



THE BENEFITS OF SPEECH-LANGUAGE THERAPY FOR INDIVIDUALS WITH DEMENTIA

PRESENTED BY:

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APEX ALLIED HEALTH

speech-language services

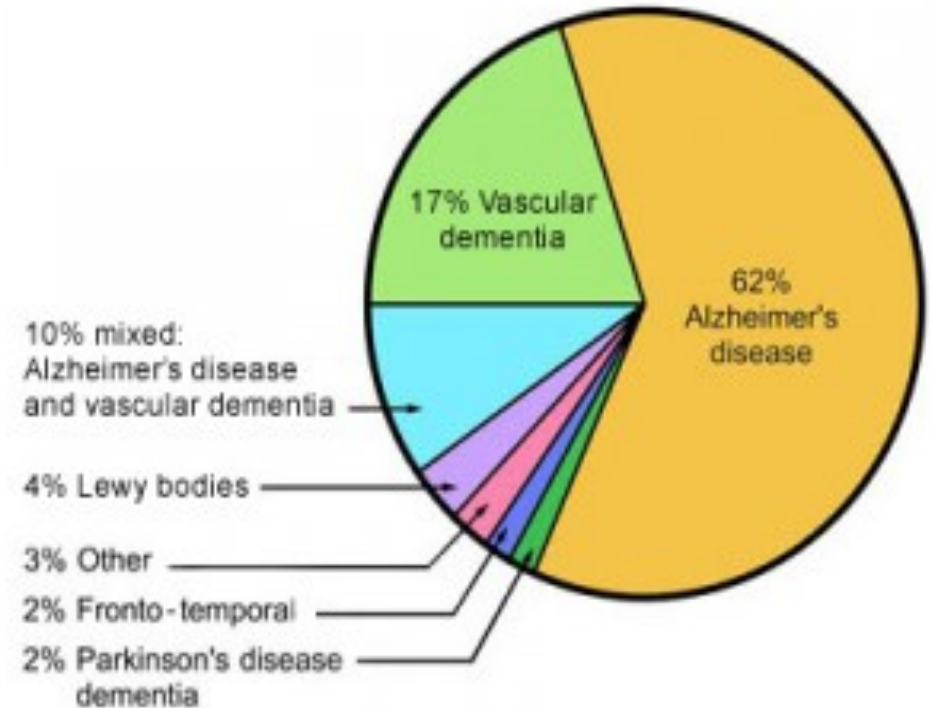
WHAT IS DEMENTIA?

- 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

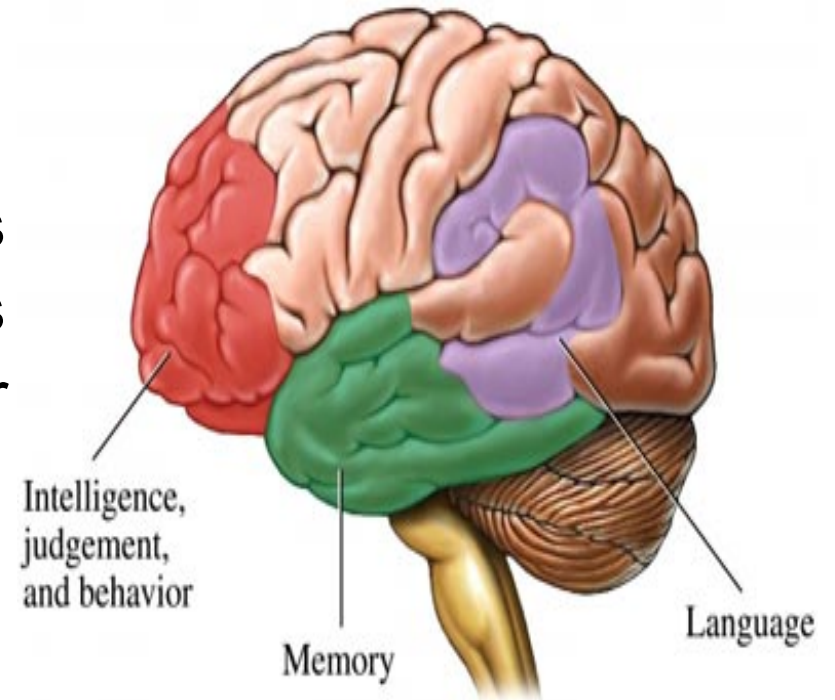
- **There are over 100 different types of dementia, with Alzheimer's being the most common:**
 - Alzheimer's disease – 62%
 - Vascular dementia – 17%
 - Mixed dementia (AD and Vascular Dementia) – 10%
 - Lewy Body dementia – 4%
 - Fronto-temporal dementia – 2%
 - Parkinson's disease dementia – 2%
 -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

