

BROUGHTON HOUSE VETERAN CARE VILLAGE

— 1916 ONWARDS —
WE CARE FOR THOSE WHO SERVED US
ARMED FORCES SUPPORT HUB

DEMENTIA GUIDE



0161 464 9521



hub.support@broughtonhouse.com

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INTRODUCTION TO DEMENTIA

Dementia is an umbrella term for a range of progressive conditions that affect the brain. The brain is made up of nerve cells (neurons) that communicate with each other by sending messages. Dementia damages these neurons so messages cannot be sent effectively, which prevents the brain from functioning normally. The main cause of Dementia is the deterioration of the brain function which affects memory, concentration, reasoning and motor skills.

Dementia is progressive, which means the symptoms will gradually get worse. It is possible to have more than one type of dementia at the same time, known as mixed dementia, the most common being a combination of Alzheimer's disease and vascular dementia.

Dementia can affect a person at any age but it is more commonly diagnosed in people over the age of 65 years, with the risk increasing the older a person gets. However, around 70,800 people in the UK live with young onset dementia, where symptoms develop before the age of 65.

A small number of cases of dementia are due to genetic mutations, such as some forms of frontotemporal dementia, Huntington's disease and rare varieties of Alzheimer's disease. However, for most people, dementia is not inherited.



Every person will experience dementia in their own unique way but the main symptoms include:

Memory problems

People with dementia might have problems retaining new information, get lost in familiar places, struggle to remember names of people and objects, become increasingly forgetful and misplace things regularly.

Cognitive ability (processing information)

People with dementia may have difficulties with concentration and short-term memory, have problems understanding time and place, i.e. getting up in the middle of the night to go to work even if they are retired; struggle with choosing items when shopping, have difficulty with reasoning and have problems making decisions. Some people with dementia feel a sense of restlessness and prefer to keep moving rather than sitting still; others may slow down and lack the motivation to take part in activities they used to enjoy.

Communication

People with dementia may repeat themselves often, have difficulty finding the right words, struggle with reading, writing and numeracy and lose interest in seeing others socially. Following and engaging in conversation can be difficult, so a formerly outgoing person might become more introverted and their self-confidence might also be affected.

Mood and behaviour

People with dementia might develop changes in personality, behaviour and mood, and may experience anxiety and depression as a result of the changes they are going through and their effect on their life.



MOST COMMON DEMENTIA SUBTYPES

There are over 200 subtypes and causes of dementia. The four most common are: Alzheimer's Disease, Vascular Dementia, Frontotemporal Dementia and Lewy Body Dementia.

Alzheimer's Disease

This is the most common type of Dementia in the UK, it is caused by a build-up of proteins in the brain which damages the neurons and their ability to transmit messages. In the early stages, symptoms may include; forgetting recent events and conversations, misplacing items or putting them in the wrong place, forgetting the names of people, places or objects, struggling to find the right words, repeating themselves, mood changes, feeling unsettled by unfamiliar situations or changes in routine. As Alzheimer's disease progresses symptoms may include; increased confusion, hallucinations and delusions, disturbed sleep, increasing speech and language difficulties and difficulty with spatial awareness. Eventually, the person may experience; distressed or aggressive behaviour, problems swallowing or eating, incontinence, loss of speech, mobility problems and frailty.

Medication can help improve symptoms and slow progression but it doesn't cure Alzheimer's and isn't suitable for everyone.

Vascular Dementia

Vascular dementia is the second most common form of dementia and is caused by problems with the blood supply to the brain cells, commonly due to strokes or TIA's, which cause areas of localised cell damage in the brain. The symptoms of vascular dementia depend on which area of the brain is affected but some of the most common include; concentration problems, poor short-term memory, difficulty with everyday skills, slowed thought processes, changes in behaviour and personality, difficulty solving problems and making decisions/plans and rapidly changing mood.

MOST COMMON DEMENTIA SUBTYPES

Frontotemporal Dementia

Frontotemporal dementia is an umbrella term for a group of dementias that mainly affects personality, behaviour, language and speech. It is the second most common early-onset dementia after Alzheimer's Disease and is most common in people aged 45-65 years. Frontotemporal dementia is caused by the degeneration of the frontal lobe of the brain, and memory is usually less affected in the early stages. The areas of the brain most affected are the frontal lobes which are involved in personality, decision-making, social functioning, problem-solving, insight, empathy, motivation and planning.

