

## Dementia and the Role of Occupational Therapy

Dementia results from impaired cognition, due to damage to the brain. The majority of dementia cases (60% to 80%) are classified as Alzheimer's disease (Alzheimer's Association, n.d.). The signs of dementia generally include, but are not limited to, decreased short-term memory, decreased problem-solving skills, decreased perceptual skills, problems with communication and language, and personality changes. The onset of dementia is gradual, and the course of the disease spans several years or more. In Alzheimer's disease, the person progresses through several stages that roughly coincide with reverse developmental levels, with those in the final stages being completely dependent on others.

Occupational therapy practitioners, through their academic curricula, expertise in activity analysis, and work with older people in various settings, approach dementia as a condition that affects occupational performance. Practitioners can work with family members, concerned others, and even those in the early stages of the disease to address the functional implications of dementia. Occupational therapists evaluate persons with dementia to determine their strengths, impairments, and performance areas needing intervention (Schaber & Lieberman, 2010). Although remediation of cognitive performance is unlikely, the person may demonstrate improved function through compensation or adaptation. Occupational therapy practitioners also assist care providers with coping with this difficult, and yet often rewarding, role.



### Where Are Occupational Therapy Services Provided?

Occupational therapy practitioners help those with dementia in long-term-care and adult day health settings to retain existing function for as long as possible. Throughout the continuum of care, they intervene both as direct care providers and as consultants. In the community, practitioners can assist those with dementia to live in their own homes safely for as long as possible through environmental evaluation and adaptation. Practitioners may also provide wellness programs, such as falls prevention and caregiver educational sessions.

Occupational therapy interventions for those with dementia include:

- **Health Promotion.** By focusing on maintained strengths of clients and promoting wellness of care providers, practitioners can enrich their lives by promoting maximal performance in preferred activities.
- **Remediation.** Although the remediation of cognitive skills is not expected, practitioners can incorporate routine exercise into their interventions to improve the performance of activities of daily living (ADLs) and functional mobility, and to help restore range of motion, strength, and endurance (Forbes, Forbes, Blake, Theissen, & Forbes, 2015).
- **Maintenance.** Practitioners can provide supports for the habits and routines that are working well for the person with dementia, and that can be maintained to prolong independence.
- **Modification.** This is perhaps the most frequently used intervention for those with dementia, as it ensures safe and supportive environments through adaptation and compensation, including verbal cueing, personal assistance, and/or social supports.

A few specific examples illustrate potential occupational therapy interventions to promote optimal functioning for people with dementia, their families, and care providers. These examples are somewhat simplified, because during actual intervention occupational therapists complete individualized in-depth evaluations and activity analyses to determine the typical demands of any pertinent activity. They also use critical thinking to ensure the person has the most supportive environment to enhance functioning, while promoting the person's strengths and abilities.

The following are common problematic behaviors among people with Alzheimer's disease, and potential occupational therapy and team intervention:

**Person forgets what season it is when selecting clothing:** Help the care provider set up limited clothing selections to fit the season, which helps avoid conflict while supporting client choice and self-efficacy.

**Person gets disoriented and wanders:** Set up the environment to enhance daily activity, including mobility within safe confines, and use technology to ensure safety. Sometimes a fenced courtyard with stop signs at the gates could be all that is needed to keep the person oriented to his or her own yard; for others, alarms can be installed to go off when the person opens a gate or a door.

**Person has trouble communicating, along with uncharacteristic, frequent outbursts:** Help caregivers identify nonverbal cues. Teach the concepts of caring, non-defensive responding techniques, and work on determining the underlying emotion that may have precipitated the client's behavioral outbursts. Avoid correcting factual errors.

**Person paces or shows other repetitive non-productive behavior:** Provide opportunities for engaging in occupational tasks that fulfill the person's need to be productive and help support relationships with others. For example, if the person once enjoyed crossword puzzles, perhaps simplified puzzles or word searches would still be enjoyable. Simple, repetitive tasks like folding laundry can lead to feelings of accomplishment.

In the early stages of dementia, when the person is having difficulty with higher-level executive skills, he or she may be referred to occupational therapy for evaluation and intervention to address driving, work, and safety. In the middle stages, home safety and staying engaged in personally meaningful tasks become the paramount focus. During the late stages, when the person may be having difficulty with basic ADLs (e.g., feeding, toileting, mobility) the focus may switch to decreasing caregiver burden and enhancing basic care (e.g., safe transfers, skin protection, avoiding contractures, enjoyable sensory stimulation).

## Conclusion

Enhancing function, promoting relationships and social participation, and finding ways for those with dementia to enjoy life are the keys to successful occupational therapy intervention (Schaber & Lieberman, 2010). Providing education and support for the family, care providers, and clients (as they are able to understand), and promoting the person's strengths, will ensure that those with dementia and their care providers have the support needed to live life to its fullest.

## References

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