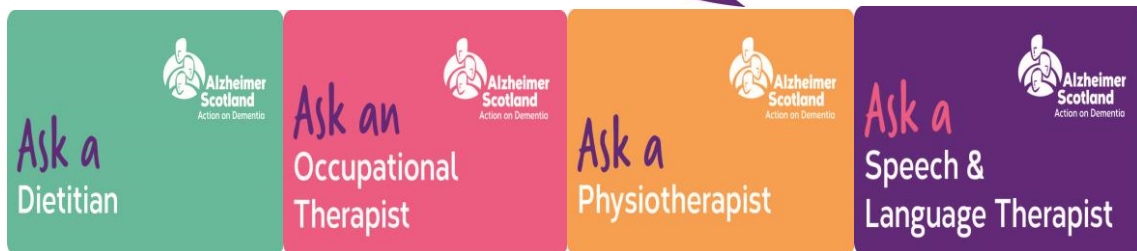


Dementia Awareness Week (Scotland) 1-7<sup>th</sup> June 2015  
Allied Health Professionals "A blog a day" for #DAW2015



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*September 2015*

## Introduction

During Dementia Awareness Week in Scotland, June 2015, we took the opportunity to promote the role and value added of Allied Health Professions, often a group of professionals that are considered a “hidden treasure”. We held information and awareness-raising events across Scotland to share our unique therapeutic and rehabilitation skills, helping to improve the understanding of who we are and why you would want to approach us for help. This link will share with you all the ways that we engaged the public in our work <https://letstalkaboutdementia.wordpress.com/2015/05/28/dementia-awareness-week-1st-7th-june/#comments>

Our priority was to ensure that everyone who approached us with a question or with an interest in Allied Health Professionals, felt welcomed, encouraged, enthused and informed. During the week we posted a blog every day at our blog site called “Let’s Talk about Dementia” [www.alzscot.org/talking\\_dementia](http://www.alzscot.org/talking_dementia) with two additional blogs before and after the week. We invited the Scottish Dementia Working Group, National Dementia Carer’s Action Network and people we work with, to pose a question to an allied health professional.

For the week, on social media, we posted seven blogs, answering 22 questions from people living with dementia and their families on access, team working, diet & nutrition, being creative, maintaining hobbies and interests, aids, adaptations & equipment, staying mobile, falls prevention, communication and maintaining conversations with 1,204 views on the posts and shared 56 photos #mugselfies of friends, family and colleagues. <https://letstalkaboutdementia.wordpress.com/2015/06/18/dementia-awareness-week-scotland/#respond>

Attached are the questions and answers along with the blog posts and the comments made at the time. Thank you to everyone who asked the questions and we hope you have found the answers helpful.



Elaine Hunter,  
AHP Consultant, Alzheimer Scotland  
September 2015

*Blog post on the 1<sup>st</sup> June by Elaine Hunter @elaineahpomh*

<https://letstalkaboutdementia.wordpress.com/2015/06/01/a-blog-a-day-blether-for-daw2015/#respond>

#### **Question 1**

**“How would we know about what services AHPs could provide for us if we hadn’t come to this (SDWG) meeting?”**

You can find out more about each profession on their **professional body website**. Each one of the allied health professionals have their own professional body, standards of professional practice and can be contacted directly. In our blog we include the links to these professional bodies in our “Useful Links” section. You will also find contact details of AHP services in your local **health board** website where there maybe be a list of what services are available. Here is an example in NHS Lothian.

<http://www.nhslothian.scot.nhs.uk/Services/A-Z/AlliedHealthProfessionals/Pages/default.aspx>

You can also contact your **local authority** who can link you to the occupational therapists.

Here is an example by Edinburgh Council

[http://www.edinburgh.gov.uk/info/20057/housing\\_support\\_and\\_advice/435/adapting\\_your\\_home](http://www.edinburgh.gov.uk/info/20057/housing_support_and_advice/435/adapting_your_home)

You will find a few of us on **social media** so you can connect with us there too. If you follow the hash tag #AHPDementia you will see some of us there. All our twitter handles are included in our contributor’s pages too.

#### **Question 2**

**“How do you know what you are entitled to and where to go to get help?”**

One document you may want to look at for the allied health professionals is their **Consensus Statement on Quality Service Values** which brings together, for the first time, the minimum, collective service values of the Allied Health Professions into one clear statement and clarifies for service users what they can expect from Allied Health Professionals and Allied Health Professional service providers.

