

# Connecting You to Support

Living well with Dementia



Practical advice  
developed for you by  
Allied Health Professionals.

# Welcome!

**This resource was developed by Lanarkshire Allied Health Professions Dementia Group. Members of the group work within North and South Lanarkshire health and social care partnerships and NHS Lanarkshire to support people to live well with dementia.**

The information in this resource is split into different sections to make it easier for you to find the right advice when you need it. You may also wish to share the information with the people who support you.

If you would like more self-management information written by Allied Health Professionals you will find their resources here [www.alzscot.org/ahpresources](http://www.alzscot.org/ahpresources) and for any further information contact us as [AHPDementia@alzscot.org](mailto:AHPDementia@alzscot.org).

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# What is an Allied Health Professional (AHP)?

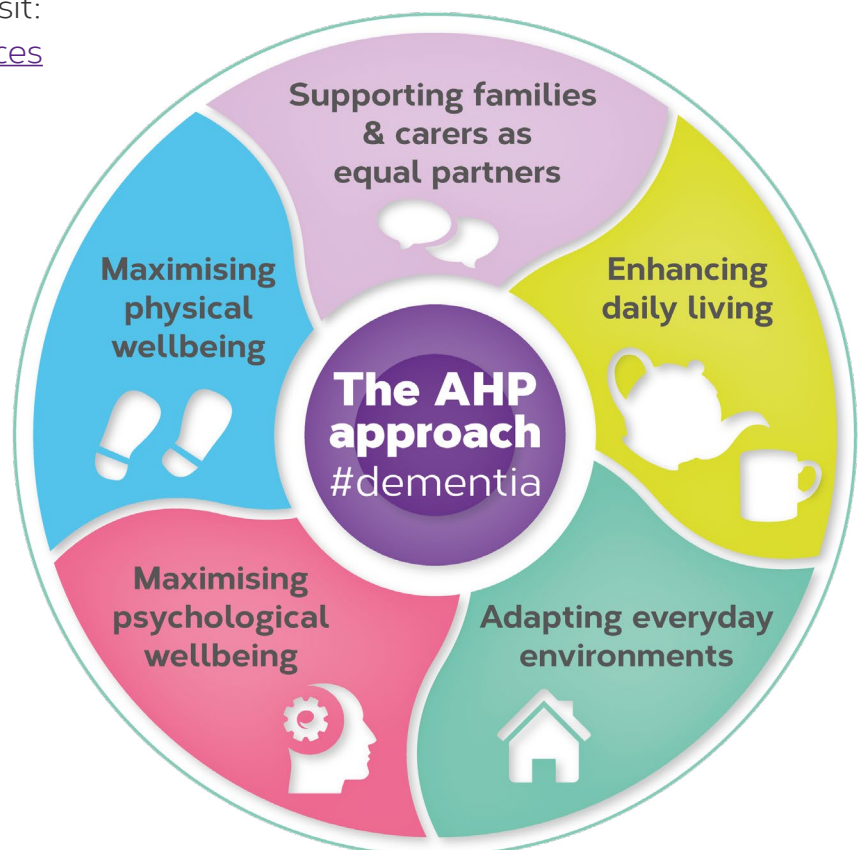
Allied Health Professional is a term used to describe a range of different health care professions including Art Therapists, Dietitians, Music Therapists, Occupational Therapists, Orthoptists, Orthotists, Paramedics, Physiotherapists, Podiatrists, Prosthetists, Radiographers, and Speech and Language Therapists.

This booklet is designed to provide you with a range of hints and tips to help you manage your health and wellbeing after a diagnosis of dementia. It has been designed by Allied Health Professionals in partnership with other health professionals including Audiologists.

For more information on how each AHP can help you, please visit:  
[www.alzscot.org/ahpresources](http://www.alzscot.org/ahpresources)

**Dementia is a journey, which is unique to everyone. Whether you have only recently noticed symptoms or have been living with dementia for some time, AHPs are here to help.**

**AHPs can help in different ways to improve the quality of life for people living with dementia. All AHPs are experts in helping you focus on your abilities and strengths so you can stay connected to your community and live well at home.**





# Challenges with Communication



**This section provides you with information on communication difficulties that can be associated with dementia. It offers practical advice and strategies to make communicating easier.**

Communicating with others is vital to express our needs, wishes and feelings. It is essential to our quality of life and our sense of identity.

Dementia can affect the brain in a way that can interfere with the usual ways of communicating - speaking, listening, reading and writing. It can be frustrating when you are trying to say something and you are not understood.

It is important to remember that it doesn't matter how you get a message across but that you do.

Everyone has different experiences in their journey with dementia.

## **These may include:**

- Memory problems
- Difficulty finding the right words
- Difficulty understanding what others are saying
- Repeating what you have already said
- Difficulty holding a conversation

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## What can help us communicate?

**Sit facing the person** - Facial expression, body language and gestures all help get your meaning across.

**Reduce distractions** e.g. TV, radio. It can be harder to concentrate when there are lots of distractions. Ensure one person speaks at a time.

**A calm and relaxed environment** can help communication.

**Life story books** are a good way of documenting information that may be forgotten. Many people find them reassuring and comforting. They are a good resource to stimulate conversation.

**Communication books** can be a personalised way for you to get your message across alongside speech.

**Use a different word** or describe what you are thinking about.

**Use key words** to keep the conversation on track.

**Gestures, facial expression and tone of voice** can help you get your message across.

**Writing or drawing** items may be helpful.

**Use objects, photographs, calendars and pictures.** These can be useful tools to show what you mean and are more easily recognised.

**Clarify** - Tell people if it's not right. It's important to keep the conversation on the right track.

**Memory aids** can help to facilitate conversations e.g. a diary, alarm, labels, written prompts, whiteboards or reminders can be useful.

If you are finding communication challenging, Speech and Language Therapists can carry out an assessment and provide advice. Contact your local Speech and Language Therapy department or speak to your GP for further information.

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## Dementia and Eyesight

If you have dementia you may have visual difficulties, specifically problems with how you perceive things, but your eyes may still be healthy. These problems are caused by the effect of dementia on the brain. Sight loss can also be caused by:

- Conditions such as stroke or diabetes
- Eye condition such as cataracts or macular degeneration
- Normal ageing

**What are the signs? Dementia can affect vision and make everyday activities challenging such as:**

- Reading and writing
- Coping with extremes of light - either low or very bright light
- Finding items
- Avoiding obstacles
- Being able to recognise other people
- Seeing food on your plate
- Being able to see well even when you wear your glasses



# Sight loss or dementia?

Sight loss can be under-diagnosed if you have dementia. You may find there are changes in your day to day life. Sometimes this is due to your dementia but could also be due to sight loss. Examples include:

- Being reluctant to go out
- Communicating less with other people
- Feeling clumsy or tripping over furniture or objects
- Experiencing falls
- Holding objects up close to see them
- Feeling more confused
- Being frightened by unknown noises or people coming towards you.
- Having visual hallucinations - seeing things that seem real but aren't there. These can be caused by a condition called Charles Bonnet syndrome. Although this can be frightening, the hallucinations should gradually reduce with time.

