Guidance Guide for Caregivers of Patients with Dementia

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Abstract: Thinking about specialized care that respects vulnerabilities leads to a high and continuous requirement in clinical quality standards. Reflect on the problem of dementia from the perspective of the caregiver and empower caregivers in the face of the demands of having a family member with dementia are the objectives proposed. Dementia, caregiver and the nursing role, are approached from a descriptive and reflective perspective. The role of nurses specialized in mental health and psychiatry in monitoring the target individual of nursing care, based on the specific needs of the patient and the exploration of interventions and guidelines to prescribe, demonstrate that this therapeutic process is a path of change, presenting itself as a complementary method that compensates for the investments made. This structured process, which values the relationship between the professional/the target of care and the family caregivers, allows them to develop skills that allow them to continue their life path, as an adaptive way to the context of dementia.

Key words: Caregiver, dementia, nursing.

1. Introduction

Dementia is a neuropsychiatric pathology, in which there is progressive and global deterioration of cognitive functions, without altered consciousness.

Being a chronic, progressive disease and with changes at the emotional and social level, it interferes with daily life, and can at an early stage, be confused with signs of aging.

Dementia, when it arises in an element of a family, will affect its life cycle, both economically, socially, relationally and emotionally [1].

The mastery of the caregivers’ tasks includes support in instrumental activities, assistance in autonomous actions, emotional support and dealing with the pressures arising from the role of caregiver [2].

The support for caregivers includes psychological support, social assistance, interaction with mutual aid groups and information on various projects to face, understand and deal with dementia. Its main purpose is to solve the problems of life and dementia [3].

Family intervention is being developed by empowering caregivers of dementia patients, which can help caregivers learn more about the pathology of dementia in order to deal with diseases and problems in daily life [3].

The purpose of this article is to allow caregivers to be more relaxed about daily problems that may arise under some simple guidance. Thus, a set of guidelines was elaborated for caregivers, in which dementia is explained, how to recognize, what the alarm signs and who to turn to.

2. Materials and Methods

The descriptive/exploratory method and reflexive analysis of the situation are used, after bibliographic research.

3. Results

Dementia is a progressive and neurodegenerative pathology that affects cognitive functions, and in which the overall deterioration of intelligence, memory and personality arises without, however, changing consciousness. Some patients experience a
Guidance Guide for Caregivers of Patients with Dementia

mild cognitive defect, an intermediate state between typical ageing and its symptoms and the state of dementia, with memory changes appearing, without prejudice to other functions. If computed tomography (CT) often reveals no changes, they only become visible when the degree of deterioration is already advanced. Often, delusional activity can be the first manifestation with delusions, which are bizarre. Other times, pseudodementias arise with intermediate conditions of manifestations between psychosis and dementia.

How to recognize a dementia? The symptoms are not always the same, and they are influenced by personality, physical condition and lifestyles. It is an irreversible disease that leads to memory decline; difficult to control emotional response; Unable to deal with all aspects of daily life and normal behavior in society. Signs of alarm can be, difficulty in performing activities such as hygiene; memory loss for recent facts; forgetfulness of names and family members; difficulty in recalling dates; loss of initiative; strange behaviors; change in dialogue with forgetfulness of words and difficulty in recognizing the way home, among others.

Slowly the problems progress and changes may arise in the dialogue, with forgetfulness of words; difficulties may arise in activities of daily living such as washing and dressing, bizarre behaviors such as undressing in public may arise and total dependency may occur!

In these situations, the family member must refer and accompany the patient to the doctor, so that specific tests can be performed to establish the diagnosis. It will be necessary to do TAC, to exclude other diseases, a detailed medical examination will be necessary and finally it will take a neuropsychological evaluation... which is no more than questions and tests to evaluate: memory/attention/reasoning ability and the ability to perform tasks.

Knowing that the elderly with dementia is an adult who behaves like a child, not being one, it is important to help him, not by replacing him. We should take a supervisory attitude so that the patient can see whether he is able to perform various tasks (such as bathing/make use of the toilet/ feed/dress up/moving around/use your phone/mobile phone/go shopping/food preparation/domestic life/use of means of transport/guidance/autonomy in medication/handle money...)

