

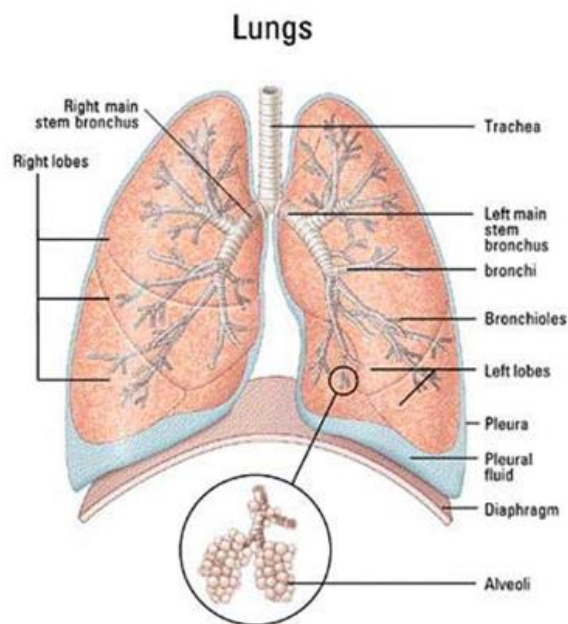
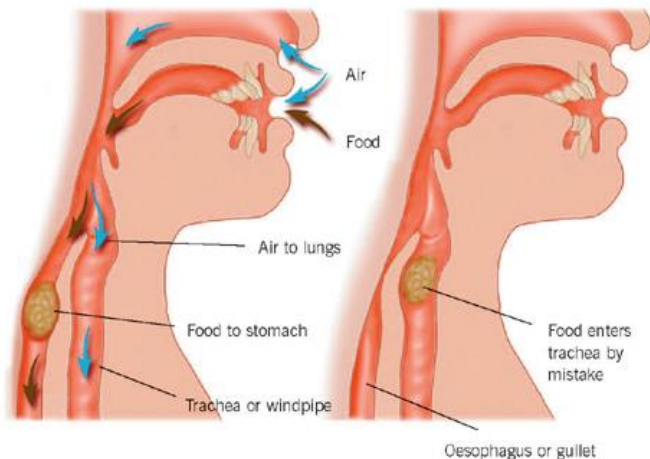
Food aspiration can be **DEADLY**, especially in the elderly. A tiny particle of food can cause **ASPIRATION PNEUMONIA** and elders generally cannot recover from it. Therefore, it is important to match the food texture according to the Residents needs and capabilities. Be sure to work closely with your supervisor to have the correct textures. If you have a doubt, ask your supervisor or the floor supervisor for more information. If you suspect aspiration, tell your supervisor immediately.

Elderly in nursing homes are more likely to aspirate foods if they have a poor cough reflex. Also, the mouth easily colonizes bacteria so good oral hygiene is extremely important. A referral for a swallowing evaluation should be done if you notice a resident starting to show difficulty in swallowing, choke frequently, or have a worsening in condition. If you notice any of these symptoms, please notify your supervisor immediately.

Aspiration pneumonia can be caused by:

- stomach content entering your lungs after you throw up;
- a brain injury or other condition that affects your normal gag reflex;
- diseases such as ALS (amyotrophic lateral sclerosis), Parkinson’s disease or strokes, which can make swallowing difficult; or
- throwing up when passed out due to over-medication

Aspiration pneumonia can result in serious lung infections in the elderly. Many of these residents already suffer from underlying illness or disease, which makes it more difficult for them to fight infection. Infections can be dangerous and often require hospitalization. Therefore, staff should take extra precautions to prevent aspiration pneumonia in order to maintain the best possible health of residents.



CHOKING

If a choking person:

- can speak, breathe or cough
STAND BY – DO NOT INTERFERE

- is **CONSCIOUS**, but can't speak, breathe or cough

- becomes **UNCONSCIOUS**, call for help and



quickly give 4 sharp back blows



followed by 4 abdominal thrusts



or 4 chest thrusts

Repeat as necessary



open the airway and try artificial respiration



if airway is blocked, give 4 back blows



followed by 4 chest thrusts



and mouth sweeps

Repeat procedures until the person revives.

FOODS TO INCLUDE IN THE ANTI-INFLAMMATORY DIET

Inflammation is linked to many diseases, including dementia.

Research suggests that people with a high intake of vegetables, fruits, whole grains, nuts, seeds, healthy oils and fish may have a reduced risk for inflammation-related diseases. In addition, substances found in some foods (especially antioxidants and omega-3 fatty acids) appear to possess anti-inflammatory effects.

