



A publication of
Alzheimer's Queensland.

Dementia Matters

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Alzheimer's Queensland

Alzheimer's Queensland is Queensland's largest not-for-profit community organisation whose primary aim is to maintain the quality of life of people with dementia and their caregivers. We support the desire of most people to remain living in their own home as long as possible and assist families and caregivers to facilitate this.

We aim to do this by offering the following:

Statewide Information, Education and Support Services:

- 24 hour 7 days per week professionally staffed Advice Line (ph: 1800 639 331)
- Community education
- Library resources
- Interactive website at www.alzheimersonline.org
- Professional education
- Family carer education
- Support groups – face to face and telephone support groups
- Individualised support
- Fact sheets and specific information requests posted as required
- Dementia Matters newsletter

Alzheimer's Queensland

47 Tryon Street

Upper Mt Gravatt Qld 4122

Telephone: (07) 3422 3000

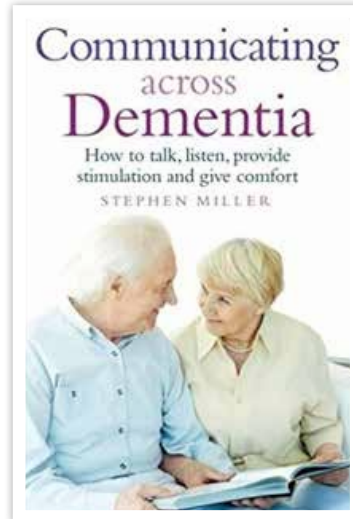
Fax: (07) 3343 2557

Email: helpline@alzheimersonline.org

Website: www.alzheimersonline.org

Dementia Advice line: 1800 639 331

New Books in Alzheimer's Queensland Library



Communicating across Dementia. How to talk, listen, provide Stimulation and give Comfort. Miller, Stephen. (2014).

This book is written in clear language and would assist health professionals, family carers and members in the general community to make their interactions with the person living with dementia more meaningful and enjoyable. A variety of useful strategies are discussed that would assist to improve communication in a variety of situations.

Alzheimer's Queensland – a Good News Story.

At the Toowoomba Multiservice Centre run by Alzheimer's Queensland, clients are supported every day to reconnect with their passions and share their amazing skills with other clients and centre staff.

Jane is an opera singer who has performed at the Sydney Opera House. She is an amazing pianist who has been enjoying the opportunity to be able to teach one of the staff a few things about playing the piano. Jane will regularly play the piano for clients and staff to enjoy. Jane communicates beautifully through her music and this is a skill she has maintained throughout her diagnosis with dementia.



General Communication Tips and Dementia

- Rather than trying to change the person with dementia, you may need to change. Their reality may be different to your own reality and explanations will not always be meaningful to the person with dementia.
- Consider that each individual will be different and their language and comprehension may change as their condition changes.
- Visual, auditory perception and other cognitive changes may alter their perception of their environment. Use strategies to enhance vision and communication.
- Positive emotional responses to interactions will remain although events may not be remembered.
- Modify tone of voice, gesture and facial expression. Modelling of a desired action may convey meaning and improve communication.
- Listen, be patient and be prepared to change your method of communicating, be flexible. Observe responses e.g. facial expression, tone of voice, body language which may suggest frustration or confusion; be aware of cultural, individual differences.
- Reduce background noise/distraction including visual noise. Stay still when communicating.
- Cool colour of green may have a calming effect.
- Use touch, smell, taste and hearing to enhance communication where these senses are still intact.
- Ensure adequate lighting (not too bright), control shadows e.g. draw blinds. Light to resemble daylight is recommended – cloudy days may reduce vision/perception.
- Be consistent in approaching the person, introduce self, refer to the person by name. Reflect their feelings, reassure, establish trust. Use gentle appropriate touch, do not rush, explain if leaving the room.
- Avoid always trying to provide the correct word; use simple short sentences, slow, clear adult speech; avoid negative words, do not argue; avoid lengthy explanation, avoid open questions (use questions which require yes or no answers – closed questions), use concrete words and avoid words such as sit down 'there', avoid slang/colloquialisms. Use consistent contrasting signage – pictures/words.
- Be mindful of hearing impairment and vision impairment and whether to stand in front or to the side when speaking with the person (e.g. peripheral vision only or central vision only; which ear has better hearing), check spectacles are clean and a current prescription, check hearing aids are in situ with batteries working. Use colour and contrast. Avoid excessively patterned materials e.g. curtains, flooring or clothes. Avoid reflective materials. Remove clutter. Put larger labels on 'Shampoo', 'Toothpaste'; Signs with words +/- pictures on doors e.g. toilet, kitchen cupboards.
- People with dementia or with postural changes related to other conditions may tend to look down. Signage used must be at a level to be seen easily and in a bold 60 font size (minimum) using upper and lower case.
- If decluttering, do this gradually and cautiously to avoid adding to confusion and distress e.g. 'someone has stolen my.....'.
- Take low vision aids when away from home or in hospital.
- Supervision may be needed particularly in unfamiliar environments. Advocate for safety by having a professionally individually designed falls prevention program where vision, reading and other changes related to dementia are considered.
- Notify the optometrist regarding the dementia diagnosis prior to the assessment. Have a carer attend the appointment to provide background information. Take current spectacles.
- Alzheimer's Queensland has Occupational Therapists with expertise in choosing assistive technology to support the choices of the person with dementia and their carers and to promote optimal independence.



