

PERSONAL CARE

Personal care, including washing, bathing and dressing, is a common source of anxiety for people with dementia and their carers. It is quite common for people with dementia to lose interest in, or forget about, personal hygiene. Although this can be upsetting for carers and families, it is important to try and determine the possible causes and work out ways of coping without argument or confrontation.

Bathing and Showering

For most adults, washing is a personal and private activity. Therefore, when helping someone with dementia to wash it is important to be sensitive and to respect their dignity. While some people with dementia don't mind bathing, for others it can be a frightening and confusing experience.

There are a number of possible causes for problems with bathing.

Depression or illness (e.g. flu) can cause a loss of interest in personal hygiene.

Changed sense of perception of hot and cold or different sensation of water due to brain damage

Fear of falling, sound of running water, soap or being hurt by water.

Some people may never have undressed in front of others and may find the lack of privacy embarrassing. The loss of independence can be difficult to accept and may contribute to resistance of bathing.

Tiredness or feeling of being rushed.

Lack of understanding of what is required. Getting undressed and having a wash can be complex tasks due to the many steps involved.

The person may believe they have already bathed.

Environmental considerations such as the room being too hot or cold, the water in the bath being too deep or the shower box being dark can all cause anxiety for a person with dementia and make them feel uncomfortable.

What Can You Do?

Be considerate – the fact that a person is no longer able to wash him/herself means a loss of independence.

Cut down on frequency – a bath or shower twice a week can be sufficient. Try alternating a sponge bath with a more complete bath or shower.

Choose the best time of the day for bathing – try to maintain old routines whilst trying to choose a time of day when the person is most relaxed. Keep to the usual time.

Don't argue or force a person to bathe – leave it and try again later when they're more relaxed. Give choices: "Would you like a bath or shower?" "Now or later?"

Be sensitive of the temperature – make sure the bathroom is warm enough and is inviting.

Use a non-slip mat in the bottom of the bath or shower, and have grab rails installed. A shower stool sometimes helps. If the person is concerned about falling when getting out of the bath, let the water go first. (This can, however, be frightening for some.)

For persistent body odour try a little disinfectant added to the water. If using bath oil take extra care and use a non-slip mat.



Washing procedure

Have everything ready and the room warm.

Dignity of the person should be of concern for the carer. Create a feeling of privacy by closing doors and blinds, whilst ensuring lighting is adequate. Don't expose their entire body at once. Cover their upper body with a towel, while they are sitting in the bath.

Simplify the task as much as possible, talking the person gently through, one step at a time, using simple, respectful language. Offer to wash their back.

Separate hair-washing from bathing, especially for women. Some people are frightened of having water poured over their head. The use of a towelling sun visor might stop water running over the face when washing hair. This allows both hands for using the shower nozzle (hand held shower) and for shampooing, in case a person with dementia may not be able to hold a cloth over their eyes.

Give the person a facecloth to encourage them to do as much as they can for themselves.

Make sure the genital area has been washed.

Ask for the help of a District Nurse or support worker – they may get more co-operation than you do.

Make bathing a pleasant experience

Make the bathroom a pleasant place to be. Run the bath first and put lovely smelling bubble bath in the water or use a dash of lavender or geranium oil or bath salts. Play soothing music or try a sing-a-long. Use brightly-coloured towels. Put a small vase of favourite flowers in the bathroom. Allow plenty of time for the person to relax.

Skin and Nail Care

Hygiene is most important to prevent skin breakdown, especially for people who are incontinent. When the person is undressed, check for skin rashes or sores, especially under breasts, in tummy folds, groin and buttock crease. Notify the doctor if any red areas appear. After bathing be sure the person is thoroughly dry. Moisturiser on dry legs and arms also helps prevent skin tears and frail skin.

Check toe/fingernails and trim them regularly. A podiatrist could be helpful.

Dental Care

Poor oral health can affect a person's comfort and appearance, as well as a person's ability to eat, laugh and smile.

People with dementia are susceptible to dental problems as they may be taking medications which reduce the production of saliva or taking sugar-based medications which can lead to tooth decay. Also, as their abilities decrease with the progression of dementia they may be unable to clean their teeth effectively, express the need for dental treatment or understand that their teeth need to be kept clean.

During the early stages of dementia reminders may be sufficient to aid in good dental health. The reminders may need to be broken down into each step of a task. Instruction and demonstration for each step may have to be repeated.

Later, when the responsibility for oral hygiene must be totally assumed by the carer, the maintenance of a good oral health should include controlled eating habits, regular application of fluoride, oral hygiene and regular dental examination.

Eating habits: Each episode of eating results in an acid attack to the teeth. People's teeth can cope with a few acid attacks a day but they cannot cope with constant snacks. It is not the quantity of sugar but the frequency of eating sugary foods that should concern the carer.

Application of fluoride: Fluoride is very important in the prevention of tooth decay. It encourages the tooth to reform following the acid attack. Fluoride should be applied to the mouth of elderly people regularly, either in the form of toothpaste, mouth rinses or spray. Rinses can not be used as a substitute for daily tooth brushing since daily removal of plaque is essential for maintaining a healthy mouth.