At the level of hygiene
The caregiver should
• encourage the patient to maintain hygiene routines

   • encourage the patient to dress himself
   • use the shower
   • make hygiene a pleasant and relaxing act
   • avoid buttons and prefer velcro

Like getting dressed and undressing
• put on the clothes in the order that the patient will wear

   • avoid buttons and fasteners and prefer velcro
   • encourage him to dress himself
   • avoid shoes with laces
   • prefer non-slip shoes
   • at night provide a light on

• encourage the patient to wear easily awakened clothes

   • if necessary, provide diaper use.

On the food level
If the patient has decreased appetite:
• food should be provided as his/her taste
• do not fill the dishes too much
• look for meals in calm environments.
If the patient has excessive appetite:
• avoid foods with excess fats and sugars
• opt for a diet rich in fibre and liquids.
If the patient has difficulties:
• sit it at the table in front of you, so that you may imitated your gestures

   • cut the food into small pieces or grind them
   • pay attention to the temperature of food.
If the patient can’t sleep:
• prevent him/her from sleeping during the day
• maintain daytime activities
• prevent him/her from eating sweet food before bed... excites him/her
• avoid ingestion of liquids when going to bed
• seek medical help.

In terms of living environment
How to deal with displacement?
• remove obstacles from the house and isolate edges of furniture
• avoid shoes with laces
• provide a bed not too high
• minimize the risk of falls by avoiding carpets
• provide enough light.
If the patient gets lost:
• the day the patient gets lost, he can’t get his bearings... something has changed forever
• check that the patient always has identification document with him
• provide an identification bracelet or something that identifies him/her
• prevent the patient from leaving the house alone
• place hard-to-open locks on the doors
• do not react badly if he/she makes accusations to you
• don’t blame him for losing things
• do not change things so that the patient has reference points.

In terms of communication with patients
Is communication lost with the evolution of the disease?
• use facial expressions, gestures, and caresses to communicate, among others
• always look the patient in the eye when talking to him
• speak slowly and calmly with a soft tone
• don’t get tired of repeating words and phrases
• talk to the patient as an adult that he is
• reassure him/her.
What preparation job should nurse do
• with memory loss and confusion, accidents can arise that should be prevented
• avoid sudden changes in the environment, doing so gradually
• important objects should be stored outside the patient’s reach
• remove the keys from the doors of the rooms so that the patient does not close
• keep detergents in a safe place
• use non-slip in the shower
• remove carpets
• accompany the patient during exits
• always use the same route.
• what do you think the patient thinks of himself?

What are your feelings?
• it seems that the patient lives in an imaginary world... speak alone... invents stories...
• sometimes he gets depressed. has delusions and hallucinations... imagine stalking... hears voices...sometimes he becomes aggressive without reason
• how to deal with this?
• distract him or her with television or manual labor
• always try to reassure him
• do not yell at him
• do not question the veracity of your statements
• try to distract you with other things
• do not be offended if he does not know him
• don’t get hurt if he confuses you with someone else
• reassure him/her.

Dementia in the family/how to deal with new behavior
• strange behaviors often arise
• life in common can become difficult
• the patient may become aggressive for no reason... but do not be offended
• do not lose patience and do not be alarmed
• distracts the patient with manual labor or with television
• don’t scold him because he won’t notice
Guidance Guide for Caregivers of Patients with Dementia

- seek help from professionals if crises get worse.

With these guidelines to be implemented, it is intended that the caregiver is more relaxed.

4. Conclusions

The perspective of care has been changing. It is increasingly recommended the humanization of care, not only to the user/patient, but also to their relatives and/or caregivers [3].

The challenge of training/informing caregivers is a stimulus to deepen knowledge, in which the main objective is to facilitate living and living with the problem of dementia.

It is through the development of new attitudes towards the disease and respecting its vulnerabilities, that the dignity of the individual/patient/family is preserved [4].

The requirement of a care practice with high quality standards represents a challenge, and the main objective remains the improvement of the care that is presented to society. This meditation leads us to look at the skills of the professional in his/her exercise.

The basis of a good therapy, is in the therapeutic relationship that is established, therefore, requires that the professional is involved and qualified of characteristics and skills, so that he can act with quality, quality that should be based on a permanent search for better results. So, the therapeutic relationship is a process, a structured interaction that is based on the relationship between the professional and the target of care, so that he develops skills that allow him to continue his life path [3].

References


