Changing the Culture of Dementia Care
One Mind at a Time

Dementia Aware
Dementia Knowledgeable
Dementia Skilled
Dementia Competent

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Recognizing Symptoms of Anxiety and Depression in Those Living with Dementia

How common is depression for people living with dementia?

Question #1:
Pre-COVID-19, about what percent of people living with dementia (PLwD) have significant clinical symptoms of depression?
A. Less than 5%
B. About 10-15%
C. About 30-50%
D. About 75%
E. I don’t know
Question #1: Pre-COVID-19, about what percent of people living with dementia (PLwD) have significant clinical symptoms of depression?
A. Less than 5%
B. About 10-15%
C. About 30-50%
D. About 75%
E. I don’t know

How common is anxiety for people living with dementia?

Question #2: Pre-COVID-19, about what percent of PLwD have significant clinical symptoms of anxiety?
A. About 10%
B. About 25%
C. About 50%
D. About 75%
E. I don’t know
**Question #2:**

Pre-COVID-19, about what percent of PLwD have significant clinical symptoms of anxiety?

A. About 10%
B. About 25%
C. About 50%
D. About 75%
E. I don't know

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**Question #3:**

How might the current pandemic situation be affecting the mental health of those living with dementia?

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**Question #3:**

What are the current estimates for each of these conditions for PLwD?

A. About the same
B. Slightly higher
C. About 25% higher
D. Close to 50-65% higher
E. I don't know
### Question #3:

What are the current estimates for each of these conditions for PLwD?

<table>
<thead>
<tr>
<th>Option</th>
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### Is it Depression/Anxiety?

- Often impossible to distinguish/separate depression and anxiety
- Depression/anxiety is treatable
- Many elders with depression describe themselves as having 'memory problems' or having 'somatic' complaints
- Look for typical and atypical depression
- Look for changes in appetite, sleep, self-care, pleasures, irritability, ‘can’t take this’ comments, residence or schedule changes

### 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:
- Combination 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
- Depression = somatic pain complaints

At this point - be ready for and expect anxious or depressed symptoms
Assess and Offer Support Each Time You Interact:
- Use your greeting to screen for affect
- Use empathy – acknowledge reactions
- Listen and try to figure out the meaning of the message
- Explore – using “this or that” or “this or something else options”
- Transition – redirect attention and action to something, someone, some place

Accept, Acknowledge and Respond to Signals of Emotional Distress:
Irritated – Angry - Furious
Blue – Sad - Hopeless
Missing Someone – Lonely – Abandoned
Missing Freedom – Trapped - Imprisoned
Anxious – Scared - Terrified
Not engaged – Bored – Purposeless
Distracted - Antsy – Exit seeking

Start with “How are you?”
Use a visual cues and simplified words/sounds
- Thumbs up
- Thumbs neutral
- Thumbs down
Use Reflection to Confirm:
- Acknowledge messages
- Affirm you got the messages
- Consider what need is unmet or emotion is being shared
- Consider a response…

Maybe an “I’m Sorry” might help:
- “I’m sorry, I disappointed you”
- “I’m sorry, this is making you feel…..”
- “I’m sorry this is happening, it shouldn’t have happened”
- “I’m sorry this is so hard… I hate it for both of us!”
- “I’m sorry I am trying to help, it’s not working for you!”

Reducing the Risk by Changing:
Patterns - Programming - People - Places - Props
- Renew Cues
- Renew Rhythms
- Renew Expectations
- Renew You
- Try One Thing New
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

Beliefs:

People living with dementia are doing the best they can – COVID is making people anxious and depressed!

Let’s accept, acknowledge, respond
Then help them transition onward!
Let’s dance with our partner
What we choose to do matters
We must be willing to change ourselves

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