The Role of SLP in Dementia

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Objectives

• Define Dementia
• Understand Staging using The Global Deterioration Scale
• Strategies for SLP intervention
• Assessment Tools
• Swallowing/Dysphagia
• Locate Tools & Resources
So what is Dementia?

*Dementia is not a disease itself, but rather a set of symptoms that may accompany certain other diseases*
Alzheimer’s Disease
- Early onset
- Normal onset

Vascular (Multi-infarct) Dementia

Lewy Body Dementia

Fronto-Temporal Lobe Dementias

Other Dementias
- Metabolic
- Drugs/toxic
- White matter disease
- Mass effects
- Depression
- Infections
- Parkinson’s
So what do we do first? Stage!!!

- Document the level of dementia that correlates to predictable characteristics of:
  - Cognition
  - Communication
  - Mood/Behavior
  - Functional ability

- Establish a framework
  - Treatment goals
  - Treatment approaches

- Track the progression of the disease process
Global Deterioration Scale (GDS)

- Developed by Barry Reisberg, MD
- Primary tool for staging dementia
  - Based on observation
  - Degenerative dementia
    - 7 stages
    - 8 to 10 year period
Global Deterioration Scale

- Stage 1
  - No cognitive decline
- Stage 2
  - Very mild cognitive decline
- Stage 3
  - Mild cognitive decline
- Stage 4
  - Moderate cognitive decline
- Stage 5
  - Moderately severe cognitive decline
- Stage 6
  - Severe cognitive decline
- Stage 7
  - Very severe cognitive decline
Cognitive Processing: Dementia Focus

- Global Deterioration Scale (Reisberg 1982)
  - Stage 1: No symptoms observed
    - Independent and within functional levels for behavior, memory, communication, mobility and activities of daily living (ADLs)
  - Stage 2: Very mild cognitive decline observed
    - Will complain of forgetting where he/she placed familiar objects or forgetting the name of co-workers and relatives
    - Will use compensatory strategies at work and home to remain functional and independent
    - Similar to how a normal adult would function under high stress or fatigue
Global Deterioration Scale (Reisberg 1982)

- Stage 3: Mild, cognitive decline observed
  - Use of compensatory strategies begins to break down
  - Displays deficits in concentration and word/name finding at work
  - Drop in performance and poor retention of material/information may be evident
  - May display mild to moderate anxiety, denial of deficits, and increased self-centeredness
Cognitive Processing: Dementia Focus

- Global Deterioration Scale (Reisberg 1982)
  - Stage 4: duration of ~ 2 years
    - Cognitive abilities have deteriorated to the level of an 8 – 16 yr. old
    - Most individuals now realize that they have dementia, often resulting in manifestations of anger, confusion and depression
  - Stage 5: duration of ~ 1 ½ years
    - Anger dissipates and he/she becomes generally unaware of their cognitive decline
    - Maximum memory capacity of approximately 5 minutes
    - Swallowing problems may emerge
Cognitive Processing: Dementia Focus

- Global Deterioration Scale (Reisberg 1982)
  - Stage 6
    - Attention span comparable to that of a 2 – 2 ½ year old
    - Cognitive abilities are comparable to a 2 to 5 year old
    - Marked decline in memory, resistance to changing clothes, and the inability to recognize or use utensils and common objects
  - Stage 7
    - Typically requires partial or full assistance with feeding
    - May be unable to recognize and/or use common objects or utensils.
    - Minimal verbalizations
Assessment Tools

- Arizona Battery Communication Disorder of Dementia (ABCD)
- The Brief Cognitive Assessment Tool (BCAT)
- Mini-Mental Status Exam
- Brief Cognitive Rating Scale (BCRS)
- Dementia Rating Scale
- Functional Assessment Staging Tool (FAST)
- Allen Cognitive Levels
- Global Deterioration Scale (GDS)
- St. Louis University Mental Status Assessment (SLUMS)
- Functional Linguistic Cognitive Inventory (FLCI)
Stage 4 Strategies

**Intervention Strategies: ST**

- Visual/Written Cues
- Written Schedules/Lists
- Memory Aids
- Communication Aids
- Increased Object naming
- Spaced Retrieval
- Utilization of spared function
Stage 5 Intervention Strategies

Intervention Strategies: ST

- Establishment of relationship with therapist
- Determination of “meaningful” tasks
- Use phonemically/semantically based word strategies
- Encourage circumlocution
- Continue patient topic if unable to redirect
- Modify dining or general environment to facilitate safety and efficiency in swallowing and interpersonal communication.
- Establish core vocabulary
- Utilize communication aids
- Avoid open ended questions
- Offer resident choices
- Ask yes/no questions
- Keep stimuli visible
Intervention Strategies: ST

- Use of graphic/visual cues to support identification of personal objects as well as location of items (names on photographs, door)
- Consider spaced retrieval, coordinate with OT and PT
- Focus on strengths, focus on opportunities of new environment for socialization, help establish ability to become part of a new community
- Determine interests and how these can be incorporated into activities that he can successfully engage in daily
- Involve family!
- Be patient
- Don’t argue, don’t reorient, validation is more appropriate
Stage 6 Intervention Strategies

Key considerations

- Team up with a stage 5 buddy
- Provide items within 14” from eye level
- Stop sign, no exit, wet paint sign placed in visual field
- Decrease contrast to door ways/so they visually blend in, (not in a facility, may be able to place chair or couch in front of a door)
- Help find and provide the props that support identity and focus on items that provide high tactile/sensory stimulation and that facilitate manipulation
- Utilize activities, environments and approaches that have been identified to have a calming effect on the patient.
- Decrease negative behavior and stress by playing music during meal time with a slow, strong, rhythm (no singing)
Communication Considerations

- Assure family members that they are recognized as a person who loves them.
- Simple communication slowly, waiting 30 to 90 sec for response.
- Approach slowly, be in front and get attention gently before communicating.
- Be aware on non-verbal and external stimuli.

