Open Dementia Programme Printable Notes

Module 5: Common difficulties and how to help

Learning aims

On completion of this learning object you will be able to:
• have a better understanding of the unique nature of every individual's experience of dementia
• describe ways in which some of the most common symptoms of dementia can affect people's everyday lives
• appreciate how it can feel to be faced with the symptoms of dementia
• draw on a range of strategies to compensate for the difficulties caused by some common symptoms of dementia
• recognise and minimise causes of avoidable difficulties.

Estimated time required: 30 to 40 minutes

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Section 1: Introduction

Hello and welcome to module 5 ‘Common difficulties and how to help’.

In this module we will take a further look at some of the symptoms of dementia. We will invite you to participate in some exercises that will help you gain an insight into what it can be like to experience these symptoms and live with dementia.

We will also explore the needs of people who are experiencing these symptoms, and consider some basic practical strategies that can be used in everyday situations to minimise the impact of some of the common symptoms of dementia and avoid unnecessary difficulties.
Section 2: Individual differences

In this section you will learn about:
• how our own experiences of forgetfulness can serve as a starting point in imagining the experience of dementia
• how symptoms of dementia become more severe than anything we are likely to have experienced
• the danger of simply categorising people in terms of their ‘stage of dementia’ and not recognising the unique way dementia affects each individual.

Many symptoms of dementia, in their mildest form, are within our own realms of experience. We all know, for example, what it’s like to forget something or to misplace an object.

You may have encountered someone you know in the street and not been able to place them. You have probably got lost when you were taking a new route somewhere, and you will almost certainly have experienced word-finding difficulties, when a familiar word momentarily escapes you.

These experiences can be a useful starting point in understanding what it might be like to live with the symptoms of dementia.

However, it is important to recognise that, in dementia, the symptoms will become much more severe than anything we are likely to have experienced.

Dementia is a progressive condition. At the beginning, the difficulties that people experience are likely to be similar to those mentioned above. But as dementia progresses, the problems will become much worse.

Frustrating though it is to have misplaced your keys when you need to leave the house in a hurry, it’s hard to imagine what it would be like when such memory lapses are not just an occasional annoyance, but a part of everyday life.

We often hear about people being in a particular ‘stage’ of dementia. This can give us a general idea about possible difficulties, but there are no clearly defined ‘stages’ that each person experiences.

Some people, for example, retain good communication abilities right through their life with dementia, while others develop severe problems with verbal communication. Many people retain their continence, while others may lose this ability.
It is essential, therefore, to recognise that everyone’s experience of dementia is unique. In order to support an individual, we need to understand how their own dementia affects them at this point.

Read these two statements from two people who reveal how dementia is affecting each of them at this point in time.

1. Older lady with dementia: ‘I had to leave that shop. I knew I wanted a torch but I couldn’t tell the shopkeeper. I couldn’t find the word for it.’

2. Another older lady with dementia: ‘I’m so glad to be out. I always enjoy passing the time of day with people in the town, though when people ask me directions I must confess I tell them I’m not from round here.’

That brings us to the end of this section. When you are ready, move to the next section where we will learn more about some of the difficulties that people with dementia experience every day.

Please note: any word in blue can be found in the accompanying glossary.
Section 3: Common dementia symptoms

In this section you will learn:
- how it can feel to experience difficulty carrying out everyday tasks
- how memory is affected in dementia
- how some memories are stronger than others
- what it can be like to fail to recognise people
- what it feels like to be put on the spot or tested
- about the difficulties of perception people with dementia may experience.

While no two people will experience dementia in exactly the same way, there are some relatively common symptoms that many people will develop at some point in their journey with dementia. In this section, we will explore the experience of four of these common symptoms:
- difficulties with everyday tasks
- short-term memory loss
- recognition
- perception.

Four common problems

Now take a look at the following four problems. Each one will help you to deepen your understanding of the experience of each of these common symptoms of dementia.

