


2014 Dementia care community network model  
Department of Health, Taipei City Government

# Manual for persons with dementia



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臺北市政府失智症服務網

In responding to the various stages of degradation of dementia, the requirements of care for the person with dementia vary accordingly. As the result, how to establish as well as to integrate different resources becomes a major issue in the system of care services for persons with dementia. As the pioneer in this field in Taiwan since 2009, the Health Department of Taipei City Government, based on the concept of 'Three-category classification and Five-stage structure' of preventive medicine in public health, has initiated the integration of resources for dementia care, which constitutes the educational propaganda of patient educations, screening and identifying, medical prognosis, supportive revitalizing activities, various care services and hospice care—namely a multi-phase model of resource input, in order aggressively to foster relevant personnel and to explore new resources. We have organized quite a few rounds of professional training concerning dementia and utilized miscellaneous forms of public education about dementia disease in recent years, in order proactively to make residents of Taipei City being aware of dementia disease, to identify dementia cases and to intervene at the earliest stage as human possibly can for all relevant parties, and, the most important of all, to support persons with dementia and their family members sustaining good quality of life and their dignity.

For the sake of rapidly disseminating related information of dementia care, in 2014, we entrusted a highly professional team from Taiwan Catholic Foundation of Alzheimer's Disease and Related Dementia to compile the "Manual for Persons with Dementia", based on their experience in practice. Making the most of convenience of which a manual can enjoy, this Manual provides concise case studies, explains the warning signs of dementia and enumerates the tips of care, in order to help the caregivers and residents in Taipei City to digest the knowledge and care skills of dementia in the easiest way. It really benefits many a resident in Taipei City. However, as the demand from the families with dementia relatives for foreign caretakers increases in Taipei City, albeit their 90-hour preliminary education before coming to Taiwan, foreign caretakers still lack training especially in care skills when they are already in Taiwan. There are many discouraging examples of how foreign caretakers failed to bring proper cares to the elderly or to understand them due to their insufficient knowledge of dementia when confronted with its case. For this very reason, how quickly to spread the message, including the introduction, care skills as well as resources of dementia disease, among foreign caretakers becomes an urgent mission to be accomplished. This year (2015) we update all the contents of the Manual in its second edition and, further, translate it into Indonesian and English editions, in accordance with the proportion of languages spoken by foreign caretakers, for the purpose of making the care for person with dementia more comprehensive and sounder in Taipei City.

Dementia has increasingly become a global issue which cannot be easily ignored. The Health Department, by utilizing plural-integrated model of care and by aggressively constructing cross-department cooperation network within Taipei City Government, not only produces the first dementia-friendly city in Taiwan but assists those families with dementia relatives immediately to absorb the care experience in order to improve their quality of life, hopefully through our visions and practical examples inside this very "Manual for Persons with Dementia".

Director-General of Department of Health,  
Taipei City Government

黃世傑

Dr. Huang Shier-chieg

July, 2015

Since it was established in 1998, Taiwan Catholic Foundation of Alzheimer's Disease and Related Dementia has been wholeheartedly dedicated to promote the knowledge of and care services for persons with dementia all over Taiwan. We have organized 'the Association of Families with Dementia Relative', 'Workshops of care skills for dementia person's family members' and 'Workshops for professional caregivers of person with dementia' in succession. Besides, we also produced several documentaries such as 'The Long Goodbye', 'When Yesterday Comes' and the movie 'What Makes Love Last' to raise the general public's awareness of dementia and of its care at home being a professional as well as demanding job, both mentally and physically.

Thanks to the promotion and construction of dementia care community network model by the Health Department of Taipei City Government, our Foundation was able to compile this "Manual for Persons with Dementia" and print 5000 copies of it in 2014, which were allocated among institutions concerned at every administrative district across Taipei City. By means of easy and clear editing format, this manual provides the family members and caregivers of person with dementia with more distinctive channels of help, and makes the general public more quickly to grasp the knowledge of how resources regarding dementia are employed in Taipei City. Since its publication, this manual was widely requested from different quarters and the enquiring telephone calls never stopped. The huge success of this manual gives both person with dementia and its caregiver good cares and a big support.

Due to the publication of this manual, we also noticed that family members with dementia relative are under tremendous stress to deliver cares for the person, owing to its extra-ordinary requirements and being around the clock in the context of home care. And, as a result, foreign caretakers who are able to assist in care in long hours become a major resource to alleviate the crushing burdens of family members with dementia relative. Based on the data of Labor Ministry, by the end of November in 2014, the total number of foreign workers in social welfare in Taiwan (including nursing workers and home-maids) has well passed 218,369 and the breakdown of their nationalities are as follow: Indonesian(173,523), Filipino(24,354), Vietnamese(19,815), Thai and others. Although having received 90-hour preparatory training of care skills in their respective countries before coming to Taiwan, these foreign caretakers still have difficulties in communication and deficiencies in care skills derived from language barriers and cultural differences. Under this circumstance, the compilation of various translated editions of this "Manual for Persons with Dementia" becomes an important initial step to facilitate the care for persons with dementia by their foreign caretakers. Therefore, I sincerely hope that the completion of Indonesian and English versions of this Manual will further fulfill the following mission proclamations of care for demented elderly people in the 21st century: 'Understanding him/her', 'Identifying him/her', 'Caring him/her' and 'Taking care of him/her'.

Chief Executive Officer of

Taiwan Catholic Foundation of Alzheimer's Disease and Related  
Dementia



Dr. Tang Sai-Hung  
July, 2015



## *1. An inspiring true story*

### *Dementia is perhaps another kind of happiness for my mom.*

Wu Chuan-yu, a famous expert on parent-child communication skills and gender issues, is always bright and optimistic in front of the media spotlight, but her mother had a totally different image. Mrs. Wu suffered from senile dementia, and she died of lung cancer more than two years ago. Recollecting her mother's experience of dementia in her later days, Wu said, "There once was a time when my mother was always gloomy in my dreams, and it was not until she had passed away for half a year that she began beaming gradually in my dreams."

Nicknamed "Godmother of Self-Growth", Wu Chuan-yu often delivers speeches all around Taiwan or appears as a frequent guest on TV and radio programs to discuss topics on how to conduct positive parenthood in families.

Wu exclaims that, despite her own dazzling image of an expert, her mother was a traditional woman sacrificing most of her life for her children and family and concentrating her efforts on domestic chores for most of her time. Ironically, her mother constituted a stark contrast to and seemed to make a ridicule of Wu's own occupation—a specialist in parent-child communication skills and gender issues.





照片吳娟瑜提供

### Early symptoms—responses slow and confines oneself to home

Wu says in retrospect that, with advancing age, her mother became more and more reclusive. Whenever family members took her mother outdoors, she always impatiently wanted to go home after walking just a few steps.

Even when encouraged to do swing hand exercise at home, Mrs. Wu was not interested at all and would usually retort that it was useless, which made her children, so eager to help, feel most frustrated.

About ten years ago, Wu and other family members began to notice that Mrs. Wu became slow in responses and mumbled very often, such as, “How on earth do I forget this and that! What’s wrong with my brain?” Back then, dementia awareness was not as widespread as it is today, and, furthermore, Wu and her siblings were all too occupied with their own businesses or families to pay proper attention to their mother’s symptoms, which they believed were just a natural side effect of old age. Actually Mrs. Wu had already developed early symptoms of dementia.

### **Mrs. Wu was not convinced that she was ill**

Wu Chuan-yu admitted that she often had many grievances against her mother. Coming from an affluent family and possessing a very rare and prestigious diploma from Changhua Girl's High School, her mother was contented with being an ordinary and dedicated housewife after marriage, and she never had any ambition to develop herself. That did not exactly make Wu proud of her mother. Wu constantly reminds herself to avoid having a life like her mother's.

Seven years ago, they realized that they needed to take their mother to visit a doctor for treatment. At the hospital, Mrs. Wu answered ten questions that the doctor asked her and got three rights. The doctor was certain about her disease and gave her a prescription. But she resisted taking the medicine because she didn't believe she was ill. She believed that what she had was natural and there was no need to take any medication.

It went on like that until Mrs. Wu's condition deteriorated more. She would always put on a fanny pack, put all her money inside, and then take it out time and again to check whether it was still in there or not.

Once watching her bewildered mother, Wu was even convinced that her mother was happy because dementia had made her forget any pain and worry. However, it was the family members caring for her who suffered most.

### **Pretending to search the lost money with their mother**

Wu Chuan-yu indicated that the financial situation of her family was up and down mostly due to her father's extravagant lifestyle and addiction to the mahjong game, making her mother, although born with a silver spoon in her mouth, become increasingly fussy about money.

Initially, her family members didn't have the knowledge and skills to deal with old people with dementia, and they naturally thought their mother was a miser too obsessed with money. But not until later stages did they gradually learn to sympathize with their mother. They sometimes even stage a game pretending to hunt for money with their mother at home. Or sometimes they just raised another topic to divert her attention.

For a while, Wu Chuan-yu could not visit her mother because there had been a quarrel between her siblings, so Wu could only meet with her mother in her dream. After one year of separation, Wu was finally able to see her mother, but she found out her mother was already in advanced dementia and, even worse, she had been diagnosed with terminal lung cancer during a medical check-up. During that period of time, Wu sometimes spent nights with her mother, sleeping next to her, and she would hear clearly her mother panting. At that very moment Wu felt regretful, so she was eager to compensate her in some way during her remaining days.