## What can help?

### **If you wear glasses check for the Three C's:**

#### **Current prescription**

Make sure you are wearing the right prescription. If you are over 60 years old in Scotland you should have your eyes tested every year. If you are under 60 years old you should have a test every two years. Eye tests in Scotland are provided free under NHS care.

#### **Clean your lenses**

#### **Correct fitting**

### **Make sure you:**

- Have good lighting in your home.
- Take any eye medication or drops prescribed for you.
- Let the optician know that you have dementia when you visit them.

# Everyday living solutions

There are many useful products which can help people with sight loss and dementia living at home. These include:

**Liquid Level Indicator** – A small device that you place on the side of a cup. The indicator beeps and vibrates when the liquid is near the top of the cup.

**Talking devices such as watches.**

**Signature Guide** – A plastic gadget which helps you sign your name on documents.

**Bumpers** – Sticky rubber shapes which you can put on buttons to

highlight controls such as microwaves, thermostats, remote controls and door locks.

**Doro PhotoEasy Telephone** – A telephone with 3 large memory buttons to hold important phone numbers or documents including a space for a photograph or label to jog your memory. There is a redial memory feature and loud volume settings.

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## Dementia and Hearing Loss

When you have dementia you can might find it more difficult to communicate with others, including finding the right words, or signs, for what you want to say. You may find difficulty processing what you've heard, particularly if there are distractions.

Proper diagnosis and management of hearing loss, including provision of hearing aids, reduces the risk and impact of dementia and some of the other associated health complications such as falls and depression.

**Sensorineural hearing loss** is caused by damage to the hair cells inside the inner ear or damage to the hearing nerve (or both). It changes your ability to hear quiet sounds and reduces the quality of the sound that you hear. It is permanent.

**Conductive hearing loss** happens when sounds cannot pass from your outer ear to your inner ear, often because of a blockage such as wax. Sounds become quieter and sometimes sound muffled. This hearing loss can be temporary or permanent.





Most of us will experience some level of hearing loss as we get older. This hearing loss tends to affect both ears and increases as you age. The main cause of age-related hearing loss is gradual wear and tear to the tiny sensory cells called 'hair cells' in the cochlea (your hearing organ in the inner ear), but genetic factors can also play a part.

## How does age affect your hearing?

We hear with our ears but we listen with our brains. When hearing loss is untreated some nerves that connect the ear to the brain become weak because they are no longer being used. This can make listening much more difficult.

As your hearing starts to deteriorate with age, high-frequency sounds, such as women's and children's voices, may become difficult to hear. It may also be harder to hear consonants such as 's', 'f' and 'th'. This can make it hard to understand what people are saying, particularly over background noise.

**Hearing loss usually happens gradually, so you may not notice it at first.**

**There are some common signs of hearing loss to look out for. Ask yourself:**

- Do you turn the volume of the TV up louder than your family wants it?
- Do you struggle to hear on the phone?
- Do you have difficulty understanding what is being said in noisy places?
- Do you often ask people to repeat what they say?
- Do you find it hard to keep up with group conversations and get tired because you have to concentrate so much?
- Do your family/friends complain that you don't listen to them?
- Do you find others mumble?

**If you think that you may have a hearing loss then a hearing assessment can be arranged either via your GP or you can self-refer in some areas. Contact your local Audiology department for further information.**

Following your hearing assessment a hearing aid/s may be recommended.

# Hearing Aids

**Hearing aids come in different shapes and sizes but work in a similar way. They have a built-in microphone that picks up sound, which is processed electronically. The resulting signals are then passed to a receiver – like a tiny loudspeaker – where they are converted into loud sounds that you can hear.**

A hearing aid cannot restore normal hearing but using a hearing aid can make a real difference to your quality of life. The degree of benefit you obtain from a hearing aid will depend on the type and severity of your hearing loss. In most cases a period of adjustment will be required while you learn to use your hearing aid and learn to listen again. You will obtain maximum benefit from your hearing aid if you use it regularly.

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## Regular use of hearing aids can result in:

- **Improved Listening Skills in all environments**

When wearing hearing aids regularly in all environments the brain improves its ability to process sounds. Noisy environments with background noise can be difficult to manage for most people with hearing loss; however research shows that with regular hearing aid use this can become easier.

- **Reduced progression of cognitive decline**

If hearing loss is untreated the nerves connecting the auditory system and the brain can become weak and sometimes stop working altogether. Recent research has shown hearing loss as a risk factor in developing dementia. Hearing aids can reduce this decline.

- **Improved quality of life**

Hearing loss can result in social isolation. People with hearing loss find it difficult to communicate and can avoid some noisy situations. Studies show that a hearing aid can improve social and emotional wellbeing.



# Loop Systems



Most digital hearing aids can be fitted with a loop program. A hearing loop (sometimes called an induction loop) is a special type of sound system for use by people with hearing aids.

**You will see this sign wherever a loop system has been fitted in a public place. This will allow you to hear more clearly as it reduces or cuts out background noise. A loop system may also be incorporated in a hearing aid compatible phone.**

## Safety precautions

**Remove your hearing aid in the following situations:**

Before showering/washing your hair

Before using a hair dryer

Never put your hearing aid near water

## Common problems with hearing aids

### Aid not working:

- Check the mould/tubing is free of wax.
- Ensure there is no moisture in the ear mould or tubing.
- Check the battery is inserted properly. Remove a new battery from the packet and remove the tab.
- Make sure the tubing is not kinked, hard or brittle. If so have it replaced.

### Whistling sound:

- Check the mould/tubing is free of wax.
- Check the mould is not loose and is fitted correctly.
- Check the hearing aid is securely connected to tubing.

# Listening Strategies

**When someone communicates with you, clues are gained from what you see as well as what you hear.**

- Rooms with soft furnishings such as carpets and curtains will help absorb sounds and reduce echo. This will make the listening environment sound less noisy.
  - Try to reduce background noise. If possible turn your back to main source of any noise.
  - Ask others to face you, speak clearly and a little louder. Mumbling and shouting will make it more difficult for you to pick out the words of the speaker.
  - Try to position yourself so that you can see everyone easily. Avoid people sitting between you and a window as this will cause their face to be in the shadow.
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## **How to improve conversations if you have hearing loss:**

- Don't be afraid to tell people that you have difficulty hearing. Your family and friends will be better placed to help you if they understand what your impairment means and how it affects you.
  - Make sure the room you are in is well lit if possible. Also make sure your eyesight has recently been tested as you don't want to be straining to see.
  - Try to watch the speaker's lips. This will help to pick up clues in the conversation.
  - Position yourself approximately 3 to 6 ft. away from the speaker as lip reading is difficult if the speaker is too far away.
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## **Your family and friends can help. Ask them to:**

- Face you and keep their heads fairly still when speaking.
- Keep their mouth visible and not to hide lip movements behind their hands or other objects.



