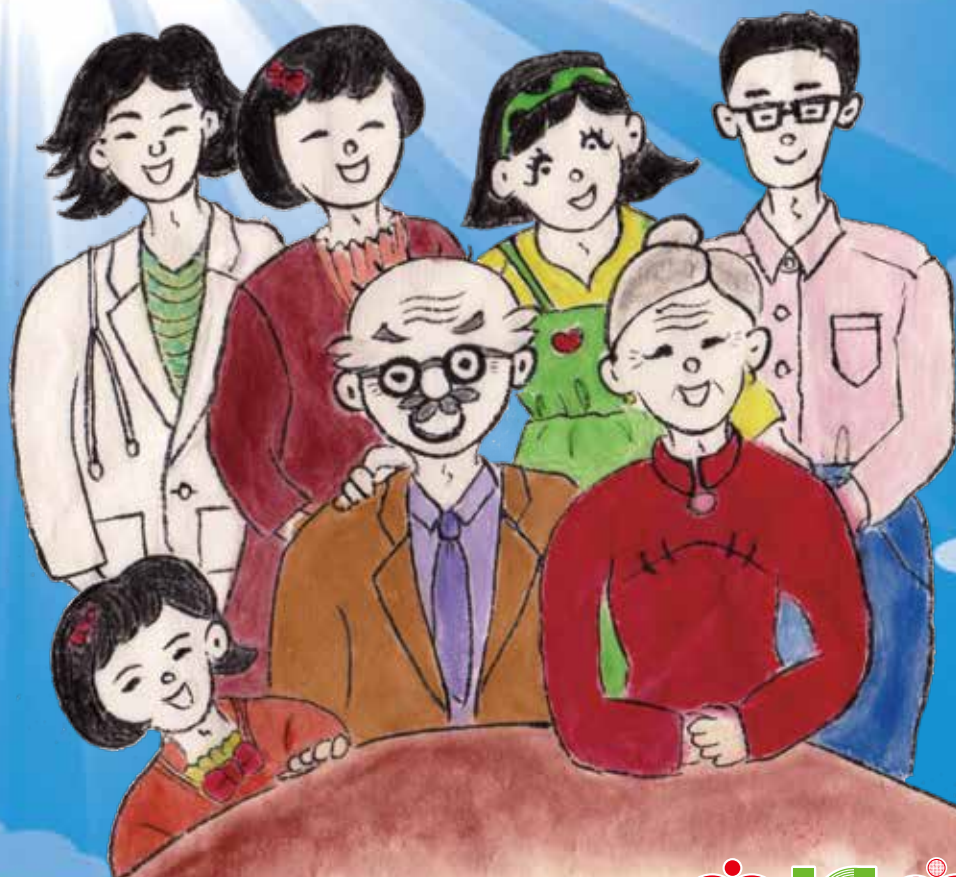


Caring for Elderly with Dementia Guide to Foreign Domestic Helper



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Introduction

Dementia is still greatly misunderstood in Hong Kong society, it is often associated to shame, embarrassment and insanity by many. Foreign domestic helpers nowadays have played an important role in providing home care for many elderly persons with Dementia in Hong Kong. They are enable to reside at their own home rather than moving to nursing home, which is a cherished wish of the many elderly. The task of caregiving, however, is usually hard and frequently underappreciated. Without adequate education and training, the domestic helpers may not have proper knowledge and technique in caring for person with Dementia despite they are keen to help. Most of these helpers are from Indonesia and Philippines, the cultural and language barrier can make their job even more challenging.

The best way to become an effective caregiver and overcome the numerous daily obstacles is to become well informed about the

disease. This booklet is designed for this purpose. It provides comprehensive yet concise information on the essentials of caregiving about Dementia. It serves to empower the caregiver with skills in managing behavior and psychiatric problems related to Dementia. In addition to the focus on Dementia, this booklet describes also the caregiver stress and offer suggestions. Dementia should not be a frightening condition. On the contrary, person with Dementia can appreciate love and experience happiness. They can enjoy good days and the caregiver is the most likely person to make this happen. This is our sincere hope that this booklet can help the readers to find their caregiving experience an inspiring and rewarding one.

Dr. T L LO
Hospital Chief Executive
Kwai Chung Hospital

Foreword

Dementia has become a major burden in health care resources. In Hong Kong, the prevalence of dementia in elderly aged 70 or above is as high as 9.3%, and the prevalence rate is expected to double every 20 years. The health care burden is especially harsh in elderly suffering from behavioral and psychological symptoms of dementia (BPSD). Nearly all of the elderly with dementia would exhibit one or more BPSD during the progression of their illness. BPSD is distressing to the person with dementia, to the family and the caregivers. BPSD often lead to admission to hospital and long-term care facilities.

The management of BPSD is a challenge. In Hong Kong, the employment of live-in foreign domestic workers as care worker for the elderly has become one of the more common de facto modes of elder care. However, most of the foreign domestic workers are not trained personnel, let alone professionals, and like many family members as the caregivers, their understanding of dementia and their experience to deal with BPSD may not be adequate. There is also a lack of educational material on BPSD in the market that is designed for the foreign domestic workers. Behavioral management strategies are effective and have empirical evidence, yet it is doubtful whether the domestic workers have the skills to meet the special needs of the elderly with BPSD.

