kitwood 1997)
Interventions for dementia

Aimed at restoring and maintaining function

- **Pharmacological treatment:**
  - Donepezil, Galantamine and Rivastigmine: (early/moderate stages)
  - Memantine: (moderate/late stages)

- **Non-pharmacological treatment:** Stimulating mental and physical activity e.g.
  - Cognitive Stimulation Therapy (CST)
  - Physical activity
  - Aromatherapy/massage
  - Music
  - Reminiscence/Life story
Palliative care in dementia

- Advanced planning/advanced directives/advance statements
- Preferred Priorities of Care (PPC)
- Gold Standards Framework (GSF)
- Liverpool Care Pathway (LCP)
Communication, communication, communication!

• Consider barriers:
  • Cognitive, hearing & sight impairments
• Maintain eye contact
• Speak distinctly & attend to non-verbal cues
• Reduce external stimuli
• Allow time to respond & rephrase sentences if necessary
• Break sentences down/ one instruction at a time
• Avoid open ended questions if causing stress
• Validate feelings
Useful Resources

- SCIE website: http://www.scie.org.uk/dementia
- Alzheimer’s Society: http://www.alzheimers.org.uk
- Dementia Services Development Centre: http://dementia.stir.ac.uk/
- Improving quality of care for people with dementia in general hospitals (RCN Publishing 2010)
‘Lets Respect’ Tool kit


Why is Dementia important to me?

Dementia is very common, yet generally under-recognised
Best Practice for Older People in Acute care settings: Guidance for Nurses

- 3 key themes
  - Maintaining identity ‘See who I am’
  - Creating community ‘Connect with me’
  - Sharing decision making ‘Involve me’
Life story information

- ‘This is Me’ leaflet
  (Alzheimer’s Society/RCN 2010)

Name, Carer, Home and family,
Life so far, Hobbies and interests,
Things that worry me, Relaxing,
Hearing & eyesight,
Communication, Mobility, Sleep,
Personal care, Eating & drinking,
Medication
Promoting dignity in dementia; transforming general hospital care

Call for best practice

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So how can we make it better?

- Improve own understanding
- Raise awareness in others
- Make links with dementia leads/specialists
- Ensure screening/ assessments are in place
- Promote MCA assessments
- Support end of life care
- Consider care environments
- Promote positive practice e.g.
  - Red tray, Life story profiles, Environment changes, Involvement of families in care
- **Get involved in developments!**
Chair’s closing remarks

Jenny Aston
Chair
Advanced Nurse Practitioner Forum
Royal College of Nursing