

# NEWSPAPER

## INTRODUCING ELDER CARE, THROUGH THE AGING PROCESS, RELATED TO DEMENTIA.



Palliative Care can make a difference in the quality of life for an aging adult through the many services offered.

<https://www.webmd.com/palliative-care/what-is-palliative-care#1>

### What is Palliative Care?

Many people around the world do not have a clear understanding of what Palliative care is and the role it plays for an aging individual. The World Health Organization (WHO) defines Palliative Care as “an approach that improves quality of life of patients and their families facing the problem associated with an illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical psychosocial and spiritual” (WHO, 2020). Palliative care is a service offered for many conditions in order to improve QOL through an interprofessional team. Some services provided are as follows; pain relief and other symptom relief, affirming life course, it is not to hasten or postpone death, integrates psychosocial aspects, offers a support system to the patient and the family, enhance QOL life, and works in conjunction with other therapies such as occupational therapy. For this newspaper article we will be looking at palliative care through the eye of an early onset dementia client seeking information in order to receive the best care through the staging of the disease.



Palliative care tree representing the support systems in place with Palliative Care

<https://www.nikkimitchellfoundation.org/palliative-care-myths-vs-facts/>



Linked above in the upper right-hand corner of the picture is a podcast that provides information and insight on how palliative care can be used to help people living with the diagnosis of dementia.

Photo- <https://www.nacc.org/vision/2014-jan-feb/when-end-of-life-is-near-lifes-start-by-linda-m-bollenbach/>

Podcast- <https://getpalliativecare.org/whatis/disease-types/dementia-palliative-care/>

## Negative Stigma around the term Palliative Care

### AND WHY THAT'S A PROBLEM

When the words palliative care is brought into a conversation about long term care, there is a negative stereotype that comes with it. This negative attitude can be attributed to many things. The main reason that has been found for this is the idea that palliative care is the conscious decision to “give up fighting one’s illness” (Shen & Wellman, 2018). This statement is while an understandable feeling, is not true. Palliative care relating to dementia, which is a deterioration of the brain and its function that is not reservable, is a variety of services that are provided in order to manage symptoms, the pain and the transition of end of life care that is inevitable through the staging of dementia.

Why is this a problem? This stigma has played a large role in the underutilization of services that palliative care has to offer people living with irreversible conditions that could greatly benefit from it. Interventions have been developed through research that can be used to ease the daily stress and pain that having a life threatening conditions can impose on a person’s mental and physical well-being and it is not reaching its full use potential because the discussion of palliative care carries a negative feeling. Through education on the services available we hope to empower individuals living with dementia to make the life changing decision to age and stage through the condition with palliative care services as a support system.

## SERVICES AND TREATMENTS OFFERED THROUGH PALLIATIVE CARE

### *Specifically related to dementia Care*

According to the American Speech-Language-Hearing Association 5.7 million people are living in the United States with dementia. That is a large population of people that could be benefitting from the services offered through palliative care. There are many services that are provided to clients with dementia in order to improve quality of life as they stage through this condition. Palliative care can offer a client an individualized care plan tailored to their needs based on their levels of pain and functional ability. This care plan can be carried out anywhere the client is living whether it be alone, with family or in a nursing home facility. This care plan will be coordinated with all health care professionals that are working for your health and quality of life that will also provide emotional and spiritual assistance. The aim of Palliative care for a client is to provide comfort, personal attention, security and to reduce hospitalization for the aging population in order to receive the best care possible by providing doctors that will come to you in a time of need.