- Avoid shouting or speaking too fast or slow – keep a constant rhythm and articulate well. Shouting can make a person's face appear angry.
  - Use short, simple sentences.
  - Attract your attention before speaking to ensure that you are ready to listen.
  - Limit unnecessary hand gestures.
  - If possible, remove their glasses before they speak to you. A great deal of expressive information can be gathered from an individual's eyes; dark glasses can block this.
  - Make the subject of conversation as clear as possible.
  - Repeat something that isn't understood. Rephrasing what they want to say make help make things clearer.
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## Notes:

# Dementia and Swallowing

This section provides information about swallowing difficulties that can be associated with dementia. It offers practical advice and suggestions that may help support safe eating and drinking. This is general advice only. A Speech and Language Therapist can provide more specific advice.

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## Identifying Swallowing Problems

If you have difficulties swallowing you can be at risk of food and fluids going down the wrong way. It is good to be aware of problems that may occur and adapt before complications develop.

**Signs of swallowing difficulties can include:**

- Coughing or choking.
- A gurgled or moist sounding voice during or after eating/drinking.
- A change in breathing rate after eating/drinking.
- Repeated throat clearing.
- Reduced chewing, particularly with foods which have more texture.
- Regular chest infections.
- Weight Loss.

It may be helpful to keep a diary of any swallowing difficulties e.g. what you had to eat/drink and what happened. This can help you to monitor any issues and is useful if you need to share concerns with health professionals.



# Hints & Tips for Safer Swallowing

- Sit upright where possible.
- Take small mouthfuls at a time. A teaspoon can be useful to control the amount.
- Make sure you are comfortable and relaxed.
- Avoid unnecessary distractions.
- Allow plenty of time.
- Before the next mouthful is taken make sure the previous mouthful has been swallowed.
- Avoid any foods that you think are causing difficulty. You may find softer foods are easier to manage. Dry, crumbly foods and mixed consistencies can be more difficult.
- Take sips of fluid throughout the meal but avoid having food and drink in your mouth at the same time.
- Make sure the temperature of the food is not too hot or cold, as dementia can make judging temperature more difficult.

**Everybody coughs occasionally when eating or drinking. However if you feel this is happening regularly please contact your local Speech and Language Therapy service for advice.**

## Notes:

# Eating and Drinking with Dementia

The information provided in this section is general advice only. If you have previously been given individual dietary advice to treat a medical condition, you should continue to follow this unless advised otherwise.

**If you notice you have been losing weight without trying in the past 3-6 months, or you have been eating little for more than a week, please speak to your GP or health care professional for further advice. If required they can refer you to your local Dietitian for specialist advice and support.**

Eating and drinking is a basic human need. Food and drink provides us with the nutrition we need, but what we choose to eat and drink also helps us to express our beliefs and who we are as individuals. Food and drink is often involved when we socialise with friends and family. We use them to celebrate special occasions and key events in our lives. Providing food to someone is also often a way that we show that we care.

## **How can dementia affect what you eat and drink?**

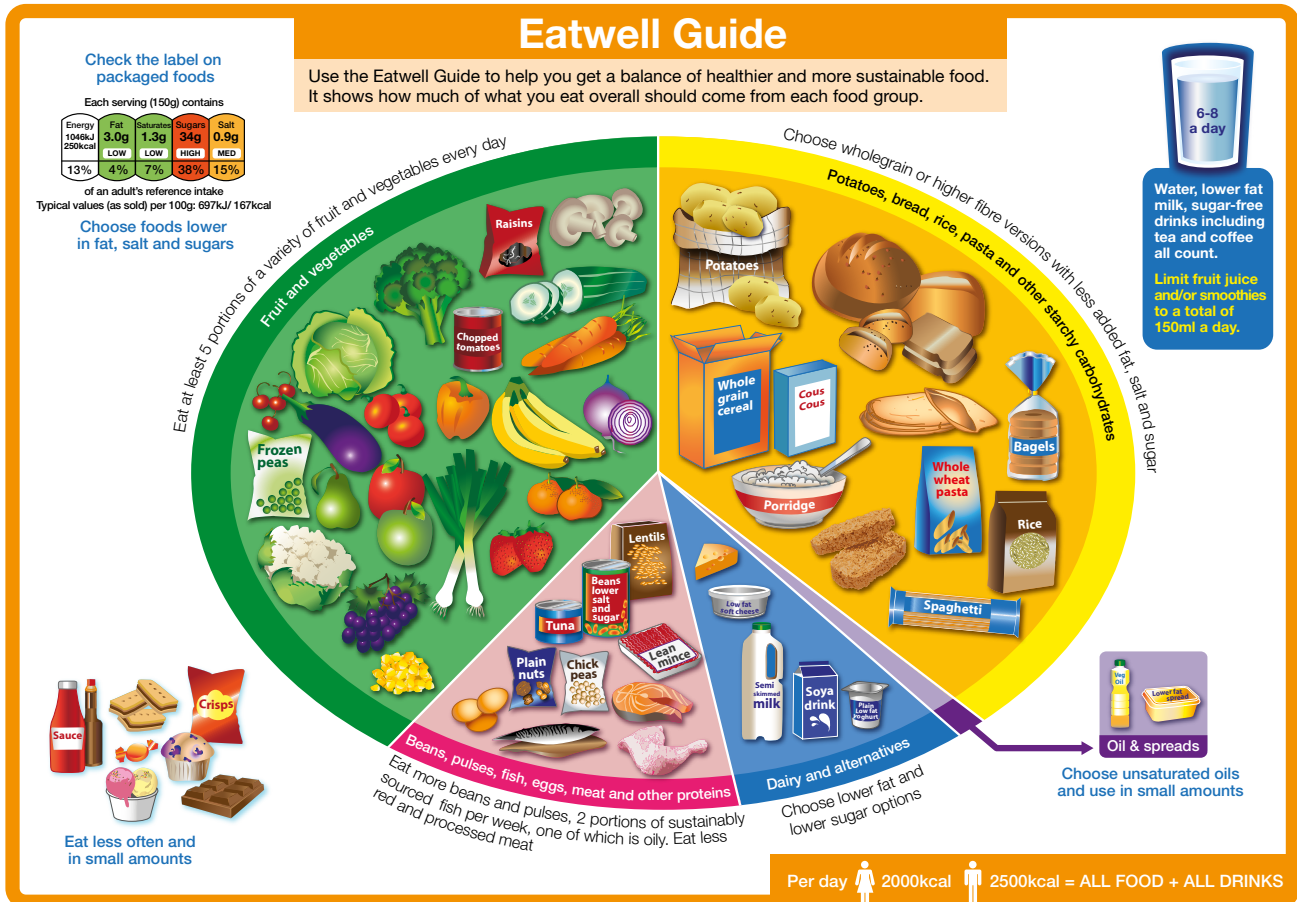
Dementia can make activities that were second nature more challenging including cooking, grocery shopping and even eating itself. This can be frustrating and at times upsetting. However there is lots you can do to make sure you keep getting the right nutrients your body needs to keep you healthy and well.