Problem 1: Difficulties with everyday tasks

It is common for people with dementia to experience some difficulty in undertaking everyday tasks such as cooking, cleaning, organising or even making a cup of tea. Making a cup of tea can be very complicated for a person with dementia too.

Look at the following list to experience what some people with dementia might experience when trying to make a cup of tea:
- They open the cupboard where they think their cups and saucers are, only to find that this cupboard contains coffee, tea, flour, sugar and so on.
- The milk is found in the cupboard instead of the fridge.
- The tea bags are found in the fridge.
- They take out the bag of flour from the cupboard instead of the sugar.
- They put the tea bags in the kettle instead of the teapot.

Please note: any word in blue can be found in the accompanying glossary.
• When they pour the milk into the cup they overfill it pouring milk all over the kitchen counter and onto the floor.
• They turn on the kettle but they have not filled it with any water.

This can really be the experience of a person with dementia who has problems sequencing actions and remembering where they have put things. This will often leave them feeling like a failure and really frustrated.

Over to you!
1. How did reading about those problems make you feel?
2. What do you conclude about the experience for people with dementia of struggling with everyday tasks?
3. When a person with dementia has difficulty carrying out an everyday task, how do you think you could help?

Problem 2: Short-term memory loss

It is frequently reported by both carers and people with dementia that what happened five minutes ago is forgotten, yet events from decades ago can be remembered quite easily. The following exercise will help you understand the nature of different types of memory and the impact of memory loss.

Look at the following list of different types of memory. Imagine that these are memories from your own life. Which ones would you be most reluctant to lose?
• recent information: my local visitors, medical appointments and prescriptions, phone messages and the gas bill
• over the years: summer holidays, your grandchildren, the time you won at athletics or the time when you were burgled
• long ago/whole lifetime: your life’s work, wartime experiences, your wedding

The ability to store new information is affected in most types of dementia. Just like a computer with a faulty save function, it may become almost impossible for the brain to retain new information. However, memories from long ago that have already been stored will not be affected in the same way.

As dementia progresses, memory for the past does tend to become damaged. Usually, it is more recent memories that are affected first. Memories from long ago, and those with strong emotional connections, will often remain intact. Sometimes, though, a person will need assistance in retrieving these memories.

Recall which memories you would have liked to save. Unfortunately, those memories that we wish to keep may not in fact be the ones we are able to.

Please note: any word in blue can be found in the accompanying glossary.
Over to you!

Now think about what the impact might be of losing memories particularly those you wanted to keep safe.
1. What problems will be caused by loss of memories of recent news, appointments, letters or encounters?
2. What practical support might people need with correspondence, appointments and household organisation?
3. How could we help a person to retrieve memories that may have toppled but have not been lost?
4. How can we help someone hold on to their important memories from the past?

The memory bookshelves of people with dementia are constantly shaken as time goes by, but people often retain key memories of the past. These memories often form the best topics of conversation and can provide the most appropriate ways to occupy people’s time.

Take a look at these two stories to see how retained memories of the past can be integral features of the person’s current life. As you read them, you may want to think about the questions in the ‘Over to you’ section.

**An older woman talks about ‘My husband, the GP’**

Woman: My husband was a GP for 35 years, he now has dementia and is in a home – and the staff are so co-operative, he will sit by them while they are writing their reports and give them his opinions on the other residents or what to write. He feels in himself, when he is sitting there, that he is taking part as a doctor. His life was his medicine.

Care home staff member: We have given him a fictitious list of names where/which he can relate to, maybe, his patients and he then, writes out little reports and talks about it and also some of the paperwork may be similar to prescriptions so he can actually relate to his position that he had.

**An older woman talks about ‘My grandad’s tram’**

Woman: Tell you what my granddad used to do; he used to drive an old tram. Do you remember the old tram, do you remember seeing them in London and he used to get me and my friends free tram rides. My friends thought he was wonderful. Granddad’s tram, he said they used to wave to him when I wasn’t there, he said all the kids...