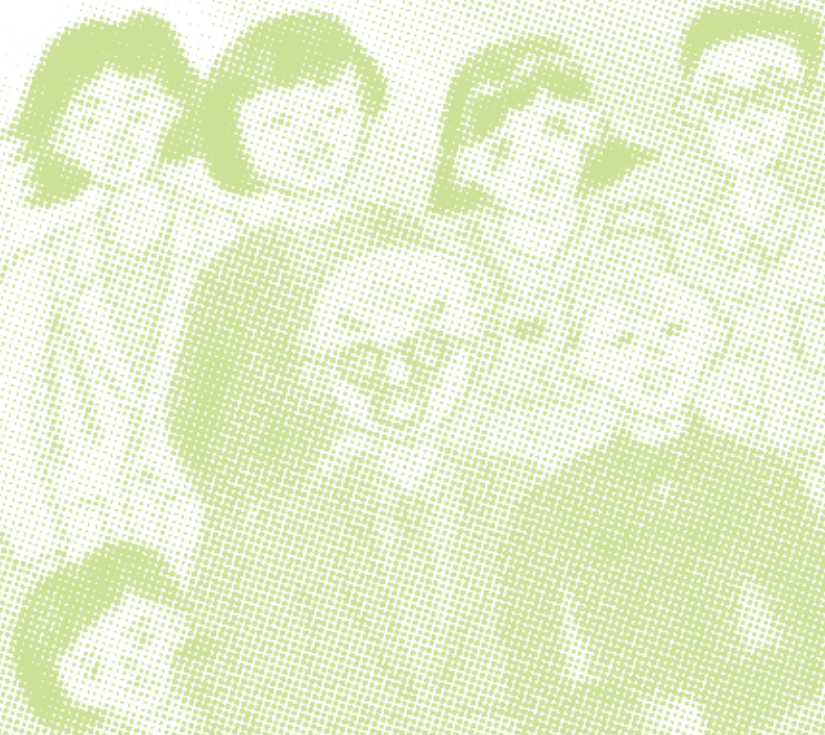
In view of the situation, the Psychogeriatric Team of Kwai Chung Hospital established the Domestic Worker Support Group in 2010 aiming to empower the foreign domestic workers in caring for the elderly with dementia, through series of training classes. To take one step forward, the team produces this trilingual guidebook to serve as a handy reference for the domestic workers. This book is a product of multidisciplinary collaboration of the Psychogeriatric Team. The ideas, experience and suggestions shared in this book provide the readers with a good understanding of how the caregiver can be more effective in assisting, managing and caring for elderly with unique and challenging behaviors. It is our hope that the book can equip the domestic workers with knowledge and skills to understand and manage behaviors that seem unfathomable, and to improve or at least preserve the quality of life of the elderly with dementia.



*Dr. Karen WAT
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Part 1

Understanding Dementia



Understanding Dementia

1 What is dementia and what are the causes?

Dementia is a disease of the brain. A person's memory, thinking, emotion and behavior can be affected. Brain cells degenerate in normal aging. In dementia, they deteriorate at a faster pace.

Dementia is progressive, which means that symptoms get worse over time. How quickly it progresses varies greatly from person to person. Most people with dementia are over 65 years of age, but dementia does also affect younger people. In Hong Kong, about 9.3% of elderly older than 70 years old suffered from dementia.

There are 2 main causes of dementia:

- **Alzheimer's Disease:** Damaged tissue builds up in the brain to form deposits called 'plaques' and 'tangles'. These cause the brain cells around them to die. It presents with gradual decline in cognitive abilities, often beginning with memory loss.
- **Vascular Dementia:** This is caused by damage to the blood vessels in the brain, leading to stroke. This is commonly associated with hypertension, diabetes, hyperlipidemia and central obesity. It presents with stepwise deterioration in cognitive abilities. Depression is common in vascular dementia.

Other physical illness that cause memory problem includes malnutrition, vitamin B12 deficiency, thyroid dysfunction and brain infection.

2 How can dementia be diagnosed?

There is no single test that proves a person has dementia. The assessment usually encompasses a detailed clinical history, physical examination, blood test and memory test (such as a Mini-Mental State Examination). A brain scan (such as computer tomography, CT and magnetic resonance imaging, MRI) might be arranged to identify the type of dementia as this can guide any treatment.



3 What are the early symptoms of Alzheimer's disease?

- Deteriorated short term memory
- Felt difficult to cope with familiar tasks on their own
- Difficulty in understanding and expressing verbally
- Get lost
- Deteriorated ability in judgment
- Concentration difficulty
- Misplacing belongings
- Change in personality
- Lost in motivation
- Unstable emotion and behavior



4 What are the symptoms as the Alzheimer's disease further progress?

- Further deterioration of memory, affecting both short term and long term memory
- Unstable emotion
- Behavioral problems
- Total dependence in activities of daily living
- Loss of communication ability
- Loss of bowel and bladder control





5 Is there a cure? What is the drug treatment for dementia?

While no drug is available that can cure dementia, there are drugs that can help with some of the symptoms.

- Drug for cognitive symptoms of dementia
 - Acetylcholinesterase inhibitor (Donepezil, Rivastigmine, Galantamine): common side effect includes nausea, vomiting, dizziness, insomnia and diarrhea
 - Memantine: potential adverse effect includes dizziness, hypertension, headache and constipation
- Drug for treating depression

Significant depression should be treated as it can make cognitive symptoms worse. Depression can usually be effectively treated with antidepressant.
- Drug for treating anxiety

Mild symptoms of anxiety and restlessness are often helped by reassurance, adjustments to the environment or an improved daily routine. More severe and persistent anxiety is often related to

underlying depression and can be improved by antidepressant. Benzodiazepines are sometimes used for short term treatment. Long term use is not recommended because of the risk of dependence and fall.

- Drug for treating sleep disturbance

Hypnotics can be used to treat sleep disturbance but that should be a last resort as people may become dependent on these and experience side effect including tiredness, limb weakness and memory decline. Non-pharmacological treatment should be tried first. (See Part 2 “Sleep Problem”)

- Drug for treating behavioural and psychiatric symptoms of dementia
Medication should again be used as a last resort, but is sometimes necessary. Antipsychotic are drugs used to treat severe psychotic symptoms including delusion or hallucination. In dementia, they may also be used to treat agitation or aggression. Side effect includes shakiness and stiffness of limbs, sedation, dizziness and unsteadiness. Antipsychotic may also associate with an increased risk of stroke. If an antipsychotic is used, it is important to regularly and carefully monitor the person.