## Heard what's really in her mother's mind

Wu Chuan-yu remembered on one occasion that she had spent the night with her mother at an emergency room. However, both the noisy surroundings and smelly air made her mother uncomfortable and agitated, so Mrs. Wu insisted that Wu take her home. But, according to hospital rules, there would be no bed in the ward available for an outpatient unless he or she had stayed at emergency room overnight.

Mrs. Wu was forced to receive a shot of tranquillizer. She lay down on the stretcher and sank into a state of delirium, saying pieces of conversation presumably between her and her classmates in high school or telling her suffering during her entire life, mostly in Taiwanese but occasionally with Japanese mixed in. That very scene made Wu feel helpless as well as sorry toward her mother, and that was also the first time she had ever heard the words that her mother had kept to herself all her life.

## Be active and sociable and rejuvenate your memory to ward off dementia

Thanks to her mother's dementia, now Wu Chuan-yu is more aware of her own health. Not only does she take brain scan periodically, but she keeps reminding herself the importance of a balanced diet and exercise. In Wu's mind, there is no room for "retirement" and she is also a strong proponent of "rejuvenating memory", i.e. keeping up with the latest knowledge and receiving stimuli from various quarters.

Given a growing elderly population and the seemingly unavoidable dementia, the experience of taking care of her mother has also convinced Wu that everybody should brace himself or herself for the





disease, receive professional medical treatment as early as possible, and make his/her will with the help of a lawyer when signs of dementia begin to show.

Demented elderly often get lost. She also suggests that family members of persons with dementia could equip them with GPS chips to help locate them if they should get lost.

Nowadays, Wu Chuan-yu practices street dance and learns to play Cajon at east district in Taipei City every week and watches at least three movies a week.

Being a witness to her mother's course of disease, from the onset to deteriorating to almost totally losing recognition of her own identity, Wu is sure that the only way to prevent an attack from dementia is a determination "to live, to learn, and to stay happy and busy until the end". Many people have the worry that dementia may be hereditary, but Wu's two aunts, her mother's two sisters, are poised as perfect living examples to crush that myth. They, now both in their 80's, are still riding bicycles every day and actively participating in international standard dance and other social activities. It is obvious that, as long as you take exercise and socialize, people can stay healthy even in their old age.

Wu also reveals an untold story about her mother's aspiration in early days. After being married to her husband, Mrs. Wu once declared she wanted to be a teacher when her children had grown up. But it was a time when a woman, especially a young woman just married, had no autonomy in her husband's family. Besides, both Mrs. Wu's and Mr. Wu's families were so rich that there was no need for Mrs. Wu to work outside to support the family. As a result, Mrs. Wu gave up her ambition as a career woman. Wu conceded that, if her mother had insisted on pursuing her dream, she could have been a woman totally different from what she was, namely a housebound woman isolated from the outside world.

After her mother's death, Wu Chuan-yu was for a period of time in a mood of dejection and had a strong feeling of indebtedness toward her mother. However, viewed from an alternative perspective, the dementia from which her mother suffered for so long may be the best legacy she has left behind for her children, according to Wu. Inspired by as well as based on their experience of looking after their mother, Wu Chuan-yu and her siblings have all learned to cherish themselves even more.

(by Reporter Yu Wang-chi / cited from the column of " unforgettable stories", a collaboration between Taiwan Catholic Foundation of Alzheimer's Disease and Related Dementia and United Evening News, Section A5, "Focus", United Evening News. May 12, 2014)

## *2. Understanding dementia*

### *Ten warning signs and screening methods*

*Where in the world is my chop?*

*Who is that person on the other end of the telephone line, whose voice is so familiar but I can't call up his/her name?*

*What is it that I walk into the kitchen for?*

*Did I lock the door when I left home just a moment ago?*

*I made a special trip to the supermarket, but it was unbelievable that I forgot to buy toilet tissue!*

*I've lost three umbrellas in just two months.*

*To turn left or right, I am not sure which way can lead to my old buddy Mr. Chang's home?*

There are all sorts of matters that need remembering, and, at the same time, they also frequently remind us that we've forgotten again.

Most people will attribute forgetfulness simply to aging, but they overlook the fact that forgetfulness itself is an important message. It could be a signal of a schedule too congested, a life too busy, and a good time to make some adjustments or take a rest. Or it could be an early warning sign of dementia to be addressed seriously. One should neither worry too much about nor overlook these signals. By understanding the early symptoms of dementia, anybody can become a guarding angel of our loved ones.



### First step: Pay attention to ten warning signs of dementia

Dementia is more than forgetfulness. It is a broad category of diseases that can cause such a gradual degradation of cognition as to affect that person's daily function. And its symptoms will deteriorate with the pathological change of the brain. Early detection and treatment of these symptoms can improve the chances of delaying the development of the disease.

In early stage of dementia, persons with dementia will begin to experience some difficulties in their daily life due to their changing cognitive ability. If people around their relatives with dementia can be more discerning, they will observe the following ten common warning signs:

#### (1) Progressive memory loss that disrupts daily life

Forgetting recent events is the most common sign of dementia, such as forgetting an appointment with a friend, repeatedly saying the same thing or asking the same question, looking for often used items but fail to find them, or even forgetting where they are stored.

#### (2) Problems completing household chores, work, or leisure activities that used to be familiar

Forgetting recent events is the most common sign of dementia, such as forgetting an appointment with a friend, repeatedly saying the same thing or asking the same question, looking for often used items but fail to find them, or even forgetting where they are stored.

#### (3) Confusion of time and place

It is so-called disorientation, making mistakes about date, season, or time of day. As a result, it becomes difficult for them to perform a duty at a specific time (for example, bring grandchildren back home after school in the afternoon.), or they can easily get lost in a familiar environment or they can't remember how they arrived on their current location.

#### (4) Lose vitality and lack interest in hobbies

They lose interest in former hobbies, lose vitality in everyday activity, become estranged from their families and friends and curtail or even avoid social or community activities. For example, they stop the habit of daily exercise or they now rarely cook, which they used to love to do frequently.



#### (5) Poor judgment and reduced problem-solving ability

They make mistakes in activities that require judgment, such as differentiating quality of food in the market, judging weather condition to decide what clothes to wear, or making decisions for investment and financial management. Their alertness and ability to adapt to abnormalities, such as dangers in the environment or physical discomfort, are reduced. Their alertness to such abnormalities as dangers in the environment and their ailments is lowered, and so is their ability of adapting to them.

#### (6) Misplacing things

Put objects in inappropriate places, such as putting easily-rotting food in the refrigerator but not in the freezer or putting a purse in a shoe cabinet. When they lose things because they have totally forgotten where they put them, they commonly blame others or even accuse others of stealing.

#### (7) Rapid mood swings and behavioral changes

There are more frequent, drastic emotional fluctuations than before. They can quickly change from calmness to outrage or melancholy. They easily become confused, suspicious, or anxious, so they appear moody to people around them.

#### (8) Problems with language

It becomes difficult for them to find exact words or to say sentences naturally. For example, they may say 'something used to write words' instead of 'a pen', or instead of saying 'an apple', they can only describe it as 'that very red object'. They even create new words, such as, 'a clock on the wrist' to describe 'a watch'. These problems usually result in slowness and roughness of communication and dialogue, which, in turn, often lead to frustration and misunderstanding.

### (9)Reduced ability of abstract thinking

More sophisticated thinking involves a lot of abstract concepts such as numbers and causality. Reduced ability in this dimension will make it more difficult for them to deal with this type of complicated tasks, such as calculation during shopping, preparation for a trip, planning an itinerary or figuring out the numbers on a bill.

### (10)Sudden changes in personality

From easy-going to irritable, amiable to suspicious, sociable to withdrawn, precautions to careless, all these changes in personality may be related to other changes in cognitive emotions (for example, repeatedly experiencing frustration and confusion), or be a part of pathological changes in the brain.





## Step Two: The easy ways of screening for dementia

In addition to routine care and observation, there are easy screening methods which are useful to judge for the presence of early dementia symptoms and to decide whether it is necessary to seek further examination as early as possible. The following are three simple instruments to screen for early cognitive disorders.

### Short Portable Mental Status Questionnaire, SPMSQ

Content	Composing ten simple questions, including time, location, orientation, memory, current events, calculation, etc.
Administration	Answered by <b>the subject himself</b> or <b>herself</b> one by one and then record the total number of <b>errors</b> .
Indication	<ul style="list-style-type: none"><li>* If the number of error is more than 2, it is necessary to visit a doctor for further examination.</li><li>* Allow one more error for a subject with only a grade school education. Allow one less error for a subject with education beyond high school.</li></ul>

Reference: Pfeiffer, E. (1975). Short Portable Mental Status Questionnaire for the assessment of organic brain deficit in elderly patients. Journal of the American Geriatrics Society, 23(10), 433-441.

