

Personal appearance & hygiene

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Introduction

Keeping clean and suitably dressed is important to all of us. It affects how we feel about ourselves and how other people react to us. Personal hygiene is also important in maintaining good health. The impact of dementia on a person's ability to care for him or herself will vary from one person to another, and is also likely to change as the illness progresses.

Washing, dressing and other aspects of personal care involve individual preferences and established routines. They also involve using skills which people with dementia can find increasingly difficult.

Changes in motivation, mood, memory, understanding and behaviour can all affect a person's ability to attend to his or her personal care and appearance.

Difficulties

While each person is different, common difficulties can include:

- A loss of interest in personal appearance. This may involve paying less or no attention to cleanliness, grooming or appropriate state of dress. A previously tidy person may look dishevelled and may seem unaware of the changes in his or her personal appearance
- Wearing the same clothes day after day. The person may refuse to change clothing and get irritated or angry if anyone challenges them about this
- Forgetting to wash, shave, comb hair, clean teeth and so on, or performing some activities repeatedly while neglecting others
- Forgetting when he or she last washed, shaved, changed clothes, or mistakenly believing they have already done this
- Losing skills needed to maintain personal care, such as co-ordinating movements, doing tasks in the right order and understanding the function of grooming aids and appliances
- Showing less awareness of personal safety when using hot water, electrical appliances and razors.
- Becoming confused over the order in which clothes should be put on or forgetting part-way through and starting to undress again

- Wearing clothing which is not suitable for the occasion or the weather
- Difficulty with fastenings such as zips and buttons
- Dressing or undressing at odd times or in inappropriate places
- Misplacing items used for personal care or using them inappropriately.

How you can help

The very personal nature of these activities can make it difficult both to offer and to accept help. The person may not recognise that he or she needs assistance and react against being reminded, hurried or helped.

The person may also become frustrated and anxious if he or she struggles to carry out personal care tasks.

Your relationship to and with the person may also make it difficult for you to carry out some personal care tasks.

Providing support requires patience, understanding, tact, and a positive approach to maintain abilities and self-esteem.

Maintaining independence

It can be tempting to step in and take over when someone is having problems but it is important to try to help the person keep doing as much as possible for themselves for as long as possible, while at the same time keeping them safe, and maintaining their dignity. This can take more time and you may have to find a balance between time and effort for you, and independence for the person with dementia.

Think about how much help is needed and how you could encourage, prompt or make it easier for the person to carry out his or her personal care tasks. We all have our own way of going about things and it is helpful if the person's own routine can be kept to, as much as possible.

"I used to spend so long prompting my mother to dress herself that it took up most of the morning. Now we compromise, I help her a bit more, and with the time saved we go out for a walk or do something else we both enjoy."

Try not to get into an argument

How, or how much, the person co-operates with you is likely to fluctuate considerably. It is pointless to argue as it's quite likely that in a short time the person with dementia will forget the dispute, but you may be left tense, angry and exhausted.

Be flexible

If something proves difficult, try again later, try a different approach or choose a time of day when the person is relaxed and not too tired.

Ask yourself whether refusal to bathe or get dressed is really a problem. Consider if this task really needs to be done right now or if you could leave it for a while until the person (and you) have calmed down.

Some tips on personal care

General tips

- Allow plenty of time for activities such as washing and dressing. Make sure the room is warm and comfortable. Try to make things as relaxed as possible
- Provide as much privacy as you can – make sure blinds and curtains are closed, and that no-one else is likely to come into the room
- Try giving prompts (one at a time to avoid confusion) before you step in to help. If you do need to help, do it tactfully and explain what you are going to do as you go along
- Try to avoid discussions and arguments and approach tasks positively
- When the person is trying to do things, give encouragement. Give compliments and generally take an interest in the person's appearance

- Try and work out if the person is more amenable to doing things at certain times of day and plan round that.

Hands and feet

Even if the person with dementia refuses to take a bath or shower, it is important that they wash their hands after using the toilet and before meals. Anti-bacterial gels or wipes may help in the short term but they are not a substitute for soap and water particularly for cleaning under finger nails.

Trim nails when softened, either following a bath or after soaking feet or hands in a basin.

Relatively inexpensive foot spas with built in massager and bubbles may be one way to get someone to soak their feet. If soaking feet, do not do this for more than 10 minutes as it can cause the skin to dry out.

You should wash your hands before and after cutting the person's nails and wash any equipment you use, to prevent the spread of germs or infection.