- The more variety the better! Include a source of protein such as meat, fish, poultry, eggs or beans/pulses at least twice a day. Have a starchy food such as cereals, bread, pasta, rice or potatoes at each meal. Have vegetables and/or fruit at each meal and include fruit as snacks.

**The Eatwell Guide on the following page gives you an idea of how your meals should look.**



# Eatwell Guide



Source: Public Health England in association with the Welsh Government, Food Standards Scotland and the Food Standards Agency in Northern Ireland

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**Drink enough fluids:** Poor hydration can make you feel tired, lack energy, add to memory problems and make you more prone to constipation. Aim to have at least 8-10 cups of fluid each day. You may even need an extra cup or two during hot weather, if you have an infection, or are in inside with the heating up high.

**Get into good shopping habits:** Make a list of items you need, ask someone to shop with you or try online shopping. That way you are less likely to forget items. If you are not comfortable using new technology, some voluntary groups provide sessions to develop your skills.

**Keep to regular mealtimes where possible:** Dementia can reduce the way signals are processed by your brain to tell you that you are hungry or thirsty. Try setting a notification on your mobile phone or smart speaker to remind you when meals are due. If you have a smart phone you could try using an app that lets you set reminders for meals and snacks.

**Eat somewhere relaxing:** Where you eat should be well lit and comfortable.

**Eat out or eat in with others:** You might enjoy a regular lunch or coffee date with friends or family? There may be community cafés, groups or events in your local area that you might like to get involved in. Ask local voluntary organisations, check the library notice board or in local newspapers or community websites to see what is happening in your area. Alternatively you could arrange an afternoon tea, picnic, buffet style meal or BBQ at home. Eating with others can be more enjoyable.

**If preparing food is becoming a challenge:** Try cooking in bulk and freeze portions away for another day. Label clear containers with what the food is and the date it was prepared. Use ready or part prepared foods, these can include fresh, dried, tinned or frozen foods to make things easier. Try making a cooking check list or use recipes with clear instructions or pictures on each step. Friends or family may like to help.

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## Top tips for enjoyable mealtimes



- Allow plenty of time for meals.
- Make sure the place where you will eat is well lit. Ageing eyes need twice as much light, and people with dementia may need even more light.
- During mealtimes free yourself from any distractions, for example you might find it helpful to turn the television off.
- Avoid patterned plates, tablecloths and placemats which can distract from the food. Primary colours such as red, yellow and blue give better contrast and help to highlight the food on your plate.
- Eating together with family and friends can encourage you to eat better.
- Avoid clutter on the table such as salt and pepper, sauces or vases which can be distracting.
- Try to keep mealtimes as regular as possible – try moving the main meal to the middle of the day if a larger meal later in the evening becomes a challenge.
- If cutlery is difficult to use – wrap the handles making them easier to grip, cut down the amount of cutlery and always place the fork or spoon in your dominant hand.
- If you find it difficult to sit down for meals, or cutlery is a challenge try finger foods instead. Sandwiches, pieces of cut fruit and vegetables, cubes of cheese or bite sized cooked chicken or ham pieces, quarter boiled



eggs or scotch eggs, rolled pieces of cold meat, cocktail sausages, sausage or vegetable rolls, samosas, quiche, pakoras or pizza might be foods to try.

- Make food look and smell appealing. Use different colours, textures and smells. The aroma of cooking can help to stimulate your appetite.
- Try foods which you previously disliked. As we get older we have fewer taste buds. The way our brain interprets taste can also change with dementia. Foods can taste bland, so you may prefer strong flavours or sweet foods. Add extra flavour by adding herbs, spices or sauces. Include sweet foods such as carrot, parsnip, sweetcorn, sauces or chutneys.
- Make sure any pain is addressed ahead of your meals. Discuss the timing of any pain medication with your doctor or pharmacist.
- Ensure you are wearing your glasses, hearing aid or dentures if required and that they are well fitted. Sight, smell, hearing and taste have a huge role in stimulating the appetite and swallowing.
- Be aware of any side-effects of medication on eating and drinking and plan medication accordingly. If you are unsure discuss this with your doctor or pharmacist.
- Looking after your oral health and brushing regularly can reduce risk of pain or discomfort. Not only will this help you to eat, it can reduce chest infections for people who have swallowing problems. Contact your dentist or local oral health department for further information or advice.
- Often we link foods we enjoy to a time in our past, an example is having fish and chips at the seaside. Talking about the memory of the food you are about to eat with someone can make this more enjoyable.
- Have regular fluids. If you sometimes forget to drink try using prompts. A clear glass so you can see the liquid inside or a brightly coloured glass or sport bottle can also help to draw your attention to it. If a flask is used for hot drinks make sure the lid is not on too tight.

# Dementia and Physical Activity



**What do we mean by physical activity?** Physical activity is any exercise that improves or maintains our physical fitness, mental health and overall sense of wellbeing. This can lead to a better quality of life. Physical activity can include everyday activities such as walking, gardening, dancing or bowls or it can be sporting activities such as swimming or golf.

## Why should I be physically active?

Being physically active can be beneficial for everyone, including people with a condition such as dementia. Physical activity can help to reduce the risk of many other health problems including:

- Obesity
- Stroke
- High blood pressure
- Heart disease
- Some types of Cancer
- Type 2 Diabetes
- Falls
- Osteoporosis

For people with these conditions, physical activity can help to manage some of the symptoms.

Physical activity can also help to improve your memory, the quality of your sleep and help you to cope better with the stresses and strains of daily life. It can improve your mood and decrease anxiety and agitation. Activity offers opportunities for meeting and making new friends, and can boost self-esteem and confidence. It will increase your energy levels and help to improve your balance and muscle strength.



## How much exercise should I be doing?

In general, adults should do 150 minutes of moderate intensity aerobic exercise every week (30 minutes of exercise on five days of the week).

Moderate intensity exercise means working hard enough to feel warm and slightly out of breath. On at least two days a week adults should try to improve muscle strength as part of their physical activity. Exercise is important for everyone, but people over 65 years old especially should try to include

physical activities to improve their balance at least two days a week. For further information and advice visit [www.alzscot.org/sites/default/files/2020-06/Dementia%20Friendly%20Exercises%20for%20Strength%20and%20Flexibility.pdf](http://www.alzscot.org/sites/default/files/2020-06/Dementia%20Friendly%20Exercises%20for%20Strength%20and%20Flexibility.pdf)

There are lots of ways to build physical activity into your day. 30 minutes of exercise can be broken down into ten minute sessions three times a day.

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## What if I am not used to doing regular exercise?

It's never too late to start being physically active. Doing something is always better than doing nothing, and you should try to limit the amount of time you spend sitting still.

In the beginning it is important to build up your physical activity levels slowly. You may find ways to be more active at home. It can be a good idea to start exercising with someone else. You can then start to build physical activity into your daily life.

Housework is a perfect way to combine a little exercise with your usual activities. Turn chores into a workout by speeding them up or being more energetic. Some music may help.