You should expect to meet a group of professionals that are responsive, engaged, inclusive, safe, effective and most importantly person centred

<http://www.gov.scot/resource/0043/00438291.pdf>

Added to that, all the allied health professionals in the health service and local authority will be registered to the **Health Care Professions Council** (HCPC) [www.hcpc-uk.org](http://www.hcpc-uk.org). HCPC are a regulator, who were set up to protect the public and they keep a [Register](#) of health and care professionals who meet their [standards](#) for their training, professional skills, behaviour and health. Use this website to ensure that any private AHP practitioner is a registered Allied Health Professional

More specifically to what you are “entitled” to if you are living with dementia, you could also look at the **Standards of Care for Dementia in Scotland**. These standards have been developed to help people living with dementia and their carers understand their rights, and how these rights can help make sure that you receive the support you need to stay well, safe and listened to. The standards are based on your rights. You should use them to get the care, treatment and support you need.

Some extract from the standards that link to the role of allied health professionals





*“Service providers will ensure that the actions of their staff and their policies and procedures demonstrate that staff use a variety of communication aids to help communication, including the use of life story books, talking mats, digital stories, interpreters as appropriate and referral to speech and language therapy”.*(page 15)

*“NHS Boards will ensure that a range of non-drug based interventions are available and include evidence based therapies, such as group based or individual cognitive stimulation, individual reality orientation therapy, art therapy, therapeutic activities and physical exercise programmes”.*(page 25)

*“All service providers will give people with dementia the support they need, wherever they are living, to continue to be involved in their ordinary activities such as; exercise, involvement in music, dance, social events and religious activity and to become involved in new activities and experiences”.*(page 32)

<http://www.gov.scot/Resource/Doc/350188/0117212.pdf>

To ensure continuous improvement, the standards should be used in conjunction with **Promoting Excellence: A framework for health and social care staff working with people with dementia and their carers**. The framework outlines in detail the skills and knowledge health and social care staff should have depending on the role they play in supporting people with dementia. *We aspire that all allied health professionals on graduation and in practice worked at the **minimum of “skilled”**.*

 <b>Informed</b>	 <b>Skilled</b>	 <b>Enhanced</b>	 <b>Expertise</b>
The dementia informed practice level outlines the baseline knowledge and skills required by everyone working in health and social service settings, including in a person's own home.	The dementia skilled practice level outlines the knowledge and skills required by all workers that have direct and/or substantial contact with people with dementia and their families and carers.	The enhanced dementia practice level outlines the knowledge and skills required by workers that have more regular and intense contact with people with dementia, provide specific interventions or manage services.	The expertise in dementia practice level outlines the knowledge and skills required for workers who by virtue of their role and practice setting play an expert specialist role in the care, treatment and support of people with dementia.

<http://www.gov.scot/resource/doc/350174/0117211.pdf>

### Question 3

**“The role of community psychiatric nurse is still seen as central for our (SDWG ) members. Do AHPs have close links with them? “**

Allied health professionals build strong partnerships with other agencies, community providers and also other members of the multidisciplinary team both in the NHS and local authority. This will also include our community psychiatric nurses, district nurses and more recently the Alzheimer Scotland Link workers too. So yes we do have close links with the community psychiatric nurse who you can ask to refer you to an allied health professional in your local area.

### Question 4

**“How do I get in touch with an AHP if I need one?”**

This is a question we are asked a lot and we have developed a new leaflet to help answer this question. We launched our Alzheimer Scotland allied health professionals leaflet on the 1<sup>st</sup> June, click [here](#) to access the leaflet.

This leaflet will be available in all our Alzheimer Scotland resource centres and directs you to how to get in touch with five of the allied health professions including dietitians, occupational therapy, physiotherapy, podiatrists and speech and language therapy.

We have many other allied health professionals not included in this leaflet as this leaflet was about those you are most likely to see in a community setting. Email us at [TalkingDementia@alzscot.org](mailto:TalkingDementia@alzscot.org) if you would like to hear more about arts therapies, orthoptists, paramedics, prosthetists, orthotists and radiographers (diagnostic & radiographers) in Scotland.

