Psychological Interventions for Dementia Patients in the Day Care Nursing Home for Chronically Ill Adults in Itea

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Abstract

Dementia is a neurological syndrome that causes the patients' gradual loss of mental and cognitive function. It manifests itself with memory problems, difficulty in communication, impaired judgement and disorganized thinking. Dementia patients might also lose their ability to regulate and control their emotions, mostly anger, and might experience changes in their personalities.
The three red flags for developing dementia are: 1. significant difficulty in memory and thinking process which are obvious either to the patients or to their family members. 2. The poor results in several memory tests, thinking and awareness evaluations, and 3. the difficulties in memory and thinking are affecting the patients' everyday life, their daily activities, from the most demanding and complicated ones (cooking, cleaning, taking medication) to the simplest ones (washing, eating, using the bathroom).
In our centre we make sure that all the necessary psychological interventions are made consistently, in a well structured, safe and stable environment, which is absolutely essential for the patients' well being and for better controlling dementia.
We use special monitoring tools for neuropsychological evaluation and we form the right program of cognitive interventions for better mental reinforcement, helping patients adjust more easily, maintaining their functionality and lessening their emotional burden.
Lastly, we provide education and support to all the family members and care givers so they can better cope with this demanding condition.

Keywords: dementia, psychology, intervention, evaluation, support, day care

JEL classifications: Health, Education and Welfare, I30, I31, I38

Introduction:

The psychological symptoms of Dementia

Signs and symptoms of dementia may well differ depending on the patient and the disease stage. However, the most common symptoms include:

Memory loss, Problems in cognitive function, Changes in personality, Difficulty in learning and processing new information, Inability to perform everyday tasks, Mood and behavior swings, Loss of interest

for people and events, Withdrawal, Aggressiveness, Limited inhibitions, Delusions and/ or hallucinations.

Stages of Dementia

In general, there have been suggested three stages for Dementia, although these stages may differ from patient to patient.

Early stage: the symptoms include confusion, memory loss (mostly recent events), disorientation, changes in personality and judgement, difficulty in completing everyday tasks. During the early stage, these changes might be falsely attributed to the normal process of ageing or to stress.
Middle stage: the symptoms of the early stage are more obvious; the patients become more difficult to manage and might need more help with their everyday tasks. Other symptoms of this stage include mood swings, forgetfulness, wandering or pacing, difficulty in recognizing familiar faces of their immediate family and friends.
Final stage: patients may be unresponsive to faces or environmental stimuli and become unable to perform simple tasks without assistance. Other symptoms include: loss of the ability to communicate, severe memory loss, significant changes in behavior, and difficulty in mobility (DoHa, 2009, Australia).

Social and economical impact of each stage

The diagnosis of dementia has major social and economical impact on patients and their families.
Early-stage patients often experience anger, denial, sadness or anxiety when they are first being diagnosed. They might become withdrawn from their previous social activities because they feel ashamed or worried and scared.
The progression of the disorder into the middle stage has a more profound impact on the patients' social and work life. Patients have to deal with health issues, employment status, the loss of their confidence and self-esteem. Inevitably, relationships with those around them may suffer.
Patients of the final stage of dementia are often isolated and excluded from any kind of social activity. People tend to think that patients are unable to communicate verbally and interact socially so there is no point in reaching out to them.
As far as the monetary impact is concerned, statistics show that in 2019, the estimated total global societal cost of dementia was US$ 1.3 trillion and that, by 2030 it will reach US$ 2.8 trillion.
In the UK, the average annual cost per person with mild dementia is £26k, for people at the moderate stage it is £43k and for people in the severe stages it is £55k.
In Greece, a study that took place in early 2019 shows that, private and public monthly cost for patients with severe dementia amounted to €983.04 and €142.12 respectively, for those with moderate dementia it was €688.65 and €103.25 respectively, and in mild cases it was €347.19 and €69.67 respectively

The aim of this current report:

