

IS IT DEMENTIA?

EMERGENCY SERVICES | FACT SHEET

Your role requires you to respond to emergency situations that may mean you have little time to formally assess individuals. This fact sheet is designed to give you additional information that may alert you to signs or considerations you can make during the process of your work, it should not replace your protocols for response.

What is dementia?

Dementia is a term used to describe the symptoms of a large group of illnesses which cause a progressive decline in a person's functioning. It is a broad term used to describe a loss of memory, intellect, rationality, social skills and what would be considered normal emotional reactions.

Signs of dementia

In the early stages the symptoms of dementia can be very subtle. However, it often begins with lapses in memory and difficulty in finding the right words for everyday objects. A person with dementia may experience one or more of the following symptoms:

- Forgetting recent events
- Difficulty with making decisions
- Difficulty with expressing their thoughts
- Confusion in understanding what others are saying
- Confusion about the day, time, where they live, where they have come from, what they have just been doing, or the actual situation they find themselves in
- Difficulty performing more complex tasks
- Difficulty managing finances
- Being anxious, crying or distressed
- Inappropriate behaviour or responses

People with dementia may differ in the patterns and type of problems they have, and the speed with which their abilities deteriorate. Their abilities may change from day to day, or even within the same day. However, what is certain is that the person's abilities will deteriorate, sometimes rapidly over a few months, in other cases more slowly over a number of years.

There are many conditions where people can exhibit signs similar to dementia such as forgetfulness or memory problems. It is best not to assume that someone has dementia just because some of the symptoms are present. Strokes, depression, alcoholism, infections, hormone disorders, nutritional deficiencies and brain tumours can all cause dementia-like symptoms.

Impact of dementia

When a person has dementia their ability to function can be compromised. For example their tolerance to stress may not be as good as it used to be. Being able to deal with uncertainties, crowds, pressure or noisy environments may cause them to become upset, angry or disoriented. Alternatively, a person may start to lose their social inhibitions, such as someone who has always taken pride in their dress, starting to dress carelessly, or doing and saying inappropriate things.

People close to the person with dementia are also affected. The nature of their relationship can change as the person with dementia may come to rely more heavily on them for support, especially family members. In turn the caring role may have an adverse effect on the wellbeing and health of the family members. Remember, when you interact with a member of the family, you may be faced with a very tired and frustrated person who will require gentle support.

Different Types of Dementia

Currently there are over 100 identified types of dementia. There are 5 common types which you will frequently encounter:

1. Alzheimer's disease is the most common type of dementia and will initially have an impact on someone's short term memory. Other changes can be experienced later as the disease progresses and may include communication and mobility difficulties, behavioural changes and eventually, loss of long term memory.
2. Vascular dementia is usually the result of ongoing mini stroke activity (transient ischaemic attacks or TIA's). The impact and presentation will vary depending on where in the brain the stroke activity has occurred.
3. A combination of Alzheimer's disease and Vascular dementia
4. Lewy body disease is a form of dementia that can result in changes to movement, thinking and behaviour and is increasingly more common.
5. Fronto-temporal dementia where the signs may include significant behavioural and personality changes and loss of inhibition

It is important to remember that all people present differently with dementia requiring an individualised approach.

Younger Onset Dementia

Dementia does not just happen to older people. People in their 30's, 40's and 50's can also experience dementia. Whilst less common, the incidence is increasing, with over 24,000 Australians living with younger onset dementia.

Safety Considerations

Personal safety and protocols are paramount when entering homes unannounced (for example; in the case of fire, flood or other emergency response situations).

