Assistive Devices to Aid in the Care of People with Dementia

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CTS had its beginnings as...

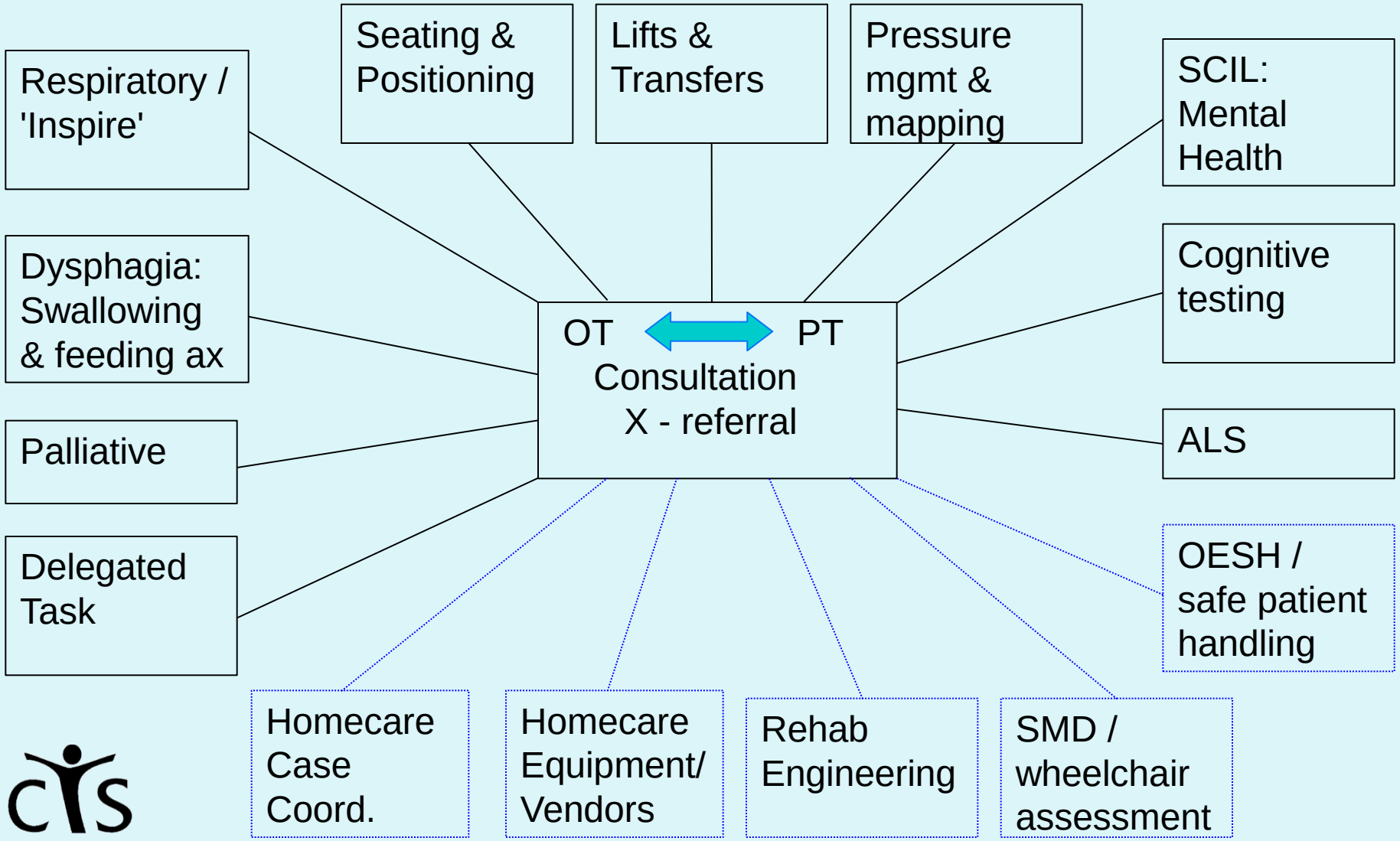
Canadian Arthritis and Rheumatism Society

Circa 1961

Community Therapy Services

- Private non-profit Agency that provides Occupational and Physiotherapy services to meet the needs of individuals, care providers and care organizations in Manitoba
- Funding for our services through service purchase agreement with WRHA, Manitoba Health, Health Canada, other
- Enhance quality of life
- Optimize health and independence of individuals living with a disability

Services That CTS Provides



Community Therapy Services (con't)

How to access our services:

- If open to Home Care: Referral from Home Care Case Coordinator
- Not open to Home Care: Referral from Physician or call Central Intake 204-788-8330

Community OT and PT Role

"We do not do belly rubs, if that's what you are looking for."

