

# Occupational Therapy Intervention

## Baseline Assessments

Since available assessment tools to diagnose dementia assume a previous intact level of cognitive functioning, this poses difficulties in diagnosing people who have a learning disability and cannot be compared against the general population.

Each person has to be compared against their own previous abilities and behaviour hence the importance of gathering information from people who have known the person prior to the onset of deterioration and carrying out in depth baseline assessments to compare functioning over time.

Research recommends that baseline assessments are carried out in all people who have Down's syndrome from the age of 35 years with reassessments every 5 years unless changes in behaviour, skills or routines are noticed, when reassessment will be on an ongoing basis.

## Environmental Assessment

The once familiar and secure environment of home and/or day occupation can become over stimulating and a confusing place for the person with Alzheimer's disease. The task of looking at the environment from the person's perspective and how aspects within it can be threatening, confusing and difficult to predict is one which is crucial in assisting the person to maintain daily routines and self esteem.

Environments should be

- Predictable
- Calm
- Make sense
- Structured
- Suitably stimulating
- Familiar

In addition to looking at the aspects of the environment which would assist any person with physical and /or sensory impairment – access, layout, aids to independence there are specific aspects to consider for someone who is experiencing cognitive decline.

Consider the lighting, reflections and images which can be misinterpreted or be a cause of fear and uncertainty.

- Mirrors and pictures should have non glare glass to avoid reflections being misinterpreted

- It is suggested that turning the lights on 2 hours before dusk will lessen the agitation and confusion which happens in the latter part of the day (Sundowning)

People with Alzheimer's disease find it difficult to differentiate between colours, colours at the top end of the spectrum such as red orange and yellow should be used to emphasise triggers

- Doors can be painted to aid with recognition e.g. bedroom, toilet etc.
- Conversely walls and doors can be painted the same colour to camouflage exit routes.

Consideration should be given to the décor of rooms

- Patterned wallpapers can over stimulate and cause anxiety
- Matching carpets, suite and curtains can blend into one another which can cause problems for people in finding somewhere to sit
- Carpets should ideally be self coloured and run throughout the house to avoid problems in entering different rooms – perceived as a drop or a step (depth perception). Conversely different coloured carpets in each room can aid with recognition of that room
- Floors should have a dull non shiny finish. A shiny floor can be perceived as a pool of water.

Pictorial information to aid with understanding should be used

- Pictures ,symbols or objects which have meaning for the person

Dementia friendly design

- Accommodate wandering by securing garden area, camouflaging gates and making a path with areas for rest and which brings the person back round to the building
- Within the home, doors should be removed from the living area to allow the person to hear and see others which can help if the person develops paranoia, they will know where the sounds are coming from.
- Cupboard doors should be removed from the cupboards you want the person to access
- Consider door handles, locks and opening mechanisms. A simple change can prevent easy access.

## **Maintaining Skill Level**

As the individual's skills and abilities deteriorate there is a temptation to carry out activities for the person, in doing so, the speed of the deterioration is being accelerated. Some parts of the brain are still working and need to be used, it may be too demanding for the person to complete the activity in it's entirety but they can complete steps within it. Ongoing discussions and observations are required to guide carers and family in the best way to support the individual as the disease progresses.

## **Life story work**

This involves compiling a record of the person's life through pulling together photographs, objects, and mementos which hold meaning for the person and are significant to them in remembering their past.

The process of working closely with an individual to remember their past and share it with significant others should be as therapeutic as the use of the product.

## **Specific Interventions**

- Reality Orientation
- Validation
- Reminiscence
- Music
- Aromatherapy

## **Training of carers/family/support staff/other professions**

## **Multi Disciplinary input**

Given the vast health and social care needs of people with Down's syndrome and Alzheimer's disease, the Occupational Therapist is very much part of a larger jigsaw in which all professions must work closely together.