6 What can I do to help the elderly with dementia?

- Establish a good relationship with the elderly. This is the basis of everything the carer does with and for the elderly
- Develop a caring attitude. Be patient, interested and understanding
- Treat the elderly with dementia as an adult individual
- Focus on the elderly's strength. Encourage them to be independent as long as it is possible
- More compliments
- Provide a structured daily activity schedule
- Maintain good hygiene of the elderly, including care to their oral health
- Ensure the elderly is adhered to the medication regime
- Ensure safety. For example, the carer should safely store all medications and hazardous materials and be aware of the hot water temperature to avoid scalding injury during bath (See Part 2 "Home Safety")

7 Any advice to the lifestyle of elderly with dementia?

- Keeping the brain active
Mentally stimulating leisure and social activities is thought to be important in maintaining a healthy brain. People with dementia should be encouraged, as far as possible, to maintain their hobbies and usual activities. Such activities could include: reading, sports, playing mahjong, listening to music and calligraphy
- Maintain a healthy and balanced diet as well as adequate hydration
- Avoid smoking and excessive alcohol consumption
- Regular physical exercise

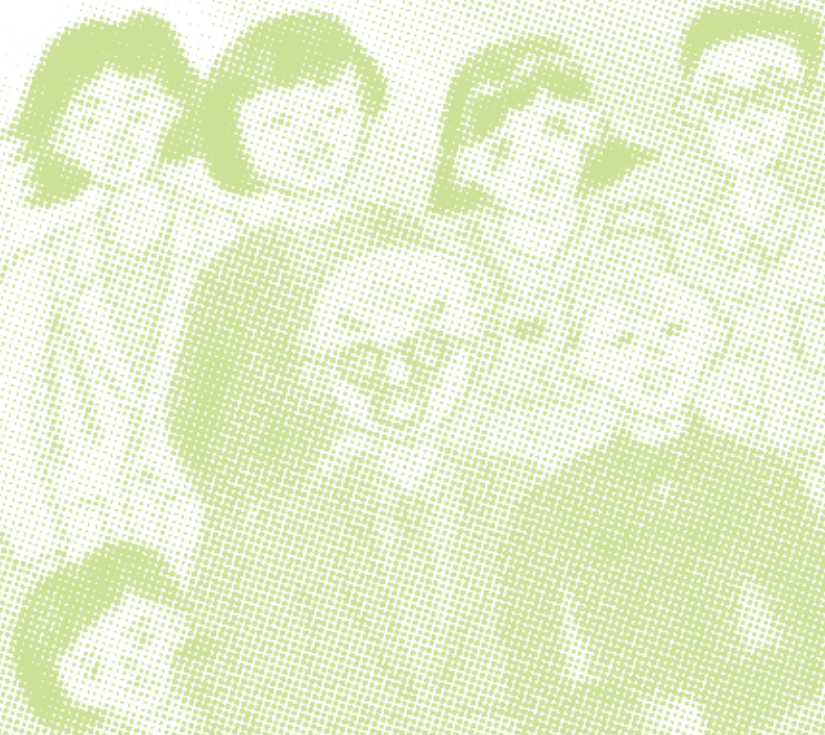
8 How can I communicate better with elderly with dementia?

- Aware of your ways of talking
 - Speak clearly, slowly and calmly in a language the person is familiar with
 - Keep sentences short and simple. Only tackle one subject of conversation at a time
 - Always allow plenty of time for what you have said to be understood
 - Offer simple choices or asking “yes” “no” questions
- Use more body language
 - Includes body gesture and facial expression. For example: “Grandma. Please don’t do that”. Frown and shake your head. “Sssh”. Put your finger across your lips
 - Pointing or demonstrating can also help
 - Touching their shoulder or holding their hands may help keep their attention
- The right environment
 - Stay still while talking. Sit, stand or kneel so that you have level eye contact.
 - Avoiding competing noise.
- Things NOT to do
 - Don’t argue
 - Don’t tell them what they can’t do. Instead state what they can do



Part 2

Caring for Elderly with Behavioral and Psychiatric Symptoms of Dementia (BPSD)



Caring for elderly with behavioral and psychiatric symptoms of dementia (BPSD)

Behavioral and psychiatric symptoms are very common in elderly with dementia. This may place enormous stress on their caregivers. Common presentation includes the followings:

- Delusion and hallucination
- Irritability and aggressive behavior
- Depression
- Sleep problem

Always discuss concerns about the changes in the behavior and mood with the doctor, who will be able to check whether there is an underlying physical illness and provide advice on coping and the need of medications. Caring elderly with BPSD can be difficult. However, try to remember that the behavior is not deliberate and don't take it personally. What the elderly need is a lot of your reassurance and support.



Practical tips that helps to deal with some common challenges

- **Keep requests simple.** Complex tasks and instructions may lead to frustration
- **Avoid confrontation.** Calmly defer requests if the elderly shows signs of anger
- **Remain calm, firm, and supportive.** If the elderly does become angry
- **Be consistent.** Try to get into routines and avoid unnecessary change
- **Provide reminders.** Reminders such as supportive explanations and orientation cues can help to guide the behavior
- **Adjust your expectations.** Modify the expectations according to the functioning level of the elderly
- **Be aware of any change of condition.** Be sure to report to your employer if you notice a sudden decline in function or new symptoms of illness.
- **Keep a behavioral log.** This information will help to guide the health team in providing the best treatment for the elderly



1 Delusion and hallucination

“Mrs. Wong has told everyone that I stole her bracelet. I am extremely upset and helpless as I have never stolen a thing in my life. How can I live with the accusation?”



Delusions are false ideas unshakably held by one person. Hallucinations are false sensations. Both are often bizarre and unbelievable.

1.1 Characteristics

- No matter how weird the belief is, the elderly will not have any doubt on it
- The elderly may become angry when others criticize on what they believe, see or hear
- Arguing and explanation will not convince the elderly that their experience is not real
- Delusions and hallucinations are often frightening to the elderly. Their fear may sometimes incite them to behave in extreme ways to protect themselves.