Foods high in antioxidants include:

- cherries
- apples
- artichokes
- broccoli
- sweet potatoes
- dark green leafy vegetables (such as kale, spinach, and collard greens)
- berries (such as blueberries, strawberries, and blackberries)
- nuts (such as pistachios, almonds, and pecans)
- beans (such as red beans, pinto beans, and black beans)
- whole grains (especially oats)
- dark chocolate

Foods high in omega-3 fatty acids include:

- oily fish (such as salmon, herring, mackerel, sardines and tuna)
- flaxseed
- walnuts
- omega-3-fortified foods (including eggs and milk)

There's also some evidence that certain culinary herbs (such as ginger, turmeric, and garlic) can help alleviate inflammation.

FOODS TO AVOID IN THE ANTI-INFLAMMATORY DIET

Omega-6 fatty acids (a type of essential fatty acid found in a wide range of foods) are known to increase the body's production of inflammatory chemicals. Since omega-6 fatty acids help maintain bone health, regulate metabolism and promote brain function, you **shouldn't cut them out of your diet altogether**. However, it's important to **balance** your intake of omega-6 fatty acids with your intake of omega-3 fatty acids in order to keep inflammation in check.

Foods high in omega-6 fatty acids include:

- Meat – We will use a variety of meats: turkey, chicken, pork chops, beef. White fish such as halibut or cod are rich in protein and good fats. Beans and legumes are also a good source of protein and can be added to salads and soups.
- Dairy products (such as milk, cheese, butter, and ice cream) – We will use unsalted real butter when necessary and in moderation.
- Margarine *Note: **We will not use margarine at all.**
- Vegetable oils (such as corn, safflower, soybean, peanut and cottonseed oil)

Additionally, studies show that a high intake of refined grains (such as those found in white bread and many processed foods) may rev up inflammation.

BENEFITS OF THE ANTI-INFLAMMATORY DIET

Although the health effects of the anti-inflammatory diet have not yet been extensively studied in clinical trials, the available research indicates that following an anti-inflammatory diet may help reduce levels of certain inflammatory markers (such as a substance called C-reactive protein). Furthermore, there's some evidence that the anti-inflammatory diet may help manage chronic inflammation-related conditions like diabetes, metabolic syndrome and obesity.

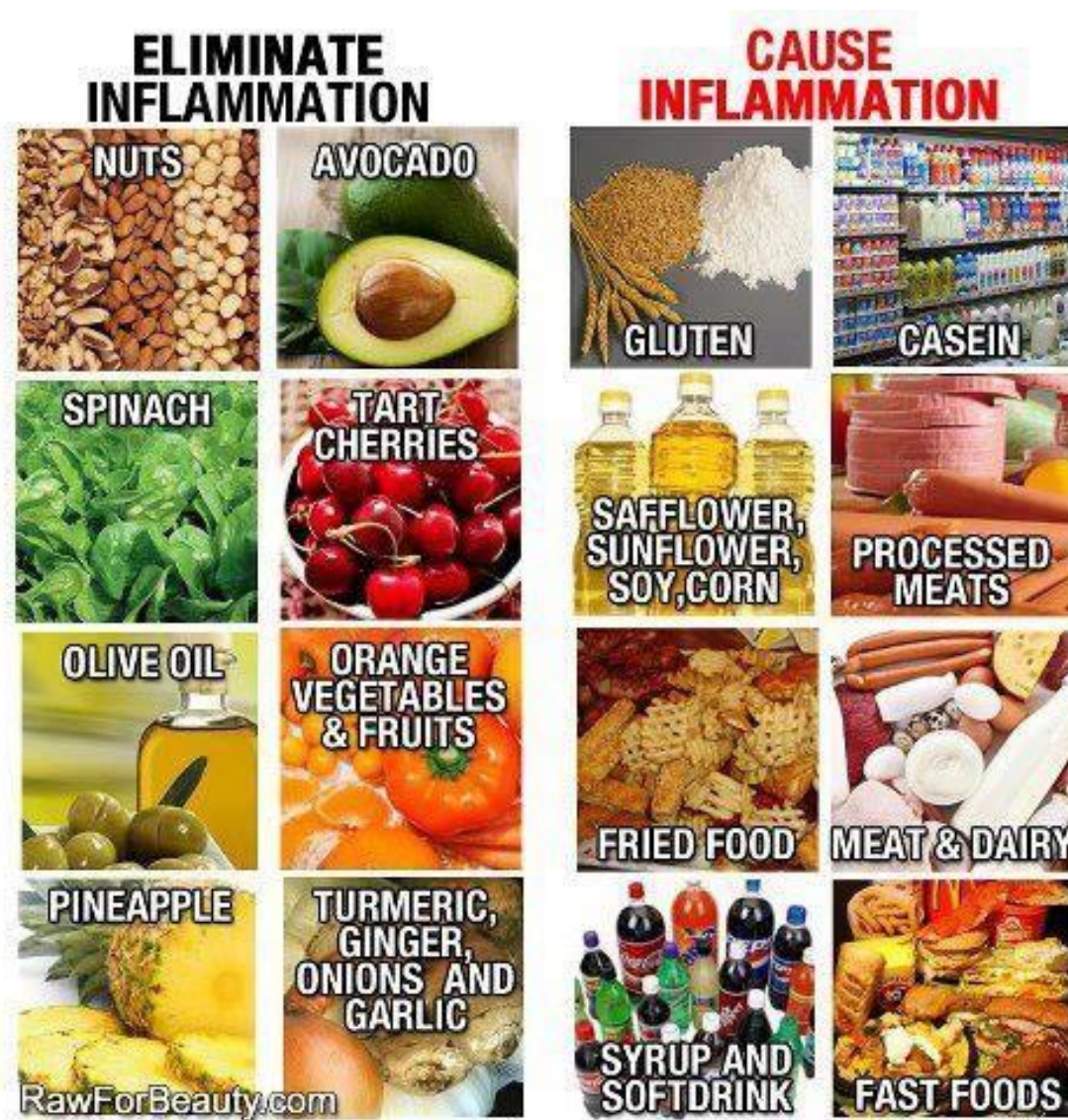
Tips for Following an Anti-Inflammatory Diet