**Blog Post on the 2<sup>nd</sup> June by Gillian Banks**

<https://letstalkaboutdementia.wordpress.com/2015/06/02/a-blog-a-day-blether-for-daw2015-2/#comments>

### Question 5

**Tips on how to keep your loved one interested in food. ‘My mum's diet is becoming more and more limited. By using dessert forks (they are light and pretty) she is continuing to feed herself.’ Catriona, carer**

- Try buffet style foods such as cut vegetable sticks, pork pies, quiche, pizza, cocktail sausages, fish cakes, fish or chicken goujons, bite sized pieces of meat or rolled up cold meat and cut pieces of fruit which your Mum will find easy to eat herself if she finds cutlery can be a problem.
- If your Mum is only using one piece of cutlery try place this in her dominant hand as a prompt.
- Use food as a conversation starter or memory jog – if your Mum used to like to go to a particular place or enjoy a particular food trying having that food and taking about

times when it was enjoyed before such as on a holiday or a family event. Use a cup that your Mum is familiar with to encourage drinks.

- Eat together where possible and talk about the taste and smell of the food as you are eating. Verbal prompts can help to encourage someone to eat better in a relaxed way.
- Try foods which have a strong flavour such as sweet, sour or spicy foods or even foods your Mum previously didn't include. You may find that what she enjoys has changed. As we get older we have fewer taste buds in our mouth. In addition the signals to tell us what food look, taste and smell like are not always recognised when you have Dementia. Foods to try could include curries, lasagne, chilli con carne, sweet desserts, citrus flavour or simply adding some herbs or spices to regular dishes.

### Question 6

**Taking the stress out of mealtimes. 'My mum will only eat food if plates are piping hot. As her vision is not great, I've been looking at tableware designed for people with dementia but it is really ugly, chunky and cannot be microwaved. Some of it is melamine so would not be suitable as it would never be hot enough. There don't appear to be plain blue or red china plates around.'** Catriona, carer

- Try ceramic plates which tend to hold more heat or use a plate warmer under regular crockery.
- Encourage a relaxing environment – put on a piece of favourite music. Some people are able to concentrate better if there are no distractions, everyone is different.
- Use a high contrast table mat under the plate.
- Serve smaller portions at a time to keep food hot. An additional portion can be given after if desired.
- Ensure good lighting where your Mum is eating.
- Include bright coloured foods and foods which are high contrast to the background colour of plate e.g. dark on light or light on dark. Doing this will help to make foods clearer to see.

### Question 7

**'My husband has always eaten well, but now refuses to eat anything which isn't on bread. Recently his iron levels were found to be very low and he's had trouble with constipation. The doctor says he must eat more fruit and vegetables, but he just leaves them on his plate. What can I do?'** Anon.

- Adopt a flexible approach – your husband's diet can still be healthy with a few modifications.
- Add a topping such as egg (poached, scrambled), cold meat – red meats such as corned beef, roast beef, ham, lean bacon, dark poultry meat, pate, mackerel/sardines, baked beans- these are all good sources of iron. Try adding salad vegetables such as cucumber, tomatoes or peppers.
- Encourage a glass of orange or apple juice with the meal – vitamin C helps absorption of iron.

- Some of the foods above will help to increase his fibre intake such as vegetables, baked beans but using a wholemeal bread, seeded bread or 50:50 bread would also help. You could also try crackerbreads, pitas, bagels or crispbreads for variety.
- Ensure adequate fluids as being dehydrated can result in constipation.

### Question 8

**'My dad will only eat sweet foods and doesn't like foods he previously enjoyed. How can I ensure my dad gets a balanced diet?' Jean, daughter**

- You can still achieve a balanced diet with sweet foods but this can be stressful when it doesn't look like what we typically think of as a healthy meal.
- Add fruit – dried, tinned stewed or fresh to desserts or cereals to add extra sweetness but also additional vitamins, minerals and fibre.
- Include dairy based desserts such as custard, rice pudding, mouse, trifle, ice-cream, yogurts, fromage frais, semolina, whipped desserts, crème caramel or crème brulee. Dairy foods are a good source of energy, protein and calcium.
- Use naturally sweet foods such as baby plum tomatoes, carrots, parsnips, sweetcorn to enhance the sweet flavour of dishes and again add extra fibre, vitamins and minerals.
- Try sweet sauces such as sweet chilli or sweet and sour in savoury dishes. Alternatively try adding sweet condiments to savoury dishes such as apple sauce with pork dishes, cranberry with game or poultry dishes, sweet chilli dipping sauce, mango or other types of fruit chutney.
- Adding a little honey, syrup or sugar to naturally savoury dishes can also help to encourage them to be enjoyed.

