THE BENEFITS OF SPEECH-LANGUAGE THERAPY FOR INDIVIDUALS WITH DEMENTIA

PRESENTED BY:
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WHAT IS DEMENTIA?

• Dementia is not a specific disease.

• Dementia is the name for a collection of symptoms that can be caused by a number of disorders that affect the brain.

• A diagnosis of dementia is made if two or more brain functions (e.g., memory and language skills) are significantly impaired without a loss of consciousness.

• Symptoms can include memory loss, mood changes, and problems with communicating and reasoning.
TYPES OF DEMENTIA

• There are over 100 different types of dementia, with Alzheimer’s being the most common:
  - Alzheimer’s disease – 62%
  - Vascular dementia – 17%
  - Mixed dementia (AD and Vascular Dementia) – 10%
  - Lewy Body dementia – 4%
  - Fronto-temporal dementia – 2%
  - Parkinson’s disease dementia – 2%
  - Other – 3%

• Speech-Language Pathologists (SLPs) may encounter more individuals with Lewy Body dementia, Fronto-temporal dementia, and other rare types as they can initially present as language impairments.
BRAIN CHANGES IN DEMENTIA

https://www.youtube.com/watch?v=KkaXNvzE4pk

• In individuals with dementia, the changes are seen in mainly in the hippocampus, as well as in the frontal and temporal cortices of the brain. These areas are important for memory, executive functioning, and language.
WHY SPEECH-LANGUAGE THERAPY?

• Dementia can cause:
  - Communication difficulties for the person with dementia
  - Communication difficulties for care-givers
  - Eating, drinking, and swallowing difficulties

• Speech & Language Pathologists (SLPs) have the knowledge and skills to assess and manage these problems, as well as voice disorders; which may occur in individuals with Parkinson’s disease.
WHY SPEECH-LANGUAGE THERAPY?

• While a SLP cannot make a diagnosis, they are uniquely trained in the assessment and diagnosis of associated language disorders and can inform a differential diagnosis.

• SLPs can provide specialist assessment of eating, drinking, and swallowing disorders and provide management strategies for mealtime and intake of food/drink.
WHY SPEECH-LANGUAGE THERAPY?

• SLPs can work to teach individuals with dementia how to compensate for their deficits and recover lost memories by modifying the environment and using techniques such as spaced retrieval, errorless learning, Memory Books, and other types of external memory aids.

• SLPs can carry out assessments of an individual’s capacity to consent to treatment and care. The SLP is often the person best qualified to advise on effective means of presenting information to a person with dementia in a way that maximizes their freedom of choice.
SUPPORT FOR CAREGIVERS

• SLPs can provide support for caregivers to maximize effective communication, knowledge, skills, and quality of life, and to minimize stress and anxiety.

• Improved communication has an impact on:
  - Social Skills
  - Peer Relationships
  - Self Care
  - Behavior
QUESTIONS THAT AN SLP WILL ASK WHEN DETERMINING GOALS FOR THERAPY

• Can the individual take in adequate food, liquid, and medication by mouth?
• Is the individual safe in his/her home environment?
• Can the individual communicate his/her basic wants and needs?
BEHAVIOUR CHALLENGES

Many behavioral challenges can accompany dementia:

- Wandering
- Repetitive question asking
- Perseveration
- Aggressive behaviors

Always ask the question “Why is this happening?” in order to get to the root of the behaviour.

- Repetitive questions: Is the client is seeking information (actual answer to question) or seeking attention?
- Wandering: Do they not know where their room is or are they are seeking social contact, attention, etc.?
IMPORTANCE OF EARLY REFERRAL AND INTERVENTION

• Early referral and intervention is crucial.

• An ideal system is one where a diagnosis prompts automatic community service referrals to SLP, Occupational Therapy, Physiotherapy, Recreation Therapy, Counseling, etc.

• Early referral enables and SLP to meet with the individual with dementia and their family to provide support, explain role, and keep in regular contact. This empowers the family as they know where to turn when difficulties arise.
IMPORTANCE OF EARLY REFERRAL AND INTERVENTION

• There are negative consequences of SLP meeting family in moderate to late stages of the disease; family misses out on educational opportunities and support, and ability to maximize quality time with the individual with dementia.

• SLPs often do not receive referrals for swallowing until the individual with dementia presents with a chest infection or aspiration pneumonia, or alternative feeding methods are being considered.
Late stage dementia

Mid stage dementia

Early stage dementia
# Early Stage of Dementia

<table>
<thead>
<tr>
<th>Deficits</th>
<th>Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Memory loss for recent events</td>
<td>Memory intact for long-term events</td>
</tr>
<tr>
<td>Gets lost easily</td>
<td>Reading and writing skills adequate</td>
</tr>
<tr>
<td>Less initiative; has trouble starting and finishing tasks</td>
<td>Recognizes need for cues</td>
</tr>
<tr>
<td>Mood or personality changes; anxious, antisocial</td>
<td>Motor skills/ambulation intact</td>
</tr>
<tr>
<td>Poor judgment</td>
<td>Syntax of language intact</td>
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<tr>
<td>Takes longer with routine chores</td>
<td></td>
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<tr>
<td>Trouble handling money and paying bills</td>
<td></td>
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<tr>
<td>Loses things; accuses others of stealing or hiding items</td>
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**MIDDLE STAGE OF DEMENTIA**

<table>
<thead>
<tr>
<th>Deficits</th>
<th>Skills</th>
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</thead>
<tbody>
<tr>
<td>Increasing memory loss</td>
<td>Motor skills and ambulation adequate</td>
</tr>
<tr>
<td>Difficulty recognizing close friends and family</td>
<td>Recognition memory adequate with cues</td>
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<tr>
<td>Repetitive statements, demands, or questions</td>
<td>Automatic (procedural) memory intact</td>
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<tr>
<td>Restless, especially in the afternoon and evening</td>
<td>Automatic language processes intact</td>
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<tr>
<td>Can’t find right words; makes up stories to fill in blanks</td>
<td>Easy to distract or re-direct.</td>
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<tr>
<td>Problems with reading, writing, and numbers</td>
<td>Desires social interaction</td>
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<tr>
<td>May be suspicious, irritable, fidgety, teary or silly</td>
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<tr>
<td>Loss of impulse controls; talks to/hugs strangers</td>
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<tr>
<td>Refuses to bathe or dress</td>
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LATE STAGE OF DEMENTIA

<table>
<thead>
<tr>
<th>Deficits</th>
<th>Skills</th>
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</thead>
<tbody>
<tr>
<td>Loses weight even with good diet</td>
<td>May desire social interactions</td>
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<tr>
<td>Cannot recognize family members or self in mirror</td>
<td>May have affective response to desirable stimuli</td>
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<tr>
<td>Cannot communicate with words</td>
<td>May have repetitive skills.</td>
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<tr>
<td>May put everything in mouth or touch everything</td>
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<tr>
<td>No bowel or bladder control</td>
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<tr>
<td>Needs help with bathing, dressing, eating, toileting.</td>
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<tr>
<td>May groan, scream, or make grunting sounds</td>
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<td>Sleeps more</td>
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COLLABORATION

• SLPs collaborate with other professional to deliver a holistic plan of care for an individual at each stage of their disease.

• They use creativity; incorporating music, movement, art, poetry, story, and the use of visual aids to help individuals interact with their family members, community, and environment in a meaningful way.
PERSON-CENTERED APPROACH

“People will forget what you said, people will forget what you did, but people will never forget how you made them feel”

Maya Angelou
I can be contacted for further questions at 295-APEX (2739) or kim@apexalliedhealth.com
Thank you for listening!