- Eat five to nine servings of antioxidant-rich fruits and vegetables each day.
- Limit your intake of foods high in omega-6 fatty acids while increasing your consumption of foods rich in omega-3 fatty acids (such as flaxseed, walnuts, and oily fish like salmon, tuna, mackerel and herring).
- Replace red meat with healthier protein sources, such as lean poultry, fish, soy, beans and lentils.
- Swap out margarine and vegetable oils for the healthy fats found in olive oil, nuts and seeds.

- Instead of choosing refined grains, opt for fiber-rich whole grains like oats, quinoa, brown rice, breads and pastas that list a whole grain as the first ingredient.
- Rather than seasoning your meals with salt, enhance flavor with anti-inflammatory herbs like garlic, ginger and turmeric.

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11 Best ANTI-INFLAMMATORY FOODS



Inflammation causes dozens of health problems ranging from the frustrating-but-not-fatal things like acne and psoriasis to serious diseases like cancer and heart disease. In fact, almost every serious disease is caused directly or indirectly by inflammation.

The good news is that we can avoid most of this inflammation simply by changing our diets to include anti-inflammatory foods—and there are so many to choose from that you'll never get bored of eating this way.

1

CELERY



Celery also contains high concentrations of antioxidants and anti-inflammatory content that help manage cholesterol and blood pressure levels.

BEETS



Beets contain high levels of potassium and magnesium, essential minerals that help reduce inflammation.

3

BROCCOLI



Broccoli is another vegetable with a high concentration of both anti-inflammatory ingredients and antioxidants.

BLUEBERRIES



Blueberries contain a powerful combination of essential antioxidants, anti-inflammatories and other vitamins.

5

SALMON



It contains vitamins D, B6 and B12 which are essential to maintaining a good mood plus omega 3 fatty acids which reduce inflammation.

WALNUTS



Walnuts are some of the healthiest nuts out there, containing high concentrations of several anti-oxidants and omega 3 fatty acids.

7

CHIA SEEDS



Chia contains large amounts of omega 3 fatty acids and omega 6 fatty acids, which also have anti-inflammatory properties.

TURMERIC



Turmeric is often recommended as a supplement to prevent the occurrence or worsening of arthritis thanks to its intense anti-inflammatory properties.

9

GINGER



Ginger is a great accent for your food and it also happens to be one of the best anti-inflammatories out there.

PINEAPPLES



Pineapples contain quercetin and bromelain, a combination that's often used to reduce inflammation and related problems.

LEAFY GREEN VEGETABLES

10

Leafy green vegetables contain high concentrations of a variety of nutrients including vitamin K, a vitamin strongly associated with reduced inflammation. Go for spinach, chard or arugula instead of your normal lettuce for an incredible health boost—most of these vegetables contain at least twice the nutritional content of lettuce.



DYSPHAGIA DIET

Dysphagia is defined as difficulty or discomfort in swallowing, as a symptom of disease. Difficulty swallowing means it takes more time and effort to move food or liquid from your mouth to your stomach. Residents with Dysphagia may need modifications to their food and liquids.

FOOD CONSISTENCIES

- Regular Diet: All foods are acceptable
- Mechanical Soft: No hard, crunchy, stringy foods. Meats should be soft and chopped.
- Mechanical Soft/Wet: All foods should be soft and tender. Meats should be ground or diced and served with gravy. No raw vegetables.
- Soft/Wet Pureed: All food should be pureed smooth with the use of broth.

HOW TO PREPARE PUREED FOODS

- Puree the foods until smooth using a blender or food processor:
- Fruit: Drain off juice and blend adding a little juice at a time until the correct texture.
- Vegetables: Use broth, water, milk, or juice to puree.
- Meat: Use broth or milk to puree.