The elderly, as a social group, show the biggest diversity in every psychological characteristic than any other age group. (Morse, 1993; Nelson & Dannefer, 1992). For psychologists, the most diverse group of all is the elderly dementia patients. This exact diversity and

variety is one of the reasons why, working with dementia patients is so challenging yet so rewarding.
This report aims to show that the Day Care Nursing Home for Chronically Ill & Special Needs Adults tries to eliminate the stigma of being diagnosed with dementia by using both medical/ pharmaceutical treatment and non-pharmaceutical psychosocial methods and interventions. We try to help our society understand and realise what dementia really is, to be actively involved in the treatment progress, to become more empathetic with the sufferers and less afraid of the stigma. We also want to emphasize the importance of prevention and early diagnosis of dementia and to show the quality of life that both patients and caregivers can have.

Procedures

Diagnostic methods

There are many diagnostic tools available that can help people who deal with Alzheimer's patients: hospitals, clinics, nursing homes, day care facilities etc. These tools have been created by psychologists and are modified accordingly so that they can be used with elderly patients. They include:

- **Cognitive evaluation:**
  - -Mini Mental State Examination (MMSE): the most commonly used for tracing mental disorders.
  - -Montreal Cognitive Assessment (MoCa): this scale is designed for patients with Mild Mental Disability. (Image 1)
- **Memory function:**
  - -Rey Auditory verbal Learning Test (RAVLT): word recalling
  - -The Five word Test
  - -Semantic memory: verbal ability testing, recognising and naming images
- **Executive function:**
  - -Trail Making Test: indicator of visual scanning, graph motor speed, and executive function
- **Emotional Status:**
  - -Geriatric Depression Scale, (GDS, Yesavage et al. 1983)
  - -Geriatric Anxiety Inventory, (GAI, Pachana et al, 2007)
- **Co morbidity:**
  - -Cumulative Illness Rating Scale-Geriatric (CIRS-G): This scale includes medication and/ or other diseases and disorders that dementia patients might also suffer from (i.e. cerebral vascular or cardiovascular disease, severe infections, and musculoskeletal problems). It also includes patients who were institutionalized.
- **Care givers' screening:**
  - -Positive aspects of care giving (Tarlow et al, 2004): This scale test evaluates the positive and negative aspects of taking care of dementia patients.
  - -Revised Memory and Behaviour Problems Checklist, (RMBPC, Teri et al, 1992): a checking list of memory and behaviour problems that traces changes in caregivers' anxiety levels as the disease progresses.
  - -The Multidimensional Observation Scale for Elderly Subjects, (MOSES, Helmes, 1988): this psychosocial scale can give very useful results regarding trained caregivers and health professionals who deal with dementia patients.

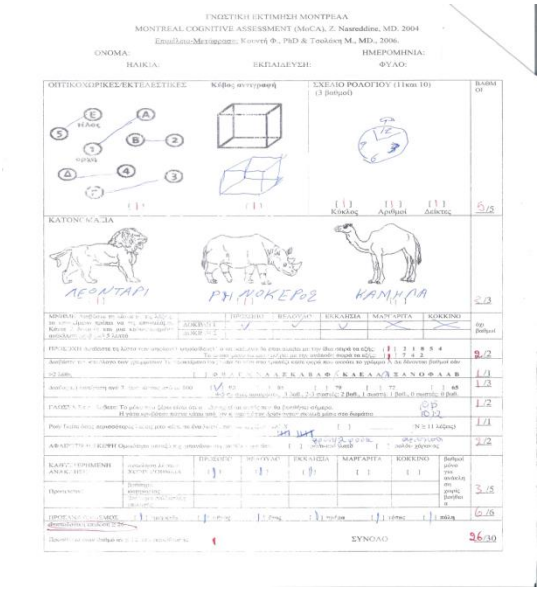

Image 1 (Slide 8 from the presentation in the 12thPANHELLENIC CONFERENCE OF ALZHEIMER'S DISEASE. Source: Itea's Day Care Centre archives. 70 YO Male patient with Guillain Barret syndrome.