Vision Impairment and Dementia

Vision impairment is common with normal ageing and more prevalent in those with dementia. Interventions such as spectacles or cataract surgery should be considered to correct vision impairment in people with dementia. However additional vision problems may arise for the person living with dementia including perception of colour, depth and detail. These vision problems are caused by damage to the brain not damage to the eye. Vision changes can contribute to the confusion, isolation, fear and vulnerability of the person and impair safety, function, activities and communication of thoughts and emotions.

The impact of vision impairment on orientation, recall, judgment is likely to make the impact of dementia worse. The person with dementia may not identify or be able to report their vision difficulty.

Observation and assessment are required to inform individualized care planning to meet changing needs and promote quality of life. The impact of impaired vision on any behaviors of concern needs also to be considered.

Vision Impairment and Alzheimer's Disease (AD)

Potential vision problems may include:-

- Reduction in depth perception where objects appear flat. Shadows or a dark mat may be interpreted as a hole, steps are not clearly defined.
 - Use fluorescent tape on steps.
 - Pull blinds/curtains to reduce shadows but still ensure you maintain good lighting.
- Reduction in colour perception and colour contrast is more obvious than that due to the normal ageing process. Objects are easily lost and colour differentiation between objects of a similar colour is more difficult. Interpreting complex patterns is difficult e.g. carpets, wall paper and cluttered areas.



- Use red colour to assist e.g. red - glasses case, cutlery handle or plate.
- Use contrasting colours e.g. darker colours to highlight toilet doors, architraves, toilet seats or chairs.
- Use low vision aids e.g. spectacles or magnifiers kept around neck using red cord; blister packs for medications with larger font labels and images.
- Increase lighting in hallways by using higher wattage bulbs but be aware of shadows cast.
- Misidentification - Not recognizing familiar people or their own image.
 - Use introductions each time you see the person; pictures and names in contrasting colours; remove or cover mirrors.
- Misperception - Not accurately recognizing images
 - Avoid shiny floors as they may look like a wet surface
- Motion Blindness (A less common impairment where there is lack of visual motion perception and normal vision may be present). Although the environment is familiar the person may get lost and this is not necessarily related to memory loss but to an inability to interpret motion; not seeing the person if the person is moving or to track their own movements; difficulty reaching for objects; unable to catch a ball.
 - Use specific landmarks such as contrasting colour for skirting boards or fluorescent tape may highlight routes or assist to differentiate between walls and floors.
 - Stop and talk to the person (do not walk and talk); place objects into the person's hands; walk them to where they need to go, rather than just pointing.

Vision Impairment and Posterior Cortical Atrophy (PCA)

Although the pathology of PCA is similar to Alzheimer's Disease (AD), the onset of PCA differs to AD in that the onset commonly occurs earlier between 50-65 years of age. Memory impairment is not as marked in the early stages of PCA but vision and literacy skills related to spelling, writing and numeracy progressively decline due to the disease distribution being initially in the rear of the brain.

Consequences may include:

Misrecognition of familiar faces, getting lost on familiar walking or driving routes and walking into doors or furniture. Also identified is impaired vision - blurred or double vision; altered depth perception; difficulty in excessively bright or low light; difficulty reaching and picking up items.

Suggestions may include:

Controlled lighting; audio books; talking clocks; labelling spectacles e.g. 'TV spectacles', 'Walking spectacles'; matching colour of spectacles with colour of case; supervision in unfamiliar environments; clothing protection when misjudging distance and position in space causes food to be dropped during meals.

Communication and Semantic Dementia

Semantic memory is like an internal dictionary. Semantic dementia is a clinical variant of frontotemporal lobe dementia (FTLD = 2-3% of all cases of dementia). When language and memory areas of the temporal lobe of the brain are damaged there is progressive receptive and expressive language difficulty including finding the right words for everyday objects, initiating conversation and understanding the words spoken. Changes in personality and behaviour may occur. (Semantic memory is different to episodic memory that enables people to remember past experiences, emotions, events.)