**Important reminders:** The purpose of the screening test is to remind you that it is possible that there is already a cognitive disorder but not a definite diagnosis. So it is not necessary to overreact to the test result or to conceal the situation. *You may either visit a doctor to take a thorough check-up, or call Taiwan Catholic Foundation of Alzheimer's Disease and Related Dementia for consultation, hotline: 02-23320992*

## Short Portable Mental Status Questionnaire, SPMSQ

(If the subject has no telephone at his home, Item 4-1 can be replaced by 4-2)

Correct	Error	Questions	Instructions
		1. What is the date today?	Correct only when the month, date, and year are all correct.
		2. What day of the week is it?	Correct only when the day is correct.
		3. What is the name of this place?	Correct if any of the description of the location is given. "My home," the correct city/town, or the correct name of the hospital/institution are all acceptable.
		4-1. What is your telephone number?	Correct when the number can be verified or the subject can repeat the same number at a later time in the interview.
		4-2. What is your street address?	Ask only if the subject does not have a telephone.
		5. How old are you?	Correct when the stated age corresponds to the date of birth.
		6. When were you born?	Correct only when the month, date, and year are correct.
		7. Who is the president now?	Requires only the correct last name.
		8. Who was president just before him?	Requires only the correct last name.
		9. What was your mother's maiden name?	Needs no verification; it only requires a female first name plus a last name other than the subject's.
		10. Subtract 3 from 20 and keep subtracting 3 from each new number, all the way down.	The entire series must be performed correctly to be scored as correct. Any error in the series—or an unwillingness to attempt the series—is scored as incorrect.
		SPMSQ Total Number of Errors	

**Reference:** Homepage of Taiwan Catholic Foundation of Alzheimer's Disease and Related Dementia (<http://www.cfad.org.tw>)



# Mini-Cog

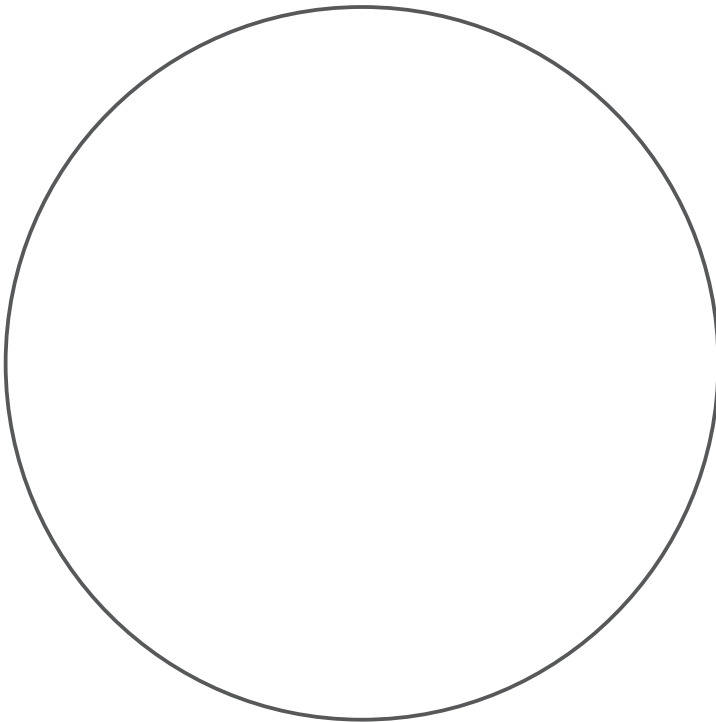
Content	It is composed of 'three item recall' and 'clock drawing test', assessing a person's short-term and working memory, planning, organizing and spatial concepts.
Administration	<ol style="list-style-type: none"> <li>1. Instruct the subject to listen carefully and remember three unrelated words and then to repeat them.</li> <li>2. Instruct the subject to draw the face of a clock on a sheet with the clock circle already drawn on it, and then to ask him to draw the hands of the clock to indicate 11:10. The subject should fill the numbers in the appropriate places and draw the long and short hands distinctively. (Choose a position where the subject cannot see a clock and specifically remind him not to look at his watch)</li> <li>3. Ask the subject to repeat the three previously stated words.</li> </ol>
Indication	<p>If any of the following circumstances applies, the subject needs to be referred to a doctor for more careful examination.</p> <ol style="list-style-type: none"> <li>1. The subject recalled all the three words wrongly or none of them.</li> <li>2. The subject recalled 1 or 2 words correctly but failed to draw the clock correctly or refused to do it.</li> </ol> <p>* A correct drawing of the clock should meet the following three points:</p> <ol style="list-style-type: none"> <li>(1) All numbers (1-12) are present in the correct sequence.</li> <li>(2) All numbers are present in the correct positions.</li> <li>(3) The long hand is obviously longer than the short hand, and both indicate the correct time.</li> </ol>

**Reference:** Borson, S., Scanlan, J., Brush, M., Vitaliano, P., & Dokmak, A. (2000). The mini-cog: a cognitive "vital signs" measure for dementia screening in multi-lingual elderly. *International Journal of Geriatric Psychiatry*, 15(11), 1021-1027.

# Mini-Cog

1. Please listen carefully and remember the following three words.  
Please repeat the words.  
Banana Sunrise Chair
2. Please draw the face of a clock. After numbers are on the face,  
please draw hands to read 10 minutes after 11:00.
3. Please recall the three words from Step 1.  
☐ Banana    ☐ Sunrise    ☐ Chair

Please draw the face of a clock and draw the hands to read 10 minutes after 11:00. (11:10)



**Reference:** [http://www.alz.org/documents\\_custom/minicog.pdf](http://www.alz.org/documents_custom/minicog.pdf)

## Dementia Screening Interview (AD-8)

Content	It is composed of 8 items, describing the difficulties in the categories of memory, time orientation, judgment, and function and then evaluating whether there are changes between past and current performances due to the reducing abilities of the subject in the fore-mentioned categories.
Administration	It is preferable to administer this interview to a family member close to the subject, who, based on the description of each item, can judge whether the subject currently has problems which previously were not present. (Taking item 3 for example, 'Repeats the same things over and over (questions, stories, or statements)') If the answer is positive, please mark <b>【 YES, A change 】</b> . If the answer is negative, please mark <b>【 NO, No change 】</b> , and if it is not sure or difficult to judge, then please mark <b>【 N/A, Don't know 】</b> .
Indication	If there are 2 or more answers of <b>【 YES, A change 】</b> , then a further assessment is needed.

**Reference:** Galvin, J. E., Roe, C. M., Powlisha, K. K., Coats, M. A., Muich, S. J., Grant, E., & Morris, J. C. (2005). The AD8 a brief informant interview to detect dementia. *Neurology*, 65(4), 559-564.

## Dementia Screening Interview (AD-8)

Please ask a family member of the subject to give the answers based on the subject's changes between the past and the present.

If initially, there was none of the following problems, but something changed in the last few years, please mark **【 YES, A change 】**

If there is not any change, please mark **【 NO, No change 】**

If not sure, please mark **【 N/A, Don't know 】**

YES, A change	NO, No change	N/A, Don't know	Item
			1.Problems with judgment (e.g., falling into a trap or scam, making bad financial decisions, or buying an inappropriate gift for the recipient)
			2.Less interested in hobbies/activities
			3.Repeats the same things over and over (questions, stories, or statements)
			4.Trouble learning how to use a tool, appliance, or gadget (e.g., TV, stereo, air conditioner, washing machine, water heater, microwave, or remote control)
			5.Forgets correct month or year
			6.Trouble handling complicated financial affairs (e.g., balancing the checkbook, income taxes, paying bills)
			7.Trouble remembering appointments
			8.Daily problems with thinking and/or memory
			TOTAL AD8 SCORE

**Reference:** Yuan-Han Yang, Min Pin Li, Ching Kuan Liu. Application of AD-8 to screen very mild dementia in Taiwanese. Taiwan Medical Journal.2009; 52(9): 8-10 °

### ***3.Guidelines for taking a person with suspected dementia to see the doctor***

#### **How to assist a suspected person with dementia to visit the doctor and pointers on communication**

Whenever dementia is suspected, it is necessary to see the doctor as soon as possible in order to get a diagnosis and a treatment plan. The sooner a diagnosis is made, the more opportunity and time we have for preparing a fitting care plan and arrangements. Following the execution of a treatment plan not only slows the process of disease progression but also makes the person with dementia and his or her caregivers happier, a win-win situation.

#### **The preparation by a caregiver**

##### **Adjustment of your mentality**

A broad assumption should usually be accompanied by cautious verification. When our loved one shows symptoms of suspected dementia, family members will surly endure an ordeal and may be too afraid to confront the fact and to take the step of taking our loved one to see the doctor. Actually, a clinic visit is not the same as a sure diagnosis of dementia. The worrisome symptoms may be caused by other diseases, such as depression. So it is important for caregivers to have a positive mindset properly prepared psychological , which means that an accurate diagnosis is extremely critical in finding the true disease and having the chance for treatment.

##### **Collection of informations from observation**

As far as dementia is concerned, the person suspected of such a disease will be terrified by his memory disorders and lost functions in life, and, as a result, he will likely disguise his behavior intentionally. So it will take more time and efforts for the caregiver to observe and record the changes occurring to the suspected relative. The collected and organized data of contents and frequency of the symptoms of suspected relative will be very useful not only for the medical team who treat him but also for the relative himself, and the ampler it is, the more useful it will be.

## Simulation of seeing a doctor

It is highly recommended that, before seeing a doctor, you should run through the process in advance: What hospital and what department to visit? Does it require family members to accompany the relative? How long does it take? Which route are you going to choose? These tasks can be divided among all family members in order to lessen the burden of caregivers and to construct a pleasant medical care experience. This will also be beneficial to ongoing treatments in the future. Besides, there is another reminder: Prepare several items such as snacks or anything that the suspected relative with dementia is fond of, which can make him relaxed and stable and distract his attention from anxiety and agitation.

