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The Effects of Social Isolation on Those Living with Dementia

How might the concept and protocol of a pandemic be different for those living with dementia?

Categories of Risk:
- Physical changes if physical activity is not optimized:
  - Endurance, flexibility, strength, coordination, balance reduction
  - Blood pressure and blood sugar changes with sedentary patterns
  - Weight gain: muscle shifting to adipose tissue
  - Lack of activity increases the risk of problems with good quality sleep cycles: more drowsing throughout the day or sleeplessness at night
  - Increased risk of falls and fall-related injuries
Categories of Risk:

- Social interactions skill changes:
  - Following a conversation: focusing on a dynamic interaction vs. a passive observation
  - Relationships are altered with lack of routine or episodic contact
  - Relationships are altered if there is constant contact

- Language comprehension and production skills changes

Categories of Risk:

- Personal and emotional well-being challenges:
  - Self-abuse and neglect risk is heightened
  - Increased seeking of comfort through non-social means, old habits and patterns
  - Staying in one environment increases the risk of disengagement or potential intense exploration in an unsafe or risky way
  - Limiting objects and stimuli causes the brain to be less active and less engaged

Top Five Unmet Needs:

Physical Needs:
- Hydration and Nourishment
- Wake-sleep and active-rest cycles
- Elimination: all forms
- Find Comfort: 4Fs 4Ss
- Pain-free:
  - Physical – body
  - Emotional – relationships
  - Spiritual – belonging/purpose

Signals of Emotional Distress:
- Angry
- Sad
- Lonely
- Scared
- Bored – Lacking Purpose
Possible Signs of 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

For Improved Mental Health, People Living with Dementia Need:

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

Positive Physical Approach™: How to Modify During a Pandemic?
- Pause at edge of public space (6 feet)
- Gesture and greet by name
- Offer your hand and make eye contact
- Approach slowly within visual range
- Shake hands and then maintain Hand-under-Hand®
- Move to the side
- Get to eye level and respect intimate space
- Wait for acknowledgement
Tips for Connecting When on the Phone or Video Chat:

• For video calls, turn your body sideways away from the camera instead of facing straight on in a more ‘confrontational’ stance
• On video, exaggerate your facial expressions and use lots of hand motions (thumbs up, thumbs down, pointing, gesturing, etc.)
• Share something about yourself first, then ask them something related to that
• Allow pauses in conversation for the person to respond or process- even if they do not have the words to respond
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