Community OT & PT Role

- Average age of the clients we see is 74 years old
- High incidence of Dementia (~10 %)
- Often family members, friends, neighbors, etc. are involved in providing care
- As the symptoms of Dementia progress additional services and increased assistance and supervision is required for client and caregiver well-being and overall safety

Community Services

- WRHA Home Care program
- Person will be assigned to a Case Coordinator who is responsible for determining eligibility for service(s) and overseeing client's care plan

Some of the possible services include:

- Home Support Workers (HSWs) who assist with home management tasks (eg. cleaning, laundry, meal preparation, etc.)
- Home Care Attendants (HCAs) who assist with personal care tasks (eg. Bathing, dressing, grooming, hygiene, mobility, transfers, etc.)
- Nursing who provide interventions related to medical issues (eg. medication management, wound care, etc.)
- CTS referral to assist with care plan, transfers, equipment, etc.

Community Services (funded)

Society for Manitobans with Disabilities (persons who are paneled for PCH are not eligible):

- Basic or tilt wheelchair depending on eligibility
- Seating (e.g. cushion, backrest, etc.) are not funded
- OT and/or PT assessment are required for all SMD wheelchair requests

Material Distributions Agency (MDA):

- Commode with pail
- Electric bed, rails, trapeze, mattress, over bed table
- Transfer belts, slider sheets
- Mechanical lifts, slings
- Requests for most equipment usually through OT or PT

Falls

Falls

- Estimated 4 million Canadians age 12 and older are seriously injured following a fall
- Falls are the leading cause of injury of seniors 65 years and older
- Between 20% and 30% of community-dwelling Canadian seniors experience one fall each year
- Research suggests that falls are the direct cause of 95% of all hip fractures, leading to death in 20% of cases.

Falls (con't)

- Approximately half of all falls that lead to hospitalization among seniors occur at home
- The bathroom and stairs are particularly hazardous due to the risk of slipping, tripping and stumbling
- Seniors who fall may limit their activities for fear of falling again. Yet by limiting activities, they are likely to lose strength and flexibility and *increase* their risk of falling again. Maintaining physical activity is essential if you wish to prevent falls and injury.
- www.publichealth.gc.ca

Factors That Contribute To Risk For Falls

- Getting older
- Arthritis
- Pain
- Stiffness
- Unsteadiness
- Weakness
- Decreased eyesight
- Urgency/Incontinence
- Cognitive issues
- Certain medications

Reducing Risk For Falls

Reducing Risk For Falls

- Proper footwear
- Avoid stairs if possible
- Railing on stairs

Raise surface heights:

- e.g. furniture blocks; easy lift chair; height adjustable bed; raised toilet seat, etc.

Reducing Risk for Falls (con't)

- Reduce clutter
- Remove items to increase accessibility throughout
- Remove hazards such as loose carpet/throw rugs, electrical cords
- Keep commonly used objects within reach
- Keep rooms brightly lit; use nightlights
- Ensure person is wearing corrective lenses if required
- Exercise, regular walks to improve strength and balance

Set Room(s) Up To Minimize Risks

- **Bedroom**: height adjustable bed with side rail; commode at bedside ; nightlight
- **Bathroom**: grab bars in tub/shower; replace towel racks with grab bars; bath seat/transfer board/bench; no slip strips, hand held shower; non slip rug; raised toilet seat and over arm bars
- Assistance with physical tasks as appropriate (e.g. home care assistance with showering, assistance with ADLs, etc..)