## Relaxed emotion and tempo

In addition to sufficient preparation, normality is also imperative. On the day of seeing the doctor, the relative should have had a sound sleep and a good meal. And there is no rush or being pushed around as far as he is concerned. Always remember that as long as the caregiver is at ease, the suspected relative will also feel comfortable and stable to comply with requests from the doctor.

## Communicate with the suspected relative and obtain his/her consent

In addition to sufficient preparation, normality is also imperative. On the day of seeing the doctor, the relative should have had a sound sleep and a good meal. And there is no rush or being pushed around as far as he is concerned. Always remember that as long as the caregiver is at ease, the suspected relative will also feel comfortable and stable to comply with requests from the doctor.





1. Gloss over and tell him/her in such a way that will not induce his aversion. For example, tell him that it is a periodical check-up provided by the welfare system to seniors and it is a shame to waste it.
2. Appealing to his sympathy, the caregiver can ask the suspected relative to come along to see the doctor.
3. To find a family member or a relative whom the suspected relative can trust and communicate with easily to persuade him/her.
4. Wait for opportune moments, such as when the suspected relative complains about his poor memory or health, and the caregiver can then exploit the cue and arrange a trip to the hospital.
5. Invite different people on different occasions by chance to talk about the necessity of seeing a doctor in order to boost his motivation.
6. Before leaving, point out to the suspected relative that they are out to see the doctor.

Owing to his short-term memory disorder, the suspected relative will easily forget what has just happened. It is quite likely that he doesn't remember the arranged appointment and refuses to go on that day. Consequently, the action of reminding him of the appointment should be taken gentle but firmly, and it is not meant to seek his consent but to ensure his compliance.

Generally speaking, the elderly is always concerned about his family and the bond between him and his family members is the best basis upon which to build a good environment for giving him care. So, it is a better way for family members to communicate with and to express their care toward the elderly in order to let him know their concerns about his symptoms and then acquire his consent before seeing any doctor.

### **If you suspect that you have dementia**

#### **To speak out as soon as there is anything out of the ordinary**

Just like a machine, after being used for a long time, our body will unavoidably slack off or even have trouble. Consequently, it is all the more important to check it on a daily basis or to maintain it periodically. We should be mindful of any change to our body or any symptoms such as dizziness, pain, numbness or bad memory, because they could be a critical sign of illness. Be aware of the frequency of these symptoms and share with your family members how you feel. These are all necessary steps to confront and combat the situation.

## To go to the appointment for treatment arranged by family members

The major reason why we should see the doctor is that, as long as we can grasp and verify the causes contributing to the symptoms, then we can deal with them properly and alleviate the discomfort. Early detection and treatment can not only ameliorate our stress but also soothe our family members who care about us. Although it may be troublesome and unpleasant, we still need to compel ourselves to some extent to go along with the arrangements made by our family members.

### Medical specialties to call and the basic courses

If an appointment is to be arranged for the suspected person with dementia, it is better to choose either the nearest or the most familiar hospital or clinic, and either a neurology, psychiatry, or memory clinic. It is a serious and strenuous process to identify dementia, requiring both subjective as well as objective evidence and involving multi-examinations and multi-dimensions. Furthermore, symptoms of dementia usually overlap with those of other related diseases, so it is very difficult to decide in a short space of time which disease causes these symptoms. So, it is very time-consuming, requiring at least 3 appointments and 3 to 6 months to confirm a diagnosis.

Take Taipei City Hospital—Renai Branch for example. The standard procedure there is as follows. If a suspected case of dementia visits the neurology outpatient clinic, the doctor first arrange the relevant examinations then refer this person to the memory clinic and make the next appointment for future treatment. The memory clinic is an interdisciplinary team, including doctors, nurses, social workers, and psychologists. They will interview the suspected subject and his caregivers (or family members) separately and make their respective evaluation, which will be consolidated. The team will discuss with his/her family members about suggested treatments and care plan for the person and follow up the case.

Considering the long hours needed for a consultation, the clinic usually schedules only a few outpatients for a session, about 1 to 3 persons on average. The clinic room is specially designed to be quiet and discrete to minimize outside interferences and to facilitate outpatients' full participation in the evaluation process. All team members have sound knowledge and broad experience to handle outpatients and their family members. Their gentle but determined demeanor will easily win over the patients and their family members. Their gentle but determined attitude can make people feel at ease and build a relationship of trust with them. All these factors are conducive to the completion of the whole diagnosis process for the elderly.

**Important reminders:** Due to the long hours of consultation, the suspected dementia person may possibly become impatient while waiting, so it is highly recommended that more than one caregiver accompany him/her during the whole process. Besides, when the elderly answers doctors' questions, the caregiver should refrain from refuting him or her, and it is also important to be empathic for the elderly's situation. If there is a need for a private discussion with the doctor, please inform the nurse so she may arrange it in advance.

## The contents of diagnosis for dementia

### General interview

Conducting an interview with the elderly and their caregivers means to develop a general picture of cognitive functions in order to assess whether it is a degradation caused by aging alone or other related diseases, or it is a suspected case of dementia. Relevant examinations will be arranged as needed.



## Lab test and CT scan

Blood tests, besides measuring the general health of the suspected person of dementia, are used to rule out other diseases that may possibly cause such symptoms, including hypothyroidism, vitamin B-12 deficiency, and syphilis. Blood tests are also to make sure whether there is any cardiovascular damage caused by high blood pressure, high blood sugar, and high cholesterol, which are risk factors of Vascular Dementia. CT scan is used to exclude any possibility of organic brain damage such as brain tumors, hydrocephalus, or cerebral stroke.

## Administration of scales for assessment

Various medical professionals use different structured scales to assess the suspected patient of dementia and caregiver (family members) as follows.

**Doctor:** Interview the suspected person of dementia and caregiver (family member) to complete the evaluation of cognitive function and clinical dementia rating.

**Nurse:** Interview the suspected person of dementia and caregiver (family member) to complete the evaluation of daily life functions and behavioral performance.

**Social worker:** Interview the caregiver (family member) to complete the evaluation of family functions and social resources dimension.

**Psychologist:** Interview the suspected person of dementia to complete the evaluation of emotion and depression status; interview the caregiver (family member) to complete the evaluation of BPSD (Behavioral and Psychological Symptoms of Dementia) and the pressure and care burden on the caregiver.

## Care consultation and suggestions

After the completion of all assessments, the team will inform the family members of the result and their suggestions about the care. This is a critical moment because any questions the family members may have can be discussed with the team at this stage. It is recommended that the family members understand who the contact persons are at the hospital for any subsequent consultations.

**If the diagnosis is not dementia, please have the elderly maintain a healthy lifestyle to prevent the disease.**

Not only is it necessary to keep the current tempo of daily routine, but it is also important to cultivate a few healthy habits. The following 'Vitality 321 and Healthy Brain' program will introduce to you easy steps to cultivate good habits in three aspects—diet, exercise and social interaction.

## **Diet**

Adopt the Mediterranean diet patterns in your life. The Mediterranean diet is a diet that emphasizes eating a good amount of fruit, vegetables, whole grains, beans, olive oil and a moderate amount of caffeine (tea or coffee). The meats come mainly from the fish instead of red meat. It also encourages drinking about 140cc of red wine in a day. All meals take place in a pleasant dining atmosphere.

## **Exercise**

American College of Sports Medicine suggests that exercising (at least twice a week, at least 30 min each time and for 12 consecutive weeks) is helpful to improve the cognitive functions of an individual.

Based on various medical research abroad, taking more physical exercises (such as walking, Tai-Chi, taking the exercise which is good for the brain etc.) and participating in various cognitive activities (such as reading and calligraphy) are not only good for our health mentally and physically, but they can effectively ward off the threat of dementia.

## **Social Interaction**

The prevention of dementia starts from our daily life. For example, actively participating in social activities (such as volunteering and travelling), developing interpersonal relationships, and participating in leisure activities (such as hiking, family party, or karaoke) will not only improve the quality of life but also effectively protect cognitive functions.

If the diagnosis is dementia, the caregiver as well as the person with dementia needs to understand the progression of the disease.

After the individual was diagnosed with dementia, efforts should be put forth to help the individual correctly understand the disease. It is recommended that caregivers collaborate with a medical team and consult with doctors when it is necessary. It is also good to introduce the elderly to groups of early-stage dementia persons and family caregivers. Exposure to the experiences of medical professionals and different caregivers can provide to caregivers various opinions, which they can use to help them communicate with the elderly. Although dementia is a disease that cannot be totally cured, there are still several ways of alleviating the symptoms. Clinical practices have proved that a well-planned self-management can not only offer the individual the freedom to arrange his own lifestyle, but it also slows the progression of the disease and improves the quality of life of the individual and the caregivers as well.



**Important reminders:** It is extremely difficult for caregivers to take a suspected person with dementia to see the doctor, and there have been very few cases of success after just one try. The situation varies case by case. So the point is not to push the suspected person with dementia too hard. Several strategies are needed to reach the final goal: creating a positive experience, mentally prepared for a long-term engagement with the disease, seizing every opportunity to try, collaborating with other family members or outside resources, and finally using diversified skills of communication.



