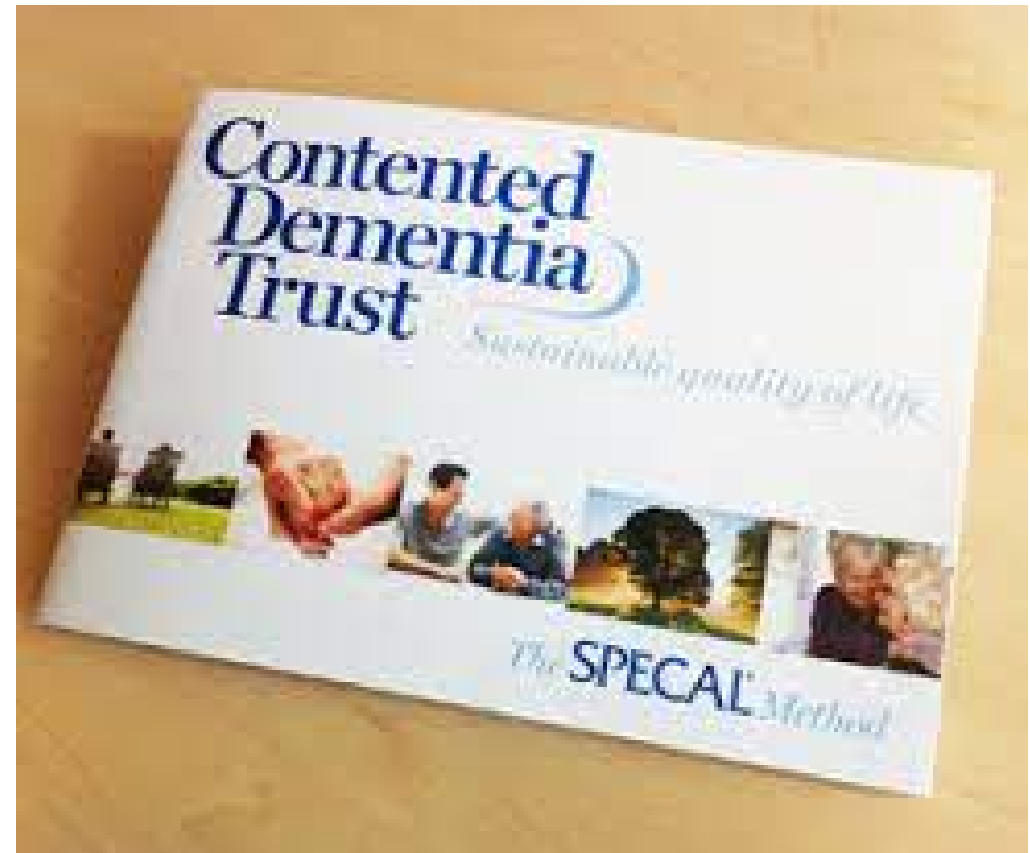
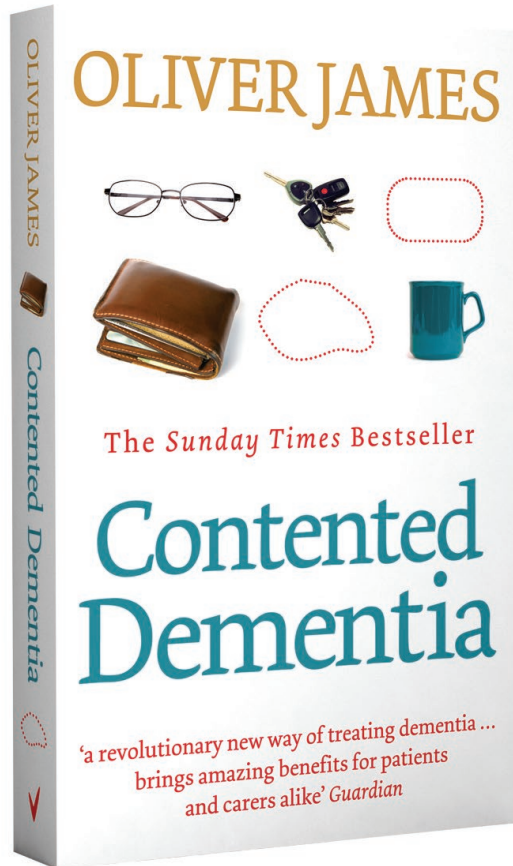


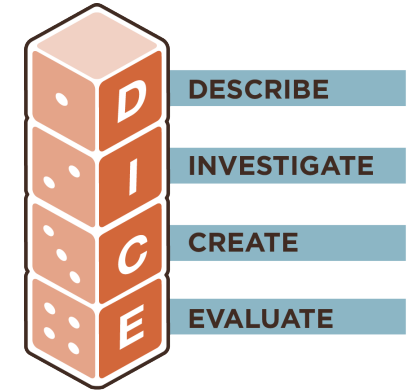


# CONTENTED DEMENTIA STRATEGIES

Dr. Zareena Abidin  
Geriatric Psychiatrist  
20<sup>th</sup> July 2022



# The DICE Approach



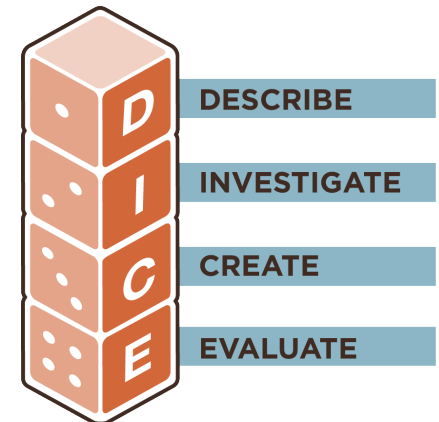
- **Describe** a behavior that challenges; who, what, where, when, and how the behavior occurs
- **Investigate** thinking like a detective and explore the person with dementia, the caregivers, and environment for possible clues to triggers underlying possible causes of behavior
- **Create** a prescription in collaboration with your team to help prevent and manage behaviors
- **Evaluate** and review prescription effectiveness, and modify or restart the process as needed

*Helen C. Kales, MD, director of the program for positive aging at the University of Michigan*

# The DICE Approach

The authors categorize the five domains of generalized strategies

- educating the caregiver
- **improving communication** between the caregiver and patient
- creating meaningful activities for the patient
- simplifying tasks and establishing structured routines
- ensuring safety and enhancing the environment.





# P.I.E.C.E.S.™ is...

## Enhancing and Translating Knowledge

Physical. Intellectual. Emotional. Capabilities. Environment. Social.