### Question 9

**'How strong is the anecdotal evidence that organic Coconoil can ameliorate some of the symptoms of dementia, even if only in the short term? e.g. memory loss, aggression, concentration What, if any, research is being done? And what is the incidence of dementia in countries where coconoil or coconut derivatives form a staple part of the diet?' Kathryn, carer**

Uniquely, dietitians use the most up-to-date public health and scientific research on food, health and disease, which they translate into practical guidance to enable people to make appropriate lifestyle and food choices. There are currently a range of foods being studied to exam whether there is any benefit in prevention or treatment of dementia. There have been some reports recently in the press of improvement in symptoms for people with dementia who are using coconoil or coconut oil. However to date there is no conclusive scientific evidence to support including coconut oil or coconut derivatives as a prevention or treatment for dementia. As coconut oil is high in fat and in particular harmful saturated fat, large amounts of this in a person's diet would not be recommended as this can increase risk of heart disease and vascular diseases such as stroke or transient ischaemic attacks (TIA's). However as with any food, if desired coconut oil or coconut products can be included as part of a balanced, healthy diet.

The British Dietetic Association website has food factsheets on a range of nutrition topics which you can download for free at: [www.bda.uk.com/foodfacts/home](http://www.bda.uk.com/foodfacts/home)

Blog post on the 3<sup>rd</sup> June by Jenny Reid @JennyAHPDem

<https://letstalkaboutdementia.wordpress.com/2015/06/03/a-blog-a-day-blether-for-daw2015-4/#comments>

#### Question 10

**“My mum used to be very creative. Painting, dressmaking, soft furnishings etc. I have bought pastels and crayons to encourage her to draw/colour in, but she thinks these are childish activities. What approaches would the OT recommend?”** Catriona, carer

Thanks Catriona, that’s a great question. Supporting people to be involved in activities is so important but it can be challenging at times to get that “just right fit”. For an activity to be enjoyable for any of us we need to find it interesting and relevant to our lives and it needs to be something that is realistic for us to do but not so easy that we find it boring. Here are some suggestions for approaches to try and hopefully you will find something that helps.

- Sometimes people might comment that an activity is childish if it is too easy or if the materials appear child like. If your mum was not previously interested in colouring in she might consider this an activity for children. However, colouring in for adults has become quite fashionable and there are a number of colouring books designed for adults that you could try. There are a range of designs with some very intricate but some more simple and lots of themes from the animal kingdom, art deco, flowers and geometric patterns.
- I’ve found when using art as an activity that the type of art materials used can make an activity more or less inviting for people. Some of the materials which have worked well in my experience are colouring pencils which you can then apply water to and they look like watercolour paints, having a sketch book rather than sheets of paper, a simple paint pallet with a good quality brush etc.
- Sometimes people can find it challenging to get started with an activity and creating the right environment can be helpful. Setting up a spot at a table with good lighting and the required materials in clear view can be helpful. Your mum might also find it helpful to have some inspiration to get started with painting. In the past I’ve used a selection of photographs as a starting point e.g. a beautiful scene, a familiar place etc something to trace can even work. Sometimes taking a sketch book and pencils/paints out for a drive and seeing if your mum is inspired to do some sketching of a view.
- Sometimes having a goal or an end product that is going to be used can make an activity more inviting. Here are a few ideas I’ve used in the past:
  - Using blank greeting cards or postcards which can then be sent or given to mark an occasion.
  - Scanning the finished art work and it can then be used to make a calendar, magnet, integrated into a printed photo book etc



- Sometimes we assume that people will want to continue with an interest or hobby from the past. This is often the case but people can find it less enjoyable as they might compare what they are able to do now with their previous abilities. If you have a few examples of projects that your mum has completed in the past you could use these to prompt a discussion and get a sense of how she feels about these activities now.
- If your mum is still interested in her creative hobbies but doesn't want to paint or colour in you could try:
  - Joint projects can be a good way to involve the person
  - Having a box of fabrics, threads, yarn etc that your mum can enjoy looking through and sorting.
  - Looking at patterns, photographs, books related to the interests.
  - Going to an exhibition or group related to the interests. You might find a session for people with dementia e.g. the National Gallery of Scotland runs a Social Gallery event where people with dementia can visit the gallery to see the art, join in a practical art session and have tea and cake (<https://www.nationalgalleries.org/education/gallery-social-programme/> )

The last question in this blog has some other ideas about finding activities that you might find useful too.