Setting and Participants:

Setting a diagnosis and grouping the beneficiaries:

Psychological interventions in the Centre are mostly focused in each individual separately. We focus in each resident, keeping in mind his/ her own, unique needs and desires, personal characteristics and interests as well as their current stage of dementia. We also take into consideration a detailed medical and personal history which helps us conclude and decide on the most beneficial interventions.
Equally important is the observation of every resident, individually and in group activities that the Centre provides. The most important factors, such as emotional, cognitive and behavioural, are monitored and we use this feedback to determine if we need to modify or adjust those interventions.

The max number of the Day Care Residents is 30 persons that have been categorized according to the MMSE and MoCa test results.

Mild Cognitive Disorder- Proclinical Alzheimer's Disease	MMSE 26-30, MoCa < 26, 7 beneficiaries The group consists of people with Neurological Disorders (1 with Parkinson's, 1 with Guillain Barret Syndrome, 1 with Multiple Sclerosis, 3 with Stroke) and 1 psychiatric patient (schizophrenia). - Memory loss - Memory deficits - Mild difficulty in executive, constructive and verbal abilities.
Mild Dementia, 1-3 years after the first symptoms	MMSE 21-25, 8 beneficiaries The group consists of 2 people with mild dementia, 5 with Cognitive Disability and 1 psychiatric patient (schizophrenia). Common symptoms are: - Time disorientation - Difficulty in naming objects (anomia)

	- Mild difficulty in copying images - Problems with recent recall - Low compassion, high irritability, mood swings - Social withdrawal
Medium Stage, 2-8 years after the first symptoms	MMSE 11-20, 5 beneficiaries The group consists of 5 people with the following symptoms: - Space and time disorientation - Deficits in understanding - Speech impairment - Problems in everyday tasks, including self care and personal hygiene - Loss of interest for several activities - Anxious, stressed, depressed, aggressive, agitated, delusional
Severe Dementia/ Final Stage, 6-12 years after the first symptoms	MMSE 0-10, 10 beneficiaries The group consists of 10 people with the following symptoms: - Loss of long term memory - Incoherent speech - Inability to write or read - Incontinence - Verbally or motionaly agitated - Physical and organic symptoms: pressure sores, pain, weight loss, constipation, muscle contractions, difficulty in breathing, frequent infections

How can a psychologist help?

Despite the fact that dementia is more common in elderly people, it is NOT a normal part of ageing. Being diagnosed with dementia can be emotionally overwhelming not only for the patient but for the family members too. As the disorder progresses, the patient demands more intensive care and help. There is no way to fully relieve or alleviate dementia symptoms, but there are ways to help patients maintain a satisfying level of functionality for as long as possible. These ways include a steady sleeping program, a healthy diet plan, regular exercise, cognitive stimuli and socialization.
In the Day Care Centre, we evaluate, diagnose and support patients; we relieve their families from the burden of the demanding care giving.
We use several treatment techniques and we plan a highly structured, stable environment in which patients can function adequately without many mood swings.
We also provide ways of managing and copying with anxiety, melancholy and even depression that, especially patients in early dementia stages may experience.
We monitor closely the disorder as it progresses and we make sure that patients maintain their quality of living, mostly without medical interventions, by focusing on the patients' mood and behavioural swings.
The key point in our whole philosophy is therapeutic design based in multidisciplinary cooperation. Our goal is to develop strategies that will improve our patients' quality of living and will contribute in managing their emotions. We treat our patients holistically, using medical and non- medical interventions, treating co morbidities,

evaluating their mental, emotional and behavioural symptoms, assessing methods of treatment and modifying the environment depending on the patients' needs and demands.

Interventions:

Through years of studying dementia, medical and pharmaceutical treatments are proven very effective. New clinical and research data show that there is a new, equally effective way of treating dementia patients: mental and cognitive exercising. In particular, research has shown that mental exercises help create new connections between cerebral neurons while the brain finds new ways to perform tasks that are controlled by degenerated cerebral areas. (Athens Alzheimer Association, 2006). The most significant factor of these interventions is that they are simple procedures that can be easily done with the help of a care giver in the patient's everyday life.