To Achieve Outcomes, P.I.E.C.E.S.™ Enablers Support

P.I.E.C.E.S.™ Learners...	TEAMS...	Leaders and Managers...	The Organization...	The System...
Are committed to change, mentorship and using evidence to inform practice	Engage in a TEAM approach to care	Are present and actively model person and care partner-directed care	Has hiring practices that ensure staff care about, respect and honour the lived experience	Promotes a shared vision
Support a proactive person and care partner-directed approach to care	Negotiate collaboratively, especially during conflict	Set and communicate performance goals and expectations	Provides access to education, resources and support to apply learning	Aligns strategic directions of healthcare
Have a solid foundation of skills	Are committed to integrating the approach into day-to-day practice	Support and enable a TEAM-based approach	Provides incentives and opportunities for staff based on performance	Aligns incentives to promote shared accountability
Are willing to work across traditional divides	Engage in on-going shared learning	Are dedicated to evidence informed practice	Demonstrates commitment by championing the approach	Seeks support of the research community
		Support and enable a TEAM-based approach	Anchors a person and care partner-directed philosophy in mission, vision, values	Promotes education and awareness building to reduce stigma
		Enable staff at all levels to actively participate as members of the TEAM	Partners and networks with others across systems of care using clearly defined roles and responsibilities	
			Engages in cross sector accountability	
			Is dedicated to quality	

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Physical

Often Urgent

Emotional

Psychosis, Depression

**Delirium! Think 4 M's**

1. Medicine: prescription, OCD, substance misuse
2. Microbials
3. Metabolic
4. Myocardial/Respiratory and other Medical disorders

**Causes of Delirium: I Watch Death**

I Infections  
W Withdrawal  
A Acute Metabolic  
T Toxins, drugs  
C CNS Pathology  
H Hypoxia  
D Deficiencies  
E Endocrine  
A Acute Vascular  
T Trauma  
H Heavy Metals

**Risk Factors for Delirium**

1. Cognitive Impairment
2. Sleep Deprivation
3. Immobility
4. Visual Impairment
5. Hearing Impairment
6. Dehydration

Wise MG, Hilly DM, Cerda GM, Trzepacz PT. (2002) Delirium (confusional states). In: Wise MG, Rundell JR, editors. Textbook of consultation-liaison psychiatry: psychiatry in the medically ill. 2nd ed. Washington: American Psychiatric Publishing; 2002. pp. 257-272.

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- Do distract
- Don't confront the false beliefs

Remember the delusions may not emerge until a period of time has elapsed – it may take time to "organize" the delusion

**Signs of Depression. SIG: E CAPS**

- Sleep disturbed
- Interest decreased
- Guilt feelings
- Energy lower
- Concentration poor
- Appetite disturbed
- Psychomotor retardation or agitation
- Suicidal ideation

Dr. Carole Cross and reported in Jenkins, M. (1988). Geriatric Psychiatry and Psychopharmacology: A clinical approach p.38. Chicago: Yearbook Medical Publishers Inc.

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**Key to Diagnosis**

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- Communication
- Capabilities

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**Flags:**

- **Emotional/behaviour changes:** increased intensity of dementia, depression or delirium
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**Assessment:**

- 0-10 Rating. Faces Pain Rating Scale.

Intellectual

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Flags: near misses, excuses, and confabulation

- Repeat 3 words and remember them House Tree Car
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Adapted from S.Borson [http://www.cmeconer.com/macrom/AAGP/aagp2003\\_07.htm](http://www.cmeconer.com/macrom/AAGP/aagp2003_07.htm)

Also consider the MoCA© a cognitive screening test designed to assist Health Professionals for detection of mild cognitive impairment. <http://www.mocatest.org/>

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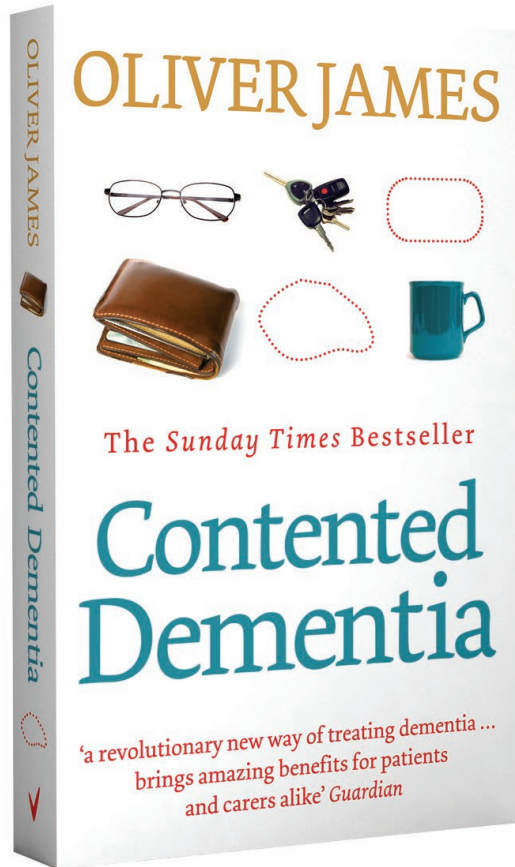


# Behaviours not likely to respond to medications

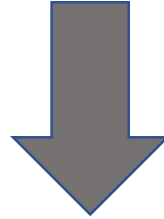
- Wandering
- Disturbed vocalising behaviour (DVB)
- Hiding and hoarding
- Repetitive behaviour
- Inappropriate voiding
- Inappropriate dressing/undressing
- Tugging at seatbelts
- Eating inedible objects
- Pushing wheelchair-bound residents
- Resistive need to care

Severe resistiveness to care that presents as slapping, kicking, hitting, biting and punching may respond to medications