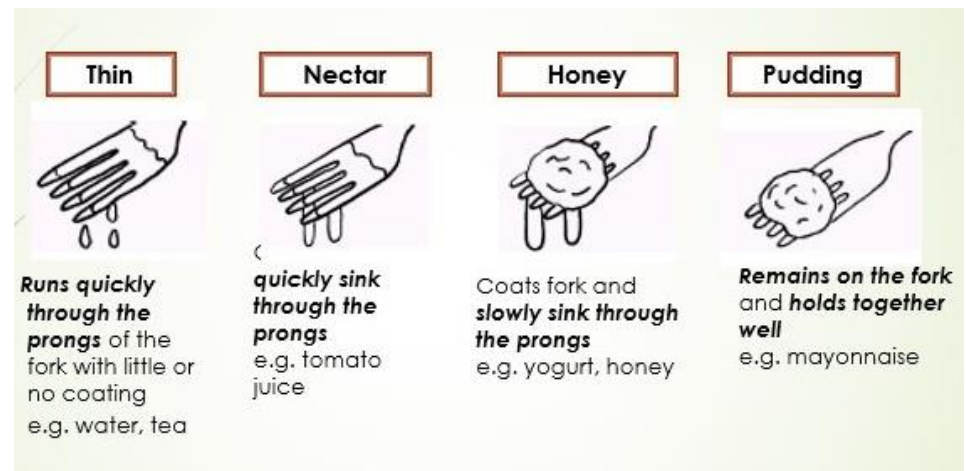
Add gravy, sauces, butter to meats, vegetables, starches. Remember to season with salt, pepper, basil, and tarragon.

DIFFICULTY SWALLOWING? COUGHING? POCKETING FOOD?

- Difficulty swallowing can often lead to food and/or liquid getting into the lungs causing aspiration pneumonia.
- Thin liquids such as water and juices usually cause the most trouble. Thicker liquids are easier to swallow as well as thicker smooth foods. Thick fluids are considered part of fluid intake.
- Do not use straws for people with swallowing difficulties. A possible exception is a silicone straw with a binder clip to restrict the flow of liquid for those residents with difficulty tilting their head back.
- Always offer a sip or two of fluids before eating solid foods and at the end of the meal. Keep the resident in an upright position after eating or drinking for 15-30 minutes.

LIQUID CONSISTENCIES

- **Thin:** All beverages are acceptable
- **Nectar thick:** liquids are the consistency of apricot nectar (easily pourable and are comparable to a creamy soup).
- **Honey thick:** liquids are the consistency of honey.
- **Pudding/Spoon thick:** not pourable, liquids are the consistency of pudding and usually eaten with a spoon.



COMMON THICKENERS

- Thick-it or other thickening powders
- Pureed and strained fruit, meats, and vegetables
- Cooked cereals (ex. cream of wheat)
- Baby rice cereal
- Instant potato flakes

DYSPHAGIA RECIPES

Chocolate Milk: mix ¼ cup milk and ½ cup of chocolate pudding (prepared) in a blender

Coconut Mango Puree: This one is a true island treat and so easy! Blend ripe mango together with coconut milk or coconut cream out of a can – that’s it! The sugar of the mango is more than enough sweetness to flavor this dessert and the subtle coconut in the background is just dreamy.

Acorn Squash Banana Milkshake: You heard that right – squash and bananas, say what?! Turns out acorn squash has just the right amount of sweet and nutty that it pairs perfectly with banana and vanilla ice cream. Roast the acorn squash until tender and then let it cool before blending (peeling off the skin, of course)

Avo-cocoa Pudding: Now this one sounds out of this world, but trust me, it’s incredible! A rather healthy take on chocolate pudding, all you need to do for this sweet treat is blend together a banana, ripe avocado, milk, and a teaspoon or two of cocoa powder (add honey for sweetness).

Savory Beet Puree: This delish dish will shock you with how vibrant and purple it is, but it simply can’t be ‘beet’! Roast your beet until tender, chop it up into cubes, and blend with plain greek yogurt, a pinch of dried dill weed (or fresh dill), a dash of garlic powder, and veggie broth to thin out.

Strawberry Spinach Applesauce: That’s right, sneak in some dark leafy greens to make this applesauce even healthier! Cook down sliced strawberries with a pinch of sugar, toss in loads of spinach to wilt, and then blend with enough applesauce to make it nice and smooth.

Tomato Basil Soup: Roast whole tomatoes (remove skins) and then simmer for 10 minutes with canned diced tomatoes (skinless), garlic, as much basil as you can stand, and a little cream. Blend until creamy (add a dash of sugar if they prefer foods to be a little sweeter).

