Strategies to Improve Mobility of People with Dementia

Melanie Bunn, RN, MS
melanie.bunn@yahoo.com

Objective

• Identify the impact of different types of dementia on mobility
• Demonstrate hands on helping to improve mobility
• Discuss programs to integrate mobility into daily life
• Describe strategies to reduce falls risks of people with dementia

Alzheimer’s Disease: Basic info

• Changes happen over months and years, not hours or day in a slow, steady, predictable manner
• 2 major types: YOUNG or TYPICAL onset
• STRUCTURAL and CHEMICAL changes:
  – Structural: Plaques & tangles
  – Chemical: Neurotransmitters drop
• Medications impact chemical changes, NOT structural changes
AD: Memory

• Early on: Storage, not retrieval problem
  New information doesn’t stick
  Recent memory a problem, remote memory fine

• Later on: Storage and retrieval

• Retained: Emotional and motor memory

AD: Common changes

• MOOD
  – Blame others: defensive
  – Blame self: depressed
  – Impulsive or indecisive

• MOBILITY
  – Not impacted until later in disease

• COMMON ISSUES
  – Getting lost
  – Making mistakes: words, finances, decisions
  – Can be explained…but pattern immerges

AD: Mobility

• Should remain mobile independently until late in the disease, unless other problems present

• Risk for falling throughout the disease, related to cognitive changes
  – Memory
  – Attention
  – Vision
  – Late, coordinating & organizing movement
Vascular Dementia

- Changes depend on where in the brain damage occurs so...
  - Each person and each disease is different
  - Changes are often sudden, inconsistent and less predictable
- Not a brain disease: a circulation disease
  - Big change, improvement, plateau, big change (swelling then absorbed or revascularization)
  - Associated with diabetes, heart disease, high blood pressure

Vascular Dementia

- Can have bounce back & bad days
- Judgment and behavior ‘not the same’
- Spotty loss (memory, mobility)
- Emotional & energy shifts
- Memory, mood & mobility can all be impaired...or not!

Vascular Dementia: Mobility

- Depends on how disease presents & progresses
- Could have weakness or loss of use to upper or lower extremities
- Could have visual or processing changes
- Risk of falls related to specific changes
Lewy Body Dementia

www.lbda.org

- Fine motor changes
  - Using hands
  - Swallowing
- Mobility problems
  - Rigidity
  - Tremor
  - Falls
  - Periodic limb movements
- Fluctuations in abilities & function (fine one day, impaired the next)
- Other changes
  - Syncope
  - Hallucinations
  - Delusions
  - Nightmares
  - Insomnia
  - Memory inconsistent (temporary loss of LT)
  - Attention/executive function
  - Visual spatial changes
  - REM sleep BD

LBD diagnosis

DEMENTIA plus
- 3 core symptoms:
  - Fluctuating cognition (bad days & good days)
  - Vivid visual hallucinations and/or delusions
  - Motor dysfunction
  OR
- 3 suggestive symptoms
  - REM sleep behavior disorder with acting out of dreams or excessive daytime sleepiness
  - Abnormal brain CT/MRI
  - Extreme sensitivity to antipsychotics/other psychotropic medications

LBD: Medications

Reactions can be extreme & unpredictable or opposite than expected
- Parkinson’s Disease (tremors)
  - Don’t always help
  - Make thinking and hallucinations worse
- Antipsychotics (hallucinations)
  - Don’t always help
  - Make mobility worse
- AChEi/NMDA (thinking & behaviors)
- Antidepressants
LBD: Mobility

- Neurological changes impact mobility and falls risk
  - Tremor
  - Rigidity
- Sometimes rhythm can help
- Time and patience
- Safety monitoring

Fronto-Temporal Deterioration

- Many types
- Frontal – impulse and behavior control loss (not memory issues)
  - Says unexpected, rude, mean, odd things to others
  - Dis-inhibited – food, drink, sex, emotions, actions
  - OCD type behaviors
  - Hyperorality
- Temporal – language loss
  - Can’t speak or get words out
  - Can’t understand what is said, sound fluent – nonsense words

Fronto-Temporal Deterioration

- Frequently occurs in younger people (50’s, 60’s)
- Often misdiagnosed, attributed to mental illness or “midlife crisis”
- Social/financial/family/work challenges often different due to age of onset
- Little available for medical management
FTD: Mobility

Challenges depend on type
• Personality/behavioral
  Impulsivity & loss of initiation
• Language
  Understanding & expressing needs
• Motor decline
  Initiation, balance, strength

CONNECT with the Positive Physical Approach

CONNECT
C  Come from the front
O  Open palm
N  Not too fast
N  Not in front
E  Establish hand contact
C  Change to hand under hand
T  Take a seat/squat/kneel

Tips for Helping People Move

• Always start with PPA/CONNECT
• Move slowly
• Move people the way you move
• Think about:
  – Age impacts
  – Disease/pathology
  – Vision
  – Dementia
  – Pain
Programs

• Focus on functional and familiar movement instead of exercise (walking to the mailbox)
• Make it fun, use things people like to do
  – Walk the dog
  – Dance
• Include everybody!!!
• And make it all the time

Specific programs

• Dance
• Gardening
• Cleaning
• Walk & dine
• Child care

• http://www.cochrane.org/features/exercise-programs-people-dementia

Timed Up and Go (TUG)

• Sit in standard chair
• Stand up, walk to line on floor (10 feet, can use assistive device), return, sit
• 12 seconds plus, risk for falling
• http://www.cdc.gov/homeandrecreationalsafety/pdf/steady/timed_up_and_go_test.pdf
Falls risks reduction

- Find the pattern
- Anticipate problems
- Keep people moving
- Optimize function: vision, hearing
- [http://hartfordign.org/Practice/Try_This/](http://hartfordign.org/Practice/Try_This/)
  - Restraints
  - Falls risk assessment

Assistive Devices

- **Positives**
  - Improve safety
  - Protect joints
  - Help with recovery
- **Problems**
  - Misused
  - Forgotten
  - Become a risk
- Refer for evaluation & recommendations
- Give them a try
- Motor memory, visual cuing can help
- Person may not become independent with device
- Sometimes better is enough
- Referral for evaluation & recommendations
- Give them a try
- Motor memory, visual cuing can help
- Person may not become independent with device
- Sometimes better is enough

[http://hartfordign.org/Practice/Try_This/](http://hartfordign.org/Practice/Try_This/)