‘As we become more emotional and less cognitive, it’s the way you talk to us, not what you say, that we will remember. We know the feeling, but don’t know the plot.’


Please note: any word in blue can be found in the accompanying glossary.
Even though people with dementia might not be able to remember recent events, it is often memories with strong emotional connections that remain longest – even if they are fairly recent. If someone has been made to feel stupid, they are likely to retain this feeling even after they have forgotten what happened. If someone has had an enjoyable afternoon, they may forget what they have done but are likely to remember the happy feeling.

It is important to try to make our encounters with people with dementia ones that will create positive feelings.

**Problem 3: Recognition**

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<th>Over to you!</th>
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<tr>
<td>1. Did you remember which people you met in module 2, and the information you were given about them then? If not, why not?</td>
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<td>2. How does it feel to mistake certain people?</td>
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<td>3. How long do you think you will retain the information about these characters?</td>
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<tr>
<td>4. Why might that be?</td>
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<tr>
<td>5. What conclusions can you draw from this about the recognition and memory problems that people with dementia experience?</td>
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<tr>
<td>6. What could help a person with dementia who struggles to remember or recognise people they know?</td>
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People with dementia frequently have daunting encounters and, unfortunately, often receive the sort of unhelpful responses you received. To avoid this, many people tend to withdraw, becoming depressed and isolated.

Some helpful ways of compensating for problems of recognition are found in Section 4 of this module and they may match some of your own reflections on this latest exercise.

**Problem 4: Perception**

Dementia often causes problems with visual perception. Although the person may still have good eyesight, they may experience problems in recognising what they see.

It is common, for instance, for people with dementia to experience a decreased ability to perceive colour contrasts and depth. This can make it hard for people to recognise the edges of objects.

Please note: any word in blue can be found in the accompanying glossary.
People will also often find it difficult to interpret patterns or shadows, and can easily mistake these for hazards, insects or litter.

Because of difficulties with visual perception, an apparently normal environment such as this living room can appear to be a treacherous environment to a person with dementia.

Take a look at the list below and see how someone with dementia might experience their own living room. Imagine how frightening it could be if the following happened:

- instead of seeing their blue carpet in the hallway they see water
- flowers on the wallpaper turn into a swarm of bugs
- their chequered carpet turns into rows of barbed wire
- they see a big hole in the floor where their circular rug should be
- their bin turns into a barking dog
- their comfy armchair just disappears.

Over to you!

1. How might the person have felt about the hazards they encountered?
2. Have you noticed any ways in which people with dementia might mistake aspects of their environments?
3. How could the environment you negotiated have been adapted to make it easier for the person you tried to guide?

Did you gain insight into some of the unnecessary stress that the environment can cause for people with dementia if it does not take their perceptual difficulties into account? If a person appears to be experiencing problems negotiating their environment it will be important to make adaptations to eliminate confusing features.

Your thoughts on possible adaptations to the environment could well match some of the pointers in section 3 of this module, where we look at ways of compensating for perceptual problems.

You have had a brief experience of some of the frustrations and barriers that people with dementia face every day hopefully, you have also started thinking about some of the strategies you might be able to use to assist people struggling with these difficulties.

In Section 4 we will look at some of the strategies that can be helpful.

Please note: any word in blue can be found in the accompanying glossary.
Section 4: Compensating for symptoms

In this section you will:
- learn how to minimise the stress caused by symptoms of dementia
- consider some practical strategies to assist with the four symptoms explored in the previous section.

Experiencing the symptoms of dementia can be stressful and challenging.

While these symptoms cannot be eradicated, there is much that can be done to compensate like filling in the missing pieces of a jigsaw puzzle. If we ‘fill the gaps’, we can minimise the impact of some of the difficulties caused by dementia. This will help to avoid some of the distress that the difficulties would otherwise cause.

Strategies for common problems

Now we’d like you to think more about the problems that you read about in the previous section. For each we’re going to look at some practical strategies you may well have thought about in answer to the questions posed at the end of each of the activities.