- Use one step commands with verbal, visual and tactile cues.
- Avoid pronouns and use nouns frequently.
- Environment is our responsibility.
Stage 6 Feeding

Feeding Considerations:

- Initiate feeding and cues to sustain action
- Place cup in hand and initiate action
- Use flat, bowl shaped spoon or coated spoon if bite reflex
- Hand over hand guiding
- Allow 2 to 3 times longer to eat
- Finger foods or “To Go” foods
- Use scoop dish, plate guard or divided plate
- Turn the plate to assist with meal completion
- Half filled cups
- Pre cut food
- Minimize distractions
Stage 7 Strategies

- Help others understand that all needs have to be anticipated
- Teach others how to stand directly in front when making contact and communicating as peripheral vision is poor
- Communicate with multi-sensory approaches (verbal, tactile, tone of voice, expression) approaches that facilitate positive response to others or at least minimally no negative responses.
- 1:1 communication in distraction free environment
- keep it simple
- provide information slowly, waiting approx 30 sec for a response (response will likely be subtle)
- offer all types of cueing styles to stimulate all senses
- provide items at 14” from eye level
- avoid pronouns
Stage 7 Feeding

- Determine presence of advance directives or wills.
- Provide hand over hand assistance and/or staff feeding.
- Control environment/minimize distractions.
- Allow increased time for assisted feeding (possibly 2-3 times longer).
- Control bite size and drink amounts via pre-cut finger foods, maroon spoons, measured drinking cups.
- Determine tastes, textures, and temperature of foods/liquids that might stimulate swallow function.
- Consult with OT or PT re: positioning issues.
- Request risk and benefit meetings as needed.
- Place patient on “Pt. At Risk” List - re-screen as necessary.
- Train staff re: appropriate approach during meal time.
Feeding

- Finger Foods/ Foods on the go.
- Color contrast of place setting/plate.
- Add sugar
- Visual signage for dining room
- Use Large Print
- Lighting, lighting, lighting.
Other feeding/swallowing considerations

- Dysphagia
- Feeding Tubes
- Oral Hygiene Care
- Modified Diets
- Palliative Care
- Advanced Derivatives/Informed Consent.
Functional Maintenance Programs

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>Resident's Name:</td>
<td></td>
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<tr>
<td>Swallowing:</td>
<td>Regular diet with thin liquids.</td>
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<tr>
<td>Self-Feeding:</td>
<td>I can feed myself.</td>
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<tr>
<td>Dressing:</td>
<td>I can dress myself and can locate all the items I need to initiate dressing but need supervision because of my balance. Please give me extra time to get dressed and get started with the task.</td>
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<tr>
<td>Bathing:</td>
<td>I can bathe myself but need supervision for my safety and a verbal cue to get started.</td>
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<tr>
<td>Toileting:</td>
<td>I need you to stock my bathroom with large sized pull-ups. I need them placed in the basket on my towel bar. I have signs in my bathroom to remind me to get in front of my toilet before I sit down as well as checking to see if I need new underpants and to wipe. I sometimes don’t always realize I need to change my underpants. Please remind me to take my rotator into the bathroom with me for my safety.</td>
</tr>
<tr>
<td>Grooming:</td>
<td>I can do simple grooming at the sink but need supervision because of my balance. If I forget to do something, please tell me what it is I need to do.</td>
</tr>
<tr>
<td>Communication</td>
<td>I am able to follow two step commands and communicate wants and needs with caregivers. I have external visual aids within my bedroom and bathroom to increase my short term memory, safety, and independence.</td>
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<tr>
<td>strategies:</td>
<td></td>
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<td>Bed Mobility:</td>
<td>Independent.</td>
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<td>Transfers:</td>
<td>I need verbal cues to push up from the surface and to lean forward</td>
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Apps

*SLUMS Exam Spaced Retrieval App
*Luminosity Video
*Magic Piano
*Doodle Find
*Count 1-25
*Sketchy Memory
*Constant Therapy
*Reading Passage CT Application
*Therappy Language
*iSwallow

*EBT Behavioral Symptoms of Dementia
*Parkinson’s Toolkit
*How to Do it Therapy
*Well Pepper Clinic
*Balance Ball
*Classic Simon
*FlowFree
*Book Worm
*Memory Trainer
*Music (Pandora/ i tunes)
*Google Earth
Evidence Based Practice

- ANCDS.org
- Dementia Practice Portal ASHA
- ASHA Compendium
- ASHA Mapping studies
- NIH
- DARE
“Those with dementia are still people and they still have stories and they still have character and they are all individuals and they are all unique. And they just need to be interacted with on a human level.”

- Carey Mulligan