Identifying Signs of Depression and Anxiety in People Living with Dementia

Start time: 3:00 p.m. ET

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There is no phone dial-in required.

Thanks for joining us!

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Speaker Bio: Check out our speaker's name, photo, and biography

Quick Reminders

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• All registrants will receive an email with a link to the recording and presentation slides. You can also download the slides from the “Resources” widget.

• There are no certificates of completion for this event.
Relias by the Numbers

8,000+
5,000
~700
97%
350+
8 out of 10
1,000+
40 MILLION+
230,000+
3.5 MILLION+
42
net promoter
score

1000+

hospitals use
Relias
Solutions
users under contract

Presenter

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Over 40 years of Occupational Therapy experience
Dementia care educator

Identifying Signs of Depression and Anxiety in People Living with Dementia
Teepa Snow, MS, OTR/L, FAOTA, 5/28/20
How might the current pandemic situation be affecting the mental health of those living with dementia?

Depression/Anxiety:
- Onset: recent, weeks to months
- Duration: until treated or death
- Alertness and Arousal: not typically changed
- Orientation responses: “I don’t know,” “I can’t say,” “Why are you bothering me with this?” or “I don’t care”
- Mood and Affect: flat, negative, sad, angry
- Causes: situational (i.e. pandemic), seasonal, or chemical
- Treatment of Condition: meds, therapy, physical activity
- Treatment of Behavior: schedule changes and environmental support, combined with meds

Signs of Depression and Anxiety in Those Living with Dementia:
- Often impossible to distinguish and/or separate depression and anxiety
- Depression/anxiety is treatable
- Many elders with depression describe themselves as having ‘memory problems’ or complain of pain, rather than ‘sadness’
- Look for typical and atypical depression
- Look for changes in appetite, sleep, self-care, pleasures, irritability, “I can’t take this” comments, schedule changes
Likely Profiles of Depression/Anxiety in Elderly or Those Living with Dementia:

- Variety of causes
- First episode in late life not uncommon
- Re-emergence of previous undiagnosed depression
- Resistance to seeking help
- If situational depression not addressed, it often escalates

Be on the Lookout for Delirium!

- Onset: sudden, hours to days
- Duration: short, can be either cured or leads to death
- Alertness and Arousal: fluctuates, hyper or hypo-alert
- Orientation responses: highly variable
- Mood and Affect: highly variable
- Causes: physiological, psychological
- Treatment of Condition: identify and treat what is wrong
- Treatment of Behavior: manage for safety only, it is short-term so don’t mask symptoms

Be on the Lookout for Delirium!

- Delirium can be dangerous and deadly
- Get a good behavior history, look for change
- Assess for possible pain or discomfort:
  - Assess for infections
  - Assess for med changes or side effects
  - Assess for physiological issues: dehydration, blood chemistry, oxygen saturation
  - Assess for emotional or spiritual pain
Likely Causes of Delirium in Elders:

- Infection: UTI, URI, sepsis
- Dehydration
- Drug: effect, side effect, interactions, sudden stop, taking incorrectly
- Sleep deprivation: poor sleep
- Oxygen deprivation or imbalance
- Pain or discomfort: including impaction
- Sensory deprivation: vision, hearing, balance
- TIAs or little strokes in brain
- Alcohol use
- New Onset Illness: diabetes, hypothyroidism
- Nutritional Issues: intake or processing problems
- Anesthesia: post-surgical

More Causes of Delirium:

- Sensory deprivation: vision, hearing, balance
- TIAs or little strokes in brain
- Alcohol use
- New Onset Illness: diabetes, hypothyroidism
- Nutritional Issues: intake or processing problems
- Anesthesia: post-surgical

How Can We Help?
Communication and Connection Strategies While Using PPE:

- Pause at door of room or more than six feet away to make connection and communicate before putting on mask
- Practice ‘smiling’ with your eyes and full body rather than just your mouth
- Make sure you have gloves on and pulled over sleeve cuffs before approaching to do Positive Physical Approach/Hand-under-Hand
- Wear a covering (i.e. an apron or scrub jacket) that has pockets to put things in, such as extra gloves
Communication and Connection Strategies While Using PPE:

- Bring visual props and cueing items that can be left with the person or properly sanitized
- Demonstrate with motions what you are trying to convey
- Move your body while in supportive stance to demonstrate what you are wanting the person to do
- Break things down into short and simple pieces if the person is not able to comprehend the messages
- Use an open-embrace, exciting posture to catch attention and seek admission
- Slow your motions down and listen and look for a reflection that indicates the person is getting what you are offering, before moving on

For Improved Mental Health, People Living with Dementia Need:

- Daily Routine!!!
- Help to fill their day with meaning
- A Balance of:
  - Productive activity: feeling valued
  - Leisure activity: having fun
  - Self-care activity: wellness, health, personal care
  - Restorative activity: sleep, rest, and re-energizing
- A Match-Up for Preferences:
  - Large Group, Small Group, 1:1, Alone
  - Active versus passive
  - Sensory options: visual, auditory, tactile, olfactory, gustatory

People Living with Dementia Deserve to Have Their Needs Met:

Physical Needs:
- Hydration and Nourishment
- Wake-sleep and active-rest cycles
- Elimination: all forms
- Pain-free:
  - Physical – body
  - Emotional – relationships
  - Spiritual – belonging/purpose

Signals of Emotional Distress:
- Angry
- Sad
- Lonely
- Scared
- Bored – Lacking Purpose
The GEMS® Progression of Dementia:

Sapphires: True Blue – Slower but Fine
Diamonds: Repeats and Routines, Cutting
Emeralds: Going – Time Travel – Where?
Ambers: In the Moment – Sensations
Rubies: Stop and Go – Big Movements
Pearls: Hidden in a Shell - Immobile

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Questions?

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