<https://eriemedia.ca/niagara-health-navigator-ontarios-first-mobile-tool-for-integrated-care/>

## How an Interprofessional Team Approach Can Help You?

Through the use of an interprofessional team model you are granted a variety of services that will be available to you in order to increase your quality of life. There is a long list of health care professionals that will be on your team; medical students, family physicians, oncologists and surgeons, trainee specialists, hospital nurses, clinical pharmacists, clinical psychologists, pastoral care workers, Social workers, Occupational therapists, Physical therapist and more. This staffing provides you with the means to physical and mental well-being. In a hospital setting you do have access to some of these roles, however that means you have to leave your environment to access them. Let's discuss some of the more clinical therapies

That will be offered to you through a palliative care model. You will have the support of a psychologist that will travel to you to ensure your mental health while dealing with the everyday concerns of your diagnosis. You will have access to massage therapist and music therapist in order to relax your mind and body through sound and touch. An occupational therapist will be working with you to ensure that you are able to be as functional independent as you can be as you live with this condition which will in turn aid in your mental well-being. The occupational therapist and case manager can work together through this model to ensure that you are socially engaging in your community in order to carry on your long-lasting social supports. The occupational therapist and

## *How Can it be tied to Occupational Participation?*

Through all of the services listed below the client is not only able to increase quality of life but also occupational participation. Occupational participation is the ability to participate in the meaningful occupation that you participated in prior to illness or injury and it is greatly related to identity. (Vrkljan & Polgar, 2011) Through the use of the interprofessional team to ensure the management of daily pain and symptoms, you are able to continue to participate in the activities you have always loved to do!

Therapies working on range of motion at your joints and muscle tone and strength in your limbs increases participation in things such as knitting, baking and gardening.

Through the use of adaptive equipment provided by palliative care you are able to take part in your activities of daily living such as reading, bathing and walking.

Through the use of pain management techniques, you will be able to participate in family outings or social hour with your peers without the daily pain limiting you.

Palliative care provides you with all of the assistive techniques, strategies and equipment that enables you to continue to be an active participant in your life while living with a progressive condition.

Physical therapist collectively can work on joint pain, lymphedema and muscle tone. Doctors and nurses will be on call in case of medical emergency and are available for general medical management. A case worker and a social worker are on your team in order to ensure all needs are being met. Altogether, this interprofessional team is your support in order to increase quality of life and ease the transition through the condition.



## *Adaptations that can be made through the staging of Dementia*

### **EARLY STAGE (Mild)**

Early stage dementia presents with difficulty in coming up with the right words, remembering names and places, difficulty in social settings, forgetfulness, misplacing things, and trouble with planning and organization. Although they are still able to function independently, they still need some assistance with memory.

Treatment interventions for palliative care during this stage would include memory aids around the living environment in order to increase independence, occupational activities that increase and prolong memory such as words games, puzzles and cognitive tasks. Medical management by nursing and doctors' staff is needed to reduce brain atrophy.

### **MIDDLE STAGE (Moderate)**

Middle stage dementia presents with anxiety and fearfulness, feeling moody or withdrawn from social events, the inability to recall information about themselves, confusion about the day and time, needing more assistance with ADL's such as dressing and grooming, incontinence, and changes in the sleep patterns.

Treatment interventions for palliative care during this stage can and will still include memory aids, but adaptive equipment to assist with ADLs will be included to assist with dressing such as prompts to aid which order the clothing goes or to let them know what the weather is so they know the appropriate attire. Physiological service will also be provided in order to assist with mood and behavioral changes.

### **LATE STAGE (severe)**

In the later stages of dementia, around the clock care will be needed in order to provide full assistance, long term and short memory are impaired, physical impairments become more serious such as balance and strength for mobility, speech and language impairments are present and they begin to have compromised immune systems making them more vulnerable to infection.

Treatment interventions for palliative care during this stage include providing a caregiver to be with the client 24/7 in order to aid them in their daily needs. Equipment in order to reduce falls such as the progression from a cane to a walker then then a wheelchair is provided by this service. Medical services are provided more at this stage in order to assist with the physical changes that take place such as respiratory problems, heart rate and blood pressure difference. Throughout all of the stage's services are provided by Occupational therapist in order maintain body function and social engagement.

## 3 Stages of Alzheimer's

1

### EARLY STAGE

- Problems thinking about the right word or name for something
- Trouble remembering names of new people
- Difficulty performing work or social tasks
- Forgetting newly learned information
- Losing or misplacing objects
- Increased trouble with planning or organizing

2

### MIDDLE STAGE

- Forgetting personal history
- Changes in mood; feelings of withdrawal
- Inability to recall known information like address or phone number
- Confusion about place or day
- Needing assistance with personal care
- Changes with personality and behavior

3

### LATE STAGE

- Unaware of surroundings
- Changes in physical abilities, including being unable to swallow
- Difficulty communicating

<https://www.allaboutsensors.org/discover-alzheimers-disease>

<https://www.youtube.com/watch?v=sbNGn7CwSMc> - This is a link to a video providing information on what palliative care looks like for a person experiencing dementia.