Green Goddess Puree: This take on a familiar dessert/dressing is wonderfully herby. Blend together an avocado, plain greek yogurt, drizzle of olive oil, dash of lemon juice, and all the leafy herbs you can get your hands on – basil, parsley, cilantro, mint – whatever you have in the kitchen.

Cheesecake Mousse: Ditch the blender and opt for the mixer on this one! In one bowl mix cream cheese and sugar together. In another whip cocoa and espresso powder with coconut milk (or half and half). Combine with heavy cream (ok, this one has six ingredients!) and whip on high until it has a smooth mousse consistency.

Chia Seed Pudding: This one takes a little longer to set, but the omega-3-rich chia seeds are worth it! Mix a good amount of chia seeds in coconut milk with a splash of vanilla and maple syrup and then let set in the fridge for about an hour to thicken. Blend and serve cold!

Monkey Nut Milkshake: Another banana milkshake but this time use coffee ice cream and add peanut butter. Blend with milk to get to preferred consistency and serve cold. This shake offers yummy flavors and a little caffeine to put some pep in your loved one’s step!

Containing information from Krista Mugford, Cal Poly Dietetic Intern and <https://dailycaring.com/10-quick-and-easy-dysphagia-diet-recipes-for-swallowing-problems-5-ingredients-or-less/>

SENIOR HEALTH: HOW TO PREVENT AND DETECT MALNUTRITION

Malnutrition is a serious senior health issue. Know the warning signs and how to help an older adult avoid poor nutrition.

Good nutrition is critical to overall health and well-being, yet many older adults are at risk of inadequate nutrition. As the adult child or caregiver of an older adult, you can learn the signs and risks of malnutrition and how to promote a nutrient-rich diet.

PROBLEMS CAUSED BY MALNUTRITION

Malnutrition in older adults can lead to various health concerns, including:

- A weak immune system, which increases the risk of infections
- Poor wound healing
- Muscle weakness and decreased bone mass, which can lead to falls and fractures
- A higher risk of hospitalization
- An increased risk of death

FACTORS CONTRIBUTING TO MALNUTRITION

The causes of malnutrition might seem straightforward — too little food or a diet lacking in nutrients. In reality, malnutrition is often caused by a combination of physical, social and psychological issues. For example:

- **Normal age-related changes.** Changes in taste, smell and appetite generally decline with age, making it more difficult to enjoy eating and keep regular eating habits.
- **Illness.** Disease-related inflammation and illnesses can contribute to declines in appetite and changes in how the body processes nutrients.
- **Impairment in ability to eat.** Difficulty chewing or swallowing, poor dental health, or limited ability in handling tableware can contribute to malnutrition.
- **Dementia.** Behavioral or memory problems from Alzheimer's disease or a related dementia can result in forgetting to eat, not buying groceries or other irregular food habits.
- **Medications.** Some medications can affect appetite or the ability to absorb nutrients.
- **Restricted diets.** Dietary restrictions for managing medical conditions — such as limits on salt, fat or sugar — might also contribute to inadequate eating.
- **Limited income.** Older adults may have trouble affording groceries, especially if they're taking expensive medications.
- **Reduced social contact.** Older adults who eat alone might not enjoy meals as before and lose interest in cooking and eating.
- **Limited access to food.** Adults with limited mobility may not have access to food or the right types of food.
- **Depression.** Grief, loneliness, failing health, lack of mobility and other factors might contribute to depression — causing loss of appetite.
- **Alcoholism.** Too much alcohol can interfere with the digestion and absorption of nutrients. Misuse of alcohol may result in poor eating habits and poor decisions about nutrition.

MONITORING NUTRITION AND PREVENTING MALNUTRITION

As a caregiver or adult child of an older adult, you can take steps to monitor nutritional health, watch for weight loss and address risk factors of malnutrition. Consider the following:

- **Monitor weight.** Help the older adult check his or her weight at home. Keep a weekly record. Changes in how clothes fit can also indicate weight loss.
- **Observe habits.** Spend mealtimes together at home — or during mealtime in a hospital or care facility — to observe eating habits. Note what kinds of food are eaten and how much.
- **Keep track of medications.** Keep a record of all medications, the reason for each medication, dosages, treatment schedules and possible side effects.

- **Help with meal plans.** Help plan healthy meals or prepare meals ahead of time. Help prepare a shopping list or shop together. Help with money-saving shopping choices.
- **Use local services.** Contact local service agencies that provide at-home meal deliveries, in-home visits from nurses or dietitians, access to a food pantry, or other nutrition services. The local Area Agency on Aging or a county social worker can provide information about services.
- **Make meals social events.** Drop by during mealtime or invite the older adult to your home for occasional meals. Go out to eat at a restaurant with senior discounts. Encourage participation in social programs where members of the community can eat together.
- **Encourage regular physical activity.** Daily exercise — even if it's light — can stimulate appetite and strengthen bones and muscles.