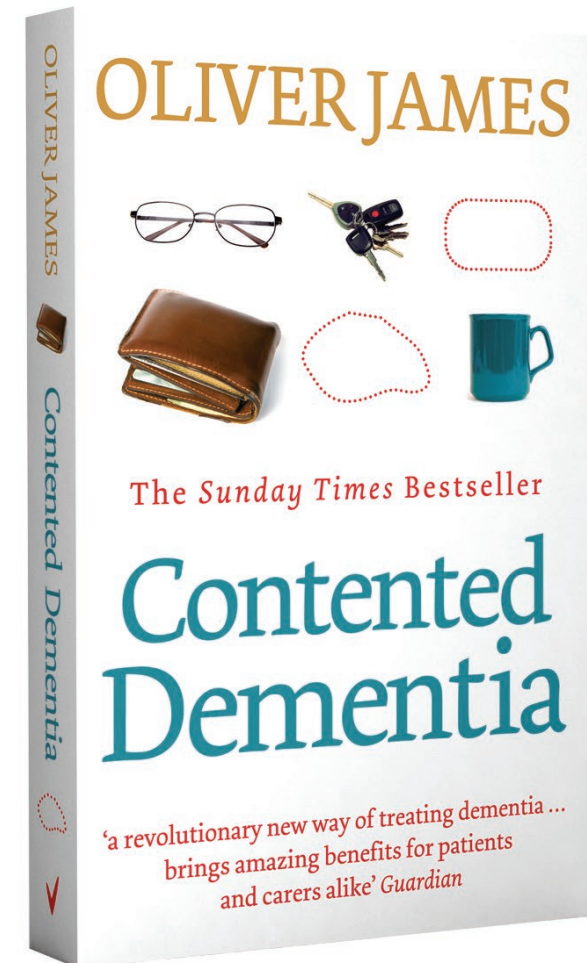
EMOTIONAL CONNECTION



GOOD COMMUNICATION



SAFETY & COOPERATION WITH CARE





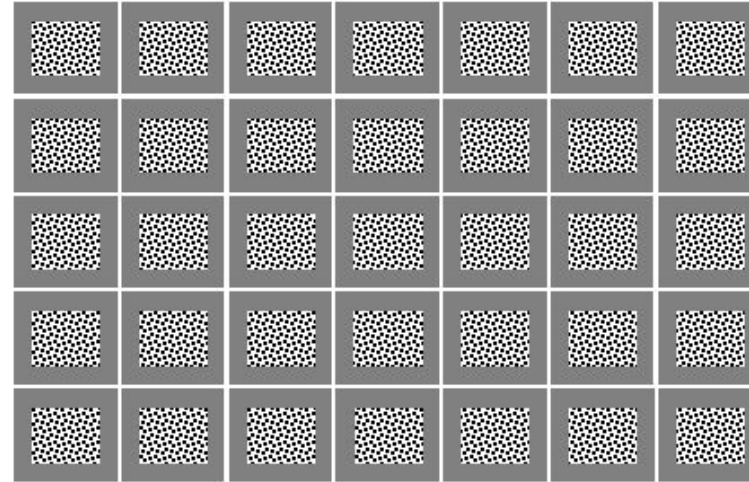
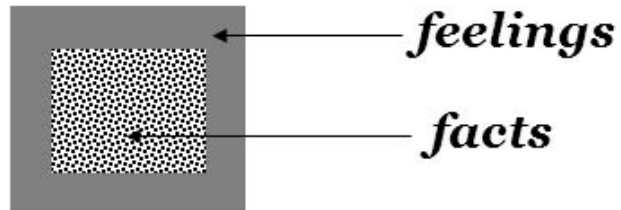
What does  
SPECIAL  
stand for?

- Specialised Early Care for Alzheimer's

# ***The SPECIAL Photograph Album***

*Photographs record all our experiences as they happen;  
they contain the facts and feelings associated with each experience*

***Normal photograph:  
facts-plus-feelings***



*The taking and storing of photographs in our album is an automatic  
and unconscious process going on in the background of our life .....*



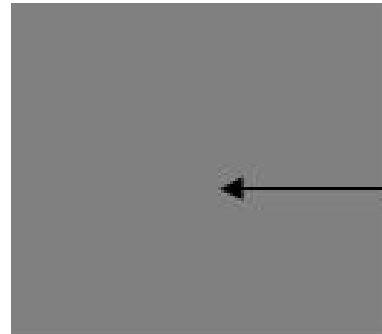
Let me  
think?



Let me look  
into my  
photograph  
album..



Dementia photograph: No facts only feelings

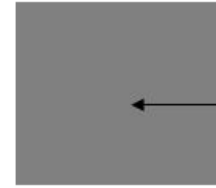


***feelings***

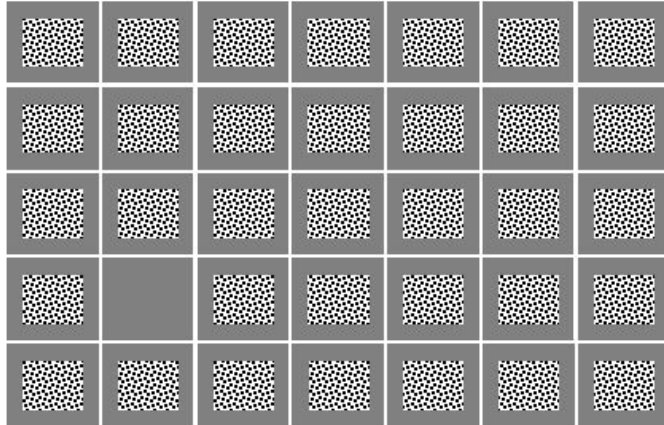
“Blank !!! “

## *The SPECIAL Photograph Album*

*Dementia introduces a new type of photograph into the person's album - a fact-free, feelings-only photograph that we call a blank*



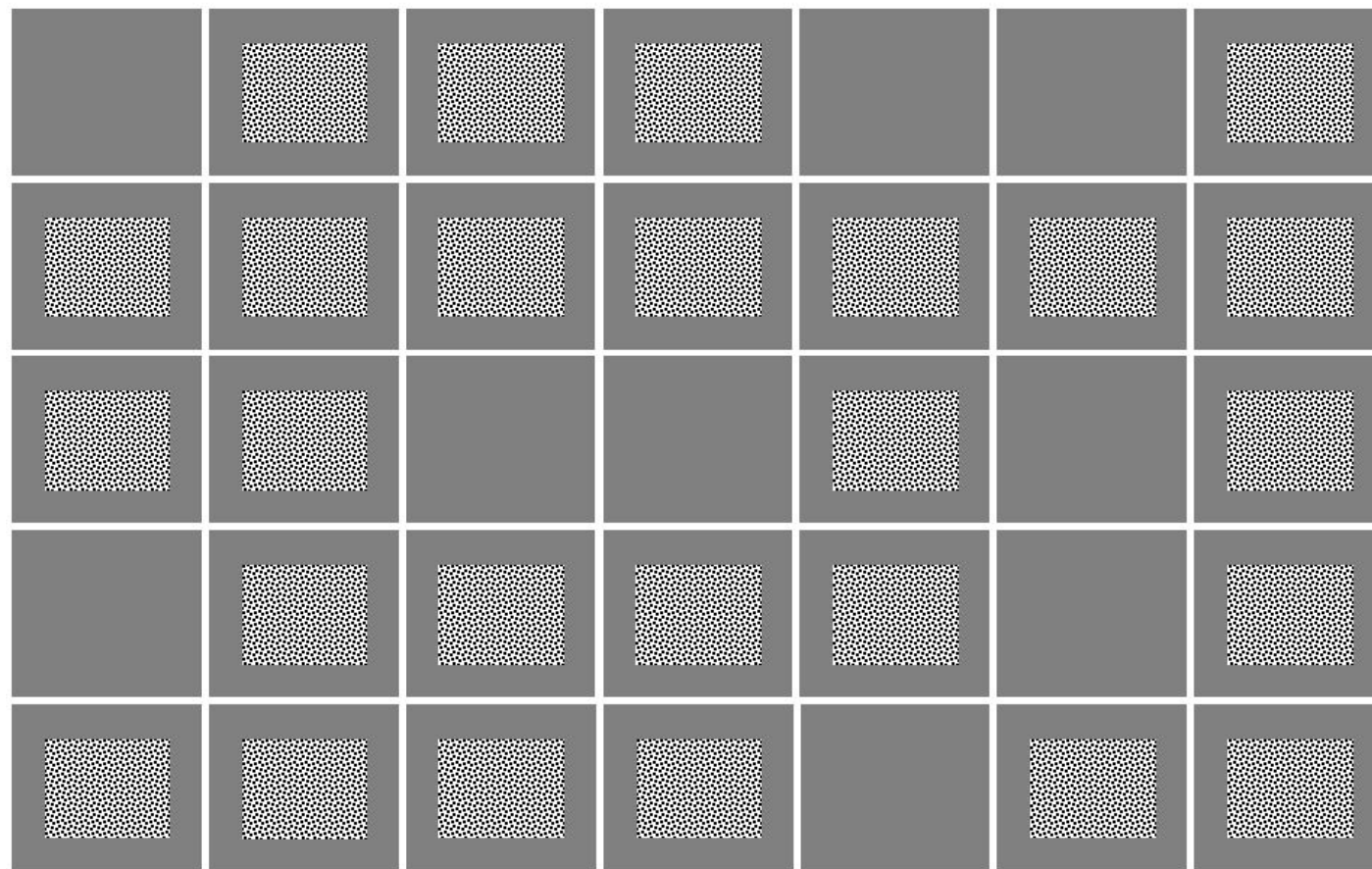
*feelings*



*In a blank the feelings take up all the space where the facts would normally have been stored*