### **Question 11**

#### **If you do not have a CPN, can you still get help in the community if you need aids and adaptations in your house? Alison, living well with dementia**

Thanks for your question Alison, you do not need a CPN to get access to aids and adaptations. If you think you would benefit from a piece of equipment you should be able to refer yourself via your local social work department or you could ask your GP to make a referral on your behalf. Many councils have a selection of simple equipment that you can access directly e.g. a grab rail or cutlery that's easy to grip. This information will probably be available on the council website.

If you aren't sure what you need or if you think you need a bigger piece of equipment or adaptation to your home then you can ask for an occupational therapy assessment through your local social work department. You can usually do this via a telephone call or some council web pages have a form you can complete on line.

The web site "[ask sara](#)" is another place where you can find out more information about equipment. You can select an aspect of your health, home or daily life that you are finding challenging e.g. your memory, the stairs or communicating and the website will ask you some simple questions which will guide its recommendations. It may suggest some strategies, sources of help and advice as well as equipment that you might be able to borrow or purchase.

### **Question 12**

**If economics & person centred care are behind the drive towards greater care in the community, who is looking at the provision of equipment in the home to enable carers to care at home for longer? (e.g. wet rooms, hoists, bed raisers, rise & recline chairs, hospital beds. It seems to be getting harder not easier to obtain support as local funds are being tightened. How can we rethink ways in which expensive equipment might be safely repurposed and recycled? Kathryn, carer.**

Thanks for your question Kathryn. This is a challenge indeed and it is being looked at by the Scottish Government (information available [here](#)). The west of Scotland has a service which decontaminates and recycles equipment and this has been shown to save a considerable amount of money. We can all play a small part in helping to recycle equipment too. If you or someone you know has been provided with a piece of equipment which is no longer required then you can contact your council and ask for it to be collected, I've often come across equipment when I've been out to visit someone as an OT that people hadn't thought they could return.

### **Question 13**

**My father can no longer follow TV programmes or read books and my family are concerned about him. He's never been very outgoing and refuses to go to day care or any clubs. They want to know what they can do to keep him occupied during the day. ??**

Thanks for your question, sometimes people can find activities that use lots of language harder to concentrate on so reading and watching television can become tiring and less enjoyable. Everyone is different but here are a few ideas to find things for your dad to be involved with:

- What other hobbies and interests has your dad had? Did he enjoy gardening, watching or playing sport, listening to music, walking, painting, going to the theatre or cinema, photography etc. This can be a really great place to start.
- Starting with a few ideas of things that have interested your dad in the past you can have a trip down memory lane and chat about these things and your dad's memories. That might give you a sense of how he feels about trying these things again. Sometimes it helps to have a few props to hand to help the conversation e.g. a few photographs.
- If your dad identifies something he enjoyed and would like to do then its finding a way to help him to do the activity (you might find some ideas in the answers to the first question on this blog too).
- Your dad might need a bit of help to get started with an activity – it might be as simple as getting the things he needs out and putting them all in the one place, making sure there is good lighting and inviting him to be involved.
- Your dad might find it easier to do an activity jointly e.g. doing some gardening with another family member.
- There are an increasing number of dementia friendly initiatives in the community as a recognition that not everyone with dementia wants to go to day care they might want to keep going to the theatre or football just as they did before. There are an increasing

number of events which are being advertised as being dementia friendly e.g. relaxed theatre performances with less people in the audience, shorter performances that are more visual and less reliant on language. Have a look online to see what's available in your local area.

- Some people find listening to music a really good activity that can be relaxing, spark memories and even inspire people to get on their feet to have a dance. The charity [Playlist for Life](#) has lots of useful information about using music that's personal to the individual.
- Another activity which I've found works for lots of people is making a life story. It can be a good family activity gathering some photographs and stories together in a photo album, scrap book or box and then this can be used as a conversation starter or just an enjoyable book/box to look through. There is some really helpful guidance on life story work in the [Communication and Mealtimes Toolkit](#) if you would like some ideas to get started.
- Other ideas might just be in finding ways to keep your dad involved in the daily routines at home e.g. getting out for a walk to buy milk, helping out with washing the dishes, meal preparation, washing the car etc.

