

CareTalk

A Publication of Hope Hospice, Inc.

Activities for People Living With Dementia

aregivers need to be creative in planning activities for dementia patients, keeping in mind that what works for one person may not work for another.

Painting/drawing: Art brings joy to many, but you may need to adjust the method for those whose declining fine motor skills prevent holding brushes and the like. Suggest a theme or provide a couple of inspiration images. Be mindful that abstract objects may be confusing to a person with cognitive decline; stick with simple subjects, landscapes, and animals.

Tactile crafts: Studies have shown that people with dementia find the sensory experience of touching different textures to be soothing. A fidget handmuff or lap blanket adorned with tiedon trinkets, buttons, knots,

Pen sorting: Order a bulk lot of pens (misprinted business-branded pens are sold on Amazon by the box load). Remove the ink tube from several of them. Ask the patient to sort them, checking which ones work and which ones don't.

Scent boxes: Many people can more easily recall memories that are



Living With Dementia: Boredom and Loneliness

Although a person living with dementia can experience a range of physical deficits, it's memory issues and cognition changes that stand out the most to caregivers. A person who was once very talkative may now struggle to follow along with a story or get frustrated by word loss when speaking. When conversation becomes challenging, friends and family may be unsure of how to continue fostering the relationship. In fact, it's common for loved ones to reduce visits to the assisted living facility or stop going altogether as the dementia progresses. They're likely thinking, *She doesn't recognize me anymore*, so there's no point in visiting. In cases when the patient still lives in the family home, interactions might start to become limited to basic personal care, as the family is not sure how to engage.

These factors lead to the biggest complaints from people who are living with dementia: feelings of loneliness and boredom. Maintaining social connections for these individuals is imperative, but how to do so leaves many caregivers at a loss of what to do. As the needs and abilities of the patient change with the dementia's progression, care partners will have to adjust methods to connect in new ways.

There's a saying passed around the caregiving community that goes, "People will forget what you said, but they will never forget how you made them feel" (originally attributed to Maya Angelou). The applicable wisdom here is that a person with advanced dementia may not be able to identify a loved one by name or relationship, but they can associate a visitor with kindness and feel loved. This is because the brain's amygdala—the part associated with emotions—typically stays intact throughout the dementia journey.

and patches of

different types

hands busy.

of fabrics will keep



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Boredom (continued from page 1)

Simple Joys

To engage with a nonverbal person or someone with cognition deficits, simplicity is the key to success. Start with known interests/pleasures and get creative in how you present these topics.

For example, consider a patient who was known to have been a lifelong horse enthusiast. Riding one is no longer possible, and let's assume visiting a ranch or local stable is also not feasible. What we *can* do, however, is flip through a photography book of horses and appreciate them together.

Gardening may have been a favored pastime, though using tools and crouching down is not achievable. Perhaps design tabletop crafts that involve making succulent plantings or miniature gardens in teacups.

Even when not much about the person's past is known, caregivers can still take steps to provide them with meaningful engagement opportunities. Music from the person's younger decades is often successful at boosting mood. Chaperoned strolls outside or sitting in a garden provides a change of pace and scenery.

Four Areas of Wellness

Dementia expert Teepa Snow teaches that the most important thing to understand about meaningful activities is that a person with dementia needs more than just entertainment. Activities like watching TV or having too many visitors may cause overstimulation and result in fatigue or agitation. Instead, there needs to be balance of four areas that are important for all human beings: work, self-care, leisure, and rest.

Work is a part of daily living—and we're not talking about a career. Everyone in the household has chores and responsibilities; so, include the elder person by assigning simple tasks. While you are preparing the main parts of dinner, assign a duty to the patient according to their ability, such as tearing lettuce leaves. (Hint: It doesn't have to be an actual needed task. Having them feeling like they're helping is the goal.) When spending time outdoors, ask the patient to help water an area of the yard or remove dead leaves from a bush. Giving the person a job also gives them a sense of purpose.

Self-care is about the need to take care of the body. Going to the beauty parlor or getting a massage or manicure leaves the person feeling good. Getting fresh air on a walk or while sitting outdoors are other examples.

Leisure is varied according to the person's interests. For one, it may be a trip to the symphony; for another, it's a day at the beach.

Rest is important, too, and it is more than just the need for sleep. Rest is what one receives when they attend church, listen to soft music, or quietly observe nature.

We must change our expectations as the disease progresses. What works today, might not work tomorrow—and that's okay! Almost all people living with dementia can be engaged in a meaningful activity, even in late stages, so trying different approaches is critical. People with dementia cannot make a schedule to live by, plan activities, or solve problems themselves. It is the job of their care partners to do it for them. The benefits of improving well-being and reducing loneliness and boredom will significantly improve the quality of life for both people with dementia and their caregivers.

Source: Teepa Snow

Activities (continued from page 1)



connected to an aroma. Gather small paper boxes and poke holes in the lids. Salt shakers work too, but you'll need to paint the sides to conceal the contents in order for this game to work. Fill each container with different fragrant objects, such as a dryer sheet, coffee beans, a strong herb like rosemary, pine needles, or something unique to the patient's background. Let the person breathe in the scent and ask them what the smell reminds them of. To get the conversation going, you may need to offer suggestions.