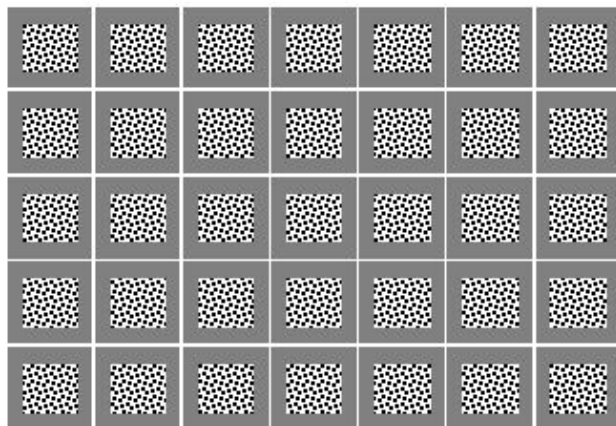


Gradually, over time, the blanks will increase.....

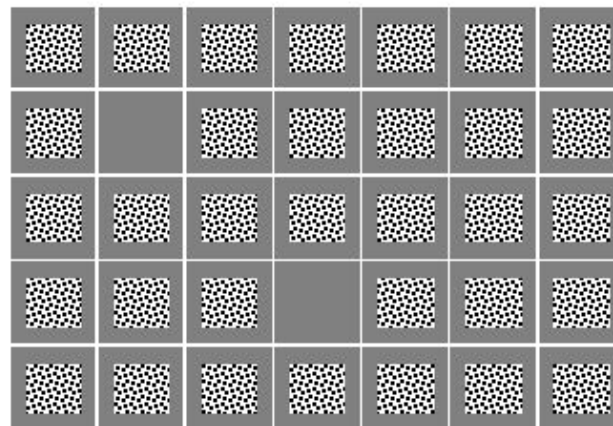


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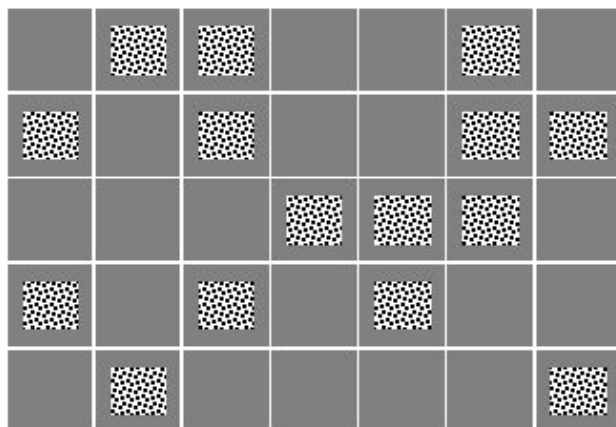
***1 - Normal (pre-dementia)***



