

Personal Care Issues

When we try to see the world through the eyes of the person with dementia it becomes clear that these activities leave the individual with many challenges. Some of the feelings and responses that may be difficult to interpret include:

- not understanding the reasons for doing the task in the first place
- feelings of not being in control
- having difficulty sequencing the steps of the task
- not understanding the instructions of the caregiver
- finding the environment threatening e.g. too cold or hot, too loud
- not recognizing the caregiver

Eating

Physical Factors

- Brain damage
- Infections
- Dry mouth
- Mouth discomfort (gum, dentures, teeth)
- Visual changes
- Chronic illness
- Pain
- Medication side effects
- Does not feel hungry
- Constipation
- Muscles needed not working properly

Emotional Factors

- Agitation
- Fear and anxiety

Possible Causes

- Responding to the mood of the other person
- Too many demands placed upon person from staff or other resident
- Being asked too many questions
- Anxiety from not being able to convey needs
- Upset from change in a routine

- Feeling rushed by others
- Depression
- Boredom

Environmental Factors

- Too much happening in the environment
- Nothing which looks familiar, people or place
- Sudden noises or movements
- Too many people in one area
- Temperature not comfortable
- Not enough stimulation in the environment
- Does not like to look or smell of the food

Intervention strategies

- Perform a behavioral assessment profile
- Perform a dental workup
- Perform a physical evaluation
- Evaluate for depression
- Check vision and hearing
- Set up food out of sight of the person
- Evaluate atmosphere in the dining room
- Play music which might be relaxing
- Have potpourri or spices in dining room to encourage eating
- Keep a regular mealtime schedule
- Allow enough time for meals
- Redirect to plate or food when necessary.
- Offer beverages but avoid caffeine.

Making eating simple:

- Use bowls and cups that are larger than the portion of food.
- Use bowls rather than plates.
- Set place with only utensils needed.
- Use bowls or plates that are different in color from the placemat help the person more easily locate the plate.
- Use brightly colored placemats.
- Place a damp washcloth under the plate to keep it from sliding.
- Don't use plastic utensils—they are too light to manipulate easily and may break in the person's mouth.
- Try bendable straws or cups with lids and spouts for liquids.

- Use mugs for soups or stews. Be sure to get mugs with big enough handles for easy holding.
- Use assistive devices, such as large handled silverware plates with suction cups on bottom, plates with rims. Or buy white- plastic tubing, which can be cut and fit on utensils.
- Serve 'finger foods', such as french fries, cheese, small sandwiches chicken or pork kebabs, fried chicken, fresh fruits or vegetables. Even very impaired people often manage finger foods well.
- Put a bite of food to lips as stimulus to open mouth.

For chewing problems:

- Try light pressure on lips or under the chin to get started.
- Give verbal instructions, i.e. "Chew now. And now swallow."
- Demonstrate chewing.
- Make sure person is in a comfortable position.
- Avoid sticky food such as bananas, peanut butter, white bread
- Avoid foods that fall apart or have tough skins, such as nuts.
- Moisten foods with sauces, gravy water. (Bear in mind that some medications, such as antipsychotic, cause dryness of mouth.)
- Serve chopped soft foods.
- Offer small bites, one at a time.

For swallowing problems:

- Remind to swallow with each bite.
- Stroke the throat gently.
- Check mouth periodically for food stored in cheek.
- Omit foods that are hard to chew and swallow, such as popcorn, nuts, raw vegetables.
- Offer small bites, one at a time.
- Allow plenty of time between each bite.
- Keep liquids at room temperature.
- Moisten foods.

For choking problems with liquids:

- Try thicker liquids, such as apricot juice, milk shakes, egg nogs.
- Make cooked cereal with milk or water to help hydration.
- Keep liquids at room temperature.
- Notify your doctor of this problem.

For choking problems with solid foods:

- Try soft cooked foods, such as scrambled eggs, canned fruit, cottage cheese, frozen yogurt, Jell-O made with orange juice and fruits, chopped chicken, mashed potatoes, applesauce.
- Notify your doctor of this problem.

For sweet cravings:

- Have medications checked. (Some antidepressant medications cause a craving for
- sweets.)
- Offer gum.
- Try nutritious milk shakes or egg nogs.

