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, 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, address dementia as a condition that affects occupational performance. Practitioners can educate family members, concerned others, and even those in the early stages of the disease about dementia and its functional implications. 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 not likely, the person may demonstrate improved function through compensation or adaptation. Occupational therapy practitioners also assist care providers to help them cope with this difficult, and yet often rewarding, role.

Where Are Occupational Therapy Services Provided?

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. They 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, occupational therapy practitioners intervene both as direct care providers and as consultants.

Occupational therapy interventions for those with dementia involve various approaches based on the *Occupational Therapy Practice Framework: Domain and Process* (2nd ed.; AOTA, 2008). These approaches include:

- *Health Promotion.* By focusing on maintained strengths of clients and promoting wellness of care providers, practitioners can enrich their lives by maximizing performance in preferred activities.
- *Remediation.* Although the remediation of cognitive skills is not expected, restoration of physical skills (range of motion, strength, and endurance) may still take place even with the backdrop of dementia.
- *Maintenance.* Practitioners can determine what is working well in the daily routine of the person with dementia, and provide supports to ensure that the person's skills are maintained for as long as possible.
- *Modification.* This is perhaps the most frequently used intervention for those with dementia, as it ensures safe and supportive environments through adaptation and compensation.

A few examples (see table) illustrate potential occupational therapy interventions to promote optimal functioning for people with dementia and their families and care providers. These examples are somewhat simplified, because during actual intervention occupational therapists complete in-depth evaluations and activity analyses to determine the typical demands of any pertinent activity. They also use critical thinking to ensure that the person has the most supportive environment to enhance functioning, while promoting the person's strengths and abilities (AOTA, 2008).

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Problematic Behavior	Potential Occupational Therapy & Team Intervention
Person forgets what season it is when choosing clothing	Helping the care provider set up limited clothing selection to fit the season, while still addressing client control and self-efficacy.
Person gets disoriented and wanders	Setting up the environment to enhance daily activity, including mobility within safe confines, and using technology to ensure safety. For example, 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.
Personality changes	Teaching care providers the concepts of caring, non-defensive responding and orienting techniques, and working on determining the underlying emotion that may have precipitated the client's behavioral outbursts.
Repetitive non-productive behavior	Providing 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.

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 driving, work, and home safety evaluation and intervention. Practitioners may assist these clients by working on those tasks deemed important; for example, establishing a life legacy (e.g., written, auditory, or pictorial life story). 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 activities of daily living (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, providing 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 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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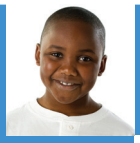
Occupational therapy enables people of all ages live life to its fullest by helping them to promote health, make lifestyle or environmental changes, and prevent—or live better with—injury, illness, or disability. By looking at the whole picture—a client's psychological, physical, emotional, and social make-up—occupational therapy assists people to achieve their goals, function at the highest possible level, maintain or rebuild their independence, and participate in the everyday activities of life.