1.2 Common presentations:

● Delusion

- Delusion of persecution: the belief of being poisoned, harm or spied
- Delusion of theft: the belief that someone is trying to take their possession
- Delusion of jealousy: accusing the partner being unfaithful
- Delusion of grandiosity: for example, the belief of being a person with superpower
- Delusion of guilt: self-blaming idea, often seen in person who are depressed
- Misidentification: for example, cannot recognize the home and eager to leave the place which is actually their home, misidentify other people or themselves

● Hallucination

- Auditory hallucination: for example, hearing non-existing voices scolding to the person
- Visual hallucination: for example, seeing non-existing person or object
- Olfactory hallucination: for example, smell of odour which is not present
- Tactile hallucination: for example, sensation of insects crawling underneath skin

1.3 What can I do to help?

- Look for any possible physical cause, such as fever, infection, pain and constipation. Arrange a medical check-up for the presence of any physical and psychiatric problem
- Environmental modification includes adequate lighting and decrease noise. Shadows and glare can lead to visual illusions.
- Try to maintain the environment consistent
- Ensure good drug compliance if the elderly is on psychiatric medications. Delusion and hallucinations often respond to medications.
- DO NOT argue on the false ideas even the elderly is very disturbing under the influence of delusion or hallucination. Try NOT to reason with the elderly. Those responses may lead to a catastrophic reaction.
- DO NOT take the accusations personally
- Be patient with empathetic listening, and allow the elderly to ventilate their feeling. Acknowledge that the elderly may be frightened by the delusion
- Keep neutral, non-judgmental. Always show your concern and care.
- Physical contact may be reassuring, such as gentle touch, holding hands, but be sure that the elderly is willing to accept this
- Divert their attention if possible, such as going out for a walk, music and looking at old photos



2 Irritability and Aggressive Behaviors

“When I try to give Mr. Wong a bath or even just wash him, and he’d fight. He’d say the water is cold, that he refuses to comply. I could not struggle with him as he has the strength of a bull. If I try to get near him, he would pinch or hit me.”



Irritability and aggressive behavior can be symptoms of dementia and tends to increase in late afternoon or evening. Elderly with dementia could have change in personality and become easily upset and agitated. They may become emotional, with crying, cursing and shouting. Sometimes this can even develop into aggressive behavior such as verbal threats, throwing and destroying things or attacking another person.

2.1 Why do they act this way?

● **Biological factors**

- fatigue, disruption of sleep patterns
- physical discomfort such as pain or fever
- adverse side effects of medication
- poor vision or hearing causing the person to misinterpret sight and sounds
- under the influence of hallucination or delusion

● **Psychological factors**

- Defensive behaviors – They may feel humiliated because they are forced to accept help with intimate functions such as bathing, toileting and dressing. They may feel their independence and privacy are being threatened
- Frustration – because they are no longer able to cope with everyday demands. Aggression could result from a sense of loss
- Misunderstanding – no longer understanding what is going on may lead to bewilderment
- Fear – They are frightened because they no longer recognize certain places or people. They may be recalling an earlier life experience that is frightening or uncomfortable to remember

● **Social factors**

- Boredom and sensory deprivation
- Change in the established routine
- Not trusting a particular carer

2.2 To prevent irritability or aggressive behavior

- Try to determine the triggers of the behaviour and avoid it. Eliminate possible causes of stress. For example, does the behaviour occur when the elderly is hungry? Does the behaviour occur when the elderly has been with a certain individual?
- Be aware of the warning signs of aggression
- Avoid confrontation. If the elderly is disrupting a particular activities e.g. bathing, ask yourself if you could come back to it later. Sometimes ensuring a safe environment and leaving the person to do what they want may be the best option
- Keep the environment consistent and ensure that there is an unrushed and consistent routine
- Make sure your communication matches the persons' communication ability
- Try to give encouragement, praise & affection, rather than criticism, anger or frustration
- Make sure the elderly is comfortable. Be sure the person is not too hot or cold, hungry, or thirsty, tired, wet, overstimulated, or bored
- When showering or dressing an aggressive person, provide care from the side of the person, not in front of them

2.3 When agitated or aggressive behavior occur

- Stay calm. Speak in a reassuring voice. Your tone of voice is important. Engage the person's eyes and talk gently. You can repeat the person's name or say "No. No. No.", "please stop"
- Do not make sudden movements, stretch out your hand or touch the person. This may be interpreted as an attack. Allow ample inter-personal space between you and the elderly as this can promote the sense of security

- Shouting, ordering and retaliating are likely to provoke violence
- Distraction and understanding the trigger are often the most useful approaches
- When the anger begins to dissipate, tentatively touch the forearm of the elderly or invite the person to hold your hand
- Suggest simple activity as distraction.

For example: Offer him a cup of his favorite drink and ask ‘Do you want to have a try?’, or read newspaper together.

Alternatively, try to talk to them with things they enjoy in the past

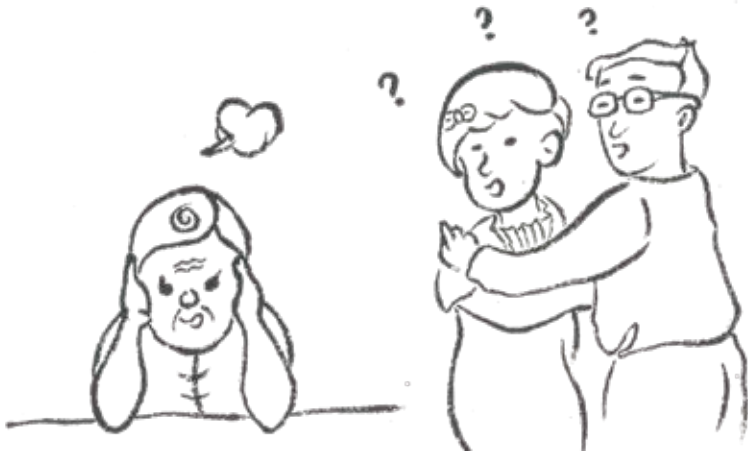


2.4 Looking after yourself

- Try to remain calm always
- If you become frustrated or loss your temper, don't feel guilty. But do regard it as a sign that you need some extra support. Talk it over with your friend and employer. Discuss your concerns with the elderly 's doctor
- If you feel unsafe, stand out of reach. Prepare a safe place for yourself. This can be a room which locks from the inside, preferably with a phone

3 Depression

“Mrs. Wong becomes very frustrated with her failing memory. She would sit on her chair for the entire day and whimper a lot. She always has this miserable look. She expresses that she wants to end her life.”



