

## How Alzheimer's Disease Affects Communication Ability

**M**emory loss is one of the widely known symptoms of Alzheimer's Disease, but many other skills and abilities become impaired as well. Persons living with Alzheimer's and other dementias experience changes in the brain's temporal lobe that affect their ability to process language.

Even in the disease's early stages, caregivers may notice a decline in formal language (vocabulary, comprehension, and speech production), which all humans rely upon to communicate verbally. Symptoms include word loss, confusion during the conversation, not being able to follow a storyline, and decreased speech.

### Word loss and the brain's temporal lobe

As a child is learning a language, nouns are stored in the left side of the temporal lobe. So, when dementia problems begin in this region of the brain, it is common for the person to use the wrong word, even for a simple object, or forget a familiar person's name. When this happens, a caregiver should respond both with curiosity to learn what is meant and with compassion to allow the person to retain dignity in spite of the mistake. Similarly, the person with dementia may altogether forget the word or name and struggle to finish

(See "Communication" on page 2)



## What is Sundowning?

**F**amily care partners and professional caregivers alike get frustrated with dementia-related behaviors that are barriers to providing care and improving quality of life for the person in their care. Behaviors associated with sundowning are particularly difficult.

*Sundowning* is a lay term that describes a state of increased confusion and anxiety that presents itself in the late afternoon and continues through the evening; for some, it extends into nighttime. Signs include many forms of anxiety, aggression, pacing, confusion, wandering, and repetitive behaviors. Some people experience hallucinations, delusions, and paranoia.

According to the Alzheimer's Association, sundowning occurs in as many as 20 percent of persons with Alzheimer's Disease. Other dementia-related illnesses such as Lewy Body Disease, Fronto-Temporal Dementia, and Vascular Dementia also commonly present sundowning in middle and late stages.

The exact cause of sundowning is not known, but some experts believe it is related to disturbances of the circadian rhythm resulting from dementia-related brain changes.

### Tips to cope with sundowning

Helping the person in your care cope with the effects of sundowning requires great effort. Finding the right combination of environmental adjustments is specific to the individual. Try out these common tactics:

- Before the sun sets, close the blinds and turn on the interior house lights. For some, this needs to be as early as 3 p.m.
- Assess the environment to be sure it is well lit; vision difficulties will worsen agitation.

(See "Sundowning" on page 4)

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## Communication (continued from page 1)

a sentence; for the same reason, a caregiver should not resort to language or tone that emphasizes the person's forgetfulness and makes him feel foolish.

As the disease progresses, formal language usually disappears, and the person living dementia is left with little ability to communicate his needs. He may stop talking completely and rely solely on non-verbal cues such as facial expressions and emotional commotions.

## Behavior as communication

At this stage, behaviors are often the only way to communicate what is on the person's mind. These are called dementia-related behaviors. They are messages about ideas, feelings, and needs, and he is telling you in the best way he can—the *only* way he can.

For instance, a caregiver who provides personal care (bathing, toileting) too quickly causes frustration for the person living with dementia; he can't process what is happening. Frustration can turn to resistance, anger, and even aggression, all of which may be avoided if the caregiver understands

the needs of the person in his or her care, which in the case of this example is simply to move more slowly and with greater care.

## The silver lining

As with much of life, there is a silver lining to the reality of dementia-related language decline. The brain's temporal lobe is two-sided. The left side deteriorates while the right side remains intact, often to the end of the dementia journey. The right side enables a person to engage in basic social chit-chat, clap or toe-tap to the rhythm of music and poetry, and even dance.

A person living with dementia can find great comfort and joy in listening to his favorite music or singing along to songs from his past. It's not

*It's not uncommon for a person to retain the ability to recite favorite scriptures or poems or to sing along and clap to an old song.*

uncommon for a person to retain the ability to recite favorite scriptures or poems, even word for word. This can happen even

in persons who are otherwise non-verbal.

Care partners can learn new ways to interact with their loved ones who have dementia by engaging in activities that rely on the right side of the temporal lobe. ➔



WE HONOR VETERANS

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## Vision Changes in the Patient With Dementia

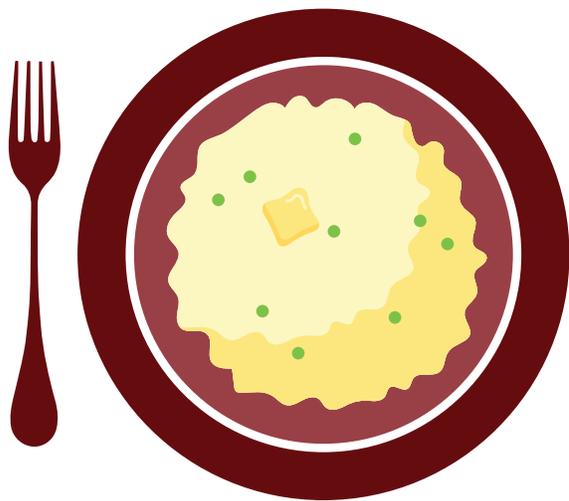
People living with dementia commonly experience changes to their vision beyond what's expected as part of the normal aging process. As dementia-related illnesses cause progressive brain deterioration, a person will experience certain sight deficits because the brain is no longer processing what the eyes see in the same way. Some common problem areas include:

**Depth perception:** The patient may exhibit difficulty in navigating steps, grabbing objects, and distinguishing between two- and three-dimensional scenes. With the latter, for instance, the person may try to pick up flowers from a floral-printed tablecloth.