When watching television use advert breaks as a reminder to get up and move around or change position.

Where possible, walk up and down stairs instead of taking the lift or standing still on an escalator. Stair climbing is an effective workout – it gets your heart rate going, burns calories and can increase the strength in your legs and buttocks. If you don't have access to stairs, you can gain similar benefits from marching on the spot.

Gardening is a great form of alternative exercise. Some vigorous green-fingered activity such as pruning, planting, digging and weeding, will improve both physical and mental health. Gardening isn't a sport, but it can be hard work, so make sure you warm up with a few simple stretching exercises.



# How can I improve my fitness?

Once you start becoming more active, your body should become used to exercise and you can start to increase what you do. You may feel as though you have more energy and can do more physical activity and for longer. Here are some ways to increase your activity levels:

- Spend longer doing an activity
  - Be more energetic when you are doing an activity
  - Add more spells of activity into your day
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## Could physical activity be bad for my health?

In general, the benefits of physical activity are far greater than the risks. You can only become fitter and healthier by being active. However it is important to be sensible when starting to exercise, and you may wish to contact your GP, physiotherapist or healthcare professional if you have any concerns, particularly if you have:

- Heart or breathing problems
- Chest pain
- Dizziness or fainting
- Balance problems or falls
- Joint or back problems that are made worse with exercise

These problems may not stop you from being physically active but it is important to make sure you are given the correct advice. It is also important that you don't exercise straight after a large meal or if you feel unwell.



## What if I have fallen or feel unsteady?

There are many different reasons that people fall. We know that people with dementia can be more at risk of falling. Exercises that work on muscle strength and balance can help to reduce the risk of falling for some people. Local leisure staff and health professionals can give you advice on this type of exercise and may run classes in person or online to help you. You can also find more useful information at [www.alzscot.org/sites/default/files/2020-06/Dementia%20Friendly%20Exercises.pdf](http://www.alzscot.org/sites/default/files/2020-06/Dementia%20Friendly%20Exercises.pdf)

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## How much will it cost?

Physical activity can be free! Activities around the home such as housework or gardening do not cost anything and walking is a great way to stay active. There are many local activity schemes and classes that are free or have a reduced cost which you can access through your local health or leisure services.

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## How can I access local activities?

There are lots of opportunities around your local area for keeping physically active. Keep an eye out for local groups which advertise in many areas such as shops, churches, community centres and schools. Further information can be found through your health care or social work team.

### Top tips:

- Physical activity should be enjoyable
- Being outdoors can be beneficial for your body and your mind
- Start slowly and gradually build up your activity levels
- If you are unsure then please seek advice from a healthcare professional
- Keep an activity diary – chart your activity and reward any progress you make.

# Dementia and Mobility

## What do we mean by mobility?

Mobility is your ability to get around. It includes moving from your chair or bed and walking around your home and outdoors.

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## How might dementia affect my mobility?

Some people with dementia may find that their walking becomes more unsteady. You may find that you prefer to hold onto someone for support when you walk, or that you hold onto furniture to steady yourself around your home.

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## What can I do if I am concerned about my mobility?

- Keeping active is important in preventing your joints from becoming stiff and losing strength in your muscles.
- The more mobile you remain the better it is for your health, and the easier it is for those around you to help. Look for ways to remain mobile. Make sure you are not sitting for long periods of time, get up and move about if possible.
- If you spend a lot of time sitting down, you will need a firm, comfortable chair that is easy for you to sit down in and get up from.
- If your mobility is an issue you may need to be referred to a Physiotherapist. They may provide you with a walking aid or give you exercises to help strengthen your muscles and get your joints moving.
- It is important that you are assessed for the correct walking aid to suit your needs.





### Other things you may consider are:

- Make sure the environment is safe; consider removing loose mats and rugs, improve lighting, avoid trailing flexes and watch for uneven door thresholds.
- Make sure you are hydrated and are eating well.
- Make sure you have any glasses on and hearing aids in if you have been advised to wear them.
- Make sure you have addressed any foot pain or discomfort and are wearing appropriate footwear.

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## Dementia and Footcare



**As well as learning more about foot care and dementia, you'll also find a handy checklist on identifying foot problems and other information below that will help you take best care of your feet.**

### Common foot problems in people with dementia.

People with dementia may suffer from many common foot conditions such as:

- Corns
- Ingrown toenails
- Callous
- Thickened nails
- Ulcers and infections

Many of these conditions can cause pain and discomfort. If you experience difficulty communicating foot pain this can result in sometimes challenging and misleading behaviour. What can look like a symptom of dementia could be a reaction to a foot issue.

# What are the signs of foot pain?



Healthy feet are essential to keep you mobile and active. However if you begin to notice any of the following symptoms, please seek advice from a Podiatrist:

- Limping
- Slower gait (pattern of movement when you walk)
- Falls
- Removing shoes more often
- Poor balance
- Voicing concerns about your feet

Foot pain is typically under-diagnosed in people with dementia. This is because of changes in communication and difficulty in describing the pain or its severity. Address any problems such as corns or ingrown toenails by contacting your local Podiatrist or GP. Foot problems can affect mobility and cause pain, which can have a negative impact, especially for older adults.

- Make sure your feet are kept clean and dry, with toenails cut short.
- Make sure you are wearing well-fitting shoes - although slippers are comfortable, they should not be worn for more than a few hours at a time, as they don't offer enough support.
- Contact your GP in case of other problems - for example, if any part of the foot becomes swollen or painful, or if the skin changes colour.

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## Everyday foot care

Helpful hints and advice for healthy, comfortable feet include:

- |                                  |                                      |
|----------------------------------|--------------------------------------|
| ● Wash your feet often           | ● Wear appropriate footwear          |
| ● Dry your feet well             | ● Wear clean socks                   |
| ● Moisturise your skin           | ● Identifying problems early         |
| ● Cut or file toenails carefully | ● Seeking the correct advice quickly |



## Correct footwear

Footwear means shoes, slippers, socks or tights- anything that goes on the feet! A good shoe should support and protect the foot to allow natural movement when walking. Poorly fitted shoes can cause problems such as corns, calluses, ingrown toenails and blisters. When choosing footwear look for:

- **Upper** - made of leather or breathable material with seam-free linings.
- **Toe Box** - deep and roomy at the front to prevent pressure on the toes.
- **Sole** - cushioned and flexible with good grip.
- **Heel** - no more than 3cm (1.5 inch), and broad for good stability.
- **Fastenings** - Laces, buckles or Velcro straps to hold the shoe comfortably and securely on the foot.

**TIP:** If you are looking to purchase the best fitting shoes, start your shoe shopping in the afternoon. This is because your feet tend to swell as the day goes on, therefore if your shoes fit you well in the afternoon when your feet are at their largest (most swollen), then rest assured they'll always be a comfortable fit.

## What if I have a problem with my feet?

If you are experiencing any foot pain or discomfort, speak to your local podiatry service for advice on how to access a podiatrist in your area. If you have diabetes you are entitled to an NHS Annual Foot Screen and should be invited to attend this.