## 4. *The best-friends approach to Alzheimer's care*

The relationship between a person with dementia and his relatives is fundamentally changed by the disease due to memory loss and cognitive confusion. The original relationships of mother, father, sister, brother, husband, wife, or partner may have totally been forgotten. For many caregivers, the loss they have experienced is so great that they feel bewildered, frustrated, upset, or even angry. Your mother, always giving you confidence and supporting you all the way to the end, has now become a person who doesn't even recognize you. The former reliable partner who always took care of your bank accounts, paid the bills, and prepared the meals every day, now is no longer able to cope with all this kind of things. No matter how badly it may feel, the relationship between the person with dementia and his family members and friends has forever changed. Dementia is a disease that influences one's cognition, behavior, and emotion, so the care of persons with dementia poses a tremendous challenge and problem for their family members as well as professional caregivers. In a translated book, there is a method called 'the best-friends approach to Alzheimer's care'. It is worth sharing with everyone.

'The best-friends approach' can not only diminish the above-mentioned sorrow and loss felt by a caregiver but also influence the person with dementia in a profound way. As you reconsider or change the relationship between you and the relative with dementia, 'the best-friends approach' will make you more than his (her) caregiver, and the person will also feel that you are on his (her) side. Besides, this relationship can arouse the person's etiquette and enable him (her) to perform the best behavioral function under the circumstances.

### **How can you become the best friend of a person with dementia?**

Initially, try to understand each other's personality and past experiences and play the role of relative's memory. To produce a storybook of life is also a good idea. Being sensitive enough to the relative's habits and trying to respect his personality, emotion and ways of solving problems are essential. Keeping in good spirit, enjoying every activity with the person with dementia, trying to introduce him/her to participate in the activity and simple tasks in daily life, which are initiated by us and incorporate the person's former skills and interests, and encouraging him/her to enjoy the simple things in everyday life are all important parts of this approach. Of course, to celebrate the special anniversaries is another matter that shouldn't be forgotten.

Skillfully listening to the person with dementia to express his feeling,

timely assisting him to fill in the void in memory or dialogue, and intentionally asking him/her some close-ended questions to answer during a conversation are recommended. Non-verbal communication such as gesture or hug is also very important. Gently attempting to encourage the person to join a conversation, constantly praising and encouraging him/her, and cautiously consulting him/her about his /her suggestion or opinion, all of the above are valuable points we should regularly keep in mind. and cautiously asking his suggestion or opinion are several points we should regularly keep in mind. Furthermore, it will facilitate the interaction in daily life if you can bring up jokes or deliberately tell some interesting stories from time to time. The humor of occasionally making fun of yourself will also have unexpected results, but do remember not to degrade the person with dementia and his dignity. Also we need to know not to presume to be the person's custodian. Don't be too sensitive to the person's negative outpouring. Then a trustworthy relationship can be established.

Finally, please express your feelings toward the person regularly. By means of this process of learning, a caregiver can overcome many obstacles in the course of care and achieve the best outcome under the circumstances. It will go nowhere if you are always in despair. We should recalibrate the relationship between us and the person with dementia and treat him/her as our best friend.



## **Become your own best friend, too.**

On an airplane, the stewardess will remind you that, in case of emergency, you should put an oxygen mask first on yourself before helping others. The point of that scenario is that, if you cannot look after yourself in the first place, then you will not be able to look after other people. The same logic can be applied to the care of an Alzheimer's person, because it would be a long-term undertaking. As a caregiver, you should become your best friend for your own sake. Only by doing so can you provide the high quality care which your loved one needs most.

But, how to do it? First, trying to keep a sense of humor, watching comedies or funny TV programs, and sharing interesting stories in support groups are all feasible ways to help you counter the pressure and burden of care. Or, you may find someone or a consultant who you can trust for consultation, which will make a huge difference in everything. It can help you solve problems, relieve your frustration, make communication more effective, and help you make major decisions. Your expectation of a dementia relative should be practical, and you also need to keep in touch with the outside world. Be vigilant about your health because, compared with people of the same age but without the burden of caring for a dementia person, you have higher risks of premature disability and death because you care for such a person. Pay more attention to a proper diet, exercise and even relaxation. Always be kind to yourself and forgive yourself and others because Alzheimer's can get the best and the worst of you. The caregiver of a dementia person is usually the strongest among his family members, but please do accept the fact that even the caregiver can make mistakes. Finally, please realize that there will be bad days, and, if everything seems to go wrong, do take a break for yourself.

Dementia is a major challenge that every aging society must face. It is not an issue only for the relatives or the healthcare professionals of persons with dementia. Through the efforts of Department of Health and Taiwan Catholic Foundation of Alzheimer's Disease and Related Dementia, more people will understand this disease better. I hope our society will become the best friend of all persons of dementia in the future. (Translated version. Original author : Tsai Chia-fen, Attending Physician)

## 5. Tips on how to care for persons with dementia

### The skills of care in daily life

Usually, a healthy person can eat, excrete, bathe, and entertain himself without any trouble, but the frequency of accidents in these activities by a person with dementia will increase with the progression of the disease. Although the elderly unavoidably will encounter certain difficulties in their daily life, a person with dementia at an early stage can still have some command of his cognitive functions. So, it is critical to take into account the accurate progression of the disease and the state of health in handling the care of this person in daily life. Appreciating 'what the elderly can do and what he cannot do' first, then, depending on the situation, you will give him/her the minimum support he/she needs in order to recognize his/her ability and to uphold his/her dignity as well.





## Care in eating

### Principles

Nutrition is the basis and a necessity for supporting life. For a person with dementia, a good atmosphere for eating and tasty foods is essential to his willingness to eat. Some specific suggestions are as follow:

- 1.The food should be appealing to the elderly and with high nutritional values as much as possible.
- 2.The food should be served in small pieces and well-cooked for easy chewing. Whenever possible, bones should be picked out before serving.
- 3.Be cautious of the temperature of soups in order not to cause any burn.
- 4.Cook the foods that have familiar flavors, varying only in textures and colors.
- 5.Avoid discussing with the elderly during his mealtime, simplify the environment to avoid distracting him and instead to encourage him to focus on eating.
- 6.Create an enjoyable atmosphere for eating: decorate the dining table and play soft music.



The principles of feeding the person with dementia at early stage are as follow. The caregiver can deal with this issue as he or she would usually, but he or she should pay attention to the general conditions of the patient's eating and give the patient a nutritionally-balanced diet. It is suggested the caregiver can deal with this issue as usual, but he or she should pay special attention to the process of eating and a nutrition-balanced intake by the person with dementia. Generally speaking, the elderly will not have any problem with eating skills, so the caregiver should focus his/her attention on observing him/her and on encouraging him/her to participate in the process of food preparation and cleaning so as to maintain his/her current ability. If there is any change in the eating habit, such as a poor appetite, refusal of food, or overeating, it is necessary to assess whether it is caused by any specific physical ailment and to treat it right away.

### Attention

- 1.The elderly may sometimes forget that he has already eaten. It is better to let him forget about eating or to distract his attention by arranging some activities than to continuously remind him that he has already eaten.
- 2.Punctually remind him that it will be mealtime very soon to make him comfortable to wait for next meal.
- 3.If he requests food between meals, you can give small amounts of cookie to him, but not to the extent of affecting his appetite for a formal meal.
- 4.Invite the elderly to grocery shopping and cooking the food together to strengthen his confidence and boost his appetite.
- 5.Respect the elderly's choice of food, for example, asking him what he wants to eat, 'fried rice or fried noodle?'
- 6.Be aware of the amount of food the elderly eats. If it has been reduced, it is necessary to assess whether there is a problem with an ailment, a toothache, painful gums, or an ill-fitting denture.
- 7.It is crucial to have enough intake of fluid. A water provision plan is recommended in order to supply water in various periods of the day.

### Dwelling environment

#### Principles

Home is a safe haven for everyone. A person with dementia is more sensitive to a change in this environment than an ordinary person. The change, in turn, will influence his emotional fluctuations and therefore increase the risks of accidents. The decoration of the home environment should emphasize on safety and support, which means that decorations should be as simple, neat, and stable as possible,



that lighting should be bright enough to avoid any accidents caused by poor visibility, and that sufficient signs of directions to help the elderly smoothly accomplish his daily routine.

### Attention

1. Keep the passage free from clutter, and place electricity cords for appliances along the wall or recoil them while not in use to avoid falls.
2. Open the curtain during daytime to increase sun exposure, and close the curtain after dark to avoid inducing hallucinations.
3. Put only familiar and frequently used objects in his room to avoid searching and anxiety.
4. Better to install a toilet unit in the elderly's room to make it easy for him to use it during the night.
5. Reduce any chance of changes to the living space and, if changes are unavoidable, ensure that the new arrangement is safe, and walk with the patient through the new arrangement frequently.
6. Use diagrams or words as signs of directions and provide him with assistance whenever it is necessary.
7. Lock any precious object up to reduce the occasions where the person with dementia searches for things or things get lost.

### Help with toileting

#### Principles

Excretion is a necessity to sustain life and an essential element of human dignity. Even though advanced in age, nobody, not even a person with dementia, is happy to let another person help him use the toilet. It is the first priority for a caregiver to appreciate his feelings while helping him go to the bathroom. Focus on the problems the person with dementia may encounter, find out the reasons behind them and improve on them. It is recommended that you assist the elderly to develop a regular schedule to go to bathroom in order to prevent incontinence or an accident.