Depression is common among people with dementia. Depression occurs in approximately 20-30% of people with Alzheimer's disease (Enache et al., 2011). It is not a normal part of ageing. It is important that a careful diagnosis be made and the depression treated. The memory problem may improve when the depression is treated.

3.1 Typical signs of depression

- Depressed mood
- Loss of appetite and weight
- Poor sleep
- Unexplained fatigue
- Feeling of worthlessness
- Trouble concentrating or being indecisive
- Being unusually emotional, crying, angry or agitated
- Inability to feel good about themselves or unable to express joy
- Withdrawal from family, friends or social activities
- Loss of interest and pleasure in previously enjoyed activities
- Loss of interest in personal appearance
- Preoccupation with health complaints unexplained by medical evaluation
- Further worsening of the cognitive function

3.2 What can I do to help?

- Try to keep a daily routine for the elderly. Be sure that the activities are those the elderly can still do successfully and are of some use, so that they can feel good for doing this
- Encourage them for regular exercise and recreational activities.
- Encourage them to maintain socially active.
- Be caring and supportive
- Be positive. Avoid criticism and give frequent praise can help



3.3 Watch out for suicidal idea

When the elderly is depressed, there could be a possibility that they may harm themselves. Statement about suicide should always be taken seriously. You have to notify your employer and the doctor. Closely supervised the elderly and make sure the elderly cannot access to items that can be used to harm themselves e.g. knife, medications, strings and solvents. In urgent situation, the elderly should be brought to the accident and emergency department for evaluation.

4 Sleep Problem

“I am always on the alert. Mr. Wong would get up at around 2 a.m. and get dressed. He’d pack a suitcase and wander all over the flat. I stay awake to make sure he is all right. ”

Many people with dementia are restless at night. They may wander around the home, get dressed, search for food, and even go outside their home. This is distressing to the caregivers who have their sleep disrupted night after night. Fortunately, there are ways to reduce this behavior.

4.1 Causes of sleep disturbance

- Physical and psychological aspects
 - The brain damage caused by dementia has affected the “biological clock”
 - Physical symptoms such as pain caused by arthritis, frequent urination and leg cramps
 - Depression may cause early morning waking and difficulty to go back to sleep
 - Agitation following an upsetting situation

- Environmental aspect
 - The bedroom temperature may be too high or too low
 - Changes in environment can cause disorientation and confusion, affecting the sleep routine
 - Poor lighting may cause misinterpretation in what they see and increase the confusion

- Behavioral aspect:
 - Too much sleep during daytime
 - Insufficient exercise and daytime activities
 - Too much caffeine or alcohol
 - Feeling hungry

4.2 What can I do to help?

- Physical and psychological aspects
 - Arrange a medical check-up to identify and treat the physical illness
 - Restrict fluid intake towards evening. See that the elderly has used the toilet before going to sleep
 - Ensure comfortable positioning
 - Tell the doctor for any suspected depressive symptoms
 - Avoid tasks that may be upsetting or too stimulating from late afternoon
 - Discuss with doctor on sleeping medication which may be helpful in short-term to establish a better sleep cycle
- Environmental aspect
 - Make sure the room is neither too warm nor too cold and that the bedding is comfortable
 - Keep the environment as consistent as possible. Ensure the bedroom is quiet and relaxing
 - Leave the night-lights on to reduce confusion & disorientation
 - Remove mirror if necessary
 - Ensure the door way to the toilet is easy to access and well lit, or put a commode or handheld urinal beside the bed

● Behavioral aspect

- Set regular daily routine. Try to keep the elderly occupied, active and awake in the daytime
- Cut down on caffeine use, for example, coffee, tea and chocolate, especially after 5p.m.
- Try light snack before sleep
- Try a back rub, light music before bed or during wakeful periods
- Give gentle reminder that it is night-time and time for sleep
- Putting on pajamas may help some to remember they are in bed to sleep



4.3 What is Sundowning Syndrome?

When the sun goes down, elderly with dementia frequently become more restless and agitated. Confusion and wondering heightens at this time of the day. This is often referred to as Sundowning. This commonly occurs in those with moderate to severe stages of dementia.

- Cause

No one is sure what cause Sundowning, but it could be resulted from changes occurring in the brain. Sundowning may be related to disruption of sleep patterns or lack of sensory stimulation after dark. This could also be caused by hunger, pain, the need to use toilet or other physical discomfort. In addition, as the dementia progresses, the elderly understand less about what is happening around them. Some become more anxious about “going home” or “finding mother” late in the day which may indicate a need for security and familiar environment.



5 Arranging Structured Daytime Activities

As described by the World Health Organization, participation in structured activities has a positive influence on our health and well-being. People with dementia can also have better quality of life through taking part in meaningful and enjoyable activities. Moreover, this is proven by research that these activities can have the benefit of reducing BPSD.

