

Ten Common Pitfalls of Dementia Caregivers

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As caregivers, we often intuit what we should do. No one ever gave us lessons on how to relate to someone with memory loss. Unfortunately, dealing with dementia is counter-intuitive, e.g. often the right thing to do is exactly opposite that which seems like the right thing to do. Herewith, some of the common pitfalls:

1. BEING REASONABLE, RATIONAL and LOGICAL will just get you into trouble. When someone is acting in ways that don't make sense, we tend to carefully explain the situation, calling on his/her sense of appropriateness to get compliance. However, the person with dementia doesn't have a "boss" in his/her brain any longer, so they do not respond to our most cogent arguments. Straightforward, simple sentences about what is going to happen is usually the best.

2. PEOPLE WITH DEMENTIA DO NOT NEED TO BE GROUNDED IN REALITY. When someone has memory loss, they often forget important things, e.g. that his/her mother is deceased. When we remind them of this loss, we remind them about the pain of that loss also. When someone wants to go home, reassuring them that they are at home often leads to an argument. Re-directing and asking someone to tell you about the person they have asked about or about one's home is a better way to calm the person with dementia.

3. YOU CANNOT BE A PERFECT CAREGIVER. Just like there is no such thing as a perfect parent, there is no such thing as a perfect caregiver. You have the right to the full range of human emotions and sometimes you are going to be impatient or frustrated. Learning to forgive your loved one as well as yourself is essential in the caregiver journey.

4. THERAPEUTIC LYING REDUCES STRESS. We tend to be meticulously honest with people. However, when someone has dementia, honesty can lead to distress both for us and for the one we are caring for. Does it really matter that your loved one thinks they are the volunteer at the day care center? Is it okay to tell your loved one that you are going out to lunch and then just stop by the doctor's office on the way home to pick something up as a way to get him/her to the doctor?

5. MAKING AGREEMENTS DOESN'T WORK. Asking them to not do something ever again or to remember to do something, will soon be forgotten. For people in early stage, leaving notes as reminders can sometimes help, but as the disease progresses, this will not work. Acting, rearranging the environment, rather than talking and discussing is usually a more successful

approach.

6. DOCTORS OFTEN NEED TO BE EDUCATED BY YOU. Telling the doctor what you see at home is important. The doctor doesn't know from doing an examination that this person has been up all night pacing. Sometimes doctors, too, need to deal with therapeutic lying, e.g. tell the patient that an anti-depressant is for memory rather than an anti-depressant.

7. YOU CAN'T DO IT ALL. IT'S OK TO ACCEPT HELP BEFORE YOU GET DESPERATE. When people offer to help, the answer should always be "YES". Have a list of things people can do to help you, whether it is bringing a meal, helping trim the roses or staying with your loved one while you run an errand. This will reinforce offers of help. It is harder to ask for help than to accept it when it is offered, so don't wait until you "really need it" to get support.

8. IT IS EASY TO BOTH OVERESTIMATE AND UNDERESTIMATE-WHAT YOUR-LOVED ONE CAN DO. It is often easier to do something for someone than to let them do it for themselves. However, if we do it for them, they will lose the ability to be independent in that skill. On the other hand, if we insist someone do something for themselves that they get frustrated trying to do, we just make our loved one agitated and probably haven't increased his/her abilities to perform tasks. It is a constant juggle to find the balance.

9. TELL, DON'T ASK. Asking "What would you like for dinner?" may have been a perfectly normal question at another time. But now we are asking our loved one to come up with an answer when he/she might not have the words for what they want, might not be hungry, and even if they say answer, might not want it when it is served after all. Saying "We are going to eat now" encourages the person to eat and doesn't put them in the dilemma of having failed to respond.

10. IT IS PERFECTLY NORMAL TO QUESTION THE DIAGNOSIS WHEN SOMEONE HAS MOMENTS OF LUCIDITY. One of the hardest things to do is to remember that we are responding to a disease, not the person who once was. Everyone with dementia has times when they make perfect sense and can respond appropriately. We often feel like that person has been faking it or that we have been exaggerating the problem, when these moments happen. We are not crazy—they are just having one of those moments.