IMPROVING NUTRITION

Mealtime strategies to help an older adult maintain a healthy diet and good eating habits include the following:

- **Nutrient-rich foods.** Plan meals with nutrient-rich foods that include a variety of fresh fruits and vegetables, whole grains, fish, and lean meats.
- **Herbs and spices.** Use herbs and spices to add flavor to meals and improve interest in eating. Experiment to find favorites.
- **Healthy snacks.** Plan nutrient-rich snacks between meals with fruits, vegetables or low-fat dairy products.
- **Nutritional supplements.** Use supplemental nutrition drinks to help with calorie intake. Add egg whites or whey powder to meals to increase proteins without adding saturated fats.

<https://www.mayoclinic.org/healthy-lifestyle/caregivers/in-depth/senior-health/art-20044699>

UNDERSTANDING DEMENTIA/INTERVENTIONS AND SKILLS

CARING FOR THE RESIDENT WITH DEMENTIA

For many years the focus of dementia care revolved around reality orientation. Throughout the day residents were constantly reminded where they were, the time of day, the weather, etc. Keeping clients aware of their surroundings is important and reality orientation is still effective for clients with mild confusion who can be oriented back to reality. However, new findings have shown that constant reality orientation can actually be negative for some residents and even increase agitation. Suggested interventions for specific concerns of caring for the client are on the following pages.



COMMUNICATION PROBLEMS

1. **Approach the client in a gentle, friendly manner.** This avoids startling the resident.
2. **Speak in a clear gentle voice, using a low tone.** Residents may become agitated with rapid speech or very high loud voices.
3. **Always pay close attention to the resident's body language, expressions and gestures.** When the resident has difficulty communicating, they may rely on forms of communication, other than verbal.
4. **If necessary, move the resident to a quiet environment when communication if there are several voices speaking or significant background noise.** The resident can focus easier in a quiet environment. Additionally, the resident doesn't become distracted by partial bits of overheard conversation.
5. **Keep to a routine, using consistent care providers.** The routine minimizes the need for extensive communication. Using the same resident assistant with the client builds a familiarity. The resident assistant actually can anticipate the questions and comments of the resident.
6. **Try to be physically at the same level as the resident.** Towering over the resident can be frightening to him or her. Also, it can cause the resident to feel intimidated by the resident assistant.

COMMUNICATION STRATEGIES FOR DEMENTIA CARE

REALISE YOUR CHALLENGE THERE WILL BE GOOD DAYS AND BAD DAYS

BE PATIENT TOLERATE COMPASSIONATELY ANY DELAYS OR PROVOCATION

OFFER REASSURANCE LISTEN ATTENTIVELY & EMPATHIZE

MINIMIZE NOISE NOISE CAN DISTURB AND CONFUSE

AVOID ARGUING DO NOT CONTRADICT

USE NON-VERBAL CUES GESTURES, TOUCH & FACIAL EXPRESSIONS

BE PRECISE AVOID PRONOUNS SUCH AS 'THEY' 'HE' OR 'SHE'

KEEP IT SIMPLE MAKE SURE QUESTIONS CAN BE ANSWERED WITH 'YES' OR 'NO'

BE SENSITIVE DON'T TALK ABOUT THEM AS IF THEY WERE NOT THERE

TAKE A BREAK IF YOU FEEL FRUSTRATED, TAKE A BREAK

REALITY VALIDATION THERAPY & COMPASSIONATE LYING

REALITY ORIENTATION/PROBLEM SOLVING-DELUSIONS AND HALLUCINATIONS

Reality orientation is used for someone who has the ability to reason including early-stage dementia. You can remind them of reality and they will understand and retain what you are saying. Not all of our Residents have dementia, but for the ones that do, it is mid-stage and beyond. **You generally are not able to reason with them** to bring them “back to reality”. When a person with dementia has a delusion or hallucination, you need to “get into their reality” to **allay fears, solve the problem, or figure out the cause of it.**

Delusions (false beliefs) that do not distress the person with dementia can probably be left alone. They will pass as the dementia progresses. Delusions that do cause distress should be treated. This is usually done by medication. Hallucinations (imagining things that are not real) are caused by the misinterpretation of sensory input. Taking time to experience what the person hears, sees, and feels (putting yourself in their place) may well lead to discovery of the reason the hallucination is happening.

A good example is something that occurs frequently in the later stages of dementia. Because of memory loss, people in the mid- to-late stages of dementia will not recognize themselves in the mirror. This occurs because they have aged, and memory loss has progressed to the point that, in their minds, they are much younger than their reflection appears to be. This is also why at some point they cease to recognize spouses, children, and friends as they are today.

- Put yourself in the place of someone in late-stage dementia. Your ability to understand your reflection is gone. You go into the bathroom and see another person looking at you. How would you feel?

What can be done to help this person?