Strategies for problem 1: Difficulties with everyday tasks

The task of making a cup of tea can be split into seven steps. However, there could be up to 30 different steps involved in the apparently simple task of ‘making a cuppa’.

This is complex for a person who struggles with sequences of actions. It is important not to simply take over the task if the person is still able to do parts of it themselves, as this can provoke feelings of uselessness.

Equally, it is important not to leave a person to struggle and fail. We need to find out what abilities the person still has in relation to the task, and make sure that they have the opportunity to do these things themselves. We can provide support with trickier aspects by breaking the task down into its component parts and giving the necessary prompts.

We can work alongside the person and discreetly undertake any aspects of the task that the person isn’t able to do, or find a way of making it easier (such as decanting the milk into a jug, from which the person may find it easier to pour into the cups).

Please note: any word in blue can be found in the accompanying glossary.
Strategies for problem 2: Short-term memory loss

It is important not to try to push people into remembering forgotten information, as this ‘testing’ can be very stressful. People with dementia will usually be very aware of their memory problems, which often cause anxiety. People may ask questions to try to fill the gaps. Sometimes, questions are frequently repeated, as the person forgets the answer they were given.

Some people will have developed various ways of compensating for their own memory problems, such as using calendars, diaries or post-it notes. We can support people to develop such self-help strategies.

We can help to hold on to a person’s memories so that we can remind them of necessary information they’ve forgotten. This could include information about current events in the person’s life and also their important memories from the past.

We should be prepared to repeat information as often as it is needed, patiently answer questions, and provide prompts in the environment if these would help, for example, signs on doors to help the person remember which room is which.

There are also some technological solutions that can assist with memory problems. For information on the various products available see: www.atdementia.org.uk

Strategies for problem 3: Recognition

A person with dementia is likely to experience difficulty in recalling people they meet casually. If a person with dementia, whom you have already met, does not recognise you, it will be unhelpful to make them feel tested by insisting they try to remember you. Avoid disparaging or dismissive responses like some of those you received from your earlier experiences of mistaken identity.

People with dementia may also fail to recognise very familiar faces, and it is important to try not to feel personally rejected, but to recognise it as a symptom of their dementia.

Introduce yourself if you think the person doesn’t recognise you. It can help to wear a name badge. Even if someone doesn’t recognise your face, they might still recognise your voice or a particular T-shirt you wear. The person may not consciously remember that you were kind when you last met them, but they may instantly feel that they can trust you.

Please note: any word in blue can be found in the accompanying glossary.
An encounter of strong emotional impact either positive or negative will often be remembered for much longer because of the strength of feeling associated with it. Try to ensure that you have a positive emotional impact on people.

**Strategies for problem 4: Perception**

Mistaken perceptions can often cause problems for people with dementia. It is important to avoid misleading visual information. Patterns, for example, can often be misperceived – such as the flowers on wallpaper turning into a swarm of bugs.

A piece of furniture that is the same colour as its surroundings could be virtually invisible to a person with dementia. Sudden changes in the colour of floor covering (such as a blue carpet turning to water, or a rug looking as if it were a hole in the ground) can be misperceived as a change in depth.

Generally, plain colours are less likely to be misperceived than patterns. Colour contrasts help with distinguishing objects from their surroundings.

Objects that are misperceived and cause distress should be removed from view. Balanced against this, though, is the need to maintain familiarity. For example, it will be unhelpful to remove a favourite patterned bedspread if this doesn’t currently cause problems. It is important to be guided by the person’s preferences and needs.

Further useful advice can be found in *The Alzheimer’s Society guide to the dementia care environment* (2007).
Personal strategies for overcoming difficulties

Take a look at these two accounts of people talking about how they manage to overcome some difficulties. As you read, think about what resources they use to fill in the gaps.

Both people have successfully used simple strategies (a friendly neighbour and the use of a calendar) to compensate for difficulties and maintain their independence.

