



# Understanding and Working with Elderly People Who are Having Signs and Symptoms of Dementia

Body temperature  
Loss of appetite  
Difficulty swallowing  
Losing control of bodily functions  
Dressing  
Bathing or showering  
Mouth, Hair, Nail care  
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The 5-Senses; Sight, Sound, Smell, Taste, Touch  
Dignity

Many elderly people may begin to display forgetfulness, confusion, losing items, or getting lost, and doing things that are out of character for them as you remember. The brain, the organ that controls everything, changes as we age. The perception of the elderly or person with dementia may not be real. Try to remember; ***Their Perceptions are Their Reality***; they can say something looks blue, but you see the same thing, but it looks green. The elderly person doesn't want to argue with you, but they perceive things differently. This can include time of day, day of the week even the year. You may be able to reorient them temporarily. Raising your voice or arguing with them will not help. This may cause them to become more anxious and confused or agitated. There is also something called "sundowners" where the person may feel more anxious and more confused, as the sun goes down in the afternoon or early evening, leading to different behaviors. It is real.

The following are some helpful guiding beliefs and ideas in caring for the elderly:

## BODY TEMPERATURE

### **Why/what can cause it?**

Many elderly people and people with dementia feel cold even when the temperatures in the environment is 80 degrees or more. The part of the brain that acts as a thermostat can get a little "wonky" and the patient always feels cold.

### **What to do about it**

Elderly people will adjust their house thermostat up into the 80s because they feel cold. Make allowances by controlling the thermostat to the mid-70s if need be. Discourage them from wearing several layers of clothing while in the house, they may perspire a lot and still feel cold. They need to drink more fluids. This includes ice cream, Jell-O, liquid supplements, coffee, water or whatever they will drink.

## LOSS OF APPETITE

### **Why/what can cause it?**

The desire to eat changes in the elderly. People who loved beef, pork and chicken may begin "snacking on candy and snack cakes" instead. Those food items are more convenient and easier to digest, but certainly less healthy. The elderly may lose weight, but because the clothes they wear are loose, easier to put on and take off, weight loss may not be as noticeable.

Later, the elderly may begin having problems with chewing and swallowing. Food should have some texture and thickness to help with swallowing.

### **What to do about it**

The elderly begins to have a hard time digesting and processing protein, but still the body uses protein as a building block to stay healthy. As the body begins to fail in the elderly, supplements like Ensure, Boost or Instant Breakfast can help provide enough protein. Weighing the person once a month will help monitor their intake. A weight loss of 10% or more over a 6-month period or a BMI (Body Mass Index) below 22 may indicate the patient is malnourished. Small meals 4-6 times a day may be helpful.

## DIFFICULTY SWALLOWING

### **Why/what can cause it?**

In end stage dementias, the person may lose the desire or ability to eat. This may be more noticeable at mealtime when the patient may begin coughing frequently when eating or drinking. This may be a sign of aspiration, the food travels down the “windpipe” leading to the lungs instead of the “food pipe” leading to the stomach. This can be very harmful leading to pneumonia, especially if the person has a weak cough.

In the final stages of Alzheimer’s Disease, a form of dementia, the patient loses the ability to swallow and pockets food in their cheeks which may lead to food becoming stuck in their trachea.

### **What to do about it**

It is always important to see if the elderly has denture problems, sores in their mouth or dryness in the mouth and tongue. This can cause poor chewing and swallowing. Sometimes the swallow muscles become too weak to do their job properly. Thicker fluids like creamy soup or thickened liquids may help for a while. Sometimes pureed food (chopped up really well or looks like a paste) is easier to swallow and allows less chewing. People with swallowing difficulties will eventually have breathing problems because they aspirate. Sometimes the body no longer desires food. Discuss this with a physician or nurse. The goal is to feed the patient until they feel satisfied and prevent aspiration and treat any upper airway infection with oral antibiotics.