Two things can happen when a dementia patient does not recognize herself in the mirror. She can either perceive her reflection as friendly (and may even talk to it) or see it as someone to fear. If the reflection does not cause distress, simply monitor the situation, but if the reflection is frightening to the person or causes anxiety of any kind, it's better to remove or cover the mirror.

- Reduce background noise to reduce confusion and trigger delusions.
- When hallucinations or delusions do occur, and reality orientation does not work, it's common sense to use therapeutic “little white lies” to help the person with dementia.

Rose

Rose was upset at noises she heard during the night. She was convinced that animals were living in the ceiling of her room and would hurt her. Because she was so frightened by this, Rose started sleeping in a recliner by the nurses' station. When I heard about this, I asked a staff member “put herself in Rose's place and listen for the noise” by staying in her room for a while. Surprisingly, around midnight the staff member heard scratching noises from above. An investigation of the noise discovered a tree branch was scraping the roof of the one-story facility when it was windy. It was removed the next morning, but Rose was still frightened and would not go into her room. No amount of explanation or “reasoning” with her would help. In her mind, she was in danger from the animal in her room. Once again, we thought about what we needed to do for Rose. We even considered changing her room, but eventually the staff decided to “get rid of the animal.” They brought in a ladder and a paper bag. Removing a ceiling tile, one of the housekeeping staff climbed up and made some banging noises. Inflating the bag, and twisting the top, he came down the ladder with the “animal” in tow. Rose, who had been watching from the door, was relieved, and since the noise from the branch was gone, the “animal” never came back.

This example shows why reality orientation won't work with mid- to late-stage dementia patients who lack the ability to understand what they cannot see or hear for themselves, and who can easily misinterpret the sensory information they do perceive.

Sources: <https://www.atrainceu.com/course-module-short-view/2626668-153-dementia-care-module-08>
https://www.alzscot.org/assets/0000/0176/loss_bereavement.pdf

COMPASSIONATE LYING

There is some controversy involving whether family members should lie to their aging parents. When is it OK to lie, or under what circumstances modify the truth or facts? To withhold or modify information being shared with someone who has Alzheimer's disease can be therapeutic. Universally, we are taught to tell the truth, but when dealing with a parent with cognitive impairments a "white-lie" may be in order. For instance, when an older adult with dementia insists on driving when it is known that they are no longer safely driving, one can make arrangements for the car to be serviced/ repaired, but with a plan for the car to be no longer available. When asked when the car will be ready the question is answered by stating that parts are on back-order and it requires more time. Using deflection while validating their frustration and concern about not having a car can be therapeutic.

Withholding information can reduce stress or anxiety. Telling a parent about family problems such as death, divorce, sickness, financial losses, or losing a job will only create stress over something that they have no control. These real-life circumstances can be complicated and delicate. You may want to consult with a professional geriatric care manager for guidance and support. Telling a person with Alzheimer's that a family member has died will be beyond their capacity to understand and process the loss. If they are asking to see or talk to the deceased person it may be best to let them know that the person is important to them, but they are not available today. Doing this validates the valued relationship, and also deflects away from the issue at hand.

In general, it is OK to use deception, deflection and validation in trying to reduce anxiety and protect the person with cognitive impairments caused by Alzheimer's or another type of dementia.

GUIDELINES TO USE WHEN PRACTICING COMPASSIONATE LYING

1. Lies should only be told if they are in the best interests of the resident, e.g. to ease distress.
2. Specific areas, such as covert medication and aggressive behavior, require individualized policies that are documented in the care plan.
3. A clear definition of what constitutes a lie should be agreed within each setting.
4. Mental capacity assessments should be performed on each patient prior to use of compassionate lies.
5. Communication with family should be required and family consent gained if a lie is to be told to the patient.
6. Once a lie has been agreed it must be used consistently across people and settings.
7. All lies told should be documented to ensure lies are being told in patients' best interests.
8. An individualized approach should be adopted towards each case – the relative costs and benefits established relating to the lie.
9. Staff should feel supported by their manager and the patient's family. They should not feel at risk of being accused of misconduct by telling lies if they have been agreed using these guidelines.
10. Circumstances in which lies should not be told need to be outlined and documented.
11. The act of telling lies should not lead to staff disrespecting the patient. The lies should be seen as a strategy to enhance the patient's well-being, rather than an infringement of their basic rights.
12. Staff should receive training and supervision on the potential problems of lying and taught alternative strategies to use when lies are not appropriate.