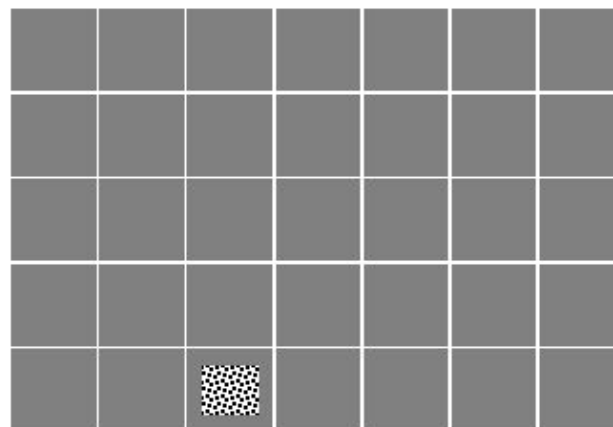
***2 – Early dementia***

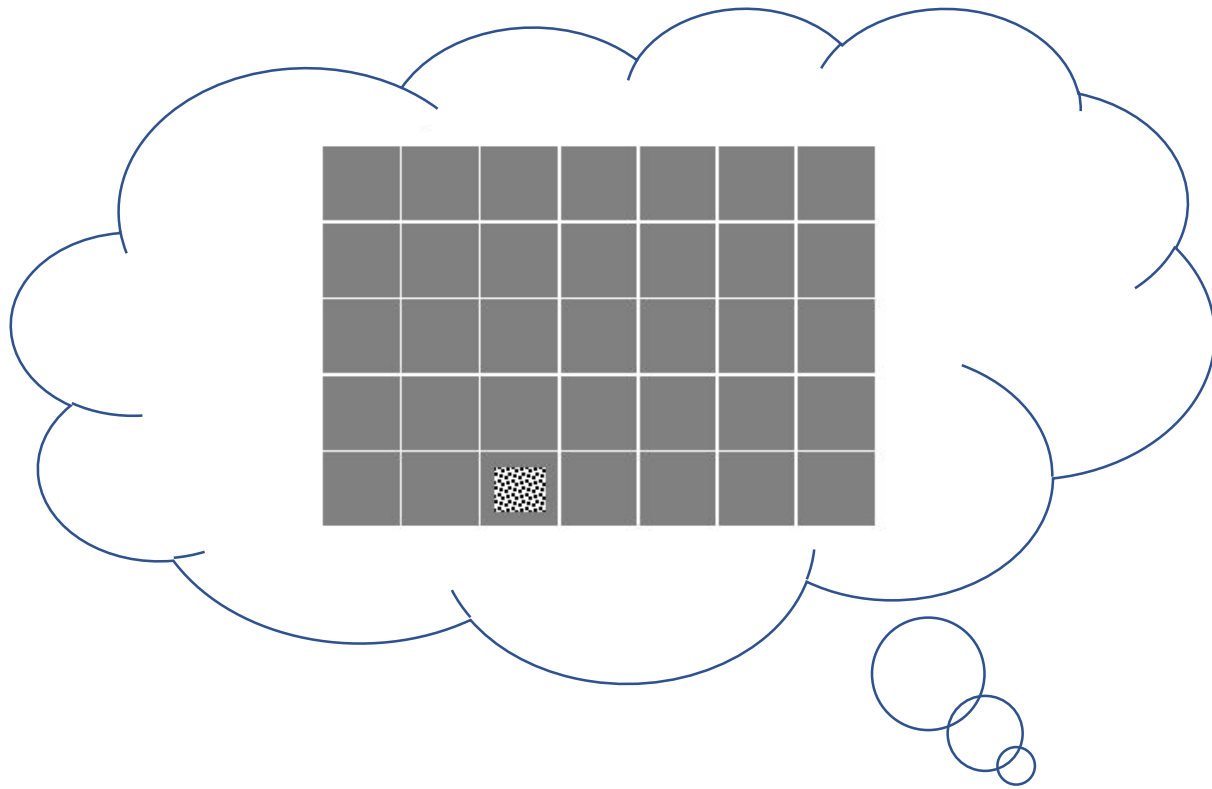


***3 – Mid stage dementia***



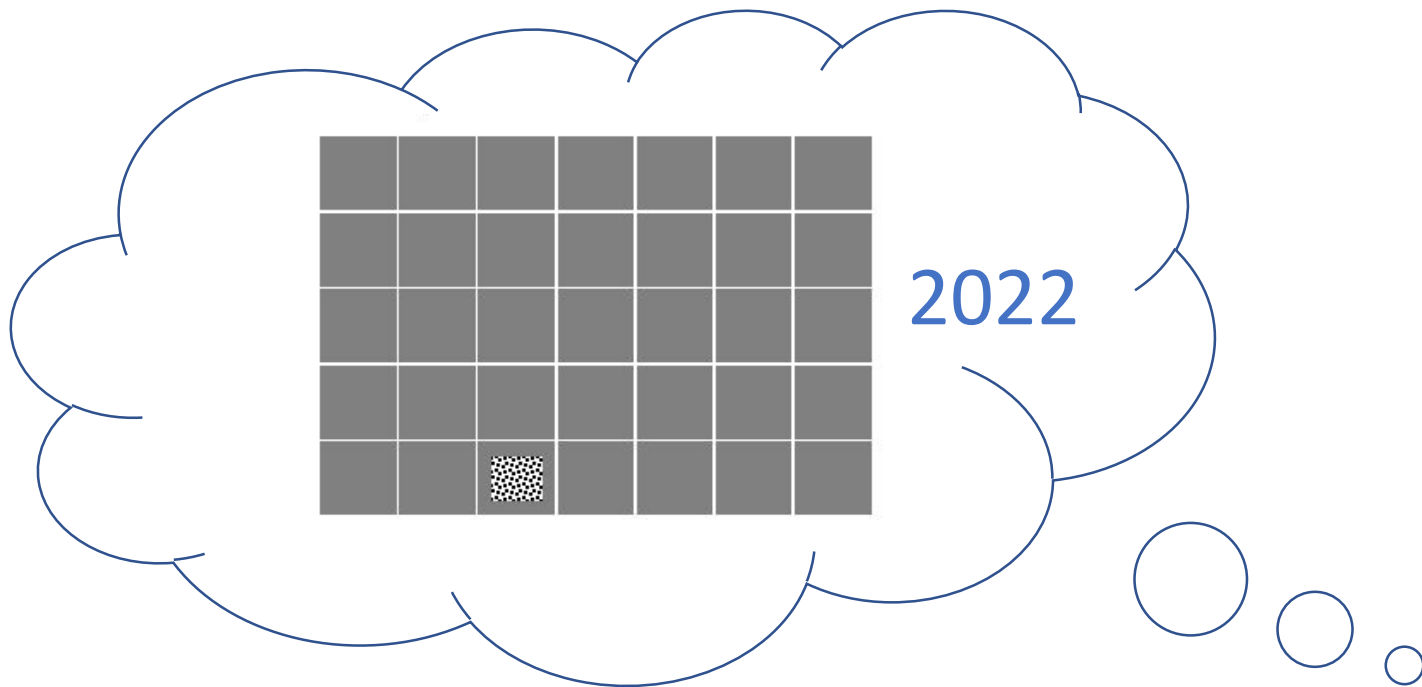
***4 - Late dementia***





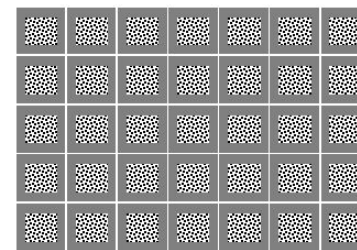
Whose are all  
these people?  
Where am I?





2010?

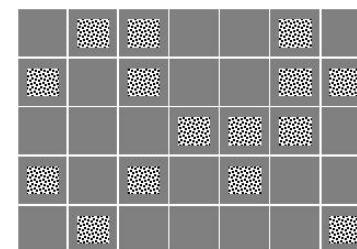
1980?



1962?

1978?

2020?



2019?

Whose are all  
these people?  
Where am I?





**1960**



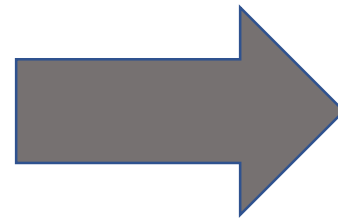
**2022**



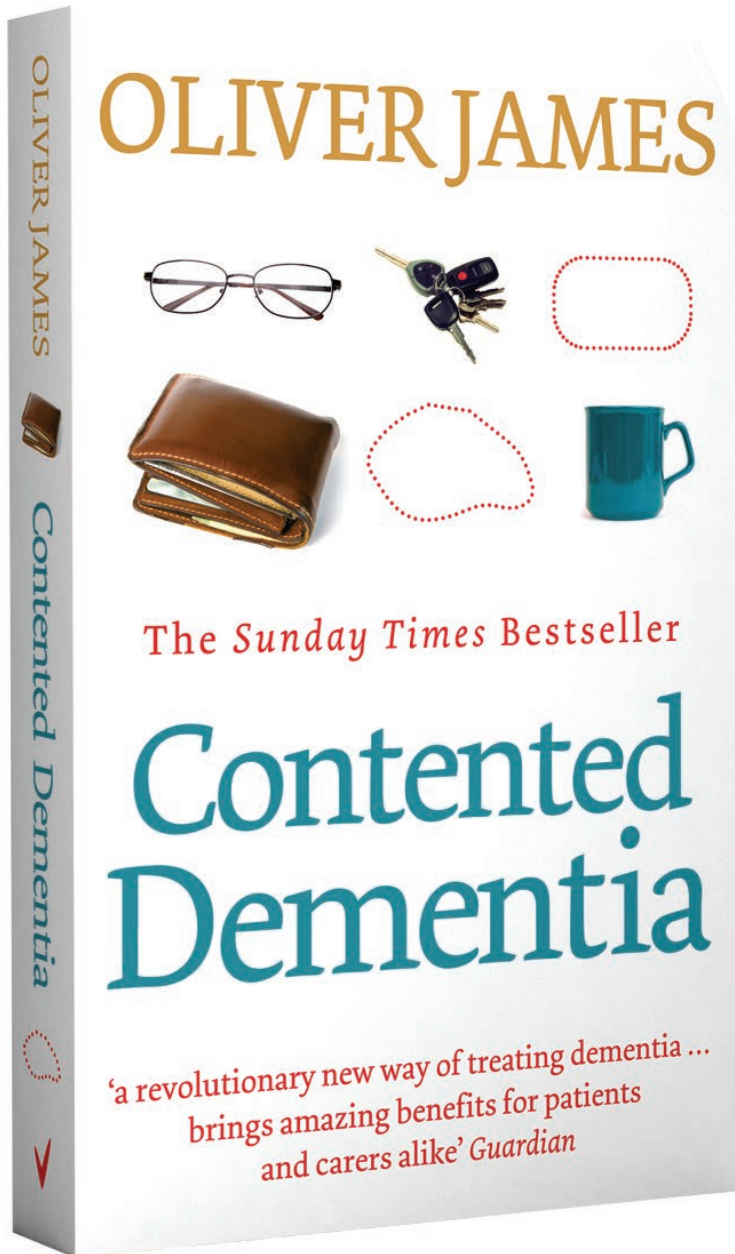
# What is different about the SPECAL method?