## LOSING CONTROL OF BODILY FUNCTIONS

### **Why/what can cause it?**

***Everyone has to go to the bathroom. Everyone has accidents.***

The elderly and people with dementia often lose the ability to know when they have to go to the bathroom. Sometimes, because they walk so slow, they may feel the urge but can’t make it to the bathroom in time. It is embarrassing for them and frustrating for caregivers.

Surprisingly, many families have overcome this part of caring for their mother or father and it just becomes part of the daily activity.

### **What to do about it**

Adult disposable briefs or “diapers” are a great invention as are disposable wipes. Keep plenty on hand. There are plastic sheets called “Chux” that can protect the bed from urine and stool if the patient is incontinent. Use rubber or latex gloves when cleaning someone up after an episode of incontinence. It is a difficult job to make sure a person is “clean down there”, but it helps prevent infection or the skin from breaking down.

If a person does suffer from incontinence, try to get them to the bathroom every 2-4 hours during waking hours. This may help.

## DRESSING

### **Why/what can cause it?**

It is not unusual for the elderly or person with dementia to wear the same clothes for a week or longer. Their concept of time and their perception becomes altered and they may believe their clothes are “perfectly fine”. The person may argue with you if you want them to put on “clean” clothes. It is pointless to discuss this. Have a hamper available and if the opportunity presents itself, throw the dirty clothes into the hamper BUT, lay out some clean clothes and they will probably change their clothes.

It is easier to “lead” the person than to tell them what you want them to do. Walk with them and point to the clothes you wish for them to wear.

### **What to do about it**

After 2 or 3 days, the clothes may become soiled and smell “dirty”. Because the person’s perception has changed or they can’t “find” clean clothes, it is easier for them to wear the same thing over and over.

When the person changes into pajamas, place the soiled clothes in the laundry, but it is important to set out clean clothes you want them to wear the following day. Do not engage in an argument about this. This person could have been a meticulous dresser before, but now can’t remember where their clothes are, and may be embarrassed about this, **especially in front of their children.**

## BATHING OR SHOWERING

### **Why/what can cause it?**

The elderly and people with dementia do not like to get wet. They feel cold very easily and sometimes they fear slipping and falling in the tub or bathroom. The bathroom is by far one of the rooms in the home where the elderly has more accidents.

### **What to do about it**

The room should be warm, maybe even warmer than the rest of the house. Shower chairs that

fit in the bathtub will provide for safety and make it easier to shower the person. Hand or grip bars installed on the wall or on the tub help with climbing in and out of the tub. Some homes are built with “walk in” showers creating less of a problem. Handheld shower heads give the person a way to help with bathing themselves.

Having large towels available are better than little towels for wrapping someone up after a shower to keep them warm.

Daily showers for the elderly tend to dry out their skin and usually one or two baths a week are adequate.

## MOUTH, HAIR, NAIL CARE

### **Why/what can cause it?**

Some people forget to brush their teeth, some have ill-fitting dentures. Some use toothpicks.

Women continue to enjoy having their hair done at least once a week. Men also like to appear well groomed with combed hair.

Fingernails and toenail need to be clipped and filed.

Dental care is important, and the elderly should see a dentist once or twice a year for routine care.

### **What to do about it**

It is important to establish a routine for daily personal care. **Keep this in mind!!!**- when an elderly patient with dementia looks in a mirror, they may not recognize who the person in the mirror is. They may think they are 40 years old with dark hair etc. instead of themselves. Limited mirror time is something to consider because of this. If there is a large mirror in the hallway or bedroom, consider removing this, because whomever the elderly person with dementia sees in the mirror may be unrecognizable and scary.

Simple hygiene is not simple for the elderly or person with dementia. They may need direction or cues to complete the task.

## SUDDEN CHANGE IN BEHAVIOR

### **Why/what can cause it?**

A Urinary Tract Infection (UTI) can cause a change in behavior. The person with dementia may become agitated, wanting to fight, pushing things or other people over, cursing, yelling. The infection, along with fever, is often the reason for the change to this agitated behavior.