Dementia that mainly affects the frontal lobes may also be referred to as frontal dementia, behavioural variant frontotemporal dementia or Pick's disease. The temporal lobes are also affected in this dementia; these relate to speech, work-finding, comprehension and language ability. Dementia that mainly affects the temporal lobes may be known as semantic dementia or Primary Progressive Aphasia (PPA). Often the early signs of frontotemporal dementia are missed or mistaken for another condition which can result in a delay in diagnosis, sometimes of several years.

Lewy Body Dementia

Lewy body dementia is caused by abnormal clumps of proteins, known as Lewy bodies, within the brain. Dementia with Lewy bodies clinically overlaps both Alzheimer's and Parkinson's Disease, but is generally more associated with Parkinson's. This is due to the effects that Dementia with Lewy bodies has on both cognitive (memory) and motor control (muscular movement). Its distinction is that where Alzheimer's can be quite gradual, dementia with Lewy bodies is usually a rapid onset with especially rapid decline in the first few months. Early symptoms include; fluctuating cognition with varying attention and alertness both day to day and sometimes hour to hour, recurrent visual hallucinations, sleep disturbances, and motor degradation as in Parkinson's disease (shuffling gait, stiffness of movement) – although the tremors associated with Parkinson's are generally less common.

COLOURS AND DEMENTIA

Many studies have found that the use of various colours, particularly in the environment for those living with dementia, can help provide quality of care. Researchers have found the colour preferences for individuals with dementia are red, blue and green.

Blue

Blue is a restful colour with a calming effect. Research shows that using blue in the physical environment can lower blood pressure, and that blue rooms are seemingly cooler than rooms painted in shades of red or orange. Blue also appears to increase the size of the room.

Red

Red increases brain wave activity, decreases the size of a room, and increases the perceived temperature of the room. If you want to get the attention of an individual with Alzheimer's or dementia, use red. It also stimulates their appetite.

Green

Green is symbolic of growth and life, and is the most restful of the colours. It reduces central nervous system activity and helps individuals remain calm. Using green makes rooms appear larger. Lime green is particularly effective with individuals with Alzheimer's or dementia for visual attention.

Pink

Pink in personal space tends to be calming.

HOW TO COMMUNICATE WITH SOMEONE WITH DEMENTIA

Learning techniques about how to act and what to say to someone with Dementia can help you emotionally connect. As with any brain disorder, there are special approaches involved with communication.

Don't be judgmental or critical to those who suffer from memory impairment. Asking detailed questions is not a good idea, ask open-ended questions instead so the conversation can go more smoothly. Help them feel comfortable and just remember: human connection is very powerful.



WAYS TO ACT AROUND SOMEONE WITH DEMENTIA

If you want to meaningfully connect with someone who suffers from memory impairment, here are some tips:

1

Avoid distractions

Converse in a comfortable ambience that doesn't have a lot of stimuli so that they can focus all their mental energy on the conversation.

2

Be a good listener

Nod your head and interact with their conversation. If you don't understand something, politely ask open-ended questions.

3

Don't criticise

Be compassionate and do not try to correct them if they are inaccurate. Feel free to go along with their delusions and misstatements to see where the conversation takes you.

4

Use a calm voice and warm tone

Don't be condescending and don't use heightened emotion. Speak clearly, and using a calm manner.

5

Use names

Avoid pronouns and refer to people by their names. Be sure to greet them with their name.

6

Use nonverbal cues

Keep eye contact and smile. Maintaining an inviting demeanour will help them stay at ease, and a comfortable body language can help them recognise that you are someone familiar, even if they don't recognise or remember exactly who you are.



WHAT TO SAY TO SOMEONE WITH DEMENTIA

People who suffer from memory impairment have trouble expressing emotions and thoughts, and often have trouble understanding others.

Do's



- Accept the blame when something's wrong (even if it's a fantasy)
- Agree with them or distract them to a different subject or activity
- Allow plenty of time for comprehension... then triple it
- Avoid insistence — try again later
- Be cheerful, patient and reassuring
- Eliminate "but" from your vocabulary, substitute with "nevertheless"
- Give short, one-sentence explanations
- Go with the flow
- Be patient
- Leave the room, if necessary, to avoid confrontations
- Practice 100% forgiveness
- Repeat instructions of sentences in the exact same way
- Respond to their feelings rather than their words
- Speak clearly and naturally
- Talk about one thing at a time



WHAT TO SAY TO SOMEONE WITH DEMENTIA

Don't's

- Don't argue
- Don't confront
- Don't question recent memory
- Don't reason
- Don't remind them they're forgetful
- Don't take it personally



Remember to be patient

There is currently no cure for dementia, and the brain is very complex. Each person has both bad and good days so please be patient.