**Philip’s story**

Philip: ‘Sometimes I forget my keys. If I come and I knock my pocket and I don’t have my key I ring the people next door which, they are very kind. If they are there, they let me use their door because we live as good neighbours.’

**Rose’s story**

Interviewer: ‘How did you remember you were coming here today?’
Rose: ‘Well I’ve got a calendar, and the calendar is each page is a week and it’s divided off into days. So I have to write down in each cell what I’m going to do that day. And I’ve got down on this particular day that I have this meeting to come to and what time they were coming to pick me up. So I was ready and waiting when they came to pick me up.’

As you have seen, while we might not be able to eradicate the symptoms of dementia, there is much we can do to make life easier for people experiencing them.

We can provide support to ‘fill the gaps’. We can ensure that the environment is helpful and does not cause any unnecessary problems. We also need to make sure that we address the feelings that the symptoms of dementia can trigger.

That brings us to the end of this section. When you are ready, move to the next section where we will learn about how we can avoid some of the causes of difficulty faced by people with dementia.
Section 5: Symptoms or avoidable difficulties?

In this section you will:
- learn that some difficulties faced by people with dementia have avoidable causes
- recognise some common factors that can cause difficulties
- learn about how these factors could be avoided or addressed.

We have been considering the importance of recognising and compensating for symptoms of dementia. But we must also be aware that some difficulties faced by people with dementia may not be caused by damage to the brain, but by other factors. It can be easy to mistake such difficulties as 'symptoms' when they are, in fact, avoidable.

For example, someone who has nothing to do may become withdrawn. And someone who has just moved into a new environment is likely to be disorientated. In these examples, the withdrawal and disorientation are not symptoms of dementia, but results of other causes.

Avoidable difficulties can often make an individual's dementia appear more severe than it actually is.

Causes of avoidable difficulties include:
- inappropriate attitudes, behaviour and communication of other people
- unhelpful or new environments (such as admission to hospital)
- physical health problems and pain
- certain medication
- disabilities and sensory impairments
- troubling aspects of the person’s own life history.

Please note: any word in blue can be found in the accompanying glossary.
A case study on avoidable difficulties

Read the story below and consider the questions that follow.

Cynthia has Alzheimer’s disease. She lives alone, following the death of her husband last year. Cynthia has two home care visits a day. Over the course of a week, these visits are undertaken by a large number of different staff. Cynthia has arthritis in her hips, and often finds it quite difficult to rise from her low armchair.

The home care staff only have short periods of time allocated for their visits, so they wash and dress Cynthia rather than helping her do it for herself. They choose her clothes because this is quicker. They rarely talk to her.

On the evening visit, Cynthia is given a sleeping pill. However, she wakes and rises very early and sometimes, when the morning home carer arrives, she finds that Cynthia has been up for some time and has already attempted to dress herself. However, since Cynthia has invariably forgotten to wash, the home carer tells her off and insists on undressing and washing her.

Over to you!

1. What factors can you pinpoint in this short case study that could be creating avoidable difficulties for Cynthia?
2. What specific difficulties could Cynthia experience as a result?

Problematic factors in this situation

In the table below, see whether you have spotted all the problematic factors – we’ve listed ten below – and identified the difficulties (in bold) that are likely to result.

1. ‘death of Cynthia’s husband’

Our commentary: Cynthia’s recent bereavement could easily have led to depression which, in older people, can often cause confusion. Cynthia may need bereavement counselling and/or empathic support from her care staff to help her talk and express feelings about her husband’s death.

(continues over)
2. ‘a large number of different staff’

Our commentary: Cynthia is likely to experience **problems recognising faces and remembering names** because so many people are involved in her care. If she does not know her carers she is unlikely to feel safe with them, which could lead her to being **resistant to care**. Having a small, consistent team of staff who are known and trusted by an individual will avoid these difficulties.

3. ‘arthritis’

Our commentary: If Cynthia is in pain, she may be **withdrawn, restless or bad-tempered**. She may even be **aggressive**, particularly if the painful area is touched by care staff. It is important to ensure that Cynthia has the appropriate medication and/or **physiotherapy** to help alleviate her pain.