***Blog post on the 4<sup>th</sup> June by Lynn Flannigan @lynnflannigan1***

<https://letstalkaboutdementia.wordpress.com/2015/06/04/a-blog-a-day-blether-for-daw2015-3/#comments>

#### **Question 14**

##### **Can you offer any hints and tips about keeping the person with dementia mobile? Carer**

There is an old saying most of us will be familiar with – “if you don't use it you lose it”. We know that people with dementia are less active than those without dementia. Mobility problems in people with dementia may be caused as much by a lack of activity as by the dementia itself, therefore it is important to try to keep as active as possible. It is important that the person with dementia tries to keep doing the things they enjoy, especially if they involve physical activity and exercise. The main thing is not to sit for long periods of time as this can cause the muscles to waste and the joints to get stiff.

Sometimes a person with dementia will lose their confidence to do activities they used to enjoy. Their health or social care professional should be able to offer advice about this. Alzheimer Scotland also has a guide for carers around Activities – the link can be found at the bottom of the page. If a person with dementia is having difficulty with their mobility then a physiotherapist can offer them some advice and may provide some exercises to help.

#### **Question 15**

##### **How can you best help someone out of their bed or chair without hurting them? Carer**

Unfortunately, it is possible to hurt someone when you are assisting them out of a chair or bed. It is also possible that the carer can be injured when doing this. The main piece of advice would be never to pull someone up by the arms as this can cause serious damage to the shoulder joint. The most common mistake people make is to rush the person with dementia or not to explain what you want them to do well enough. Always explain what you want the person to do, without giving too much information at the one time. It sometimes

really helps the person if you show them visually first what you want them to do. Try to encourage the person to do as much for themselves as they can – only provide physical assistance if you have to. Sometimes moving and handling equipment will be recommended if the person with dementia cannot be assisted by another person safely.

If you are unsure about how to best encourage someone to be as independent as possible or to assist them where required, a physiotherapist can offer you advice.

### **Question 16**

#### **How do I prevent my mum from falling? Katy, carer**

Falls aren't an inevitable part of living with dementia, however, some of the symptoms can make people with dementia more at risk of falls. People with dementia can also have the same health conditions that increase the risk of falls as people who don't have dementia. There are lots of different factors that can put a person with dementia at risk of falls. Of course we can all have a slip or a trip, however, there are some factors which will increase the risk of having a fall. These include; problems with mobility, reduced strength or balance, medication side effects, continence problems, problems with feet/footwear, poor nutrition/hydration, a history of previous falls, vision problems, hearing problems, dizziness/fainting, how you interact with the environment and confusion/dementia.

It is important that your Mum's own individual risk factors for falls are identified so that where possible they can be reduced/managed. This is usually done by a health or social care professional such as a physiotherapist using a multifactorial risk assessment, which is a risk assessment which looks at the most common factors which can cause falls . A personalised action plan should then be completed. Physiotherapists are commonly involved with providing exercises which increase strength and balance and therefore reduce the risk of falls.

General advice about how to reduce falls can be found in the NHS Scotland Up and About booklets which can be found at the link in the references section. NHS Inform also have a falls prevention webpage with a section on dementia and falls which can also be found in the references section.

### **Question 17**

**My mum (Mrs T) walks with a stick and is waiting for a replacement knee operation. She's always been independent and likes to do her own shopping, but recently fell outside her local supermarket when carrying her shopping and is now too frightened of falling to go out. I think my mum is getting very depressed and I was wondering what aids (other than her stick) might be there to help mum keep her balance outside.**

As her daughter has seen a fear of falling is a serious consequence of falls which can lead to low mood, a loss of confidence and a resulting restriction in activities. Restricting activities can then lead to a vicious cycle of further loss of confidence and physical deterioration which can further increase risk of falls.

As a physiotherapist I would firstly want to assess why Mrs T is falling to see if I can offer any advice, provide an exercise plan or signpost her to other services to reduce her risk of falls. If her stick is no longer providing Mrs T will enough support and Mrs T was unsafe then I would consider providing her with a delta rollator which is a 3 wheeled rollator. As a physiotherapist I would always rather provide rehabilitation to avoid providing walking aids wherever possible, however, the right walking aid can increase mobility and confidence for some people.