5.1 Functions of Structured Daytime Activities

- Maintain the functioning and skills as long as possible
- Enhance confidence, physical, cognitive and social abilities
- Make full use of the strength of the elderly
- For enjoyment and improving quality of life
- Promote connection with reality. Reduce confusion and disorientation
- Avoid boredom
- Promote communication

5.2 Principles of Structured Daytime Activities

- Suitable duration. To allow for short concentration span.
- Interesting and meaningful
- Flexible and gradable
- Be within the elderly's ability. Keep the risk of failure to a minimum
- The elderly can choose the activity they desire
- Pay attention to the background, interest and strengths of the elderly
- Make allowance for deteriorated functioning

5.3 Suggestions for Structured Daytime Activities

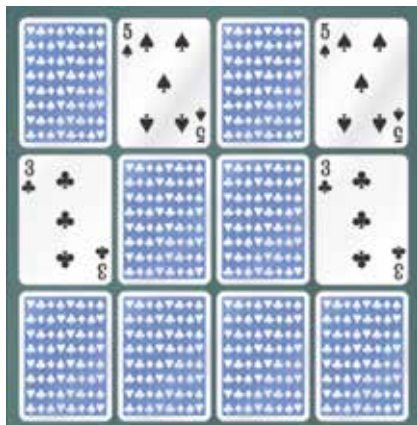
5.3.1 Reality Orientation

- Aims: Improve the orientation and awareness to surrounding environment
- Strategies:
 - Engage the elderly into conversation related to the reality. For example: date, time, place, person weather , festivals, food, daily objects, news, recent activities in the family
 - Use of visual cues
For example: wall-mounted calendar, large clock, toilet signage, bedroom signage, kitchen signage, drawer labels
 - A visit to the facilities in the community

5.3.2 Reminiscence

- Aims: Enhance self-esteem and promote communication by allowing the express of emotions.
- Strategies:
 - Recall and sharing of events in person's life
 - Focusing on long term memory which is usually relatively intact till late stage of dementia
 - Presentation of “triggers” helps to promote memory recall. For example: Use of photos, props, newspaper
 - Can engage elderly who has decline in their language ability

- Themes
 - Childhood
 - Family life
 - Work
 - Marriage
 - Entertainment
 - Festival/ Traditions
 - Transportation



5.3.3 Memory Training

- Matching cards
 - Aims: Improve cognitive function
 - Strategies: starts with 2 pairs, then increase to 3 pairs, 4 pairs or to the elderly's maximum capacity
- Mahjong
 - Help to preserve functioning or delay decline in cognitive function
- Chinese Opera
 - Singing or appreciation of Chinese opera help to improve cognitive function



- Question and answer game
 - Use daily objects or events as training materials
For example: What did you have for breakfast? Where did you go yesterday? Who came to visit you this morning?

5.3.4 Self-care Training

- Encourage participation in activities of daily living, for example: self-feeding, face washing, teeth brushing, dressing and bathing. Provide necessary supervision and assistance
- Promote independency and autonomy, avoid dependency
- Lessen caregivers' burden



5.3.5 Arts and Crafts Activities

- Can enjoy the fun
- Promote eye-hand coordination
- Enhance self-esteem. The elderly can see and handle the results of their effort, for example: for home decoration and as a gift



5.3.6 Music activity

- The elderly's appreciation of music and sense of rhythm usually survive longer than intellectual functions
- Try to play music that is familiar to the elderly.
- Music can have the effect of relaxation, enjoyment and stimulations.
- Encourage them to count the rhythm, sing or play the musical instruments if they are interested.

5.3.7 Cooking

- Can work with family members
- Promote social interaction, sense of satisfaction and achievement

5.3.8 Recreational Activities and Physical Exercise

- Can be in various forms
- Should cater for the interest of the elderly and be within their capabilities
- These activities are fun to do, good for health and helps to promote sleep.

5.3.9 Social Interactions

- Elderly should remain socially active
- For example: maintain gathering with family and friends, go to the market for shopping together, go to the tea house



5.4 Sample daily schedule: (for early- to middle-stages of dementia)

Time	Activity
7:30	Wash, brush teeth, get dressed
8:00	Breakfast
8:30	Help with cleaning up the table
9:30	Home exercise/ go to the supermarket with helper/ Take a walk
11:00	Discuss the newspaper/ reminisce about old photos/ help to prepare lunch / help to set table for lunch/ try a craft project
12:30	Lunch
1:00	Watch news on TV
2:00	Rest
3:00	Memory games/ calligraphy/ listen to music
4:00	Help with household chores. For example: folding clothes
6:30	Dinner
7:30	Watch TV or movie
8:30	Bathing
9:30	Listen to radio/ reading
10:00	Bedtime

In conclusion, all humans should be given the chance to lead meaningful life of their choice with no exception to the elderly with dementia. The caregivers should help these elderly to live a fulfilled life by making the best use of their retained functional capabilities.

6 Safe Lifting & Transfer Skills

6.1 Stretching Exercises for the carer – Get your body prepared!

- Stretching ensures muscle and its related joint structure flexible and ready for loading in lifting and transfer tasks.
- Starts with core muscle group.
- Hold the stretched position for each muscle for around 10 seconds
- Practice whole stretching series 2 times daily or before manual lifting



6.2 Remember the Ergonomic Principles

- Stand with wide base and firmly on ground, keep your feet apart
- Maintain your back and neck straight
- Bend at your hips and knees
- Keep the elderly close to you as much as possible
- Avoid twisting your wrists while lifting
- Let big muscles to work e.g. hip or thigh muscles

Example 1: To assist the elderly from sitting to standing position.

- Shift whole body of the elderly close to edge of chair with trunk bending forward.
- Ask the elderly to push one arm against the chair and another arm hold on the walking aids
- The carer can support the elderly under the axilla or scapula region
- Instruct the elderly to bend the trunk forward, keep shifting weight forward and stand up



Example 2: To transfer the elderly from wheel-chair to chair / bed

- Position the wheelchair at 45-90° to the chair
- Support the elderly under the axilla and stabilize the knee
- Assist the elderly to move by shifting his/her weight from one leg to the other.