Consequences may include:

Words may be made up; eye contact and gesture not maintained; repetition of words or phrases occurs and comprehension is reduced; topics may be repetitive. Grammar and day to day memory may be largely intact. The person may still be orientated and maintain visuospatial skills, numerical skills and non-verbal episodic memory. In semantic dementia the person may still seek social contact but communication may be socially embarrassing both for themselves and family. More recent memory may be intact unlike in Alzheimer's Disease.


Other consequences:

Poor attention, reduced concentration and comprehension, shorter and delayed responses, frustration and aggression and reduced social interaction.

Suggestions may include:

- Alzheimer's Queensland can provide assessment by a speech pathologist. This individualized assessment of communication needs may identify strategies that build on individual skills, strengths and communication styles to support ongoing relationships and independence and adapting to future change.
- People involved with the person e.g. family, friends, health team, need to be aware of possible everyday communication strategies such as
 - Diaries to record important events, issues of concern, conversations or to plan events such as phone calls
 - Lists of names of people and places, conversations topics to use as prompts, regular shopping list items
 - Records including photos, life events, daily journaling
 - Pictorial instructions for equipment





Pin on your notice board

Alzheimer's Queensland Services and Contacts

www.alzheimeronline.org

Advice Line

1800 639 331

Open 24 hours a day, 7 days a week.

Free call from landline and public phones.

Or email: helpline@alzheimeronline.org

For information and emotional support for people with dementia, families, friends and staff. The

Advice Line has a database of services in Queensland to provide information and referrals.

Call for free information

e.g. fact sheets or brochures to be mailed out.

AQ Rehab

In home - Physiotherapy

Occupational Therapy

Speech Therapy

1800 180 023

Care Services

Brisbane North, Brisbane South, Ipswich, Toowoomba
Seven days per week including:

- Personal Care; Domestic Assistance
- Social Support; Transport
- Allied Health Assessments
- Respite - Centre-based – day, overnight or emergency
- Respite for Working Carers
- Home Maintenance

Multi-Service Respite Centres located at:

- Gordon Park; Mt Gravatt; Ipswich; Toowoomba

Residential Aged Care located at:

- Garden City Aged Care Services, Upper Mt Gravatt
- Rosalie Nursing Home
- Windsor Aged Care Services

Home Care Packages at:

- Brisbane South
- Logan River
- Brisbane North
- West Moreton
- Darling Downs

Call the Advice Line for vacancies for Home Care Packages and for Residential Aged Care both permanent and respite.

Carer Support Groups - 2017

Provide information and support for those caring for a friend or family member with dementia. Please phone 1800 639 331 for more information, or to be placed on the mailing list.

- **Toowoomba:** First Monday of month: 9:30am – 11:30am
Toowoomba City Library, Level 3, Cnr of Victoria & Herries Streets Toowoomba
5 June, 3 July, 7 Aug, 4 Sept, 9 Oct (2nd wk), 6 Nov, 4 Dec
- **Ipswich:** Third Wednesday of every month: 10:00am – 12 noon
Calvary Baptist Church, 83 Chermerside Road, Ipswich
21 June, 19 July, 16 Aug, 20 Sept, 18 Oct, 15 Nov, 20 Dec
- **Newmarket:** First Thursday of month: 10:00am – 12 noon
LifeTec, Corner Enoggera & Newmarket Roads, Newmarket
1 June, 6 July, 3 Aug, 7 Sept, 5 Oct, 2 Nov, 7 Dec
- **Redcliffe:** First Thursday of month: 2:00pm – 4:00pm
Redcliffe Library Meeting Rooms, 476 Oxley Ave, Redcliffe
1 June, 6 July, 3 Aug, 7 Sept, 5 Oct, 2 Nov, 7 Dec
- **Mt Gravatt:** First Friday of month: 10:00am – 12 noon
47 Tryon Street, Upper Mount Gravatt
2 June, 7 July, 4 Aug, 1 Sept, 6 Oct, 3 Nov, 1 Dec
- **Garden City Evening:** 6:00pm – 7:00pm
52 Khandalla Street, Upper Mount Gravatt
20 September, 15 November
- **Gordon Park Evening:** 6:00pm – 7:30pm
45 Shamrock Street, Gordon Park
17 August, 19 October
- **Qld-wide Telephone Support Group:** Last Wednesday of month: 1:00pm – 2:00pm
AAQ organises telephone link-up at no cost to members
28 June, 26 July, 30 Aug, 27 Sept, 25 Oct, 29 Nov

For further details or to register please contact the Alzheimer's Queensland Advice Line.