**Blog post on the 5<sup>th</sup> June by Joy Harris @joysltdem**

<https://letstalkaboutdementia.wordpress.com/2015/06/05/a-blog-a-day-blether-for-daw2015-5/#comments>

### **Question 18**

**Do speech and language therapists work with people to learn to sign some words when speech is going?**

This would be very unusual, unless the person had signed previously. It is recognised that it is generally difficult to learn new skills. However, increased use of body language and natural gesture is fully recommended.

Most of us have highly developed skills at reading body language that we developed as babies and toddlers before we even started speaking. It is likely that the person with dementia is reading body language (which includes facial expression, tone of voice, posture etc.) long after language comprehension has deteriorated.

It is therefore important to be aware of what you are communicating non verbally and to enhance natural gesture to facilitate comprehension. The person with dementia can also be encouraged to increase their use of gesture to aid their expression when words are difficult to find. Playing miming games such as charades may be a way of encouraging this skill.

### **Question 19**

**My wife has difficulty with her speech. She gets very confused and often uses words that make no sense. She then gets angry with me when I don't understand what she wants and sometimes throws things at me. I am weary and at times quite frightened. I have no idea how to help her tell me what she wants.**

This is a difficult one. It is obviously important to reduce frustration because more effective communication is always achieved in calmer settings. Firstly, **always** ensure that distractors such as television, radios, barking dogs, crying grandchildren etc., etc. are reduced to an absolute minimum. One to one communication is always more likely to be effective. Then I would recommend acknowledging when you do not understand and posing questions such as 'are you talking about..... (the doctor? tea? yesterday?)

Alternatively pick up objects, pictures and say 'is it this?' Visual materials help to focus the person and helps them to remember what it is they are trying to talk about. As in the previous answer, encourage the use of gesture to get messages across. However, if all this increases frustration and inevitably sometimes this might happen, **it is vital to acknowledge that frustration** and suggest she comes back to it later. Then try to distract her with another activity or topic.

### **Question 20**

**My wife gets very frustrated when she can't find words. Should I finish her sentences for her?**

Finishing sentences for people depends very much on individual relationships and there isn't one stock answer. I recommend that you ask the person whether they would like support on completing sentences and how soon you should 'jump in'. Be aware that you need to be listening very carefully to be sure that the word you offer is actually what the person is trying to say, because selecting the wrong word can increase frustration

### **Question 21**

**I am finding my friends have stopped visiting because it is so hard to have a conversation. Is there anything you can suggest which might help?**

It can often be daunting for friends to continue visiting if they feel conversation is becoming more difficult; however there are several ways that good interactions can still be achieved. Generally speaking, it is better to focus conversation on a tangible object such as a newspaper, photograph, keepsake or newly acquired item from the shops, for example. This is because 1) the focus is taken off the person and put on to the item and 2) the person is more able to keep in mind what the topic of conversation is.

Old photographs are particularly good as very often older memories remain for longer. Remember though that it is not necessary to correct erroneously remembered memories because the focus should be on the quality of the shared interaction and not the truth as you remember it. Sometimes people find conversation flows more easily if you are both involved in an activity together e.g. arranging flowers, tidying out a drawer etc. Simply commenting on things such as 'that is a beautiful flower' or 'I had a pen like this once' may well result in an exchange of comments.

It is important to avoid the use of questions, particularly open-ended ones such as 'What did you do in the war?' Even questions that just require a Yes/No response often don't lead to further conversation easily and should be used as little as possible. It is also important not to talk **too much**. Often we fear silence and try to compensate for the reduced conversation from the person with dementia by talking incessantly. Occasional comments and companionable silence, particularly when engaging in some activity is absolutely fine.

### **Question 22**

**My husband has been put on a soft diet and really misses his favourites. Is it ok to bend the rules a bit?**

There are many different reasons why people are put on a soft (puree diet). It would be very important to discuss with the Speech and Language therapist (SLT) why he was put on this dietary texture in the first place before bending the rules. Modified diets are used to reduce risk of choking and/ or aspiration of food and drink that might lead to chest infections, and it is vital that the level of risk for your husband is fully understood. SLT's are always mindful of balancing the risks against quality of life. It is often found that people manage their favourite foods better due to increased stimulation and therefore an informed discussion with your therapist could result in a controlled trial of these foods.