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## Handy tips when visiting the Podiatrist

- Let the Podiatrist know you have dementia.
- Take a list of your medication.
- Bring your 'normal' 'everyday' footwear.
- Wear stockings/socks which ensure easy access to your feet for full assessment.
- Let the podiatrist know of any pain/discomfort before assessment.

# Dementia and Falls Reduction



People can walk for miles without having a rest. There are benefits from exercise but this can also increase the risk of falling and of causing harm to the feet.

Unfortunately side-effects of antipsychotic medications such as Haloperidol, can affect walking and posture, increasing the risk of falls, shuffling and restlessness. Changes to your perception due to dementia can also make it more of a challenge to gauge floor surfaces.

In some cases changes in your behaviour can put further pressure on the foot, such as going out walking whilst not wearing appropriate footwear.

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There are many reasons why people fall, however people living with dementia can be more at risk. The following hints and tips can help reduce your risk:

- Remove loose mats or rugs – loose carpets especially on stairs
- Tidy away trailing flexes and cables
- Avoid badly fitted footwear such as shoes or slippers
- Remove or rearrange unsteady and badly positioned furniture
- Reduce slippery surfaces - well-polished or wet floors
- Be aware of uneven thresholds between rooms
- Tidy away clutter
- Have an adequate and varied diet
- Make sure you drink enough



**Notes:**

# Dementia and Home Safety

There is no such thing as a risk free environment and we can all experience forgetfulness or misplace things. However memory problems can increase our vulnerability when carrying out daily activities.

Keeping your home secure is one way to keep yourself safe within your home.

- Keep keys in the same place all the time.
- Give a spare key to someone you trust.
- Don't keep your key in the lock, just in case one of your key holders needs access to your home.
- Beware of Bogus Callers and always ask anyone you don't know for identification.

**Helpful Hint:** visit [www.scotland.police.uk/advice-and-information/scams-and-frauds/](http://www.scotland.police.uk/advice-and-information/scams-and-frauds/), this web site will give you excellent tips on how to stay safe and cope with bogus caller and rogue traders.

## Kitchen – Hints and Tips

Eating well and making sure we drink enough liquid to keep us hydrated can help keep us well – food hygiene is also very important.

- Getting into the habit of checking the 'use by' date on our foods.
- Keep regularly used items within easy reach – cup, plate and cutlery within easy reach reduces the risk of falls.

There is also equipment which may support you within the kitchen such as perching stools and kitchen trolleys.

**Fire & Flood – Get your FREE home fire safety visit.**

- It's so easy to arrange!
- Call 0800 0731 999
- Text 'FIRE' to 80800 from your mobile phone

**Helpful Hint:** Make sure your smoke alarms are working and are checked regularly.



## Fires

Fires can happen to anyone: however when living with dementia, activities such as cooking and smoking can increase the risk. Things that help reduce your risk include:

- Using a kitchen timer
  - Reminder notice to turn off the cooker appliances
  - Gas detectors
  - Think about using other cooking methods such as using a microwave
  - Putting water in your ashtray
  - Ensure doors are closed when going to bed at night
  - Don't put cigarettes or empty your ashtray into a plastic bin
  - Use fire retardant bedding
- 

## Floods

Floods are also a concern for people living with dementia. Floods can happen both in the kitchen and bathroom due to leaving taps running. Things that can help:

- Magi-plug
  - Flood Detectors
  - Reminder notice to turn off taps is simple but effective
- 

### Equipment & Assistive Technology/Telecare

Assistive technology and Telecare may assist with keeping you safe. Devices such as door sensors, memo reminders (recorded voice reminders) and outside light sensors are just a few examples of how technology can help you stay safe at home. Equipment such as grab rails, banisters, bedrails, toileting and bathing equipment and fall detectors and alert alarms (Telecare) can also assist with keeping your safe. Visit [www.alzscot.org/living-with-dementia/staying-independent](http://www.alzscot.org/living-with-dementia/staying-independent) or contact your local social work department for more information on what is available.

# Dementia and Memory Management



**It is important to remember that there is no such thing as a risk free environment and from time to time we all make mistakes. However if you have a memory problem you should look to reduce potential risk factors as much as possible. There are a number of things you can do that will help you as your memory becomes less reliable. Starting to use memory prompting strategies early on gets you into a pattern of behaviour that can maximise your independence as well as your confidence.**

An Occupational Therapist can assess and advice on memory management strategies and techniques that are appropriate to you. Discuss with your GP or health professionals who are involved in your care whether a referral to an occupational therapist would be appropriate. Our memory problems may make us more vulnerable when carrying out daily activities, for example:

- Forgetfulness
- Difficulties in doing everyday tasks which were not previously a problem
- Keeping your home secure
- Confusion about time and place
- Communication

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## Keeping to a Routine



Keeping to a routine can help your memory as regular patterns of behaviour aid memory and can help you feel secure and less anxious.

- Keep a weekly planner in clear sight, some people use a white board displayed on the wall for this.
- Keep a daily schedule to remind you how you fill your day.
- Use alarms to regulate sleep pattern for continuity.
- Try to change as little as possible.





# Technology & Telecare

Depending on where you are on your dementia journey assistive technology and Telecare may help prompt you with your memory. Some examples of technology include:

- Voice controlled intelligent assistant, such as Alexa or Siri
- Recorded voice reminders
- Talking clocks and watches
- Medication dispensers with alarms
- GPS tracking devices

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## Visual Reminders

Visual reminders are simple and easy strategies that can be put in place to aid you with time and place.

- Large dial clocks with day and date can help with time frames.
- Luminous bedside clocks clearly displaying am or pm. This can orientate you to night or day without having to get out of bed.
- Buying a daily newspaper not only keeps you in touch with things but acts as a reminder for the day of week.
- Some televisions can be set to display the time and/or date in the top corner of the screen.
- Signs on doors can help with orientation around the home. Try using symbols as well as words to make this easier.
- Labels on drawers or cupboards listing the contents.
- Cross off your calendar as each day begins. This can be incorporated into your daily routine and helps remind you of the day and date.
- Remember landmarks when out. You can make an orientation book to assist you to move safely to and from home. You could even try taking pictures on your mobile phone.

# Communication at Home

You may be having difficulty retaining and communicating information. Here is a list of helpful hints and tips to aid communication.

- Keep a list of useful numbers beside the phone.
  - Use speed dial to link in with regularly used numbers – these can be programmed into most telephones.
  - Always keep a pad and pen beside the phone to record important information from conversations.
  - Keep a communication book in the house so that visitors can document their visits.
  - You can ask for any correspondence or letters to be copied and sent to a designated family member or friend. This can help you to remember appointments etc.
- 

## Securing your Home

We all have routines to help us secure our homes. Here are some helpful hints to remind you how to stay safe in the home.