### **What to do about it**

Elderly people, or people with dementia, probably can't tell you they feel like they have a

bladder infection. The caregiver must become a detective when this sudden change in behavior occurs. Is their urine strong and foul smelling, appear to have blood or lots of mucous in it, or do they pull at themselves “down their” because it is uncomfortable or burns? An antibiotic to treat the UTI may be the only thing needed to improve the patient’s behavior and return to their normal behavior.

The doctor should be called and symptoms described over the phone.

## THE 5-SENSES: SIGHT, SOUND, SMELL, TASTE, TOUCH

### **Why/what can cause it?**

Each of the senses may be affected by age. Sometimes a person with a hearing deficit will begin to isolate themselves because they can’t distinguish different sounds and it all becomes “noise” to them.

Numbness in fingers can lead to a person touching a hot stove and not feeling the burn. The elderly person’s sense of taste may change along with their appetite. An elderly person’s vision may be ok, but they may not retain what they have read or seen. If their vision is affected, they may misjudge steps, causing a fall or drop things they were attempting to put on the table.

### **What to do about it**

People with hearing problems should have their ears checked because sometimes there is an accumulation of ear wax that must be cleaned from the ear canal. Or, they may need a hearing aid or amplifier. The senses of taste and smell may change and affect their appetite. An elderly person’s weight should be checked monthly or at least quarterly.

Night lights may help if the person gets up to go to the bathroom at night. Keeping rooms well-lit will help with keeping the person oriented to time and space.

## DIGNITY

### **Why/what can cause it?**

Dignity is the state or quality of being worthy of honor and respect.

### **What to do about it**

People who lose the ability to care for themselves often lose the respect from others. This is tragic part of dementia. In order to help someone preserve their dignity we must; include them in decisions about their care, become concerned with their feelings, prevent them from feeling embarrassed, and provide them their privacy whenever it is safe to do so.

## **KISS- Keep It Simple Stupid - Finding the Simplest Way**

I learned the hard way that the **best way** is usually the **simplest way**. Getting the person on a schedule, with scheduled activities, can make it easier to care for someone. This includes scheduled rest periods, medication times and mealtimes for the elderly. Use pill planners to schedule medications. Keep a written calendar for scheduled appointments. Maybe consider daycare or in-home respite care when available, but it will also come with a cost. This is a job for many hands and once the care is scheduled on a routine basis, it does become easier.

### **RE-CAP**

1. Caring for the elderly and people with dementia is like raising children in reverse. These people will become more dependent on the care givers, but like teenagers, they may argue and fight over what you, the caregiver, wants them to do. This can be hurtful to a son or daughter trying their best to care for them. The person you are caring for does not intentionally want to fight and argue. Their brain is changing and sometimes the person loses ability to reason or loses their inhibitions by exhibiting cussing and yelling or striking out.
2. An elderly person (or one with dementia) perceives things in their own way. **Their Perception is Their Reality**, and the caregiver may not be able to convince them differently. This may lead to frustration, raising your voice or trying to get the elderly to do something they just can't do. It is easier to lead the elderly gently, taking them by the hand and leading them to the bathroom or kitchen table. You may give them a command they don't understand. A gentle, guiding approach takes longer but provides more little successes.
3. **You are not alone.** The Alzheimer's Association usually has a list of support groups so you can learn and feel supported. There needs to be some place or some one person where the caregiver can express their feelings, vent their frustrations and feel listened to. The purpose of finding a place or person is that it gives the caregiver the opportunity to talk and not fix the problem for them. It just helps to know that someone is listening. **Just listen.**
4. If you know someone going through this be a "friend". Take over dinner or dessert to their house, plan on staying a brief time unless they ask you to stay longer. Follow-up on a regular basis. Let the caregiver know you are concerned about them and that you care. This small gesture is often a big help.

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