

# Communicating with Patients with Dementia

**Eliane Arantes**

Geriatric Nursing Assistant at Lxcare, Portugal, Tel: +351 912385358

## Abstract

**Of course everyone has its own way of communicating to one another, but we should give a special look and try to understand how effective your conversation can be concerning patients with dementia. There are special strategies which should be considered and that are what we are going to discuss here.**

**Communicating with someone who suffers from this disease can be very challenging. We are going to take a brief look at communication with these patients more specifically at middle stage of this disease.**

**KEYWORDS: Communicating, Dementia, Diseases, Patients.**

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## INTRODUCTION

Communication involves at least two parts (and it should preferably remain in only two persons involved) – a speaker (the giver) and a listener (the receiver). We have a wide range of possibilities to promote conversation. You probably have already asked yourself how much more effective your conversation could be.

I invite you now to take a quick view at these first steps which in most times are usually neglected and people do not pay attention on that.

The first rule everyone who is dealing with a patient suffering from dementia, either a nurse, caregiver or family member should look at is: BE PATIENT!

The very next thing you should take in mind is that anything or whatever you wish to communicate it will have to pass through the patients' emotional channel.

Yes, emotions overtake reason in patients who suffer of dementia. If you have no emotional bond on the subjects you are about to talk, to maintain a dialogue, you may probably fail to conquer the patient's attention.

Second rule is PLAN your conversation. Patients need a simple way of dialogue. Use direct questions such as "What would you rather have for dinner: chicken or pasta?" instead of asking "What do you want for dinner?". You should avoid questions which will depend too much on the capacity of reflection of your patient or beloved one.

Neurolinguistics has helped me a lot with some strategies proposed and help you to get through and evolve in a conversation.

Due to our present time, with the Covid-19, a series of limitations have been imposed to our patients.

The fact of us not knowing when everything will get back to normal and with the eminent "new normal" imposed, this scares us and points out to many expectations. We must focus on things that can bring comfort, joy and peace to our patients.

The fact they are not able to go for a walk at their usual park or cannot visit a museum for example has been causing lots of frustration to our patients. Also facing masked caregivers, doctors and family members away can bring confusion, a feeling of insecurity and more evidently...loneliness.

Actually, public means of communication are not prepared to communicate with any kind of patient viewing clarifying info to them. This task turns again to caregivers and family members.

After all, do we know how to inform our patients of what they can do and what they can't do?

Offering choices has a very positive response too, for example "Would you rather rest at the front porch or at the back yard this morning? Offering choices is a very limiting strategy which can help us lead the patient to a more specific state of mind.

Planning activities, singing a song, looking at their memory book,. All these should be enjoyable and sustainable to the patient but again...as long as he/she has an emotional connection related to any of these activities.

Still on Covid 19 we have advised caregivers and family members, to send to their patients/beloved ones cards, letters, phone calls, zoom audiences so that they can have the necessary attention to feel loved.

Talking about reality, I mean our reality we should keep in mind that they are only able to see their own and it is best in these moments to leave them with this inaccurate thoughts, although I have been getting great results in bringing them to LOGIC. Our mental state of Logic!

What it is meant to be at first place when talking to a person who suffers from dementia is to offer them comfort. To achieve that we must be calm, gentle, stimulate body contact such as holding hands, for example, ( difficult nowadays), we must try to be connected and interpret what is being said. Eye contact!

Take some time to listen. Patients are in need more of a listener than a speaker. Avoid interruptions or distractions (such as external noises, TV, radio, phone ringing. Check the environment you are with him or her. Is he/ she comfortable? Well seated? In need of hearing aids? How's the temperature in the room, too warm? Windy? Is there enough light in there? At times caregivers neglect these things and probably they will contribute to an increase of irritability on the patient. Any of those can interfere.

If there is something we have observed is that our beloved ones hate lack of respect. Avoid talking to a third person in front of your patient and not involving him in the conversation or even in another language. It's very frustrating when we don't understand what is going on around, don't you think? Also avoid "baby talk", we are referring here mostly to elders and treating them like children is proved to be very inefficient. Avoid expressions such as "Good boy". Never use questions such as: "Don't you remember?" or "We have been there a minute ago".

Patients with dementia have a tendency to forget words, so let's help them with one word or another, substitute the word he/she is trying to remember until you have the confirmation from him/her that this is what he /she was trying to say. They usually lose their train of thought very easily so let's keep it simple. yes and no questions is always a good guess.

It is known that patients who live in a country which are not their native language have a strong tendency to return to their native language when talking to someone. Also it is very common, as we observed that if they had a previous contact with a person talking to them in a different language, they have a clear tendency to carry on the next conversation in that language they were previously talking.

There are several known communication strategies we could point out but I would like to focus on three very specific ones which for me I consider most effective.

One is about REMINISCENCE. This strategy has proved to allow the patient to talk about his/her past, after all these are the memories they have now. Promoting a book of his/her life has been very positive among patients, such as letters from relatives, photos, postcards, pictures from his past life this helps to bring comfort and happiness to our patients.

If our patients want to talk about a travel experience, let it be. Follow his lead. He wants you to be exactly where he/she is now in his/her thoughts. During this conversation avoid saying things such as "...this is not true". Do not correct. Let it go.

My favorite one is SINGING A SONG. Any activity which involves music therapy is very effective when communicating. It's common the patient remember old songs or songs which bring them an emotional bond with his/her past. To be successful in this strategy it is necessary the caregiver or family member know what the patient's musical taste is. I have tried many old songs in my work and honestly even if you choose a very well known songs such as New York, New You for example, but if my patient's don't have an emotional connection to it, this song can be a failure.

One thing which really doesn't help is to play the song and make our patients to sing along with the original singer. They do not follow. They have a different pace...just like elephants or horses have their own. To have control of this activity one should write down the words of the song on a piece of paper, make it shorter of course so that we can sing together. Alert to your tune of voice should be lower than his/hers. If you have any artistic talent playing guitar or piano for example, go for it!

Validation strategy is in my opinion the most challenging one specially because family members. Most of them not all of them luckily, get mistaken understanding that this is a "lying strategy". However what is intended is to avoid challenging the patient's reality. After all, how much does it really matter to bring your beloved one to our reality? There should be no problem in switching on and off. Lights switch on and off every day. So do them. Due to this I would make a special consideration that we do not lie to our patients. We dive into their world...with them, for them. Diving into the patients' reality has certainly proved to reduce anxiety and increase his/her confidence.

What I have done is when you can't bring them to our real world at least we can bring them to the LOGIC of their own world. It would be best if I give you an example of one of my patients.

Patient: "I want to go to Paris now"

You: Ok. We can go, but today is Sunday, we don't have flights on Sundays only Wednesdays and Fridays.

Patient: Fine let's go on Wednesday then. You: First we have to book our tickets.

Patient: Then call the agency and book it. (Increase anxiety here)

You: Yes, let's call it ...but...what time is it?

Patient: 7pm

You: I'm afraid we will have to do that tomorrow Travel agencies close at 5pm. We'll do it tomorrow.

Patient: Yes, yes let's do it tomorrow."

## CONCLUSION:

I would like you to observe how much creativity effort was put on that. See that I followed his/her lead without abandoning procedures which once were part of his life, still part of ours though and he followed this “logic of events” which belong and works to our reality. It’s amazing to see the results of satisfaction and hope for a new positive day yet to come in their lives. After all, tomorrow is always a new day.

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## **\*Correspondence to:**

Eliane Arantes  
Geriatric Nursing Assistant at Lxcare, Portugal, Tel: +351  
912385358  
earantes2019@gmail.com