- Never leave your key in the door. Try to get into the habit of putting in your designated place. This could be on a table or hook beside the door. Ensure that you put your keys in the same place every time.
- Attach your key to something large, bright and visual to minimise the risk of losing it.
- Safety locks can be fitted to windows in the event they get left open.
- Timer switches may be used to turn lights off.
- Motion activated sensor lights both in the home and at the front door can be used to minimise risk.
- Wired smoke detectors and carbon monoxide detectors can be useful. They can automatically alert the fire and safety rescue service in the event of an incident.

# Dementia and Delirium



**Delirium is a serious condition where you suddenly become more confused, withdrawn or agitated. It needs to be treated urgently and if you suspect delirium you should not wait to see if your symptoms improve.**

Anyone can experience delirium but we know that you are more at risk if you:

- Are over 65 years old
- Have a dementia
- Have experienced delirium before
- Experience trauma such as surgery or hip fracture
- Have an infection
- Are constipated or are retaining urine
- Are malnourished or dehydrated
- Take multiple medications

Symptoms of delirium, dementia and depression can be similar which can make it more difficult to detect. The main difference is how quickly these symptoms occur. Delirium symptoms such as increased confusion, increased agitation, misidentifying people or becoming withdrawn and sleepy happen over a short period of time (hours or days). Whereas symptoms of dementia or depression occur more gradually (weeks or months).

## **How do I know if it is delirium?**

The easiest way to check if it might be delirium is for someone who knows you well to ask the question 'Do they think you become more confused recently?' If the answer is yes then contact your GP practice for further advice and be clear to tell them you suspect delirium. NHS24 can be contacted out of hours on 111 for advice.

# Dementia and Employment

**This section provides advice for people with a diagnosis of dementia who are employed. Being in the right work is good for our health and this is no different for people with dementia. As well as providing financial security, work is good for our physical health, for our emotional wellbeing and for our social connectedness.**

People with dementia have identified a number of common problems they experience at work. These include difficulties with:

- Remembering appointments or meetings
- Concentrating on tasks
- Keeping up the usual pace of work
- Completing routine tasks
- Multi-tasking
- Learning new skills or tasks
- Following a conversation
- Feeling more tired and/or irritable than usual

You may have noticed some of these changes in your ability to manage your job. The good news is that there are solutions and support which may enable you to carry on working until you make the choice to stop.

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## Identifying the support you need at work

An occupational therapist can help you to identify any issues you are experiencing at work and consider what you can do to manage the issue, what your employer can do to support you and what your colleagues or those at home can do to help. Changes to a person's work role that are made to enable them to manage their health at work are known as 'reasonable adjustments'.



Here are some of the most common difficulties people with dementia experience at work and the reasonable adjustments that can help:

Work Challenge	Potential workplace solution
<b>Difficulty with short-term memory</b>	<ul style="list-style-type: none"><li>● Give information in different ways e.g. visually and verbally. For example, instead of simply telling your employee what to do, also give them written instructions.</li><li>● Allow use of memory aids. For example, encourage the use of checklists, notes and voice recorders.</li><li>● Repeat instructions and demonstrate tasks multiple times if required.</li></ul>
<b>Reduced speed of work and fatigue</b>	<ul style="list-style-type: none"><li>● Give the employee extra time to meet deadlines.</li><li>● Allow them to take more breaks as needed.</li><li>● Allow flexible working hours.</li></ul>
<b>Reduced attention or becoming easily distracted</b>	<ul style="list-style-type: none"><li>● Highlight important information with the use of colours and illustrations.</li><li>● Allow the employee to work in a less distracting office or area.</li><li>● Clear desk clutter, leaving only items needed to complete the task.</li><li>● Reduce extraneous noise in the workplace and adjust lighting as needed.</li></ul>
<b>Loss of confidence or anxiety about performance</b>	<ul style="list-style-type: none"><li>● Regular planned 1:1s with line manager to provide feedback, discuss issues and find solutions to problems</li><li>● Buddy system</li></ul>

# Speaking to your employer

Deciding whether or not to tell your employer about your diagnosis of dementia can be difficult. Some people say being able to talk openly with their employer has really helped them, while others disagree. You are not obliged to tell your employer about your diagnosis. However under the Equality Act employers who are aware of an employees' long-term health condition or disability, are legally required to make reasonable adjustments which are effective, practical and affordable to support the employee to remain at work.

Most employers are willing to help a valued employee retain their role in an organisation and are keen to understand how they can support you. Your occupational therapist can provide your employer with recommendations for reasonable adjustments relevant to your specific needs using an AHP Health and Work Report. They can also support you by meeting with your employer and yourself to discuss how to implement these recommendations, as well as helping you to think about how much information you want to share with your colleagues.

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## Access to Work

Access to Work is part of the Department for Work and Pensions (DWP). It provides funding for employees who need reasonable adjustments at work due to their long-term health condition or disability. Funding does not have to be paid back and it can be used for a range of supports including

- Travelling to work
- Provision of equipment or adaptations
- Support to carry out tasks that you cannot do as part of your job

You can find out more information and apply to Access to Work here:

[www.gov.uk/access-to-work](https://www.gov.uk/access-to-work)



# Leaving work

Making the decision to stop working is a big change for anyone regardless of health needs. There are several reasons why you may decide to leave work following a diagnosis of dementia:

- You may find that work has become too difficult and tiring to manage even with a supportive employer and changes to your job.
- You may not be getting the same enjoyment or satisfaction out of your job as you used to.
- You may wish to prioritise other areas of your life such as spending time with your family and friends, travelling, getting stuck into your hobbies and interests.
- Or you may have reached the age when you planned to retire.

Whatever your reason and whenever you decide the time is right for you to stop working there are a number of things to consider:

## Ending Work Well

It is important to feel in control about your decision to leave work. Retirement is a big adjustment and can be an emotional time. Where possible, plan ahead so that you have time to wind down and consider what you want to do next. Talk to your employer about your plan to stop working, and consider gradually reducing your hours over a number of weeks so that you can complete tasks and hand over work to colleagues. This will also help you become accustomed to being at home more and develop a new routine.

## Pensions and Benefits

Living with dementia can present financial challenges, especially if you have to leave work unexpectedly and still have a mortgage or children to support. People with dementia do not automatically qualify for disability benefits. The Department of Work and Pensions assess all applicants to determine the level of need. However, there are a range of benefits available to help with the costs of living, and some that you can access when you are still working. These include Universal Credit, Employment and Support Allowance and Personal Independence Payment. Contact your local Citizens Advice Bureau or Welfare Rights Service for advice about income maximisation and support to apply for benefits. Understanding your occupational pension entitlement is also important. Talk to your pension provider to find out what your rights are and how to access your pension.

## Keeping involved and active

Making the decision to stop working may give you more time to enjoy your hobbies and interests, spend time with your family members or try something new.

Alternatively you may want to get involved in volunteering. This is a great way to use the skills you have, stay connected with people and gives a reason to get up in the morning. You can find out more about volunteering by getting in touch with your local volunteer agency or search [www.volunteerscotland.net](http://www.volunteerscotland.net) for more information.