- Offers a completely different way of looking at dementia
- Common sense has to go out of the window when it comes to managing dementia. It is likely to result in a progressively declining sense of confidence for the person with dementia

“Common sense simply does not work with this condition, and carers need something quite different”



SPECAL sense



# SPECIAL METHOD

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Is designed to achieve two fundamental goals

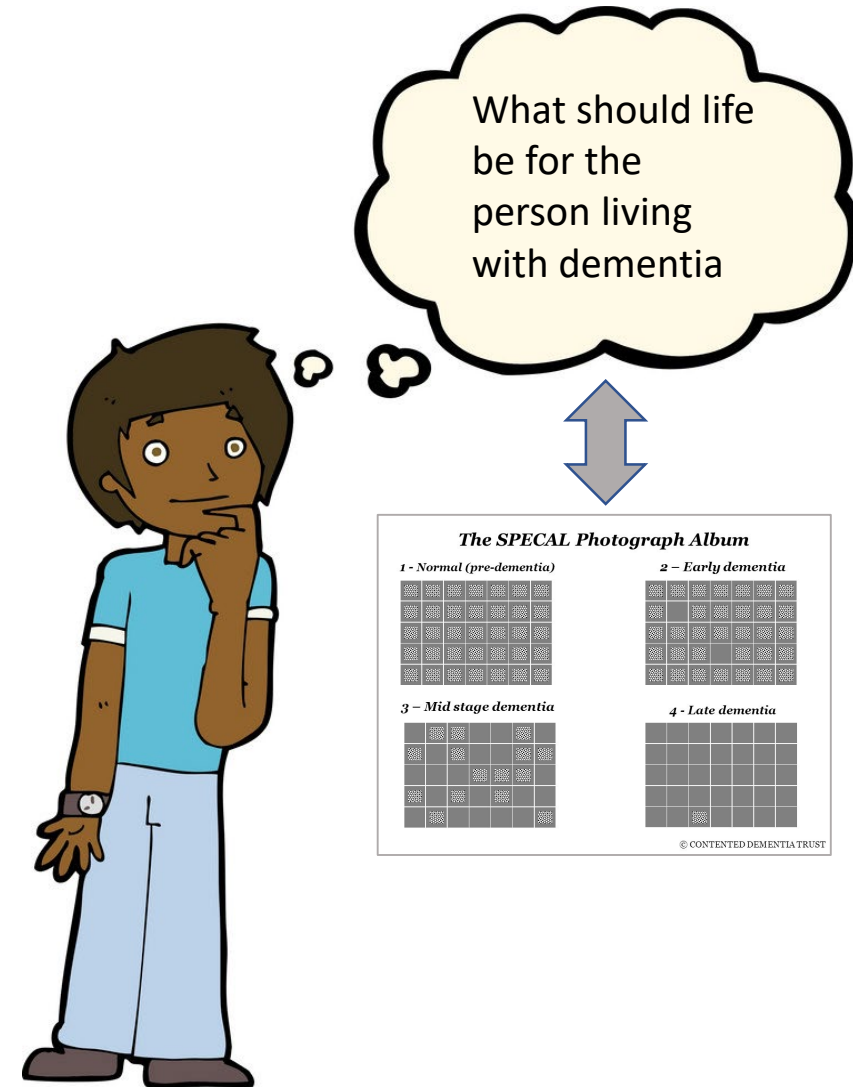
1. Protection from having to store new information
1. Support through old photographs when new information is required

# What is meant by SPECAL sense?

- SPECAL sense is counter-intuitive & begins with

## 3 Golden Rules:

- ✓ Don't ask questions
- ✓ Learn from them as the experts on their disability
- ✓ Don't contradict-always agree with everything they say, never interrupting them

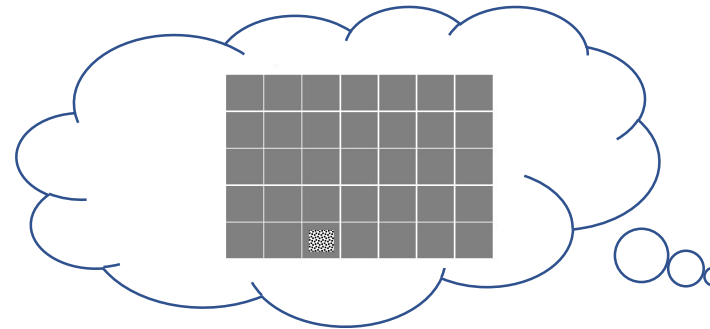
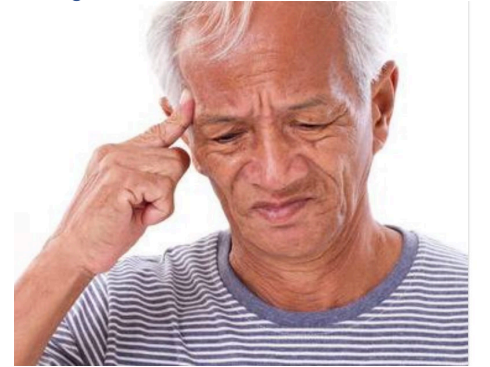