6.3 Useful tips during transfer and lifting:

- Do not over-estimate of your own ability
- Always put safety first
- Using body language can enhance communication:
 - Visual: use your hand as a visual cue to instruct or demonstrate
 - Audio: beat the object with your hand to draw the elderly's attention
 - Touch: guide the movement by a gentle touch on elderly's body
- Pay attention to elderly's mental state all the time and be aware of any aggressive gesture. Do not force the elderly if they refused after encouragement
- Sometimes the elderly may refuse to move due to underlying musculoskeletal problems. Be aware of the following signs. Alert to your employer and seek for professional help if any
 - Signs of inflammation: tenderness, swelling, increase temperature, redness and/or joint rigidity, etc.
 - Pressure sore: wound abrasion or change in skin texture, etc.
 - Fracture: Localized swelling, bruising, tenderness, limb deformities and unable to bear weight around the injured part.
 - Non-verbal expression of pain: for example, tense body gesture, reluctant to move, poor sleep, yelling, irritable on approach



7 Home safety

Safety is always an issue with the elderly, especially those with dementia. Preventive measures have to be taken to ensure their safety

● Prevent burns and fire

- Hot water bottles should be safety stored
- Turn down the temperature of the water heater if the elderly has difficulty to judge hot from cold
- Use electrical appliance that can promote safety such as induction stove and electric kettle

● Minimize cuts and bruises

- Lock up knives and other sharp objects
- Pad the sharp edges of the furniture

● Avoid accidental poisoning

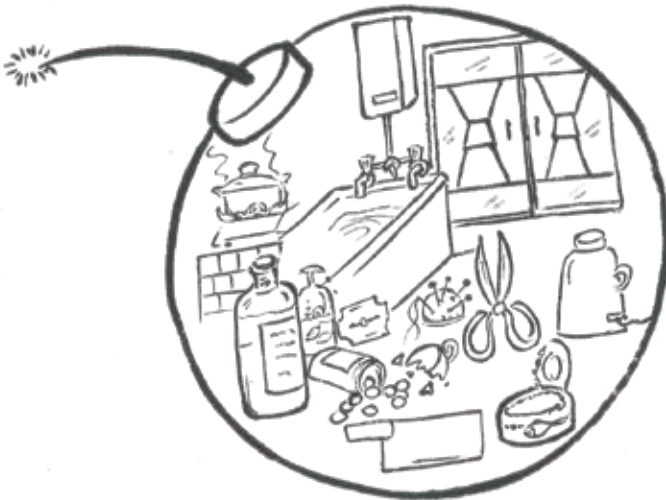
- Safely store all medications and hazardous materials such as cleansing agent and mothball

● Fall prevention

- Keep the rooms and corridors well-lit
- Keep objects in easy reach
- Check the home for potential hazards such as loose carpets, wire or objects lying on the floor. Keep away clutter
- Install hand rails at bath and toilet
- Non-slip mat in the bathroom

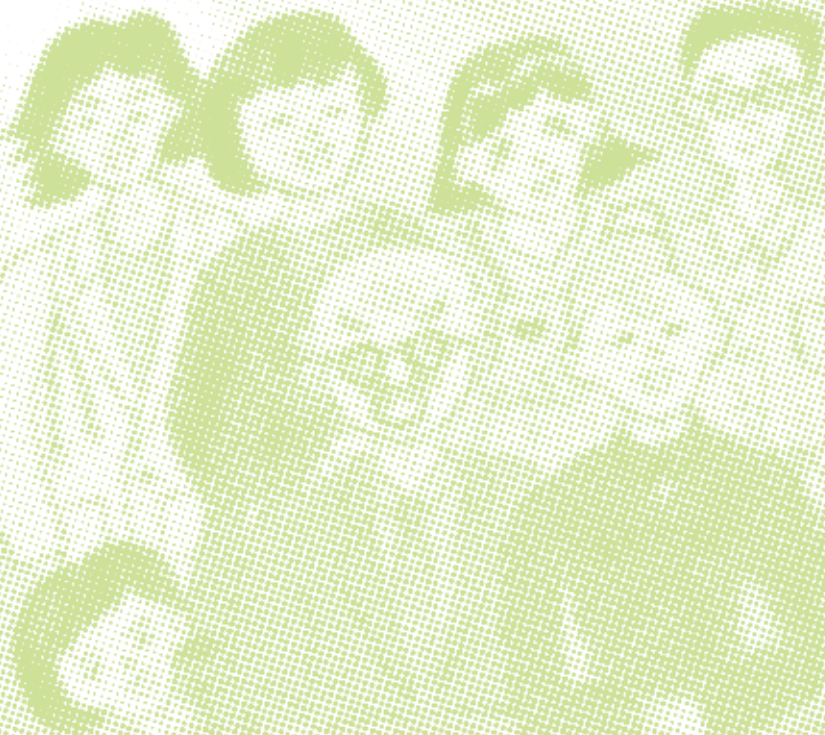
● Prevent them from getting lost

- Have the elderly wear an identification bracelet, necklace, or place identifying information in their clothing and wallet
- Install alarm on the door so that the caregiver can be alerted whenever the elderly try to leave
- Tell the watchman and neighbors about the possibility of the elderly wandering outside and have an action plan prepared



Part 3

Coping with Caregiver Stress



Coping with Caregiver Stress

The role of taking care of person with dementia has never been short of challenges. They may not be able to talk with you or even follow simple instructions. No matter how hard you try, they may never be able to say thank you. They may even have behavioral problems such as yelling, shouting, hitting self or others and wandering away from home without a trace. This will certainly make you feel scared and sad and may even make you feel frustrated and angry at times.