Make several small clips or nibbles on the nail with the tip of the nail clippers. Cut the nails following their natural shape, aiming to have the final length of the nail just below the tip of each toe. Do not cut down the sides of nails as this can leave the surrounding skin uncomfortable.

Rough edges can be tidied with a nail file or emery board. If the person won't let you use clippers at all, try filing the nails weekly to keep them short.

Nails generally become harder with age; if you can't cut them yourself, arrange for a podiatrist (chiropodist) to do it. People with circulatory problems, especially those with diabetes, have to take special care of their feet and regular chiropody may be essential. If the person with dementia also has diabetes, you should get their feet checked by a health professional at least annually as part of their annual diabetes review.

If the person with dementia receives personal care from a paid carer, that carer is unlikely to be allowed to cut nails but may be able to soak and file them.

Providing a manicure can be a relaxing experience and the person may enjoy choosing a nail varnish colour.

Comfortable, well-fitting shoes give support and reduce the risk of foot problems. Slippers should only be worn for short periods after getting up in the morning or for a short period before bedtime.

In 2013, the Scottish Government published a DVD and booklet aimed at helping people look after someone else's feet. They are available to view and download at www.knowledge.scot.nhs.uk/home/portals-and-topics/personal-footcare/education-for-care-providers.aspx

Hair

If the person has been a regular visitor to the hairdresser, try to keep this up. Simple, easily cared-for styles are best. If a visit to the hairdresser is not possible, see if a home visit can be arranged instead.

"My mother gets a great boost from her visit to the hairdresser. I also try to make sure she wears a touch of makeup and nail varnish. I think it makes her feel more self-confident and we can have a nice time looking through her makeup bag and talking about what colours go well together"

If washing and styling hair at home, choose a comb or brush which is easy for the person to grasp.

Although many people enjoy having their hair washed and it makes them feel better, some people develop a strong aversion to it. If this happens, you may have to weigh up the pros

and cons of clean hair versus a potential argument.

You may need to accept that the person doesn't have their hair washed as often as you (or they in the past) would want.

If the person is worried about shampoo getting in their eyes, you could try a non-sting brand and a hand held showerhead for rinsing. If that doesn't work, the person might be willing to try a dry shampoo or a "shampoo cap". There are several brands of disposable shampoo caps available which are heated in the microwave, the shampoo is massaged into the hair then the cap removed for towel drying and styling. There is no need for rinsing with water.

Cleaning teeth/dentures

Mouth care is important to everyone's general health. A person with dementia may neglect cleaning teeth, and dentures can become ill fitting due to weight loss. Other problems include oral infections, inflammation and difficulties with chewing food.

Remind the person when necessary about cleaning teeth. It might help if you clean your teeth at the same time as a reminder of what to do. You may need to apply the toothpaste to the brush and give it to the person as a prompt.

When replacing a worn toothbrush, aim to buy one as similar as possible to the old one so that the person recognises it as familiar and is therefore more likely to use it. An electric toothbrush might give a better clean and might be easier for someone to hold and manipulate if gripping a brush starts to become harder.

If you have to provide care yourself, clean teeth or dentures thoroughly at least once a day. You will have to develop a technique that works for you and the person you are caring for. You could try sitting behind the person so you can reach over, supporting the person's head against your arm and gently cleaning the teeth. Other people may feel threatened by this approach. You may need to seek advice from a

dental hygienist about how best to clean another person's teeth.

Regular check-ups are important too – if visits to the dentist prove too difficult, ask about the home dental service. Contact the local NHS Board for help if the person's usual dentist is unable to visit.

Shaving

Men may need to be reminded to shave.

Changing over from the use of a blade razor to an electric shaver will be safer and can enable someone to shave independently for longer. Later in the illness it may be hard for a man to learn to use a different razor so introducing an electric razor at an early stage will help him get used to it.

Dressing

If someone is having difficulty remembering where they keep various types of clothing, labelling drawers and cupboards or wardrobes may help them select their own clothes.

Give the person choice about what to wear as best you can, but in some situations too much choice is a bad thing and just leads to confusion or stress.

"When my Dad saw all his shirts in the wardrobe, he just couldn't choose and got confused and upset. So I moved most of them and just left him a small number of his favourites. Now he happily picks the shirt he wants to wear."

It may be a good idea to check if the person wants to go to the toilet before starting to dress.

Lay items of clothing out in the order the person will put them on, ideally keeping to the order that the person was in the habit of using. If necessary, prompt him or her which item goes on next or hand each item to the person to put on themselves.