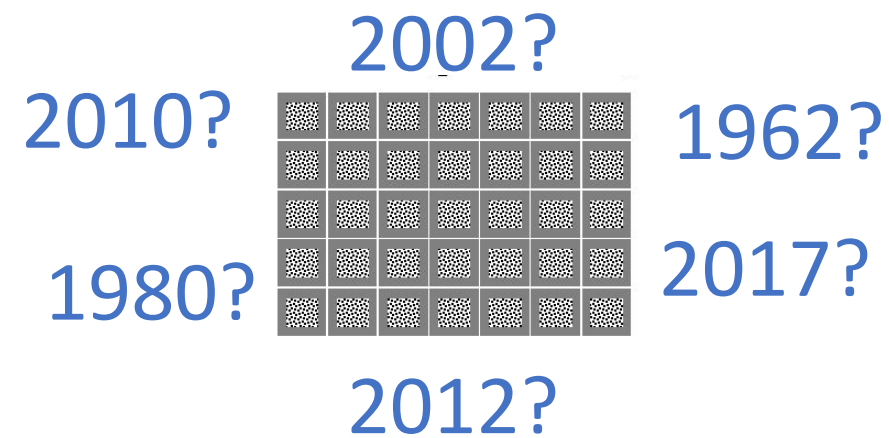
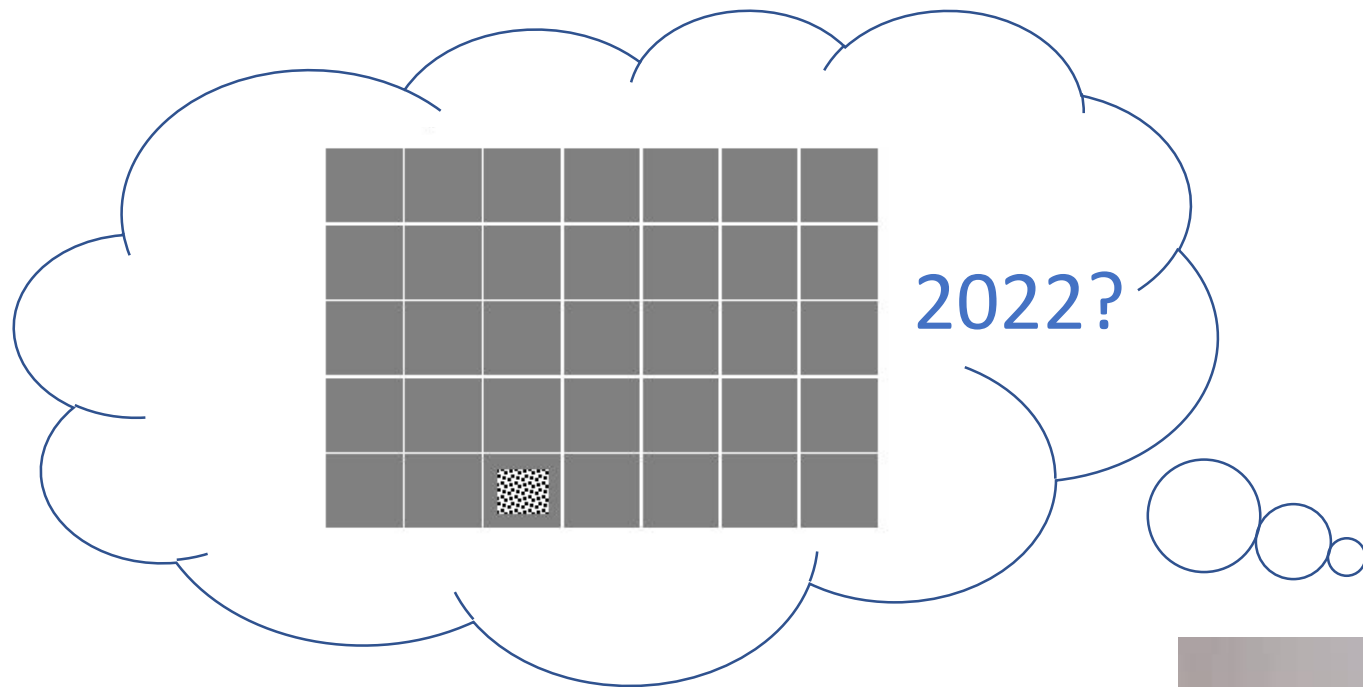


# 1. Don't ask questions

Let me see...

*“Just stopping asking questions has completely altered our life. I cannot believe the change. His distress has evaporated. We have got him back again.”*



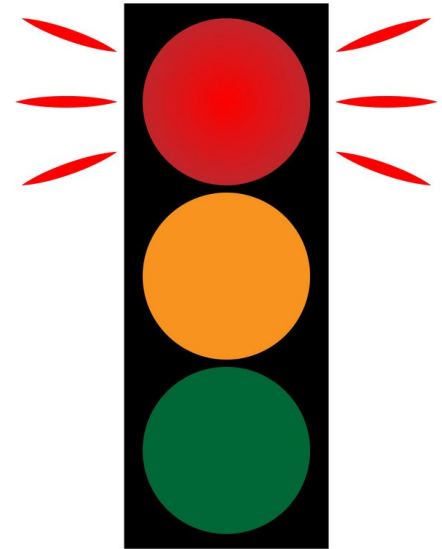


Where am I?  
Where is my wife?  
Am I late for work?  
Who are all these people?  
Help.....



## 2. Listen to the expert and learn from them

*My mother kept asking where the dog was. I tried over and over again to explain that the dog had died. Then I went on a SPECAL course and decided to try saying that the dog was fast asleep. She sighed with relief. It was just a different answer, that's all, but it made such a difference.*

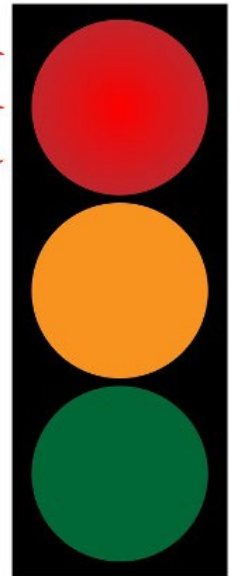


*“Morally we should not cause any more anxiety than they are already experiencing”*

*“Identify the most productive answers to repeated questions”*

# SPOTting

- Teaches you how to identify the repetitive and troublesome patterns
- Addresses any underlying anxieties and converts them into wellbeing for both parties
- How to SPOT?
- Listen and list questions that patient is liable to ask
- By the end of the day you will have a picture of most repeated ones
- Write down list of answers and test them out



So why do  
dementia  
patients  
repeat  
questions so  
much?

- Because they want information
- Sometimes the quest takes the form of wandering, physically setting off in search of an answer
- May reflect anxiety or fear
- May reflect a lack of confidence as they are liable to forget things



### 3. Don't contradict

*"Nowadays I try and say something like 'I expect you're right', and straight away the problem that was brewing just seems to vanish"*

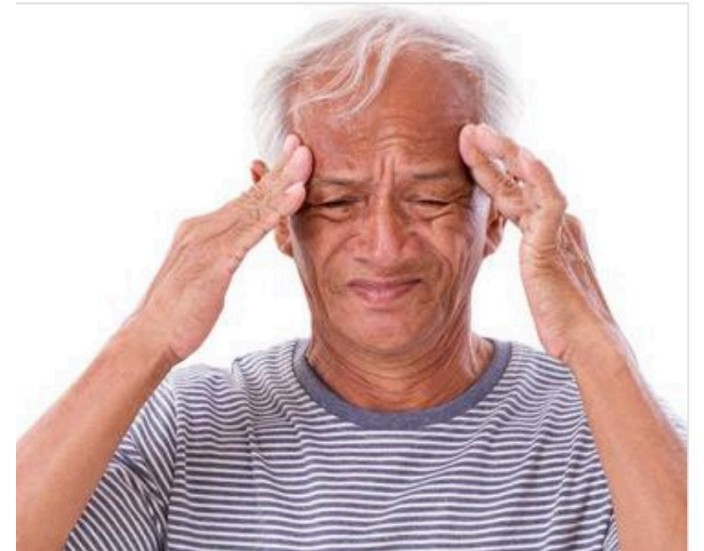
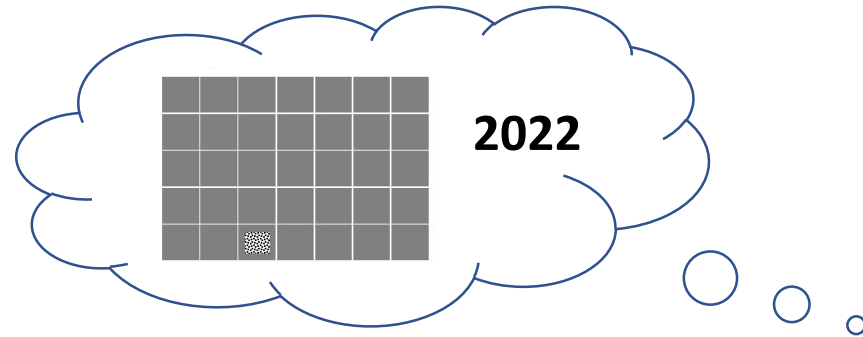
*Do not correct them, or confront them, or disagree*