4. ‘low armchair’

Our commentary: With her arthritis, Cynthia clearly finds it difficult to rise from the low armchair. She may become **agitated**. She may not be able to get out of the chair in time to get to the toilet, and so may appear to be **incontinent**. Cynthia urgently needs an assessment by an **occupational therapist** to raise or replace the armchair.

5. ‘short periods of time allocated for their visits, so they wash and dress Cynthia’

Our commentary: Those who commission care packages need to be aware that short visits will often create extra problems for people with dementia. If there is insufficient time available for staff to enable Cynthia to do things for herself, she will begin to experience **difficulty carrying out everyday tasks** for herself, and may eventually **lose the capacity for self-care**. The staff themselves also need to recognise that ‘doing for’ rather than enabling someone can often take longer, because the person may resist this disempowering approach.

6. ‘They choose her clothes’

Our commentary: Making choices for Cynthia, rather than enabling her to do so herself, could lead to Cynthia experiencing **decision-making difficulties**.

(continues over)
7. ‘They rarely talk to her’

Our commentary: This lack of communication could well make Cynthia **withdrawn**. She lives alone and her visits by home carers are her primary source of contact with the outside world. Cynthia will gradually **lose communication skills** because these skills are not being used. It does not take any extra time to explain tasks that are being undertaken, and to chat with someone while attending to their care needs. There is no excuse for failing to communicate with Cynthia.

8. ‘sleeping pill’

Our commentary: Sedative medication will often create hangover effects, including increased **confusion**, **impairment of memory** and **impaired performance of motor tasks**. Sedatives can also be responsible for **falls**. Cynthia may not need this medication at all and it should be reviewed by her doctor.

9. ‘tells her off’

Our commentary: Being told off for trying to maintain her own independence will be a very demoralising experience for Cynthia. She may become **withdrawn**. She may stick up for her rights and appear to be **aggressive**. Or she may simply give up trying, and eventually **lose the capacity for self-care**. Cynthia should be encouraged to do things for herself and validated for her efforts. It is also important for staff to focus on what’s really important, and maybe it isn’t essential for Cynthia to wash every day.

10. ‘home carer insists’

Our commentary: Staff need to remember that Cynthia has the right to be in charge of her own life. Taking over and making Cynthia to conform to their own expectations is not appropriate. If Cynthia is having her rights denied, she may need to be aggressive in attempting to stick up for herself. Or she may feel so disempowered that she gives up, in which case she will **lose the capacity for self-care**.
This list of difficulties (as highlighted in bold in the table) looks like a list of symptoms of advanced dementia:

1. confusion
2. problems recognising faces and remembering names
3. resistant to care
4. withdrawn
5. restless
6. bad-tempered
7. aggressive
8. agitated
9. incontinent
10. difficulty carrying out everyday tasks
11. lose the capacity for self-care
12. decision-making difficulties
13. lose communication skills
14. impairment of memory
15. impaired performance of motor tasks
16. falls.

And yet, as we have seen, every single one of these difficulties had an avoidable cause. It is likely that Cynthia's dementia will appear to be much more severe than it actually is.

Over to you!

1. In considering your own contact with people with dementia, can you recognise any causes of avoidable difficulties?

Living with dementia is undoubtedly a challenge. People are faced with increasing difficulties in many aspects of their day-to-day lives. It is so important, therefore, to ensure that they are not also faced with additional difficulties that could have been avoided.

With a little extra planning, sensitivity and insight, we can ensure that people with dementia have the best possible chance of maintaining their abilities for as long as possible.
Below is a summary of the main points from this module:

- Although there are many common symptoms, each person's experience of these will vary.
- The difficulty in forming and storing new memories is a common feature of dementia.
- People with dementia do not deliberately get things wrong.
- Significant experiences with strong emotional content are retained in memory much longer than recent information.
- There are various ways in which we can support people through their problems with daily tasks, recognition, memory and perception.
- It is important to consider the individual's needs in finding appropriate strategies to compensate for their difficulties.
- We must ensure that people with dementia are not faced with any avoidable difficulties in addition to those caused by their dementia.