### Attention

1. Remind the elderly to go to the toilet at regular intervals, but be careful to respect his privacy. For example, you may ask him: "I want to use the toilet, would you like to go with me?"
2. A person with dementia may sometimes forget where the toilet is. Put a picture of toilet outside the bathroom to help him identify it.
3. Mark on the floor, (for example, an image of feet) to show the right place to stand in order to prevent a male elderly from urinating

outside the toilet.

4. Take the elderly to the toilet before going out. It may be difficult to find a bathroom outside when he needs it. Wait outside the public toilet when the elderly is using it in order not to cause his anxiety if he can't find you.
5. If there is any sign of frequent urination or incontinence, you should take the elderly to see the doctor at the earliest possible time to find out the cause, such as urinary tract infection or benign prostatic hyperplasia. When incontinence does happen, reassure the elderly that it is nothing to be embarrassed about or ashamed of. You can say 'don't worry' to him in a light and gentle way to calm him down and then help him change his clothes swiftly.
6. If incontinence happens frequently, consider to use an adult brief as the underwear when going out to help preserve the elderly's dignity.
7. Maintain the pattern of toilet usage, provide a private and comfortable environment, and make efforts to increase the elderly's intake of water and fiber to avoid constipation.

## Help with bathing

### Principles

Bathing is the most difficult task as far as caring for a person with dementia is concerned. The elderly usually has legitimate reasons for resisting bathing. He may not want anybody to find out that he doesn't know how to use the bathroom, he worries that his clothes might be stolen, he feels cold and is afraid of catching a cold, or he simply feels he didn't sweat during the day so there's no need to bathe. Disregarding these reasons and forcing the elderly to bathe will only trigger his emotional disturbances or even violence. Try to understand the reasons why the elderly resists to bathe and to talk with him to see his point. Respect that he still has the ability to bathe by himself and be flexible about the frequency of bathing according to his willingness. Provide a comfortable and familiar environment in which the elderly can bathe is also very important.

### Attention

1. Win the trust of the elderly from the beginning by inviting him and finding a good reason to bathe (for example: we are going out later; we will eat together after you take a bath) and gain his cooperation.
2. Respect and be sensitive to the elderly's privacy during the process of bathing to increase his/her sense of security.
3. Ask a family member of the same gender to go inside the

- bathroom to help, using the excuse of rubbing his or her back.
4. Allow the elderly to do as much as possible. In case of a memory loss, tell him/her the step-by-step instructions in words first and then assist him/her.
  5. Don't hurry the elderly while he/she is bathing to avoid accidents, because he/she may be anxious.
  6. Don't force the elderly if he/she doesn't want to bathe, and, in this case, using a wet towel instead to scrub his/her body in whole or in part will keep him/her clean all the same.
  7. Use nonskid mat to avoid slipping and falls, keep the bathroom simple and use as few objects as possible, and attach clear signs to them, remind the elderly beforehand to avoid mistakes.



## Care with sleeping

### Principles

Understand the dementia person's patterns of sleep and observe whether there are habits of sleep fragmentation or upside down sleep patterns. This habit may be attributed to inadequate exercise during daytime or disturbances from the surrounding environment. It is critical to formulate a simple and clear bedtime routine for him, to encourage him to do more exercise during the day, and to provide him with a good and comfortable sleeping environment.

## Attention

1. Moderate amounts of activities or exercise during the day to spend the energy of the elderly is a key to a good night's sleep. Play soothing music to help him relax in the evening.
2. Avoid making too much sound, and place familiar pictures, books, or paintings in his room to reduce the strangeness of the room to the elderly.
3. Reduce the intake of drinks containing caffeine, such as coffee, chocolate, tea or cola.
4. Assess any factors affecting the elderly's sleep, such as sight, sound, state of cognition, medication, feeling of hunger, thirst, pain, excretion, condition of activity, etc.
5. Reduce the intake of fluid before bedtime to avoid the need for frequent toileting.
6. Adjust the ease for using the toilet and have a mobile bidet seat or a urinal nearby in case of need.
7. Have a quiet, peaceful setting at night, keep the light dim and lower the voice of the caregiver.

## Arranging activities

### Principles

Activity arrangements are a kind of non-pharmacological intervention, which is helpful in improving the dementia person's emotion and is also a very practical skill for a caregiver. Although a dementia person is not different from an ordinary elderly in the basic concepts of things, however, due to his cognition impairments, he is more likely to feel frustrated and to lose interest in things. So the point is to create successful experiences and positive feelings.

## Attention

1. Provide a familiar, stable, and secure environment for arranged activities.
2. Activities suitable to dementia persons at early stage include reminiscing, music, cognition, and sun-bathing, and they can be arranged according to his preference. The planning for various activities should focus on the following:

## **Reminiscing (looking back)**

### **Principle**

Based on the memories and feelings that are still in the possession of the person with dementia, use reminiscent objects or photos to encourage him/her to engage in a conversation and to express what he/she feels. The caregiver should know of the real feelings of the person with dementia, past and present, and be aware of his/her emotional fluctuations.

### **Suggestions for execution**

- 1.By means of flashbacks to old objects and past experiences, the person with dementia will be given a chance of verbal expression, personal interaction, and emotional improvement in the company of family members. For example, they may share the past with relatives by watching photos.
- 2.By recalling and sharing experiences in his/her life with others, the person with dementia can tell the stories he/she has boasted about, and the caregiver can record them and make them into a storybook of the elderly.

## **Music**

### **Principle**

Music is the fastest and easiest way to spread the same feeling. By listening to or singing with the music, the person with dementia can enjoy a happy and stable mood and his/her emotion will also be improved.

### **Suggestions for execution**

- 1.Using simple instruments, lyric synopsis, or humming can make the person with dementia and his/her caregiver enjoy their favorite music together.
- 2.By listening to the music closely, accompanied by the rhythmic movement of body or beating to the tempo of music, then he/she can relax his/her body.

## **Cognition (reality-oriented)**

### **Principle**

Due to the cognition impairments and short-term memory disorders caused by dementia, the elderly are inclined to forget what has just happened and their perception of dates, places, and the relationship between them and others will gradually become blurred. By reading the stories on the newspaper to them, you can make the person with dementia understand current events of society and provide them with positive feelings and experiences.

## Suggestions for execution

1. Understand the cultural and social backgrounds of the person with dementia, his/her past experience as well as his/her hobbies and use the objects in daily life as teaching aid to design cognitive activities.
2. The process of reading newspaper to the person with dementia can improve his/her cognition function, but be cautious of the news you choose in order not to arouse his/her emotional reactions.

## Sun-bathing

### Principle

By the stimulation of light, sun-bathing can adjust the dementia person's biological clock, and it is helpful to remedy his sleep disorder. It also can improve the melancholy and make the elderly happier.

### Suggestions for execution

1. One session each at early and late daytimes, and each session lasts 15min.
2. Incorporate the activities into the daily strolls, or take a sun-bath at home in the places where it can be done properly instead of going out.
3. Be aware of the changing weather and temperatures to avoid any ailment or discomfort.

**Important reminders:** A person with dementia at early stage still has the capabilities to cope with his/her daily life. The aim of care is to give him/her the guidance and assistance from the caregiver at the right time. Observing the person's executive functions in every dimension of daily life, encouraging him/her to express verbally, providing him/her with a simple daily routine, and arranging activities in different parts of the day are all measures that definitely can keep the elderly in a healthy state and in dignity, and they also make the person with dementia and his/her caregiver happier.



# Self-Stress Test

## Instructions

Below is the Self-Stress-Test provided specifically to the caregiver to self test their own stress. Please keep in mind that if the stress is too high, it will gravely affect sleep and appetite and cause depression or even suicidal thoughts, which, if persist for more than two weeks, demand that you must ask for help from medical professionals as soon as possible.

	Never 0	Seldom 1	Sometimes 2	Often 3
1.Even I feel unwell (uncomfortable), I still have to care for him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.Feel tired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.The physical burden is heavy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.Difficult to lift or move him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.Sleep was disrupted (because the patient was restless at night)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.My health has deteriorated due to caring for the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.I feel exhausted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.Care makes me feel pain mentally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.I feel angry when I stay with him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.Care affects my travel plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.My relationship with friends and relatives was affected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.I have to watch out on him/her every moment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.The expense of caring for him/her was too high to bear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.The family income was affected because I cannot work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Source:** Taiwan Association of Family Caregivers Consultation Hotline: 0800-580-097

Result and indication	
Total point	Indication of the result
0~13 points	You have adjusted yourself very successfully. But caring is a long-term undertaking. Keep it up. Cheers.
14~25 points	Some signs of stress are emerging. It is recommended that you use social resources to lessen your burden of care. Please call and find out what kind of services is available to you to solve your problems.
26-42points	You are shouldering a very heavy burden. It is strongly recommended that you ask your family members, relatives, or social resources for help immediately to ensure you and the person you care for will both have good quality of lifeto make sure that both you and the person you are taking care of will enjoy a good quality of life .

## 6.Help for both persons with dementia and their caregivers: *Taipei City Community service resources guide*

Dear caregiver: We all understand that caring for a person with dementia may last for 10-15 years, and all the torturing hardships from it are not easily appreciated by others. No matter what the result of self-stress-test is, may we recommend that you understand the following social resources available to you as soon as possible and to use them at the earliest possible time. you may still need to know which of the following social resources are available to you and to utilize them as early as possible.

