Evidence-Based Approaches
To Improve Quality of Life for
Persons Living With Dementia

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The Facts

• Longevity is increasing—by the year 2020 seniors will outnumber children

• We may be confronted with two or three generations in need of specialized care in the same facilities.

• Aging creates changes in physical functioning, changes in emotional conditions and social circumstances

• Increasing risk for the development of dementia
Dementia
Our Bias and Perception
Dementia

• Impaired short term memory

• Language deficits

• Attention and concentration impairments

• Impaired judgment and insight

• Problem solving difficulties
Causes of Dementia (100 Diseases)

- Alzheimer’s Disease
- Neurological Diseases
- Vascular Disease
- Lewy Body
- Alcoholism—Korsakoff
- Parkinson's Disease
- Huntington’s Disease
- Frontal Temporal
Dementia
Continuum of Disease
Implications for Care
Alzheimer’s disease
Degenerative, Progressive and Fatal
Quality of Life

Managing symptoms to improve quality of life

• Physical Comfort

• Emotional Stability

• Engagement in Moments—Does not always mean structured activities
Quality of Life and Dementia
Holistic Integrative Dementia Care®

Person

- Integrated Assessment
- Care Plan
- Therapeutic Environment
- Development of Team Partners
- All Staff Training and Integrated Coaching
- Dining, FM, Families, Nursing
Holistic Integrative Dementia Care® Community

Integrated Care Plan Across Continuum

Development of Team Partners Hospice, In-home Services, Hospital

Therapeutic Environment

Community Education and Support
Holistic Integrative Dementia Care®
Partner with specialized healthcare providers

• Integration of medications, medical decisions and behavioral care plans

• Fragmented care leads to poor outcomes—pain management, agitation, nutrition

• DNR, tube feeding, hospice partnership, etc addressed early in the process
See the Person and Acknowledge the Disease
Recognize in Practice the Disease of the Brain

• Reasoning with somebody without reasoning ability

• Use of term manipulative which implies volition

• Remember it is Tuesday when you get a shower
Recognize in Practice:
Disease of the Brain

• Know the disease—rely on skills still intact

• Four types of Memory
  • Episodic, Semantic, Working and Procedural

• Early on episodic memory destroyed while procedural memory intact until later in disease
Strategic Use of Music

• Music triggers the release of dopamine and activates the pleasure center of brain

• Musical aptitude and music appreciation are two of the last remaining abilities in patients with Alzheimer’s disease—A way to connect to the person beyond the disease
Therapeutic Environments
Therapeutic Environments

• Rooms designed with purpose

• Attention not only to aesthetics (needs of caregivers)

• Attention to brain impairment (functionally through the eyes of resident)

• Open design to maximize supervision and stimulation
Tasks
Name as many animals as you can
Name as many things as you can that start with letter H
Educate Care Providers, Families and Leadership
Dementia Training

• Mission tied to admissions and discharge criteria across the continuum

• Dining versus eating

• Training involves—engagement and collaborative partners

• Expectations and goals for care—clear and shared with families and care providers
Assisted Living

AL fastest growing segment in long-term care
- 80% of the residents require assistance with medications
- 60% with bathing
- 40% with dressing
- 25% with eating.
- 50-76% diagnosed with dementia
Assisted Living

• Memory Care without the secured doors
• Emphasis on well trained staff to improve operational efficiencies
• Strategic use of technology
• Family support services to maintain brand loyalty and engagement across the continuum
• Intergenerational programs
Quality of Life = Care That Resides in Moments