Creating and choosing interventions and activities

Mental strengthening programs are especially designed so as to utilize fully and reinforce patients' mental abilities. Our activities are based on the scheme:

Patient ↔ Activity ↔ Person of reference

We organize and choose the activities based on the patients' unique interests so as to encourage their abilities. Furthermore, patients have the satisfaction and joy of being involved in each activity while they have the option to be occupied with a creative task in a safe environment.

Interventions applied in patients

1. **Early/ Mild Dementia:** With our interventions we aim to inform and support the patients so they can keep living a normal life. We also encourage the person's independence and autonomy wherever it is possible.
   - **Personal insightful psychotherapy:** this method is especially effective with patients in early or mild dementia, who can still have the ability to introspect and are experiencing depression because of their diagnosis. Their main fears are losing control, not being a burden, overwhelming feelings of shame and guilt. The main purpose of this type of therapy is to reinforce their self control, to improve their self image, to reduce their anxiety and to develop their communication skills so they can become more flexible and adaptive.
   - **Client centered consultation:** the therapist uses empathy and active listening to help patients manage their problems.
   - **Cognitive therapy:** this type of therapy works very well with patients of this stage. Using techniques of cognitive/ behavioral therapy, patients face their negative feelings and perceptions that are causing their symptoms of depression. We try to lessen their distorted perceptions of themselves, of their environment and of their future and offer them alternative ways of coping with the situation. This type of therapy is quite strenuous and demands the patents' cooperation.
   - **Discussion/ talking:** when patients are engaged in an active discussion about several topics (such as everyday life or current affairs etc.) they practice verbal and communicational skills, word flow, and memory and judgment ability. In the Day Care Centre, our patients' favorite subject of discussion is

the Covid 19 pandemic, the vaccination, the safety measures and how long before we return back to normal.

- **Reminiscence therapy:** despite the fact that the patients' ability to recall recent events is wearing out, they can still remember quite easily facts from their past. We use audio and video footage (photographs, memoirs, favorite songs) to help our patients recall persons and events of previous times while talking about them. Reminiscing is an important cognitive procedure because it confirms the patients' relationship with people and facts from their past, it embraces and keeps their cultural heritage, it improves their mood, it redefines their identity and boosts their self confidence.
- **Music and singing:** patients can participate in group activities of musical therapy and in personal counseling; they can listen to their favorite music, sing, watch a dance show, and recite a poem or a prayer.
- **Reading:** Patients without sight problems, who are literate, are very happy to read books with large fonts and images. Patients who can no longer read enjoy a story from one of our care givers.
- **Painting:** we use printed templates with many different sketches and patients color them as they wish. They can also draw a free sketch of their own choosing. Image 2.

Image 2: slide 23 from the presentation in the 12thPANHELLENIC CONFERENCE OF ALZHEIMER'S DISEASE. Source: Itea's Day Care Centre archives. 80 YO female patient with moderate dementia.

- **Board games:** this is an excellent activity for our patients because they spend pleasant and creative time, they are entertained while practicing their mental skills, socializing and interacting with each other.

- **Physical exercise:** with the guidance of our physiotherapist and occupational therapist, we help our patients to perform simple strengthening, stretching and relaxing exercises. Being in motion is vital for dementia patients, it gives them physical and psychological well being, it relieves them from pain, it gives them the opportunity to relax.
- **Gardening:** this is one of our patients' favorite activities, even though it is done only in the Spring- Summer time. They enjoy going out in the garden, changing scenery, getting in touch with nature, working with their hands. We have noticed that even the most "difficult" cases of demanding, non-communicative patients, respond very well when they get in touch with nature.