If the person tries to put something on the wrong way, try to correct this tactfully and help, explaining what you are doing. The more patient you are, the less likely the person is to become annoyed and unco-operative.

If the person requires complete assistance with dressing, dress him or her in stages, clothing just the top or bottom half of the body at one time. If a person has a weakness on one side, such as after a stroke, it is easier to put clothing on this side first and remove it last. Try not to leave the person completely naked as this may make them feel vulnerable and may deprive them of dignity. Male carers may find it difficult to help with bras and tights or stockings. A front-fastening bra may be easier to manage, although the person may find it unfamiliar and unacceptable. Hold-up stockings should be used with care, as they can sometimes cause circulation problems.

Several thinner layers may be preferable in some situations so that the person can take off a layer if they get too hot without revealing their underwear.

Choose clothing which is easy to wear and care for. Buttons and hooks may be difficult. Try replacing them with zips, poppers or Velcro fastenings. Dressing aids, such as long-handled shoehorns, elastic shoelaces, sock or stocking holders, may help to maintain independence and make it easier to help. A top with a wider or looser neck will be easier to get off and on. Loosening a tie to remove it rather than completely untying it will make it easier to put on next time.

If tying shoelaces is a problem, a well-fitting pair of slip on shoes or shoes with Velcro fastenings may help.

Getting undressed

Where possible, remove the clothes the person takes off at night to be washed if required and to prevent them being worn again - out of sight may be out of mind.

“Every time I saw my mother, she was wearing exactly the same clothes and wouldn’t change them, even though she had plenty of other outfits in her wardrobe. She just didn’t notice the stains and creases. Eventually I stopped trying to argue with her and bought her some new clothes the same as the ones she likes wearing. So I put out the clean versions when she’s in bed and take the others for washing. She is happy and we are both more relaxed because I’ve stopped nagging her.”

If that doesn’t resolve the situation, you could also try encouraging the person to change for a visitor coming or because you’d like to see them dressed in something different or something that is your favourite or that you think really suits them.

If the person has problems with continence, some carers find that track suit style tops and trousers can be very useful. They are usually easy to put on and take off, are quick to wash and dry and don’t usually need ironing. But they are not right for everyone – some people may not feel comfortable or dignified in this type of clothing. Other styles of trousers with elasticated waists may be smarter and more easily accepted as well as easier to slip down to use the toilet.

Disinhibited behaviour

Some people with dementia may undress in public, having forgotten when and where it is appropriate to remove their clothes. If this happens, take the person somewhere private, and check whether they are too hot or are uncomfortable or want to use the toilet.

Actions like lifting a skirt or fiddling with flies may also be a sign that the person wants to use the toilet.

Washing and bathing

It can be difficult to persuade the person with dementia to have a bath or shower. He or she

may insist that they have recently had a bath, when you know that is not the case.

Even when the person does get into the bath or shower there can be difficulties. Some people forget how to wash themselves, wash one part of the body several times but completely ignore the rest, forget to use soap or forget to rinse it off.

Remember that a daily bath or shower may not be necessary, even if it's what the person would normally have done. Many older people grew up in a time when a stand-up wash at the sink was the norm for every day, with only a weekly bath. If the person finds bathing really difficult or distressing, is a bath or shower necessary for hygiene, or would an all-over wash do instead? For the person who refuses even a wash at a sink, there are waterless body washes and bathing wipes which might be tolerated.

Help with such intimate care can be difficult for both the person with dementia and the carer, especially if you are caring for a parent.

Talking with the person about your respective feelings should help, especially if you reassure the person that you want to help them and are there for them.

“My Dad hated me helping him in the bathroom but there really wasn't any choice. I told him that he did the same for me when I was little and now it's my turn to help him. I think he's got used to it now, and thinking about it that way helped me.”

Some people with dementia can be fiercely resistant to baths or showers. This may be because they are frightened of getting into the water in a deep bath; they may be disorientated by the rush of water from the shower or worried about slipping; or self-conscious about being naked in front of someone else who may be

trying to help them do something they have been doing for themselves for many years. If the person has been incontinent they may feel very embarrassed and try to deny the incident or refuse to undress and get washed.

There are things you can do to make the experience of washing and bathing less frightening and embarrassing and a safer experience for both parties.

Try to make bathing as pleasant as possible. Allow plenty of time and make sure the bathroom is warm. Playing music or using bubble bath might make things more relaxed.

