

## USING YOUR PATIENT'S VIEW OF REALITY

*“What kind of a life, what sort of world, what sort of a self can be preserved in a man who has lost the greater part of his memory and, with this, his past and his moorings in time?”*

*Oliver Sacks*

Try to imagine forgetting what you are supposed to do next, not just once but over and over. Try to imagine looking at formerly familiar surroundings and not knowing where you are. How would it feel to listen to a friend's question not knowing how to form an answer? The person who keeps asking “Where am I?” or “Who is going to take me home?” must be confused or frightened or both. We must learn to interpret patients' moods and intentions and invent successful ways to respond to their needs, particularly the need of self-hood.

One of the greatest impediments to the effective care of Alzheimer's patients is that caregivers misinterpret the responses of their patients. Family members and professional care providers often fail to see (or do not want to believe) that the mental deterioration is irreversible and inevitable and that the patient has little or no control over his strange, unorthodox verbal and physical behavior.

We all want to help our memory impaired loved ones and we do what is, to us, sensible. We try to bring them back to the way of thinking and remembering with which we

are familiar. Much of the time, however, this approach, usually based on restoring or retraining the former conventions and routines, does not work. Patients no longer remember those behaviors. Because of the diseased portions of their brains, they are experiencing a different reality, the nature of which we can only guess. Our habitual reactions may make matters worse because most patients although wanting to please cannot remember enough of their past reasoning or behavioral patterns to respond “appropriately.”

In learning to modify the way caregivers view their confused loved ones, observation and attention to the patient’s words are crucial. Often, body language will reveal more than words. The patient may be unable to relate how he feels or what he is thinking. He may feel differently than we do. For instance, if he claims to be cold on a hot day, we must accept that his brain is falsely telling him that he really does feel cold.

After much observation and association with patients, I have adopted four principles which make the task of caregiving easier:

- 1. Agreement. The most useless and tiring activity of caregivers is to argue with or contradict patients. Healthy people can usually depend on their senses and their powers of reasoning. On the other hand, patients’ senses, their feelings, their mental connections tell them lies and any attempts to change their points of view only cause frustration, anxiety, and even violence. Usually, it will be harmless to agree with our patient’s wrong statement or belief. If we are accused of hiding or stealing the patient’s belongings, we can diffuse the accusation by offering to help find the missing item instead of denying the accusation.

➤ 2. Distraction. At most stages of the disease, if a patient is intent on some unsafe or stressful act, it is relatively easy to change the subject or to involve patients in other activities. Many patients have short attention spans and can easily be attracted to a new idea or action. When Mr. North insisted he must go to meet his wife outside the building, one of the volunteers picked up a magazine and, pointing to a large ad for a new car said, “Oh, Mr. North, can you help me? What color is this automobile?” The patient was pleased to be asked and began to look at the picture and to talk about cars.

➤ 3. Soothing/comfort. Patient agitation is often caused by environmental factors. Noise and clutter in the surroundings are enough to unnerve any of us. Alzheimer’s patients have the additional burden of inner clutter and uncertainty. We can provide a calm and predictable setting. We can use soft sounds and voices. We can avoid surprising and abrupt movements. We can use touch to reassure our patients that they are safe and cared for. Physical and mental comfortable and secure, his or her behavior is likely to be more nearly “normal”.

➤ 4. Simplification. Many emotional and behavioral episodes are the result of the frustration brought on by the inability to cope with complicated interactions. Valuable simplification includes limiting choices (too many questions, too many choices only add to the confusion already being experienced); establishing regular, predictable routines (keeping regular schedules and doing things in the same way sometimes gives a sense of recognition and security); allowing time for the slower processing of verbal messages and the patient’s formulation of responses (a damaged brain works

slower); giving one-step instructions (even simple processes like brushing teeth contain many steps). Brief and varied activities will lead to pleasant experience for the patient and much less stress for the caregiver.

A famous neurologist, Dr. A.R.E. Luria, gives wise counsel:

“What should we do? There are no prescriptions.....Do whatever your ingenuity and your heart suggest. There is little or no hope of any recovery in memory. But a man does not consist of memory alone. He has feeling, will, sensibilities, moral being.....and it is here that you may find ways to touch him. In the realm of the individual there may be much you can do.”

Courtesy Honolulu Chapter

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