TIPS Question:

A 68-year old female resident diagnosed with Alzheimer Disease is physically quite able but due to her cognitive disability she needs direction with all ADL's. She can become quite agitated and resistant and occasionally aggressive towards staff & family. Could you share with us some positive approaches we can use when dealing with this lady?

What are the significant factors you have learned as a result of working through the six-question template?

- Physically able
- Cognitive abilities impaired
- Emotional liability – affects family & staff
- Prone to wander – risk to self
- Record in nurses notes – do MMSE – behaviour tracking
- Cause could be from pain, misunderstanding

Response:

You clearly recognize that her resistance is most likely related to her cognitive decline and this is half the battle when you are considering interventions. It is important to follow up on the consideration of pain by checking both her current and past physical history. With individuals with dementia most often the biggest issue around resistance is related to Anosognosia i.e. the lack of knowledge that there is anything wrong with them. This is the paradox of dementia - they forget that they have a memory problem and they don't remember that they are unable to manage their own ADL's. Since they truly believe that they are still doing all the things they have ever done, they see your attempts to assist them as interference or worse and they can become very defensive.

You are also correct when you are looking at approach as the key to success as at least 80% of resistive and defensive/self protective behaviours (what we commonly refer to as aggressive) are due to improper approach. If you approach individuals with dementia based on their perception of the situation, rather than your own, it sets you up for success.

- Approach from the front being sure you have made eye contact and are wearing a smile – because of their diminished ability to deal with too much stimuli or to recognize voices and faces it is important that they can see you coming and that you appear friendly i.e. non-threatening.

- Always say your name so they don't have to try to guess who you are as you seem to know them but they have no idea who you are or why they are there - this reduces their anxiety.

- Don't enter their personal space until they are oriented to you – again to reduce their perception of being threatened by a stranger.

- Extend your hand so that she can touch you instead of the other way around.

- Say some calming words to increase her comfort level before you get into the task at hand.

- All this takes no more than a minute but can make the difference between compliance and resistance

- Once you have her attention and 'trust' then get into the reason you are there. Explain in clear simple sentences what you are going to do so that she can understand and know what the expectations are. Try not to use concept words like bath or breakfast, which are really multi-stepped procedures - individuals with dementia can no longer conceptualize as this is complex cognitive function.

- From a P.I.E.C.E.S. perspective look at what they are capable of from a *Physical* perspective i.e. any pain or physical limitations *Intellectually* – do they have insight/judgement/reasoning? Can they remember what you have said? Are they able to understand what you are saying? Do they recognize objects and what they are for? *Emotionally* - are they frightened, anxious or angry? *Capabilities* - do the expectations exceed or underestimate their ability? *Environmental* – do the environmental cues support or interfere with their cognitive difficulties? *Socially* – How did they interact with others? What were there interests?

- Use things that interested them as distractions.

- It is often helpful to give individuals something in their hand to engage them before you start assisting them with personal care.

- Give them opportunities to assist you to the maximum of their ability.

These are some considerations and strategies you can utilize. I'm sure that you can use the Partners in Care to come up with others based on all the P.I.E.C.E.S. as they relate to this particular resident.

Please note: *TIPS information should be used similar to the way you would use information from a text book! TIPS is not intended to serve as an individual consultation service! P.I.E.C.E.S. participants should use this information in context and always work closely with the family physician involved in the care of the resident or client and with other Partners In Care to find solutions to individual resident/client issues.*