Oral hygiene: A good rinse of the mouth or even a drink of water after meals helps to clear the mouth of retained food particles, especially before replacing dentures.

If brushing another person's teeth, first explain what you are about to do. Toothbrushing and denture removal may be easier from the front, side or behind. Experiment to find what suits you and a person with dementia.

As dementia progresses some people cannot tolerate their dentures. When the person moves to a residential facility, the family carer needs to ensure proper oral hygiene is taken care of. People suffering tooth decay may not show any signs or complain of pain.

Altered behaviour or reduced interest in food could indicate tooth decay. People who constantly remove their dentures may have a sore mouth.



Dressing

Getting dressed can be a complex and overwhelming task for a person with dementia because of the number of steps involved. Helping somebody with dementia to dress and undress can be extremely time-consuming and emotionally exhausting for both a carer and a person with dementia. You need to find an approach that works for you both. Here are some suggestions.

Choose a spot in the room for the person to dress and a different spot for the person to get undressed and ready for bed. Try to use the same spots every day.

Be flexible in accepting rather bizarre or out of place clothing as long as it doesn't harm anyone. Some people want to wear the same outfit every day and refuse to consider any variation. Instead of arguing buy a couple of outfits just like the preferred one.

Put away rarely worn or out-of-season clothes to make the selection easier.

Make sure the room is warm enough. Older people have different temperature needs.

Close the door and pull down blinds to create privacy. Provide adequate lighting.

Label dresser drawers describing their contents. Group items that go together in the drawer or hang ties, belts or other accessories on hangers with matching dress or shirt.

Changing the style of clothing i.e. from zippered trousers to track suit pants can cause men confusion when toileting and can be upsetting to a woman who has never worn trousers. Some compromise is important on both parts to retain the dignity and individuality of a person with dementia.

Getting Dressed

Keep the morning routine as familiar to the person as possible. Help the person to eat breakfast, wash and dress in the same order the person has done these activities throughout his/her life.

Encourage the person to select their own clothes, but only offer two outfits to choose between.

Only do one step at a time. It may be that the person is no longer able to distinguish the front from the back of a garment or he/she may not be able to pull the underpants up to the waist without some assistance.

Dress one half of the body, before undressing the other half, so that the person's body is never totally exposed. Also, try to dress them the way they were dressing themselves: Did the person put on all the underwear first before shirts and pants or did he/she dress the upper half of his/her body completely before the lower half?

It may take more time to assist the person getting dressed, than doing it yourself, but being able to dress one's self can make a person feel independent and will enhance self-esteem.

Choose practical clothing

Choose clothes that fit comfortably, try one size larger. Bright, busy patterns can sometimes be distracting. Select solid contrasting colours.

If snaps, hooks, zippers and belt buckles are too difficult to manage, replace them with velcro tape.

Use cardigans rather than pullovers, and other garments with front openings.

In addition to incontinence pads, you might also want to add an extra layer of protection to regular clothing by lining the backs of skirts or pants with towelling material.

Slip-on shoes are easier to put on. Make sure the shoes have non-skid soles. Some people prefer sports shoes with velcro closures; they are also washable. Be aware that sport shoes can grip carpet or lino floor if people have a shuffling gait.

Shoes: It is important to have good fitting shoes and slippers to allow safe mobility.

For Men

Try pants with elastic waistbands.

Tube socks are easier to put on, because they have no heels.

T-Shirts tend to look okay even if worn backwards.

For Women

Try slip-on blouses, wrap-around or elastic waistband skirts or slacks.

Front fastening bras are easier for you both to manage. Not wearing a bra can cause soreness and discomfort, however, a cotton vest may be considered if the person has difficulty with a bra.

Pantyhose are difficult to put on, try short cotton socks, knee high or thigh high stockings instead. Be aware of possible circulation problems because of the elastic band.

The way we dress can say a lot about who we are. Try to help a person with dementia to choose what they wear and retain their own individual style. This will help in preserving a person with dementia's identity.

Inappropriate undressing

Some people with dementia tend to undress themselves frequently and in front of others. This can be embarrassing and inconvenient but they may no longer understand what is appropriate and are not doing this to be provocative. Evaluate each situation:

Is the person dressed too warmly?

Do they need to go to the toilet?

Are they tired and trying to get ready for bed?

Are they bored?



Alzheimers New Zealand has a range of information sheets and booklets available for people with dementia, their carers, families and whānau. Alzheimers member organisations located throughout New Zealand provide a variety of services and support to all people affected by dementia. Contact your local organisation on freephone 0800 004 001.

This information sheet provides a general summary only of the subject matter covered and is not a substitute for informed professional advice. Any person with dementia or their carer or family/whānau should seek professional advice about any individual case. Alzheimers New Zealand is not be liable for any error or omission in this publication, as a result of negligence or otherwise. This information sheet was produced in March 2010.

Alzheimers New Zealand – Level 3, Adelphi Finance House, 15 Courtenay Place, PO Box 3643, Wellington 6140
Phone 04 381 2362 **Facsimile** 04 381 2365 **Email** nationaloffice@alzheimers.org.nz **Web** www.alzheimers.org.nz
Charity registration CC21026 **Patron** Lady Hillary **Member** Alzheimer's Disease International