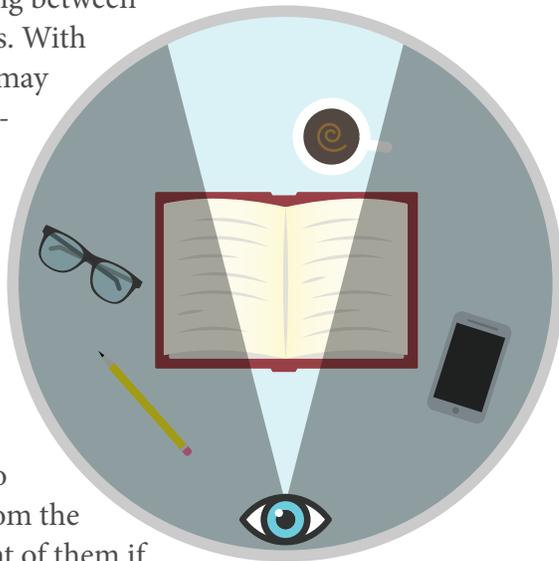
**Reduced peripheral range:** In your youth, you likely enjoyed 180 degrees of clarity in front of you. As we age, we naturally experience a narrowing of our field of vision. For a person living with dementia, this process is on overdrive and it may cause them to not see a caregiver approaching from the side, or even a plate of food in front of them if they are not directly looking at it.

**Facial recognition:** Dementia symptoms include confusion and memory loss. But that may not be all that's in play when a patient seems to not recognize a loved one or frequent visitor. Damage to certain parts of the brain may cause misidentification of people, like thinking a man is one's brother instead of husband. The problem similarly manifests itself in instances like seeing a red ball and calling it an apple.

**Color and contrast decline:** Problems detecting contrast are commonly found in the bathroom, where the white toilet and seat disappear against a white tile floor. Mealtimes, already a challenge for some who struggle with swallowing, is problematic when, for example, white mashed potatoes aren't noticed when served on a white dinner plate. Additionally, reduced ability to distinguish colors may result in a person picking out mismatched clothing. ➔



*Problems distinguishing color and contrast are commonly experienced among persons living with late-stage dementias. Caregiver tip: Serve food on a plate of a different color than the food itself. The same rule applies to all areas of the home; it's difficult for the patient to see a white toilet seat on a white toilet in a bathroom with white tile floor. Look for ways to improve contrast throughout the home.*



## QUICK QUIZ

Read the issue and answer True or False to the questions below.

1. *Sundowning* is a term that describes an enhanced state of confusion.

True or False

2. When a person living with dementia begins to struggle with word confusion, correcting him will help the symptom subside.

True or False

3. It's common for a person to retain the ability to recite favorite scriptures or poems, even in persons who are otherwise non-verbal.

True or False

4. Declining depth perception is the only vision issue that dementia patients do *not* face.

True or False

5. Persons living with dementia prefer dinner plates to be of a similar color to the food they are served.

True or False

6. If your patient exhibits symptoms of sundowning, turning on the television will help her focus and lower anxiety.

True or False

7. Sundowning is believed to be related to disturbances of the circadian rhythm from brain changes.

True or False

8. When a dementia patient insists on something that is not true, it's best to correct her so that she is not confused.

True or False

9. Shutting the blinds before sunset is one way to alleviate sundowning-related anxiety and confusion.

True or False

10. Soft music is soothing to most dementia patients.

True or False

Find the quiz answers on the bottom of page 4.

## New Addition to Hope's Clinical Team

Hope welcomes our new Director of Patient Care Services, **Elsei Yeh-Arling**, RN, BSN, CCM. Elsei earned her BSN from San Jose State University and has been working in the field of hospice and palliative care for more than 10 years. She is certified as a care manager and is passionate about geriatric and end-of-life care.



Elsei Yeh-Arling

"I always have had a soft spot in my heart for the silver generations," she says. "I believe that, as a community, we all can benefit from

taking better care of our elders, and I believe the power of education can do just that." Welcome, Elsei!

## Sundowning (continued from page 1)

- Turn off the television; it tends to contribute unnecessary noise that increases confusion.
- Provide activities that are soothing or enjoyable for the person during this time of day. Playing soft music, flipping through a large photo-heavy coffee table book, and painting are low-stress activities.
- Ideally, one-on-one interactions are best. Limit visitors to two or three at most.
- At times, your person may be insistent about illogical or incorrect subjects. Don't waste energy on trying to convince the person they are wrong. It just makes the situation worse. Put yourselves in their world and go with flow.
- Provide reassurance and comfort.
- Take note of certain activities, such as bathing, that seem to be most difficult in the afternoon. Try to tackle those earlier in the day when the patient is less agitated. ➔



## In-Service Training: Dementia Care

Hope is dedicated to helping you, your patients, and their families.

We can provide in-service education to doctors, nurses, and caregiver staff.

Among our available topics is a presentation on the **postive approach to caring for persons living with dementia**.

Your team will learn from our dementia care specialists about how a patient's behaviors are his or her primary communication method, awareness of physical sensitivities and vision changes, and much more!

As a non-profit agency that has served the Tri-Valley since 1980, we are committed to providing quality, compassionate care.

## Other Available Topics

- Pain in the elderly
- Skin care of the elderly
- Fall prevention
- Agitation/terminal restlessness
- Senior nutrition
- Medication administration
- Respiratory concerns
- MRSA/C-Diff
- Body mechanics

## For More Information

Connect with our Director of Outreach, Kari Rayford, LVN, at [karir@hopehospice.com](mailto:karir@hopehospice.com) or (925) 829-8770 to discuss your team's needs.

**We're Hiring!** Hope is seeking skilled healthcare professionals to join our growing team. View current opportunities at [hopehospice.com/careers](http://hopehospice.com/careers).