Before you move on to the sixth module of the programme, where we look at the feelings that the symptoms of dementia can trigger, why don’t you take our self-assessment quiz, which will allow you to test your understanding of some of the key points?
Section 6: Self-assessment

This self-assessment will allow you to test your understanding of some key messages and facts covered in this module. Choose between true and false for each question. You will then see the right answers and some feedback on page 22, and where to look in this module to review.

**Question 1**

Everyone goes through the same three clearly defined stages of the disease.

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**Question 2**

The simple act of making a cup of tea can in fact be extremely complex for a person with dementia.

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**Question 3**

When a person with dementia has difficulty with everyday tasks, they should be prevented from doing such things, in order to avoid them becoming frustrated.

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**Question 4**

Usually memories from long ago and those with a strong emotional connection remain intact in dementia.

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**Question 5**

There is not much point in talking about the past as it will only cause confusion and be quickly forgotten.

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Please note: any word in blue can be found in the accompanying glossary.
**Question 6**

People with dementia should find it easy to interpret patterns and shadows if their eyesight is OK.

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**Question 7**

The best topics of conversation relate to the here and now; this helps to maintain people’s orientation.

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**Question 8**

If a person with dementia repeats questions it is because they are not concentrating.

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**Question 9**

If someone you know with dementia does not recognise you, try to avoid testing them and make sure you introduce yourself.

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**Question 10**

All the difficulties faced by a person with dementia are inevitable results of their brain damage.

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Please note: any word in blue can be found in the accompanying glossary.
Answers

1. The answer is ‘false’. Every person’s experience of dementia is unique. If you want to review this go back to Section 2, ‘Individual differences’, where we cover this point.

2. The answer is ‘true’. There can be as many as 30 separate component parts to the task of successfully making a cup of tea. This is covered in Section 3.1, ‘Difficulties with everyday tasks’.

3. The answer is ‘false’. It is important not to disempower a person. Instead a person can maintain their independence with the help of timely prompts and support if it is needed to complete a task. You can look at this again in Section 3.1, ‘Difficulties with everyday tasks’.

4. The answer is ‘true’. It is important to remember that often people need help to retrieve these memories. If you want to review this go to Section 3.2, ‘Short-term memory loss’ where we cover this point.

5. The answer is ‘false’. Memories of the past can be integral features of someone’s current life. It is important to tap into them. You can review this in Section 3.2, ‘Short-term memory loss’ where we cover this point.

6. The correct answer is ‘false’. Although a person may have good eyesight they can frequently have problems in recognising what they see. Visit Section 3.4, ‘Perception’ if you would like to review this point.

7. The correct answer is ‘false’. Key memories from the past can provide the best topics for conversation, whereas talking about the here and now can highlight people’s memory loss and cause distress. This is covered in Section 4, ‘Compensating for symptoms’.

8. The correct answer is ‘false’. A person will often ask questions to fill in gaps, and their dementia might make them unable to retain the answer, so they will ask the question again. You might want to re-visit Section 4, ‘Compensating for symptoms’ where we cover this point.

9. The correct answer is ‘true’. You should always avoid putting a person on the spot by testing them and insisting they remember your name. After you finish this self-assessment, you might want to re-visit Section 4, ‘Compensating for symptoms’ where we cover this point.

Please note: any word in blue can be found in the accompanying glossary.
10. The correct answer is ‘true’. Difficulties can also be caused by a range of avoidable factors, including inappropriate communication from other people and unhelpful environments. After you finish this self-assessment, you might want to re-visit Section 5, ‘Symptoms or avoidable difficulties?’ where we cover this point.
Section 7: References


Useful website for assistive technology resources: www.atdementia.org.uk.