### **Early stage**

A person with dementia at early stage has already begun to show symptoms of memory difficulty and degenerative behaviors caused by cognition dysfunction, and these disorders can interfere with daily activities. But the person with dementia can usually still take care of himself. Besides, as long as this person's consciousness is still clear, it is very likely that certain symptoms may not be observed if people around him are not sensitive enough. Therefore, the chances of early diagnosis and early treatment may easily slip away.

If there is any suspected case of dementia, family members can take the elderly to the neurology department of any hospital for examination. The memory disorder clinic or dementia treatment center at those hospitals can meet various demands. With the help of medication, the process of dementia development can be slowed. As soon as a diagnosis of dementia is reached, the family members are advised to participate in the nearest support groups (for example: The Association of Laolaizi's Families under the umbrella of Taiwan Catholic Foundation of Alzheimer's Disease and Related Dementia, or The Sweet Morning Tea Workshop for Family of person with dementia under the umbrella of Catholic Sanipax Socio-Medical Service & Education Foundation) or workshops on care skills to equip themselves with necessary skills, resources, and knowledge in order to cope with the upcoming and overwhelming problems regarding the person with dementia and their ensuing demands. It also provides a legitimate channel for family members to release their stress from caring for the person with dementia through sharing their experiences with other families of the same situation.

Because a person with dementia at this stage still enjoys relative high autonomy, it is suggested a daily routine is adopted for that person, and he/ she can participate in regular outings every week. Various group courses designed for person with dementia are also arranged to allow the person to be exposed to good social interactions and proper

stimuli in order to put the symptoms under control, ameliorate them, and slow the speed of degradation. Within the jurisdiction of Taipei City, there are several associated organizations that provide activities tailored to the person with dementia at this stage, such as Community Care and Caring Stations, Evergreen Healthy Vitality stations, Evergreen Academies sponsored by Senior Service Centers at each district, Senior Citizens Learning Centers sponsored by Department of Education, Learning Activity for Community Elderly with Dementia sponsored by District Health Center at each district, and School of Wisdom sponsored by Taiwan Alzheimer Disease Association. Additionally, the Senior Day Care Centers throughout Taipei City are also available to these persons with dementia.

Facing the imminent possibility of wandering, family members must take the precaution before it is too late. Family members of the person with dementia may contact the Division of Welfare services for Senior Citizens, Department of Social Welfare, or Missing Old Man Search Center to apply for a 'Bracelet of Love', or equip their loved one with emergency contact phone numbers and gadgets for preventing wandering, such as locator, watch or mobile phone with AGPS, or contact their local precinct for fingerprinting their loved one. In addition to the above, single elderly can apply for 'Lifeline' (aka 'Emergency Rescue System'), to reduce the risks of being involved in the case of accidental fall.

### **Middle stage**

Reflecting the extent of degradation in their cognition function, some persons with dementia at middle stage will show behavioral and psychological symptoms, such as hallucination, delusion, and misidentification. In regard to memory function, the persons with dementia will degenerate from being often forgetful about recent things into serious memory loss and they can remember only very familiar things but not new ones. These persons also often have problems with time and place, and they are easily inclined to wander or get lost. Although they may look normal, they cannot make right judgments about anything, and they are able to do only simple chores around the house. They cannot accomplish a lot of things independently, and they even begin to need help with clothing and personal hygiene. Sometimes their behavioral and psychological symptoms make their emotions go through such wide and ready fluctuations that they demand more assistance, consideration, and care skills from their family members.

To family members, the frequent outbursts of behavioral and psychological symptoms of the person with dementia will only make their care for the person even more difficult, so much so that their rest and work are apparently affected and that they need to find more resources to assist them. It is recommended that 'housework service', 'home rehabilitation', 'Seniors Day Care Center' and 'Respite Care

Program' are all good candidates they may consider to utilize. And residential care unit for persons with dementia or group home both are good choices to look into. If necessary, it is feasible to apply for a foreign caretaker to assist at home. However, this alternative is viable only when the foreign caretaker has learned the necessary care skills, adapted to local culture and, on top of these, earned the trust of the person and family members. However, the preconditions of this alternative to be effective are those which include the foreign caretaker learns the necessary care skills, adapting himself/herself to local culture, establishing a relationship of trust with the dementia person with the assistance from that person's family members and, last but not the least, being under well-planned guidance and reminding.

### Late stage

When the disease slides into the last stage, the persons with dementia will need assistance with all aspects of their personal care. They are no longer able to do any household chores without help from others, their ability of judgment and problem-solving are also lost, and they are totally reliant on others for their personal hygiene. In this phase, these persons' verbal expression and comprehension have apparently degraded, their function of the limbs have deteriorated, and the disease is obviously shown outwardly.

If the caregiver is no longer able to look after the person with dementia by himself/herself because of old age or accumulated long-term stress, then it becomes imperative that the elderly should be taken to professional dementia care institutions such as care centers, long-term care institutions, or nursing homes. Institutional care provides professional care teams, including caretakers, nurses, social workers, and occupational therapists. The most important thing for family members to do is paying regular visits so that the elderly does not feel abandoned in the institution.

At the terminal stage of dementia, the person's limb functions will gradually worsen until he/her is entirely bedridden, his/her speech is almost all gone, and he/she can no longer eat by himself/herself, he/she needs complete care from others, and he/she drifts slowly toward the end of life. At this point, it is suggested that family members may consider the all-inclusive hospice care, which is aimed to preserve the life quality and dignity of their loved one and make both the dying and the living feel comfortable.

The above describes an ideal process of care of a person with dementia. However, if the care burden is too heavy to bear for a caregiver or if the caregiver has shown signs of melancholy or any physical illness, then the priority should be given to the use of a professional care institution for dementia. The condition of the person with dementia, in order to avoid the caregiver's breakdown, is not the sole consideration. And this is the right way for both the person with dementia and the caregiver!

## Appendix I: Consultation Hotlines

Organizations	Tel.
Taiwan Catholic Foundation of Alzheimer's Disease and Related Dementia	02-2332-0992
Catholic Sanipax Socio-Medical Service & Education Foundation	02-2365-7780 ext. 14
Taiwan Alzheimer Disease Association	0800-474-580
Taiwan Association of Family Caregivers Consultation Hotline	0800-580-097
Legal Aid Foundation Legal Aid Hotline	02-6632-8282

## Appendix II: Community Seniors Activity

Service Items	Organizations	Tel.
Learning Activity for Community Elderly with Dementia	Department of Health, Taipei City Government	1999(Outside Taipei City 02-27208889) ext. 7083
Group Activity for Persons with Dementia	Taiwan Catholic Foundation of Alzheimer's Disease and Related Dementia	02-2332-0992
School of Wisdom	Taiwan Alzheimer Disease Association	0800-474-580
General Seniors Community Activity Posts	Division of Welfare for Senior Citizens, Department of Social Welfare, Taipei City Government	1999(Outside Taipei City 02-27208889) ext. 6966~6968

## Appendix III: Welfare Resources Windows

Service Items	Organizations	Tel.
Lost Prevention Bracelet for Senior	Division of Welfare for Senior Citizens, Department of Social Welfare, Taipei City Government	1999(Outside Taipei City 02-27208889) ext. 6966~6968
Bracelet of Love	Missing Old Man Search Center Federation for the Welfare of the Elderly	02-25971700
AGPS Lost Prevention Device	Please go to the website: Resource Portal of Assistive Technology/Communication and Information Assistive Technology	02-28743415
Fingerprinting Service	Family members or custodian can go to local precinct for application.	Please directly contact local precinct
Emergency Rescue System	Division of Welfare for Senior Citizens, Department of Social Welfare, Taipei City Government	1999(Outside Taipei City 02-27208889) ext. 6966~6968

## Appendix IV: Memory Impairment and Dementia Clinics in Taipei City





Vitality 321 and Healthy Brain—"Taipei City Free Screening of Dementia"

1. Patron: Any Taipei City registered resident who is aged 65 (included) or over.
2. Locations: Appointed Hospitals and District Health Center in each District in Taipei City

Hospitals	Departments	Tel.
Taipei City Hospital—Zhongxin Branch	Neurology	02-2552-3234
Taipei City Hospital—Renai Branch	Neurology, Psychiatry	02-2709-3600
Taipei City Hospital—Hopin Branch	Neurology	02-2388-9595
Taipei City Hospital—Yangmin Branch	Neurology, Psychiatry	02-2835-3456
Tri-Service General Hospital	Neurology, Psychiatry	02-8792-3311
Taipei Veterans General Hospital	Neurology, Psychiatry	02-2871-2121
Taipei Municipal Wanfang Hospital	Neurology, Psychiatry	02-2930-7930
Mackay Memorial Hospital	Neurology, Psychiatry	02-2543-3535
Taipei Medical University Hospital	Neurology	02-2737-2181
Taiwan Adventist Hospital	Neurology	02-2771-8151

## Resources Map



-  Long-term Care Management Centers in Taipei City
-  District Health Centers in Taipei City
-  Seniors Service Centers in Taipei City
-  Day Care Centers in Taipei City