- When entering a home, consider the impact of confusion, possible paranoia and people sleeping with weapons for self-defence.
- The person with dementia may not comprehend what is going on in an emergency and think they are in trouble. They may not be able to distinguish between uniforms, particularly if they have had experiences (negative or positive) with uniformed individuals in the past. Green or blue uniforms may signify ambulance, military, police, prison guards or street cleaner. There may be an attempt to rationalise innocence or use resistive behaviour as they may think you believe they have committed an offence.
- Where possible, make sure people have hearing aids in if they have been asleep and approach cautiously (unless there is immediate risk) until a connection has been made with the person.
- Where appropriate, offer and encourage fluids, especially if the weather is warm, by physically handing the person a drink not just asking (a person with dementia may not think to ask for a drink or understand the question).
- The person with dementia may express further confusion not connected to a possible event or trauma experienced. Take a moment to recognise that whilst their current emotion or response may seem out of context to you, it is their experience.
- Do not attempt to restrain unless safety issues are immediate.
- Be aware of the signs of stress or frustration for a person with dementia (repetitive questioning/wandering/distress).
- Where possible and practical try to leave personal belongings (or a familiar item) with a person with dementia unless immediate removal for safety is required. Possessions may represent security and create undue stress if removed. Be aware if this is not possible this may result in name calling/swearing or accusations of stealing as stress levels are increased. If this occurs (and the trigger for such a response is unknown) it is important not to respond to the words used.
- Remember that the person with dementia may not be aware or remember why emergency services have been despatched. When approaching them, ensure you are clearly communicating your role and reason for being there and repeat as a method of reassurance for them.
- Where possible move the person with dementia to a quieter area or within a vehicle.
- Use the person's name and any names you are able to access such as a son or daughter (for example; "Audrey is pleased we could be here to help you until she gets here"),
- If you are required to relocate a person with dementia, when possible, take them where they need to be. Avoid just directing or pointing to where you are referring.

Your approach, body language and tone of voice will be a key element in managing the situation. Keeping in mind that just because you wear a uniform does not mean the person will recognise or will continue to know who or to what organisation you belong. They might not know you are there to help them. Continuously remind the person where they are and who you are on an ongoing basis if they appear confused.

Communication Considerations

Certain behaviours exhibited are easier to understand if you suspect or know the person has dementia, but these considerations will help you explore situations further.

- Look for signs that may indicate the person has dementia. In addition to behaviour, indicators may include photos with contact details of carers or family members prominently displayed contact details for aged care workers or service providers, Medic Alert bracelet, Companion Cards and other identifying materials. Some states have similar identification bracelets to the Medic Alert system which identify that a person has cognitive issues.
- Try not to react to what someone with dementia may be saying. If possible be 'in the moment' and connect with the person through acknowledging the insecurity felt.
- Genuine and calm reassurance will potentially bring about better outcomes so where possible, read the emotion, body language and tone of voice rather than the words used.
- Repeated questions from the person with dementia may be an indicator of increased stress or fear. The result may be someone asking for their mother/husband/wife (even if deceased). This signifies a need for security and comfort. The response to this should be reassurance and validation of the emotion, even when you don't have the full information.
- Reminiscence and diversion may assist to calm someone down and establish feelings of control. It can help someone to tell you about who they are and assist with distracting them from their current focus.
- By using someone's name, it reminds them you know who they are and a connection has been established. You may need to continually reintroduce yourself and your purpose for being there and if so, do so calmly and reassuringly.
- If someone within your unit or team appears to have connected with the person with dementia it would be good to consider maintaining that connection until further support arrives.
- Whilst emergency situations are often rushed or frantic, where possible try to appear calm, otherwise this may increase the anxiety or agitation for the person with dementia.

Final thoughts

Emergency situations require immediate responses and your own protocols are paramount however where and when it is possible, remember to consider:

- Your approach
- Your body language
- The language and words you use
- Environmental stressors (frantic/busy environments are distressing so move to a quieter area when practical)
- Try to nominate a contact person with your unit or team to support the person with dementia until further help arrives

Where to from here?

For more information or support please contact the:

National Dementia Helpline 1800 100 500

The Helpline can assist you with locating additional supports or resources for your state or territory including:

- Statutory bodies for guardianship issues
- Public advocate
- Advocacy services
- Community support services

Additional information and resources can be found at:

www.fightdementia.org.au

<http://www.health.gov.au/internet/main/publishing.nsf/content/dementia-1>