If the person gets upset at having their face wet in the bath or shower, try washing their face separately out of the bath or at the end of the bath or shower. Use a shower cap and lower the shower head so the person does not get water splashed on their face.

Think about whether the person with dementia is uncomfortable being fully exposed; if this is the case, buy a waterproof rain cape or cut a hole in a shower curtain and place it over the person. Wash them under the cape.

Make sure you have everything you need to hand – towels, toiletries, facecloth or sponge, dressing gown – so you don't need to leave the person to fetch something. If the person usually dresses in the bathroom, have their clothes ready.

If the person is reluctant to bathe, rather than ask if he or she wants to have a bath, it might work if you run the bath and offer it to them once it is ready.

Some people with dementia have difficulties with mirrors – thinking that the person they see in the mirror is a stranger. Consider covering any mirror in the bathroom if this is a problem for the person you care for.

Rather than focus too much on the task in hand, you could use the time to chat – about what's

going to be happening that day, the toiletries being used, reminiscing – keeping the atmosphere relaxed. At the same time, it's important to tell the person what you are going to do - "I'm just going to wash your back", for example.

Try to ensure the person does as much as possible for themselves by, for example, handing the person the soap with a prompt to wash part of the body. Washing intimate areas of the body is important but can make people feel awkward especially if they are helping a parent or a friend of the opposite sex. Try giving the person a facecloth or sponge and guiding their hand to the area to be washed. Even if you do most of the bathing, giving the person a facecloth to hold gives them something to do.

Some people find it easier to be bathed by someone they don't know, such as a care worker. If you or the person you care for do not feel comfortable or the person needs to be lifted into the bath, ask your doctor or social worker for advice about services to help you both with bathing. If the person with dementia attends a day care service, they sometimes provide support with personal hygiene.

After the bath or shower, whether you are supervising, prompting or assisting someone with washing, be aware of the importance of carefully washing and drying skin folds. These areas are particularly vulnerable to soreness. Check for areas of redness, dryness, rashes or sores. If you are worried about anything you observe, you should report it to the GP.

Talcum powder may be best avoided as it can be an irritant and cause inflammation, especially on moist or broken skin or if someone has a chest condition or uses a urinary catheter. If you do use talcum powder, apply it very sparingly.

Staying safe while washing and bathing

Check the water temperature to make sure it is not too hot or too cold, especially if the person with dementia runs their own bath as they may not sense when the water is too hot. You might

consider lowering the thermostat on your water heater or boiler.

Make sure the water isn't too deep in the bath. Less water is not only safer but may help to reduce fears about getting into a bath. It may be better to wait until the person with dementia is seated in a few inches of water then topping it up as required, but be extremely careful with the water coming from the hot tap.

Use a non-slip rubber mat in the bath or shower cubicle and make sure that the flooring is non-slip and free from puddles.

Although bath oils and foams can make bathing more enjoyable, they must be used with extreme care as they can make the bath or shower tray very slippery. It may be best to use a favourite body oil or lotion after the bath.

You may have to help the person in and out of the bath but you should take care not to risk hurting your back or potentially injuring the person you are helping. Seek advice from an occupational therapist (ask your GP or social worker to refer you) about aids and equipment including hand rails, bath seats and hoists, and sensors to detect when the bath is too full.

A shower unit is easier to use but some people may be unused to showers or afraid of them. If the person needs to sit, use a stable seat in the shower cabinet.

If the person with dementia uses the bathroom alone make sure the door can't be locked or can be opened from the outside.

Keep cleaning products safe in case the person with dementia does not realise the dangers they can present.

Getting help

If you are worried about the personal care of someone with dementia, you can ask for help and advice from your community nurse, doctor, dental hygienist, occupational therapist or podiatrist.

You can call the freephone 24 hour **Dementia Helpline** on **0808 808 3000** for information and support at any time or e-mail

helpline@alzscot.org



The logo is a black rectangular box with white text and graphics. At the top left, it says "24 HOUR" in a white rounded rectangle. Below that is "Dementia" in a bold sans-serif font. The largest text is "Helpline" in a very large, bold, white sans-serif font. To the right of "Dementia" is a white icon of three stylized human figures. Below the icon is the text "Alzheimer Scotland" in a bold sans-serif font, and "Action on Dementia" in a smaller font below that. At the bottom of the box, it says "Freephone 0808 808 3000" and "Email helpline@alzscot.org" in a white sans-serif font.

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