*Just say "oops silly me...what was I thinking..."*

*Never attempt to reason with someone who has lost their reason*

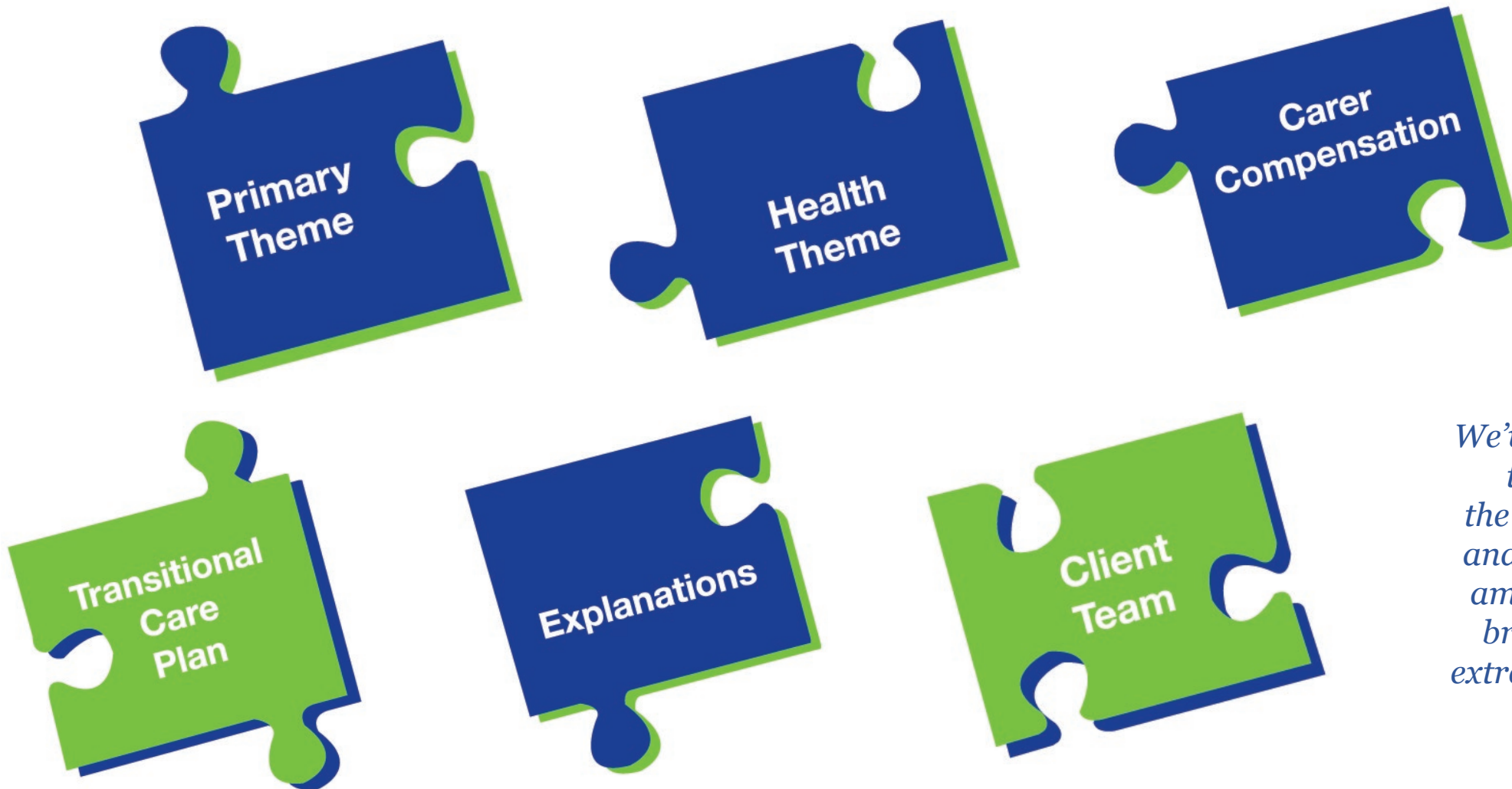


### 3. Don't contradict





# How do you build a SPECAL care profile?



*We've got the hang of the way to use the Primary Theme, and the results were amazing. Even my brother, who was extremely sceptical, is convinced.*



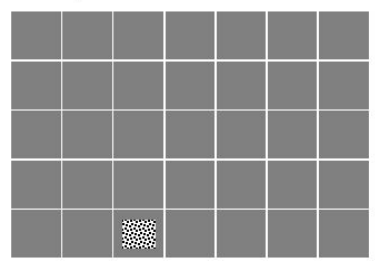
- Drawn from the person's pre dementia past
- Area of interest that has previously provided a feeling of self fulfillment and confidence
- SPECAL gathers specialized vocabulary relating to the person's Primary Theme, as this could be used in ways to enable the person with dementia to "help others".



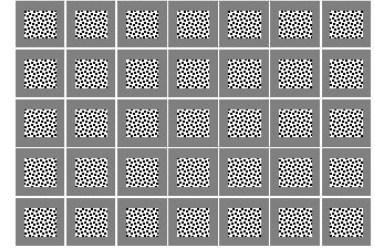
- Drawn from the person's pre-dementia past and represents an acceptable reason why the person should take care of themselves and allow others to help them to do this
- The **Health Theme** has an important part to play in enabling the person with dementia to accept help without loss of dignity

‘Refusal of care’

2018-2022



2010-2017

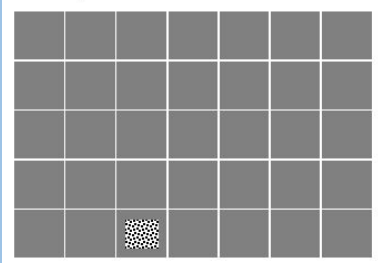


You need to take your  
blood pressure pills....

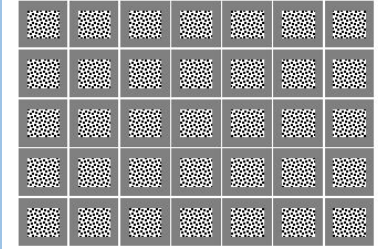
High blood pressure was diagnosed 3 years ago by GP.....



2018-2022



2010-2017



You need to take your pills today...we don't want you to get that kidney infection again....

Patient has history of recurrent UTI and was hospitalized once and had bad experience in that hospitalization around 5 years ago.....



# DISCUSSION