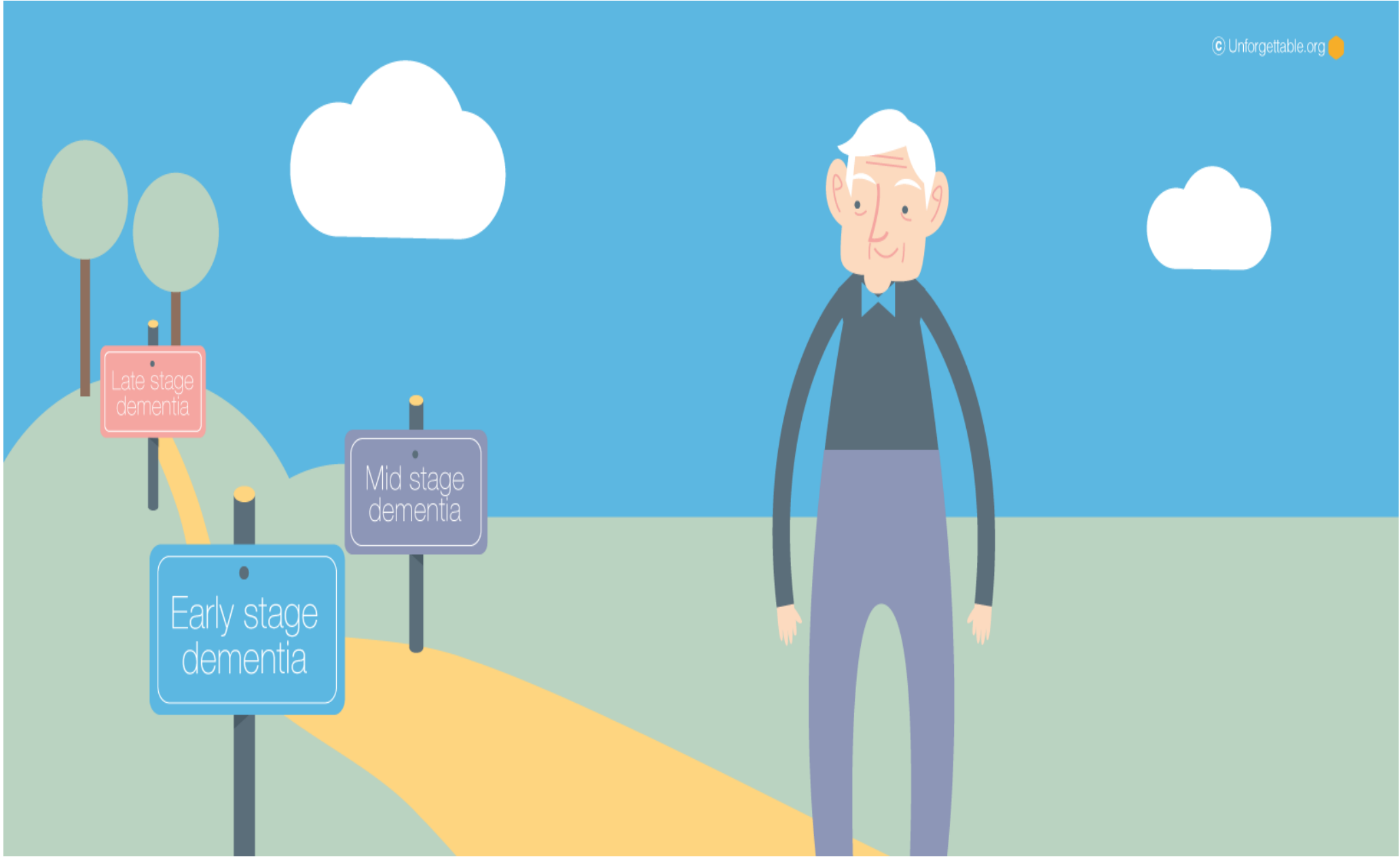


IMPORTANCE OF EARLY REFERRAL AND INTERVENTION

- 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



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



MIDDLE STAGE OF DEMENTIA



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

LATE STAGE OF DEMENTIA



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

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!