Online (2015) BMC Palliative Care: Review of 2015 © freshidea / Fotolia

## Palliative Care Providers

*Located Near Detroit MI.*

**Beacon Hospice & Palliative Care**- 30700  
Telegraph Road Suite 3650A Bingham Farms, MI 48025  
Phone: 248.480.4440 Fax: 248.480.4441

Mission Statement- Beacon Hospice strives to meet the physical, emotional, spiritual and social needs of patients and family members who share the emotional trauma of a terminal illness. Beacon Hospice is committed to educate the community and increase awareness of the hospice concept of care among medical professionals, lay persons, clergy and those in need of a compassionate approach of care.

**Southern Care Hospice Services**- 25925  
Telegraph Rd Ste 102 Southfield, MI 48033 P: 248-  
356-5070

Mission Statement- We see each individual as more than a patient. Our skilled professionals and volunteers design an all-encompassing program, customized to each patient that addresses not only the physical needs but also the emotional and spiritual needs of the patient and family. Counseling and education about disease management and the dying process are provided to the family unit in conjunction with patient care.

**Visiting Angles Living Assistance Services**- 11000 W McNichols Rd, #217  
Detroit, MI, 48221 313-272-8282

Mission Statement- Our caring and compassionate Angel companions can provide the one-on-one care that makes it possible for your loved one to live safely at home. Elder care services from Visiting Angels Detroit can include Alzheimer's care, private duty care, companion care, palliative care, and more.

**Seasons Hospice & Palliative Care**-  
5 Brush South, 3990 John R Detroit, MI 48201 P;800-  
370-8592

Mission Statement- Seasons Hospice is a community-based organization with an ongoing mission to find creative solutions that add quality to end-of-life care. The caregivers at Seasons Hospice hold steadfast to the patient/family focus of hospice care

## Citations listed;

### Resources-

Podcast resource-

<https://getpalliativecare.org/whatis/disease-types/dementia-palliative-care/>

Video resource-

<https://www.youtube.com/watch?v=sbNGn7CwSMc>

Palliative Care resources-

- <http://www.beacon.life/locations/michigan.html#>
- [https://www.visitingangels.com/detroit/home?utm\\_source=gmb&utm\\_medium=organic&utm\\_campaign=local](https://www.visitingangels.com/detroit/home?utm_source=gmb&utm_medium=organic&utm_campaign=local)
- <http://www.southerncarehospice.com/services/about-southerncares>
- <https://www.seasons.org/about/>

### Work Cited information-

- <https://www.who.int/cancer/palliative/definition/en/>
- Shen, M., & Wellman, J. (2019). Evidence of palliative care stigma: The role of negative stereotypes in preventing willingness to use palliative care. *Palliative and Supportive Care*, 17(4), 374-380. doi:10.1017/S1478951518000834
- [https://www.asha.org/PRPSpecificTopic.aspx?folderid=8589935289&section=Incidence\\_and\\_Prevalence](https://www.asha.org/PRPSpecificTopic.aspx?folderid=8589935289&section=Incidence_and_Prevalence)
- <https://www.vitas.com/care-services/personalized-care-plans-by-diagnosis/alzheimers-disease-and-dementia/>
- Brenda H. Vrkljan & Jan Miller Polgar (2007) Linking Occupational Participation and Occupational Identity: An Exploratory Study of the Transition from Driving to Driving Cessation in Older Adulthood, *Journal of Occupational Science*, 14:1, 30-39, DOI: 10.1080/14427591.2007.9686581



[https://www.nasw-michigan.org/m/event\\_details.asp?id=1228883](https://www.nasw-michigan.org/m/event_details.asp?id=1228883)

**NEWSPAPER**

**NEWSPAPER**