Equipment & Safety

Equipment & Safety

- It is often difficult for people to accept equipment
- Stigma associated with equipment (disabled, old, dependency)
- Acceptance of loss of independence
- Referral to OT or PT
- Outing to a medical vendor to look at the different equipment

Be proactive rather than reactive:

- Introduce equipment early to decrease risk for injury and falls

Equipment & Safety (con't)

- Some items may be funded by private insurance plan (call service provider directly to determine coverage e.g. Blue Cross)
- If no insurance, products can be purchased through a medical vendor
- Consignment items through vendor or online (e.g. Kijjii)

****Important**: Be sure that the specific details of the equipment being purchased match what was recommended

e.g. 2 wheeled skied walker vs a 4 wheeled walker

18" x 20" cushion vs a 16" x 18" cushion

Mobility Aids

Mobility Aids

Mobility aids

- Canes: Straight, quad
- Walkers: 4 post, 2 wheeled, 4 wheeled
- Transfer belts (are available through MDA if assistance is being provided by a HCA)

Wheelchair:

- Manual
- Transport

Transfer Belts

Mobility Aids

Mobility Aids

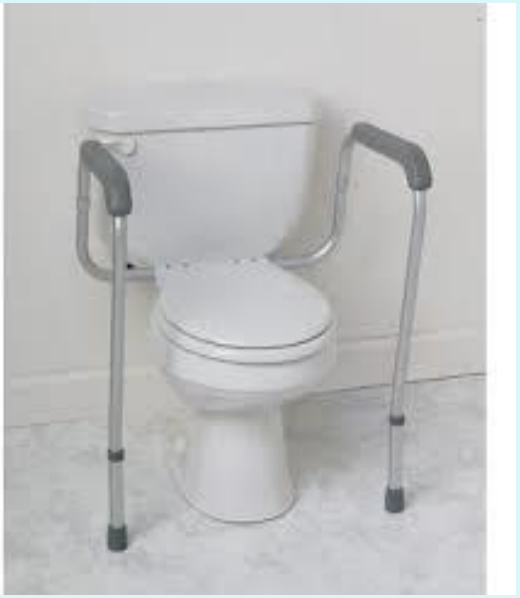
- Transport chair

Wheelchair

Bathroom Safety

Toilet Aids

- Raised toilet seat…. with arms over arm bars



Commodes

- Stationary

Wheeled

Safety Bars

Tub Bar Clamp

Angled

Grab bars

Tub Safety

- No Slip Strips

No Slip Mat

Rubber Bath Mat

Hand Held Shower

Tub Safety

- Bath seat

Bath stool

Transfer bench

- Bath board

Tub Safety (con't)