For overeating or insatiable hunger:

- Try 5 to 6 small meals a day.
- Have a tray of low calorie snacks available, such as apples, carrots, etc.
- Consider whether activities, walks or other exercise might distract the person.
- Lock some foods in cupboards, if necessary, particularly if the person is overweight or on a special diet.

For undereating:

- Try a glass of juice, wine, sherry (if medications permit alcohol use) before the meal to whet appetite.”
- Offer ice cream, milk, shakes, or egg nogs.
- Make sure the person is getting enough exercise to stimulate appetite.
- Try to prepare familiar foods in familiar ways, especially foods that were favorites.
- Consult doctor about using supplement drinks, such as Carnation Instant Breakfast, Plus, Sustacel, Ensure.
- Check with the doctor about using vitamin supplements.
- Consult a doctor if there is significant weight loss. (such as, 5 pounds in 6 weeks).
- Try feeding all or most of one food before moving on to the next. Some people become confused when the tastes and textures change rapidly. .
- Sit directly in front of the person if peripheral vision isn't good. Show each spoonful to help orient.
- Mix puddings or ice cream with other courses to sweeten, of this encourages
- person to eat.
- Allow the person to eat when hungry.

Bathing

Physical Factors

- Brain damage
- Illness
- Pain
- Not able to perceive hot and cold temperature in the same way due to brain damage
- Vision and hearing problems

Emotional Factors

- Fear of water
- Fear of being hurt or attacked
- Fear of falling
- Fear of caregiver
- Fear of washing hair
- Fear of undressing
- Fear, Fear, Fear

Possible Causes

- Embarrassment about being undressed
- Embarrassment about several others in the bathroom at the same time
- Embarrassed about having someone else tell them they need a bath
- Fatigue
- Agitation
- Person told about the bath too far in advance
- Having to wait while person prepares bath
- Feelings of being rushed
- Not understanding task at hand
- Depressed
- Chair to lift person into the tub is frightening
- Not wanting to leave task, at hand
- Motion of the whirlpool frightening

Environmental Factors

- Bathroom looks too institutional
- Lighting too low
- Bathroom too cold
- Water temperature too hot or too cold

- Water from the shower hurts as it hits the skin
- Water in the tub feels too deep
- Environment too distracting

Intervention strategies

- Try to match the person's prior bathing routine (time of day, shower or tub, etc.)
- Physical exam to assess for pain of illness
- Be completely ready for the bath before getting the resident.
- Have the caregiver who has the best relationship with the person give or assist with the bath, even if it is breaking out of assignments or departments.
- Make sure temperature in the room is comfortable
- Provide for privacy, limit the number of people in the bathroom
- Begin with a social conversation instead of focusing on the bath at hand
- Give a reason for the bath, such as "Let's get ready for your daughter's visit."
- Have the bath at a time when the person is changing clothing already, such as in the morning or after the person is changing to put on clean clothing.
- Try to prevent the agitation from increasing
- Recognize if the person would prefer a same sex caregiver or a caregiver of the opposite sex
- Use praise as much as possible to let the person know how well he/she is doing
- Cover the person with a robe or towel during the bathing process
- Try to make bathroom look as homey as possible
- Make sure lighting in bathroom is sufficient
- Focus on the person not the task at hand
- Do not ask if the person wants a bath. This gives the person an opportunity to say no and an argument could result.
- Remain calm if the person becomes agitated
- Do not argue with the person
- Use rewards, such as food, if helpful
- Allow person to hold spray nozzle or washcloth to minimize anxiety
- Wash hair separately or at the beauty shop
- Play music which might be soothing
- Start a shower at the person's feet not at face or torso which could be more threatening
- If resident is too agitated try the bath at another time

Dressing

Physical Factors

- Brain damage
- Illness
- Pain
- Vision and hearing problems
- Not able to recognize body parts

Emotional Factors

- Fear
- Feeling rushed

Possible Causes

- Anxiety
- Embarrassment of undressing in front of someone else
- Not able to understand the directions
- Not able to understand why there is the need to dress
- Fatigue
- Depressed
- Embarrassment of having to be told to change clothing
- Fear that someone is taking clothing away
- Does not trust the 'caregiver
- Area not private enough
- Boredom or looking for something to do
- Fear that undressing leads to a bath

Environmental Factors

- Room too cold or hot
- Room too noisy
- Not enough lighting
- Too much stimulation
- Additional clothing within eyesight of the resident