## Appendix V: Care Resources Windows---Long-term Care Management Centers in Taipei City

	Organization	Tel.	Fax.
Long-term Care Management Center	Headquarters	02-2597-5202	02-2597-0425
	West Station( Wanhua,Zhongzheng)	02-2375-3323	02-2388-9402
	South Station(Songshan, Da'an, Wenshan,Nangang, Neihu, Xinyi)	02-2704-9114	02-2325-8175
	North Station(Beitou, Shilin)	02-2838-9521	02-2838-6131
	Central Station(Datong, Zhongshan)	02-2552-7945	02-2552-7933



## Appendix VI: District Health Centers in Taipei City

Organizations	Tel.	Address
Beitou District Health Center	02-2826-1026	No.111, Sec. 2, Shipai Rd., Beitou Dist., Taipei City
Shilin District Health Center	02-2881-3039	2F., No.439, Zhongzheng Rd., Shilin Dist., Taipei City
Neihu District Health Center	02-2791-1162	2F.-1, No.99, Sec. 6, Minquan E. Rd., Neihu Dist., Taipei City
Datong District Health Center	0910-670-102	No.52, Changji St., Datong Dist., Taipei City
Zhongshan District Health Center	02-2585-3227	7F., No.367, Songjiang Rd., Zhongshan Dist., Taipei City
Songshan District Health Center	02-2501-4616	2F., No.692, Sec. 4, Bade Rd., Songshan Dist., Taipei City
Wanhua District Health Center	02-2767-1757	No.152, Dongyuan St., Wanhua Dist., Taipei City
Zhongzheng District Health Center	02-2303-3092	No.24, Guling St., Zhongzheng Dist., Taipei City
Daan District Health Center	02-2733-5831 0978-309-155 0978-309-156	No.15, Sec. 3, Xinhai Rd., Da'an Dist., Taipei City
Xinyi District Health Center	02-2723-4598	No.15, Sec. 5, Xinyi Rd., Xinyi Dist., Taipei City
Nangang District Health Center	02-2782-5220	7F., No.360, Sec. 1, Nangang Rd., Nangang Dist., Taipei City
Wenshan District Health Center	02-2234-3501	3F., No.220, Sec. 3, Muzha Rd., Wenshan Dist., Taipei City



## Appendix VII: Seniors Service Centers in Taipei City

Organizations	Tel.	Address
Beitou Seniors Service Center	02-2892-9702	3F., No.12, Sec. 1, Zhongyang N. Rd., Beitou Dist., Taipei City
Shilin Seniors Service & Day Care Center	02-2838-1571	5F., No.7, Ln. 53, Sec. 2, Zhongcheng Rd., Shilin Dist., Taipei City
Neihu Seniors Service Center	02-2632-5560	5F. No.20, Aly. 16, Ln. 110, Kangle St., Neihu Dist., Taipei City
Datong Seniors Service Center	02-2594-7064	6F., No.57, Changji St., Datong Dist., Taipei City
Zhongshan Seniors Home & Service Center	02-2542-0006	No.2, Ln. 101, Sec. 2, Xinsheng N. Rd., Zhongshan Dist., Taipei City
Songshan Seniors Service Center	02-2762-2844 02-2756-5018	9F., No.163-1, Sec. 5, Minsheng E. Rd., Songshan Dist., Taipei City
Wanhua Seniors Service Center	02-2361-0666	3F., No.4, Xining S. Rd., Wanhua Dist., Taipei City

Organizations	Tel.	Address
Longshan Seniors Service & Day Care Center	02-2336-1880 02-2336-1881	3F., No.36, Wuzhou St., Wanhua Dist., Taipei City
Chung-cheng Public Housing Seniors Service Center	02-2305-4169 02-2305-4261	1F.-2, No.52, Qingnian Rd., Wanhua Dist., Taipei City
Zhongzheng Seniors Service Center	02-2381-4571	No.6, Ln. 230, Bo'ai Rd., Zhongzheng Dist., Taipei City
Daan Seniors Service Center	02-2733-4012 02-2735-4162	3F., No.223, Sec. 3, Xinhai Rd., Da'an Dist., Taipei City
Xinyi Seniors Service & Day Care Center	02-8787-0300	4F., No.36, Songlong Rd., Xinyi Dist., Taipei City
Nangang Seniors Service & Day Care Center	02-2653-5311	1F., No.5, Ln. 187, Chongyang Rd., Nangang Dist., Taipei City
Wenshan Seniors Service Center	02-2234-4893	6F., No.27, Wanshou Rd., Wenshan Dist., Taipei City



## Appendix VIII: Day Care Centers in Taipei City

Organizations	Tel.	Address
St. Joseph Home for Alzheimer Patients & Day Care Center	02-2304-6716 ext. 108	No.11, Ln. 125, Dechang St., Wanhua Dist., Taipei City
Longshan Seniors Service & Day Care Center	02-2336-1880 02-2336-1881	3F., No.36, Wuzhou St., Wanhua Dist., Taipei City
Zhongshan Seniors Home & Service Center	02-2542-0006	2F., No.2, Ln. 101, Sec. 2, Xinsheng N. Rd., Zhongshan Dist., Taipei City
Datong Seniors Day Care Center	02-2598-8710	9-10F., No.52, Changji St., Datong Dist., Taipei City
De-yi-zai Dementia & Disabilities Day Care Center, Taipei City Hospital--Yangming Branch	02-2835-3456 ext. 8310	No.105, Yusheng St., Shilin Dist., Taipei City
Zhishan Seniors Nursing Home & Day Care Center	02-2883-2666 ext. 152	No.50, Ln. 2, Sec. 2, Yangde Blvd., Shilin Dist., Taipei City
Shilin Seniors Service & Day Care Center	02-2838-1571	6F., No.7, Ln. 53, Sec. 2, Zhongcheng Rd., Shilin Dist., Taipei City
Songshan Seniors Day Care Center	02-2761-6300	1-3F., No.5, Aly. 46, Ln. 251, Sec. 5, Nanjing E. Rd., Songshan Dist., Taipei City
Ren-he-shuan Dementia Day Care Ward, Taipei City Hospital--Renai Branch	02-2709-3600 ext. 3159	5F., No.10, Sec. 4, Ren'ai Rd., Da'an Dist., Taipei City
Xinyi Seniors Service & Day Care Center	02-8787-0300	5F., No.36, Songlong Rd., Xinyi Dist., Taipei City
Nangang Seniors Service & Day Care Center	02-2653-5311	2F., No.5, Ln. 187, Chongyang Rd., Nangang Dist., Taipei City
Xihu Seniors Day Care Center	02-2656-1700	6F., No.285, Sec. 1, Neihsu Rd., Neihsu Dist., Taipei City
Wenshan Nursing Home & Seniors Day Care Center	02-8931-3190 ext. 13	3F., No.8, Ln. 95, Sec. 2, Xinglong Rd., Wenshan Dist., Taipei City
Chaoju Nursing Home & Seniors Day Care Center	02-8661-6365 ext. 3105	No.129, Zhengda 2nd St., Wenshan Dist., Taipei City

## Questionnaire from “Manual for persons with Dementia”

From where are you aware of this manual? From which source did you know about the downloading of this manual?	<input type="checkbox"/> Internet <input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> District Health Center <input type="checkbox"/> Friends and relatives <input type="checkbox"/> Others:
Which content of this manual is most useful to you?	<input type="checkbox"/> An inspiring true story <input type="checkbox"/> Understanding dementia: ten warning signs and screening methods <input type="checkbox"/> Guidelines for taking a suspected person with dementia to see the doctor <input type="checkbox"/> The best-friends approach to caring for persons with dementia. <input type="checkbox"/> Tips on caring for persons with dementia <input type="checkbox"/> Help for both persons with dementia and their caregivers: Community service resources guide in Taipei City
What is your general impression of this manual?	<input type="checkbox"/> Clarity <input type="checkbox"/> A little difficult <input type="checkbox"/> Incomprehensible
Is this manual helpful to assist caregiver of dementia person?	<input type="checkbox"/> Very helpful <input type="checkbox"/> Fair <input type="checkbox"/> Absolutely not helpful
Which content of this manual needs to be enhanced?	<input type="checkbox"/> An inspiring true story <input type="checkbox"/> Understanding dementia: ten warning signs and screening methods <input type="checkbox"/> Guidelines for taking a suspected person with dementia to see the doctor <input type="checkbox"/> The best-friends approach to caring for persons with dementia <input type="checkbox"/> Tips on caring for persons with dementia <input type="checkbox"/> Help for both persons with dementia and their caregivers: Community service resources guide in Taipei City <input type="checkbox"/> Others:
Will you recommend this manual to your friends and relatives?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Your Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Your Age	<input type="checkbox"/> 15-19 years old <input type="checkbox"/> 20-29 years old <input type="checkbox"/> 30-39 years old <input type="checkbox"/> 40-49 years old <input type="checkbox"/> 50-59 years old <input type="checkbox"/> 60-69 years old <input type="checkbox"/> 70 years old and above
Your Education	<input type="checkbox"/> Junior High School and below <input type="checkbox"/> Senior High School <input type="checkbox"/> College/University <input type="checkbox"/> Graduate School
Your Status	<input type="checkbox"/> General public <input type="checkbox"/> Civer arego of person with dementia <input type="checkbox"/> Staff of dementia care community network, Department of Health, Taipei City Government

Taiwan Catholic Foundation of Alzheimer's Disease and Related Dementia  
 Consultation Hotline: 02-23320992

Please go to our website: <http://www.cfad.org.tw> and click 【Questionnaire】

Thanks for your support and suggestions!