- Bath Lift

Bathroom Set Up

Bathroom Set Up

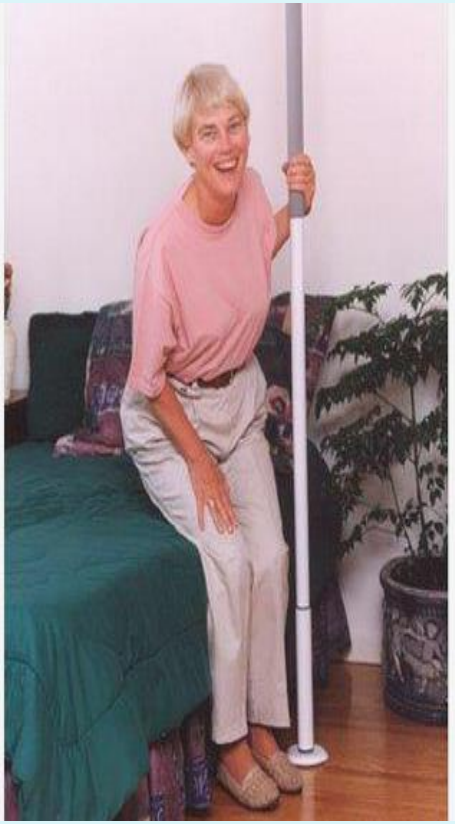
Bathroom Set Up

Transfer Poles

- Chair

Tub

Bed



Bed Safety

- Arcor Rail

M Rail

- Smart Rail

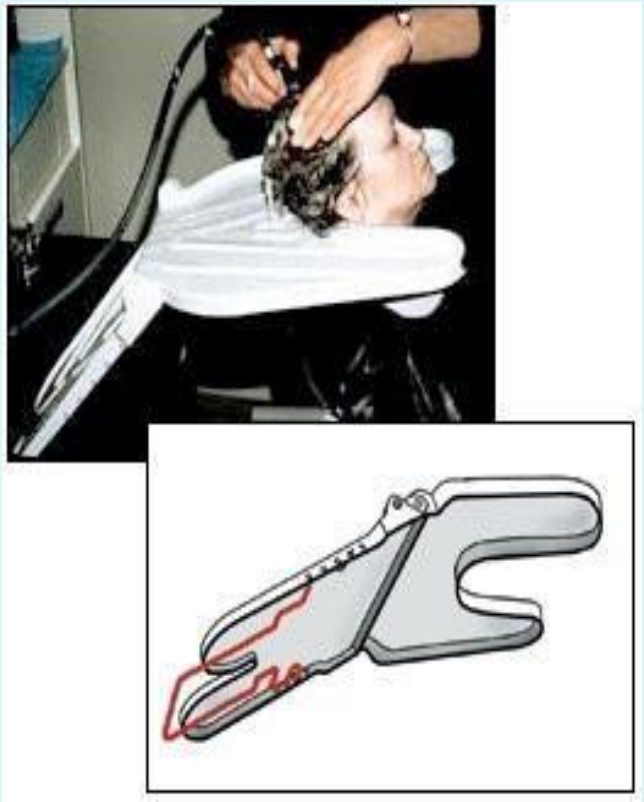
Electric Beds

- Standard

- Hi Lo bed

Sponge Bath/Bed Care

- Hair washing
- At the sink



Or in bed

Urinals

Wandering Devices

Door Alarms

- Portable Door Alarm

Secure Door & Cabinet Alarm

- Door Wedge Alarm

Clients with Dementia often Do Not Recognize Their Difficulties

Cognitive Assessment

- Mini Mental Sensory Evaluation (MMSE)
- Montreal Cognitive Assessment (MoCA)

Feeding and Swallowing

Feeding & Swallowing

- Dysphagia: Difficulty with swallowing
- Red Flags **
- Behavioral vs. Physiological
- What to expect in the early vs. later stages

Categories of Functional Skills of EATing

- Environment: Attention to eating
- Approach: Movement of food from plate to mouth
- Texture: Learned tolerance of food texture in the mouth

Environment

Environment

- Noise can cause confusion and agitation and lead to abandonment of eating, leaving the table
- Ensure hearing aids in, glasses on if applicable
- Remove unnecessary auditory and visual stimulation
- Turn television off, play soft, soothing music in the background
- Limit talking, background noise and activity
- Avoid distractions and over stimulation

Distraction During Mealtime

- Remove all table top decorations
- Enhance the environment to compensate for vision loss & perception so objects stand out (e.g. use of contrasting colors such as red placemat and a yellow plate)
- Face away from the distractions when possible
- May require physical or verbal cueing to begin/resume eating

Approach

Approach How Food/Fluids Are Presented

- Offer fewer choices (e.g. ham or cheese sandwich, tomato or mushroom soup, etc.)
- Limit table top setting to include only one food item at a time (e.g. bowl of soup and spoon)
- Confusion during mealtime (e.g. combing hair with fork, using utensils upside down)
- Verbal and physical cueing (e.g. place appropriate utensil in person's hand)

Presenting A Meal

Approach (con't)

- Introduce the solid/fluid that is being served
- Use temperatures to help identify the items of food and beverage (e.g. soup, tea served warm, apple sauce, water cold, etc.)
- Season the food to person's liking/tolerance
- Offer finger foods
- Verbal and physical cueing (hand to mouth)
- Don't rush the meal

Adaptive Feeding Aids

Other Helpful Items

Adaptive Cups/Mugs

- Nosey cup

Cup with spout

Clothing Protectors

Common Behaviors

Won't open mouth:

- Dip the spoon in something sweet
- Apply gentle downward pressure on bottom of lip
- Empty spoon technique
- Verbal encouragement
- Sit down with person and make eye contact

Bites down when trying to feed:

- Use a soft rubber coated soft spoon

Closes eyes, turns head away:

- Do not feed when person is not responding
- Take break and then try again

Spits solid out:

- Texture of solid may need to be modified

Holds Food In Mouth/Won't Chew

- Ensure dentures are in and fit well
- Say "swallow"
- Watch for rise and fall in throat "Adam's Apple" before offering more food/fluid
- "Gently" rub jaw line
- Touch mouth with a cold spoon
- Demonstrate chewing
- Check mouth during and after meal to ensure no food remains

Difficulty Swallowing

- Avoid mixed textures and/or separate textures (e.g. vegetable soup)
- Moisten solids
- Cut solid into small pieces
- Modify diet

Shows Fear/Uncertainty

- Try to be as consistent as possible with mealtime routine
- Serve food in closed containers (e.g. pudding snack pack, milk carton, etc)
- Taste solid/take sips first
- If the environment seems to be affecting food intake, try changing the location where the meal is served
- Evaluate who is present during the meal and make adjustments if needed

Eats Too fast

- Encourage person to slow down
- Put utensils down between bites
- If verbal prompting does not work try directing the hands and utensils to the table between bites
- Offer smaller utensils
- Cut solids into small pieces

Eats Too Slow/Reduced Intake

- Provide verbal cueing “try some more” ;“take another bite” ;“This smells good”
- Assistance with feeding as necessary while encouraging self feeding
- Eat with the person
- Increase caloric value
- Offer smaller more frequent meals, snacks throughout the day
- Texture of solid may need to be modified

Texture

Texture

- Aversive feeding behaviors often result in decreased oral intake/nutrition/hydration

Signs of difficulty managing textures: (Red Flags)

- Holding solid and/or fluid in mouth
- Absent chewing and swallowing
- Coughing
- Eating slowly
- Continuous chewing
- Spitting out solid
- Pocketing solid
- Refusing to eat or drink

Texture

- As a general rule….the aversive behaviors tend to decrease when the texture is tolerated
- Textural tolerance is progressive however there may be plateaus of textural tolerance along the way
- Texture modification tends to increase oral intake
- Regular solid > soft solid > minced solid > total minced solid > pureed solid > liquid
- Regular fluids > nectar thick > honey thick > pudding

Texture (con't)

- In later stages the person may refuse solids and only accept liquids
- Oral nutrition and hydration may then be provided by liquid supplements
- Consult with Dietician

Thicken Up


ThickenUp
ThickenUp


RESOURCE
ThickenUp
Clear
RESOURCE
ThickenUp
Clear
ThickenUp
Clear


RESOURCE
Thickened
Cranberry Juice
Cocktail
NECTAR CONSISTENCY

Visual Cues


Today's Menu
Cooked Breakfast
Cereal
Roast Beef
Pie and Custard
Soup
Toast
Omelette
Fish and Chips
Ice Cream
Sandwiches


Breakfast

Safe Swallow

- Food and fluid travel down the esophagus and into the stomach
- A ‘flap” (epiglottis) in the voice box (larynx) automatically folds down to cover and protect the airway (trachea) during the swallow
- Swallowing becomes unsafe when the food or liquid enters the airway (trachea) to the lungs, rather than entering the esophagus.
- If the head if tipped back this opens up the airway and allows food and fluid to go directly into the lungs

Aspiration

- Risk for respiratory conditions
- Pneumonia
- Death

Ways To Reduce Risk For Aspiration

- Sit upright when eating and drinking (do not eat/feed in bed unless fully upright position can be achieved)
- Chin tuck
- Ensure no food/fluid remains in mouth before lying down
- Brush teeth/clean mouth before and after each meal
- Remain upright for at least 30 minutes after a meal
- Only offer textures that are tolerated
- Thicken fluids if necessary

Client With Dementia Have Difficulty Learning New Skills

Questions??