Intervention strategies

- Give the person choices while dressing
- Physical exam to assess for pain or illness
- Give simple instructions
- Allow the person to do as much independently as possible

- Begin the motion for the person
- Make sure all dressing occurs in a private place
- Focus on the person not the task
- Show person clothing items before beginning to dress
- Evaluate the person for depression
- Keep similar dressing routine
- Make sure lighting in the room is sufficient
- Make sure temperature in the room is comfortable
- Put away any clothing which might be a distraction
- Do not argue with the person
- Do not rush the resident, allow plenty of time
- Try dressing at another time if too stressful for the person at that moment
- Make sure room is free of distractions, turn off T.V. or radio if needed
- Have the caregiver who has the best relationship with the person give or assist with dressing, even if it is breaking out of assignments or departments.

Toileting

Physical Factors

- Lack of urge or unable to recognize the urge to void
- Infections such as urinary tract infection can cause loss of control
- In men, prostate problems can cause retention of urine
- Medications
- Dehydration can decrease urge to void
- Beverages such as coffee, tea, beer, colas can affect control
- Other illness which can reduce mobility
- Person might not be able to undress to go to the bathroom

Emotional Factors

- Does not understand need to go to the bathroom
- Fear of the caregiver
- Embarrassed to undress in front of someone else
- Embarrassed to go to the bathroom in front of someone else
- Person feels rushed by caregiver or others

Environmental Factors

- Bathroom is difficult to find
- Difficulty seeing the toilet if no contrasting colors used
- Lighting poor within the bathroom

- No signs within the hallway to help direct the person to a bathroom
- Bathroom does not look like a bathroom from home
- Bathroom is a distance away

Intervention Strategies

- Watch for signs, both verbal and nonverbal, from the person, which might indicate the need to go to the bathroom
- Perform a medical workup to assess for any physical causes for incontinence or other difficulties
- Eliminate or reduce diuretics from diet
- Increase beverages to help with hydration and increase sensation to void
- Check to see if any side effects from the medications might be occurring
- Have person in clothing which can easily be removed.
- Only use incontinence products if needed. They can be difficult to remove for the person and also gives the impression that one should use the product instead of the bathroom.
- Allow enough time for the person so not to rush.
- Provide privacy if needed.
- Try to limit noise and number of people in the bathroom.
- Have signs in the hallways and other key spots to direct people to the bathroom.
- Use signs which the people would relate to, such as picture of a toilet or outhouse.
- Use contrasting colors so that toilet seat is easy to see from 'toilet and floor.
- Make sure lighting within the bathroom is sufficient.
- Try to make the bathroom look like a bathroom someone might have had in their own home.
- At night make sure the bathroom light is stronger than the light in hallway or other common areas to help direct person to the bathroom.

Dental Care

Physical Factors

- Brain damage
- Infections
- Visual changes
- Medication side effects
- Pain
- Constipation
- Mouth discomfort (gum, dentures, teeth)

Emotional Factors

- Agitation
- Fear
- Anxiety
- Responding to the mood of the other person

Possible Causes

- Too many demands placed upon the person from staff or other resident
- Being asked too many questions
- Anxiety from not being able to convey needs
- Depression
- Upset from change in a routine
- Feeling rushed by others
- Fear of opening mouth for care
- Trouble with gag reflex
- Fear of object being placed in the mouth
- Not understanding why object is being placed in the mouth
- Boredom
- Fatigue
- Having to wait while person gets items ready
- Not wanting to leave task at hand
- Does not trust caregiver

Environmental Factors

- Too much happening in the environment
- Bathroom does not look like a bathroom from home.
- Environment does not seem normal for a place to perform oral care

Intervention Strategies

- Keep a routine of oral care
- Assess for any discomfort, especially in the mouth
- Use infant size toothbrush to seem less invasive
- If possible have environment look like a dental office to encourage appropriate behavior, i.e. sitting in chair, head tipped back, place towel around neck
- Have person do as much of own care as possible
- Use swabs
- Use a mouth wash regularly, select one which can be swallowed
- Have regular dental exams

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Adapted From: *Understanding Difficult Behaviors: Some Practical Suggestions for Coping with Alzheimer's Disease and Related Illness*. Edited by A. Robinson, B. Spencer and L. White. Ypsilanti, MI: Geriatric Education Center of Michigan, 1988.