WHY EXPERTS RECOMMEND LYING TO SOMEONE WITH DEMENTIA

- Stepping into their reality isn't the same as lying
- When your older adult has Alzheimer's or dementia, their brain may experience a different version of reality because of the damage their disease has caused.
- Dementia care experts recommend stepping into your senior's reality rather than trying to correct them or bring them back into ours. That's because their brain is steadily losing the ability to process information. Forcing them to join us in the "real world" only causes confusion, anxiety, fear, and anger.
- Telling the truth can be cruel

- This technique takes some getting used to because going along with your senior’s new reality can feel like you’re lying to them. But the reality is that honesty is **not** always the best policy when it comes to someone with dementia.
- Most of us are taught from a young age that any kind of lying is horrible and dishonest. On top of that, we’re told never to lie to parents, spouses, and people we love and respect. So, when we hear about lying to someone with dementia, it seems cruel and wrong.
- But always sticking to the truth, especially about an emotional subject, is what’s most likely to cause your older adult pain, confusion, and distress.
- Plus, their problems with short-term memory mean they probably won’t remember the conversation, so it will come up again. Telling the truth each time forces them to experience the fear and anxiety over and over again.
- The disease prevents people from properly processing and retaining information. Is it necessary to cause them so much distress, especially when the truth you tell them is likely to be misunderstood or quickly forgotten?

Compassionate Lying helps you step into their world

An effective way to step into your older adult’s reality is to agree with whatever they say or tell harmless untruths. Experts call this Compassionate Lying or Therapeutic Fibbing. It means saying things that are not true to avoid causing your older adult distress and to make them feel safe and comforted.

In many ways, it’s similar to telling a friend that you love the thoughtful gift they gave you, even if you don’t actually like it. Telling the absolute truth in that case wouldn’t change the situation and would only hurt your friend. Here are two simple examples that illustrate the difference between being completely truthful and using Compassionate Lying:

1. Being completely truthful

Resident: School is over. My mommy is coming to pick me up now. I need to go outside to wait for her!

You: You’re 89 years old. You haven’t been to school in decades. And don’t you remember that your mom died 25 years ago? You don’t need to go outside because nobody is coming to pick you up.

Resident: What? What do you mean my mom is dead? No! She can’t be dead!! I saw her this morning! She told me she would pick me up!!! I need to go outside to wait!! *(She’s crying, agitated, and screaming.)*

2. Using Compassionate Lying

Resident: School is over. My mommy is coming to pick me up now. I need to go outside to wait for her!

You: Oh yes, it’s almost time to go. Your mom asked me to give you a snack first so you won’t get hungry on the way home. Let’s have some juice and crackers.

Resident: Ok, I’ll have a snack.

You: *(Use this distraction as an opportunity to occupy her with the snack and a fun activity until she lets go of the idea of meeting her mother.)*

Bottom line

Always telling the truth to someone with Alzheimer’s or dementia is most likely to upset or hurt them. Compassionate Lying is a technique you can use to step into their new reality and spare them unnecessary pain and distress.

Using untruths to validate their feelings and reassure them is **not** the same as lying for a malicious reason.

THE ONE ALZHEIMER'S CARE TIP THAT WILL CHANGE YOUR LIFE

- Reminders and reason just won't work
- When caring for an older adult with Alzheimer's or dementia, it's instinctive to try to bring them back into reality. When they say something that doesn't make sense, you'll want to remind them of the facts or ask them to remember previous conversations or events.
- What most caregivers don't know is that this approach often makes the situation worse.
- Logical explanations cause agitation and anger
- Having Alzheimer's or dementia is scary and confusing for your older adult. Using logic and reason to explain why you're right and they're wrong is likely to make them agitated, defensive, angry, or act out with difficult behavior. Instead, the best thing you can do is **not** try to bring them back into reality.

Do's and don'ts for how to respond

When your senior says something that doesn't make sense or is completely untrue, use these do's and don'ts to help you respond in a way that keeps them calm. These tips have been tried and tested by an Alzheimer's support group leader with 20+ years of experience.

DO

- Respect and join them in their new reality – it's the one their brain has created
- Respond to the emotion or intention behind the words
- Gently distract them with an activity they enjoy
- Redirect the conversation to a pleasant, positive, or neutral topic
- Agree with things that aren't true or bend the truth in harmless ways if it calms the situation
- Without words, find ways to assure them that they're safe and cared for – hugs or gentle touching often works well

DON'T

- Force them to live in our reality
- Respond with logic and reason
- Pay strict attention to their words – they may not actually mean what they say
- Keep trying to convince them to see or do things your way
- Say "Don't you remember?"
- Say "No, you're wrong."
- Say "Don't do that."
- Tell them that people they're talking about or wanting to see have already passed away

Don't be discouraged if your attempts to soothe or redirect don't work every time. This is a skill that improves with practice. In time, you'll figure out what works best for your senior.

Bottom line

Using reason and logic to explain reality to someone with Alzheimer's or dementia doesn't work. Paying attention to the emotions rather than the words helps you uncover their true needs. Instead of arguing, shift the mood to something calmer and more positive. You will thank yourself when you don't have to get into the same screaming match for the 38th time.

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