Be kind, loving and respectful – your loved one needs human interaction now more than ever.



COMMUNICATION STRATEGIES

Communication is vital to our well-being. Often people living with dementia slowly lose their language skills and their ensuing quality of life.

Here are some tips to help communicate with people living with dementia;



▼ Understand your challenge

There will be good days and bad days.

▼ Be patient

Compassionately tolerate any delays.

▼ Offer reassurance

Listen attentively and empathise.

▼ Minimise noise

Noise can be disturbing and confusing.

▼ Avoid arguing

Try not to challenge or contradict.

▼ Use non-verbal cues

Touch, facial expressions & gestures.

▼ Be precise

Avoid pronouns such as “they,” “he,” or “she”, instead of using a person’s name.

▼ Keep it simple

Ask questions with “yes” or “no” answers.

▼ Be sensitive

Don’t talk about them as if they were not there.

▼ Take a break

If you are frustrated, take a break.

COMMUNICATION — A ROUND UP

Never...	Instead...
Reason	Divert!
Lecture	Reassure!
Shame	Distract!
Say "I told you..."	Repeat and Regroup!
Say "Remember?"	Reminisce!
Condescend	Encourage and Praise!
Force	Reinforce!
Command or Demand	Ask and model!
Say "You Can't"	Find out what they can do!



CONCLUSION

Unfortunately, at this time, there is no cure for dementia or its related diseases but you may be able to delay it or reduce the risk by making lifestyle changes such as;

- Eating a balanced and healthy diet
- Maintaining a healthy weight
- Staying hydrated, not smoking
- Staying physically active
- Keeping alcohol intake within recommended guidelines
- Having regular GP check-ups including blood pressure and cholesterol levels
- Taking part in mentally stimulating activities that use different parts of the brain such as walking, gardening, singing, art, music, sport, reading, puzzles or learning a language

Support is available for all veterans living with dementia and their families, and for veterans who are caring for someone with dementia through the [Armed Forces Support Hub at Broughton House Veteran Care Village](#).

Please contact us on [0161 464 9521](tel:01614649521) or email hub.support@broughtonhouse.com and one of our team will be in touch with you to discuss how we can help.



USEFUL LINKS

Some recommended websites can be found below, but please note we are not responsible for third-party content.

[Age UK](#) – Formerly Age UK & Help the Aged)

[Alzheimer's Society](#) – Leading the fight against dementia

[Arthritis Foundation](#) – Aiming to relieve the suffering and pain of arthritis through natural methods

[British Red Cross](#) – Volunteer-led humanitarian organisation that helps people in crisis

[Carers Trust](#) – Charity working to improve support, services and recognition for unpaid carers. Merged from The Princess Royal Trust for Carers and Crossroads Care.

[Carers UK](#) – Organisation of Carers

[Care Quality Commission](#) – CQC inspect and reports on care services and councils.

[DEEP](#) – engages and empowers people living with dementia to influence attitudes, services and policies that affect their lives.

[Dementia UK](#) – Improving quality of life for people with dementia

[Department for Work and Pensions](#) – Promoting opportunity and independence for all through customer-focused services

[Department of Health](#) – Improving the health and wellbeing of people in England

[Eden Alternative](#) – Not-for-profit organisation dedicated to improving the experience of ageing and disability around the world

[The National Care Forum](#) – Promoting quality care through the not-for-profit sector

[Elderly Accommodation Counsel](#) – Helping older people make informed choices about meeting their housing and care needs

[Independent Age](#) – Provider of information and advice for older people, their carers and families, focusing on social care, welfare benefits and befriending services.

[Macmillan Cancer Support](#) – Improving the lives of people living with cancer

[My Home Life](#) – Promotes quality of life for those living, dying, visiting and working in care homes.

[Paying For Care](#) – Designed to help you make informed decisions about arrangements and funding for long-term care.

[Parkinson's](#) – Leading charity dedicated to supporting all people with Parkinson's.

[Social Care Institute for Excellence](#) – Established by the government in 2001 to improve social care service for adults and children in the UK

[The Pension Service](#) – Part of the Department for Work and Pensions

[The Stroke Association](#) – UK-wide charity solely concerned with combating stroke in people of all ages

[The Fed](#) – The leading social care charity for the Greater Manchester Jewish Community

CONTACT US



Armed Forces Support Hub
Broughton House Veteran Care Village
Park Lane, Salford
M7 4JD



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www.broughtonhouse/armedforcessupporthub



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