2. **Moderate Dementia:**
   - We find that **behavioral therapy** is more effective with patients of this stage. This type of therapy focuses on the patients' interaction with environmental stimuli in order to control their environment, lessen the negative stimuli and have more positive stimuli interaction.
   - **Dealing with aggressiveness:** common symptoms in patients of this stage are verbal or physical abuse and aggression which can be very intimidating, threatening and potentially dangerous for other patients or caregivers. We make it our priority to identify the causes of this aggression and minimize them. For instance, the patient might be experiencing pain or discomfort, he/ she might be disoriented or unable to process too many stimuli. This is why we feel it is essential to be aware of each and every patient's personal needs and structure their environment accordingly, so as to make them feel safe and protected.
   - Our aim is to treat every patient individually, considering their unique symptoms and providing a fulfilling and meaningful life.
   - We also focus on practicing and maintaining whatever abilities and skills the patient still has, engaging him/ her in activities that they find interesting.
   - **Personal hygiene and pampering:** patients practice in hand washing, hair brushing, using a mirror to groom themselves.
   - **Touch, stimulating all senses, massaging:** the patients are exposed to familiar and loved smells, tastes, textures and colors. Is is fascinating to see patients that have been withdrawn and unresponsive, to become, even instantly, aware and mindful, just by the fact that the care giver is touching their hand, holding it tight, holding their shoulder or caressing their hair. This method is highly effective with patients that are aggressive, agitated, have phobias or hallucinations. This is the way to show them understanding, personal attention and humane connection.
   - **Pets:** Our patients were pleasantly surprised by two canary birds. They soon became their favorite pets and they care for them deeply.

3. **Late/ Final Stage Dementia:** our main concern with patients on this stage is to provide them with comforting and palliative care so they can have the quality of life that they deserve. Our interventions in this stage don't focus in prolonging life but in relieving them from stress, pain and agony or discomfort.

Additional sources of patient and caregivers' support

Facts in Alzheimer's disease and other relevant disorders are changing fast. Our era's demands and conditions are also changing as technological and scientific research data change. Nowadays, health professionals have a plethora of manuals and equipments, printed or in digital form. The internet is always an easy, accessible and low budget source of information that both trained and un-trained care givers can use, with very good results.
Some indicative references are:

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5. www.dementiasupport.cut.ac.cy/el/
6. www.gr.brainhq.com
7. Athens Alzheimer Association: Mental exercises for Alzheimer patients, a manual for care givers, 2006

Discussion:

Being diagnosed with Alzheimer's disease is a radically life changing event for the patient, for the family members, for friends and loved ones, for care givers. Is is a hard, difficult, straining, agonizing and extremely financially demanding process, which can last for a particularly long period. So, it is totally expected for the patients' family to have negative feelings and reactions. They certainly need immediate support and guidance, mentally, emotionally, spiritually and physically. They need to feel that they are not alone in this process and that there are people they can turn to for advice, encouragement and hope. In our Day Care Centre this is one of our fundamental goals and so far, we have been able to inform, guide and help a significant amount of family members and friends. They are relieved to know that their loved ones are not suffering, that they are safe and protected, that their personal needs are met with sensitivity and understanding. Our health professionals are also trained, educated and supported through their care giving.
Our vision does not stop here. We have been temporarily stopped by the Corona Virus 19 pandemic, but we have managed to adjust and even invent new ways and activities. Despite these adverse conditions we manage to keep doing our work with our basic goals in mind: our goal is to inform and educate as best as we can every social group about Dementia and related disorders, about mental disability, about psychological disorders, about mobility disorders, about disabilities in general. Our goal is to abolish discrimination and avoid stigma, to offer every person a smooth adjustment and socialization. Our goal is to offer a better quality of life for everyone.

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ΕΘΝΙΚΟ ΣΧΕΔΙΟ ΔΡΑΣΗΣ ΓΙΑ ΤΗΝ ΑΝΟΙΑ/ ΝΟΣΟ ALZHEIMER, Υπουργού Υγείας (ΔΥ1δ/Γ.Π.οικ.108620)2015-2020

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