Sensory pouch/squish bag: Choose a theme and add related objects to a heavy-duty Ziploc plastic bag (quart size is ideal); examples are miniature shells, buttons, dried pasta pieces, or coins. Next, fill the bag to about halffull with clear hair gel or thick hand soap. Squeeze out the air, close the bag, and reinforce all four sides with duct tape or similar. The resulting product provides sensory stimulation when squeezed, and the objects inside offer an opportunity for discussion.

Sources: National Institute on Aging and GoldenCarers.com

Alzheimer's and Sleep Challenges

Insomnia or irregular sleep patterns commonly present in people living with Alzheimer's and similar diseases that cause dementia. The exact cause

isn't known, but it's assumed to be connected to brain deterioration's effect on circadian rhythm. Prescribed sleep aids aren't the only remedy. Try a combination of a few non-pharmacological tactics to see if

nighttime restfulness improves:

1. Definitely avoid caffeine after lunch.

- 2. If the patient must nap, schedule it earlier in the day. Dozing too close to wind-down time may interfere with their ability to fall asleep at night.
- 3. Ensure that the person is getting enough exercise and otherwise using up energy during the day. A sedentary schedule (e.g., spending much of the day parked in front of a TV) results in stored energy with nowhere to go.
- 4. Create and stick to an evening routine. Dim lights, pour a cup of chamomile tea, wash up, and trade TV for a podcast or other screen-free activity (blue light from electronic devices can keep the brain alert).

OUICK OUIZ

Read the issue and answer True or False to the questions below.

1. Combat Alzheimer's-induced insomnia with a late-afternoon caffeine boost.

True or False

2. All bathroom objects should be in a white color for the best visibility.

True or False

3. Abstract art can be confusing to a person with dementia.

True or False

4. When a dementia patient starts to show significant memory loss, loved ones tend to increase their visits to the senior home.

True or False

5. Giving a simple job/task to a dementia patient can enhance their sense of purpose.

True or False

6. If nothing about the patient's early life is known, it's not possible to create meaningful activities for them.

True or False

7. Using signage in the home will make a dementia patient feel stupid.

True or False

True or False

8. The bathroom is the most common place where falls occur.

True or False

9. Sticking to an evening routine is one tactic to achieve restful sleep.

True or False

10. Watching TV helps a person with dementia stay connected to the present.

True or False

Find the quiz answers at the bottom of page 4.

Creating a Dementia-Friendly Home Environment

As we age, we all experience some level of decline in our senses and physical abilities. For a person living with dementia, some of these deficits are on overdrive; agitation can increase when the person becomes confused or is unable to comprehend the changes they are experiencing.

Assess the home to ensure the environment caters to the unique needs of a person with dementia. Small changes can help a person continue to live independently as long as possible.

Color contrast is needed to help aging eyes distinguish boundaries of countertops, flooring transitions, and location of needed items. For example, a person may have trouble seeing a white porcelain toilet on white tile floors; change the toilet seat to a solid, brightly colored one. Colored wall plates (or stickers placed over white ones) will help light switches stand out. Wooden tables need a solid

color area rug between them and a hardwood floor.

Signage can help a person quickly identify different rooms of the house. Labels on kitchen cabinets and drawers help the person easily locate most-used items.

The bathroom is where **falls** are most likely to occur, so ensure grab bars are in place in the shower/tub and by the toilet. Keeping contrast in mind, choose colored grab bars if installed on white walls. Rubber-backed bath mats should be used for safety, but choose ones with colors in contrast to the floor. Note, though, that a very dark rug can look like a hole or obstacle to someone with impaired vision, so choose something less drastic.

Keep the home **free of clutter**. Collected items on the floor pose trip hazards, and unnecessary items on counters and tables lead to misplaced essentials.

Create a **safe**, **inviting outdoor space** to encourage spending time



in the fresh air. A bench in a bright contrasting color offers a welcome spot to relax. A small raised garden bed at waist height invites safe engagement in a hobby without the dangers of bending down.

Add extra lighting throughout the home to help improve visibility. Scheduled light timers provide automated assistance. Touch-lamps at the bedside and sitting areas eliminate needing to find the switch.

Source: Social Care Center for Excellence (UK)

Senior-Care Education

Hospice is committed to helping our community offer the best care to seniors. Our experts are available to present complimentary educational seminars to professionals in the medical field and to the public. If you oversee a team of care providers who would benefit from a refresher on such topics as hospice, best practices in dementia care, or any of the other



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subjects listed at right, please connect today to discuss your needs. We can tailor certain lectures to the layperson and conduct seminars for residents of senior living communities, church groups, and the like. We are available to present in-person at your facility or over Zoom.

Available Topics

- Agitation/terminal restlessness
- Advance healthcare directives
- Body mechanics
- Dementia care
- Fall prevention
- Hospice education
- Infection control
- Medication administration
- Nutrition for seniors
- Pain in the elderly
- Respiratory concerns
- Skin care of the elderly

Connect With Us

Contact Delinda Brown, Director of Outreach, to discuss your group's needs. (925) 829-8770; delindab@hopehospice.com.