1 Causes of caregiver stress

- Care recipient's behavior and attitude
- Apparent helplessness of care recipient's condition
- Demands from care recipients and others in the environment
- Unreasonable burdens put on yourself
- Role confusion
- Complicated procedures when trying to access support services

2 Risk factors that predict higher caregiver stress

- Female caregivers compared with male
- Increased age of caregiver
- High perceived stress
- Low life satisfaction, self-esteem, or self-mastery
- Low level of social or community support

3 Screen for caregiver burden

We may, at times, be unable to tell that we have already been stressed out by the caregiving tasks. Here are some of the screening questions that may help to heighten your self-awareness in possible burnout (Parks and Novielli, 2000; Cohen et al, 2001):

- Has being a caregiver caused you a lot of stress lately?
- Have you been feeling down or blue, or get angry more easily?
- What have you been doing to cope with these feelings?
- Has your care recipient been having more difficulties, such as behavioral problems?
- Do you see your friends as often as you'd like?
- Do you have help from others, like family, friends, neighbors or employers, when needed?
- Do you have help from community agencies or support groups?

4 Obstacles in managing stress

- Trying to solve too many problems at one go may make changes overwhelming
- Blaming others, "the system", "the employer" or "fate" prevents action
- The buildup of too many stressors in our lives may affect our own emotion and judgment

- Using drugs or alcohol as substitutes for resolving problems increases stress
- A negative outlook may make us believe nothing can be changes

5 Three steps to handle your stress

● **Seek Education - encourage information seeking problem-solving approach**

- About the care recipients course of illnesses, the realistic expectation of both physical, cognitive and psychological condition, and the effective ways to deal with those behavioral and psychological problems that might arise
- Environmental modification and home management, effective caregiving strategies and the needs of the care recipients
- Available community resources for the care recipients
- Understand the case management plan (De Vugt et al, 2004)

● **Seek Social Support**

- Affirm your own important role and talk to people that you trust about your feelings and frustrations
- Look after your own health
- Should protect time to visit friends and relatives and pursue your own interests
- Accept help from others
- Engage in different community programs to seek different social support

● **Seek Psychological Support**

- Establish strong communication with the health professional.
- Seek individual counselling whenever there is a need
- Participate in relevant support or treatment group (Knight et al., 1993)

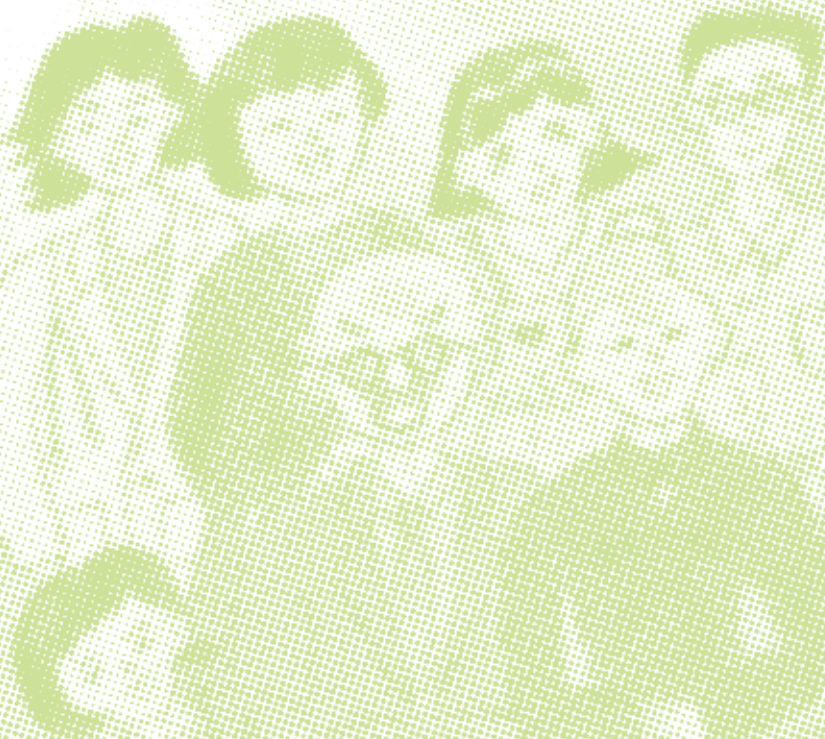
6 Healthy and effective ways to deal with stress

- Exercise
- Get enough sleep
- Eat proper food
- Take time for hobbies
- Ask for support from families, friends or community resources
- Take care of your physical appearance
- Accept that there are events you cannot control
- Stop smoking, drinking or other maladaptive coping
- Set realistic goals and expectations
- Be forgiving
- Communicate feelings



Part 4

Sharing from a Domestic Helper



Sharing from a domestic helper

I started to work as a domestic caregiver for the elderly since 1998. At the beginning I encountered a lot of difficulties because I didn't have much knowledge about dementia and its related behavioral problems. The first and second years were really difficult for me until I enrolled myself to courses on dementia, depression and elderly care. As my experience and knowledge grew, I gradually I found answers to my difficulties. For example, one of the problems I commonly faced was the incontinence of my clients. I found that it was helpful to put clear sign to the toilet and remind them to use the toilet regularly.

From my experience, elderly with dementia are very vulnerable. They may suffer from delusion and hallucination, creating a world with a different reality. They may be emotionally depressed or in distress. We as caregivers must understand and be supportive to these people in order to get their life back into track. It takes a lot of courage and patience and we do need to have a big heart for them. We should try making them happy and feeling being loved in their remaining years. In fact, clients with dementia can also feel my love, patience and care to them. As they utter the word "THANK YOU" or express a gesture of gratitude, any moments of hardship would be turned to the feeling of satisfaction, joy and fulfillment.

Since year 2011, I have joined the Domestic Worker Support Group of the Kwai Chung Hospital. These free workshops have been very useful in helping me to understand the knowledge of dementia, depression and other

psychiatric problems. They taught me how to handle the problems I encountered in the everyday caring for my clients. I also learned about stress management in order to protect myself. Lastly, I would like to thank the team of experts of Domestic Worker Support Group for giving us the opportunity to learn and to provide a better care to our clients

Ms. Felicidad Halog Sumaoang



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