However you decide to spend your time when you stop working it is important to have a routine which is meaningful to you. Take some time before you stop working to consider what your new routine will look like and make some plans.

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## Notes:





# Dementia and Driving

## Can dementia affect my ability to drive?

Driving can feel automatic, especially if you are an experienced driver. However it is a complicated procedure that requires manual skills, concentration, decision making and co-ordination. Dementia can affect these skills. You may find that your reactions are slowed, or that you may struggle with spatial tasks, such as parking. Although dementia may not exclude you from driving, it is important to consider how safe your driving may be.

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## If you wish to continue driving

The law currently states that you must inform the Driver and Vehicle Licensing Agency (DVLA) if you have been given a diagnosis of dementia so that they can determine if you are able to continue to drive.

This does not necessarily mean that you will have to stop driving, but you must inform them; if you don't it is a criminal offence with a fine of up to £1000. It is also important to let your insurance company know that you have a pre-existing condition such as dementia, as this could affect any claims you may need to make in the future.

To notify the DVLA you can fill in the form on the back of your driving licence (if you still have a paper licence) or download and complete form CG1 (available from [www.gov.uk](http://www.gov.uk)). Alternatively you could write a letter including your licence number, name and date of birth to:

**Drivers Medical Group**  
**DVLA**  
**Swansea**  
**SA99 1TU**

# Reducing your risk when driving

While you continue to drive, there are a number of things you can do to reduce any risks:

- Drive shorter distances.
  - Stick to familiar roads/routes.
  - Try not to drive during rush hours.
  - Drive during the day, and not at night.
  - Try not to drive long journeys, if you do, plan breaks or share the driving.
  - Avoid driving in poor weather conditions.
  - Don't drive if you are feeling tired or unwell.
  - Ask someone to accompany you on your journey.
  - Check that any medications you are taking such as sleeping tablets or some medications for anxiety, do not interfere with your driving ability. If you are unsure about any medications you may take, please consult your doctor or pharmacist.
- 

## Signs that may indicate your driving is no longer safe

If you notice any of these signs, it may be time to think about giving up driving:

- Slowed reactions to other road users.
- Struggling to make sense of road signs/lane markings.
- Increased bumps or scratches on your car.
- 'Near-misses' at junctions or when changing lanes.
- Becoming lost on familiar journeys.
- Family members inform you that they are concerned.
- Family members may avoid going in the car with you.



If you are unsure, you can be referred to the Scottish Driving Assessment Service for a formal Driving Assessment. This is an NHS service and is not a driving test - however, all aspects of your driving performance will be assessed including medical fitness, vision, speed of reactions and decision-making, as well as your physical ability to operate the controls. For further information on this assessment, please contact your GP or local mental health team.

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## **If you decide to give up driving**

It can be a very difficult decision to give up driving, and it can be a significant event that can impact on how you feel. If you wish to speak to someone about this you can contact:

- Your GP
- Alzheimer Scotland
- Your local mental health team

## **There are many alternatives to driving, these include:**

- Using public transport such as bus or train services
- Using local taxi services
- Finding out about local MyBus services
- Asking friends or family for a lift
- For hospital appointments, using ambulance transport service
- Using the internet for shopping and having it delivered
- Joining organised trips or excursions

Further advice can be found at [www.alzscot.org/our-work/dementia-support/information-sheets/driving-and-dementia](http://www.alzscot.org/our-work/dementia-support/information-sheets/driving-and-dementia)

# Attending Appointments

You might need to access your health centre, hospital or social care department for support. Appointments can be an anxious and challenging experience.

## What might help when attending appointments?

- Have a folder for your appointment letters so that they are kept together.
- Put the appointment immediately on your calendar, in your diary, phone or smart speaker. It may also be helpful to tell a family member or family friend who can help to remind you.
- Ask if you are able to take someone with you.
- Take a list of your medication with you if it is a health appointment.
- Take time to think and write down questions you might wish to ask.
- Ask the member of staff to write down the outcome of the appointment and any future appointments that you need to attend – put it straight into your diary or calendar.
- If you need patient transport services to get to health appointments, check if you can bring a supporter with you on your journey.
- People with dementia can apply for a blue badge. Application forms can be obtained from your local social work department. There are reserved spaces for blue badge holders at most buildings including supermarkets, health centres and hospitals.



# Having an x-ray or scan



**If you ever need to have an x-ray or scan the following tips may be useful:**

- Come to the appointment with a relative or bring a form of identification such as your passport, bus pass or driving licence. The radiographer who does the test needs to make sure they have the right person.
- Have a look through any information leaflets that are sent to you before the test. You may find it helpful to discuss it further with a family member or friend.
- Bring anything to the appointment that helps you remember important information such as your medical history or medication - a communication book or diary can be useful. This will also allow you or staff to note down when and how you will get your results or any aftercare you need to follow.
- Check if you can bring something with you that helps you feel more relaxed. Everyone is different but music, old photographs or a small soft toy are examples of things you may find helpful.
- Make sure if you wear a hearing aid, or glasses to read, that you do this when you attend the appointment. You may need to read some information or sign some documents.
- If you use a stick, frame or walker to get about, bring this with you to help you move around the department.

# Dementia and using the Ambulance service

Here are some tips that you might find helpful if you ever need to use the ambulance service.

- You should call 999 if someone is seriously injured or their life is at risk. If this is not the case you should consider calling NHS 24 on 111 or your GP in the first instance for help.
- On most occasions you are welcome to have someone accompany you in an ambulance. It is better if this person knows you well, so they can help you feel more comfortable, and assist you by providing information the ambulance crew or A&E staff may need.
- Keep at hand up to date information that ambulance crews may find useful to help you. You may wish to put this in a folder or a box but make sure that this can be seen if an ambulance crew needs to visit you.

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## You may wish to include:

- A list of any current and previous health conditions
- A list of any medication you take at present
- The contact details for your next of kin
- Copies of your advanced care plan or DNACPR if you have one
- A copy of your 'Getting to Know Me' [www.alzscot.org/our-work/dementia-support/information-sheets/getting-to-know-me](http://www.alzscot.org/our-work/dementia-support/information-sheets/getting-to-know-me)
- Details of anything that may make you feel more stressed e.g. loud noise, bright light, certain colours, so these can be reduced if possible.
- Things that may help you to relax such as a favourite photograph, pillow, blanket or music.
- Write down what you preferred to be called.
- If you need any aids to help you communicate. Note down if you wear glasses or a hearing aid or if you have a communication book that you use.



**Notes:**



Alzheimer Scotland is Scotland's national dementia charity. Our aim is to make sure nobody faces dementia alone. We provide support and information to people with dementia, their carers and families, we campaign for the rights of people with dementia and fund vital dementia research.

### Further information

If you would like to feedback on your experience using this booklet, please email: [AHPDementia@alzscot.org](mailto:AHPDementia@alzscot.org).

To explore other ways of living well with dementia please visit: [www.connectingpeopleconnectingsupport.online](http://www.connectingpeopleconnectingsupport.online).



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