Centre intégré de santé et de services sociaux de Laval



MAJOR NEUROCOGNITIVE DISORDERS: DEMENTIA

Programme régional ambulatoire de gériatrie (PRAG)

RESISTANCE TO HYGIENE CARE



WHAT IS RESISTANCE TO HYGIENE CARE?

As their dementia progresses, your loved one may have difficulty with activities of daily living, such as hygiene. For exemple, they may :

- Forget the meaning of good hygiene.
- Show a loss of interest.
- No longer know how to take care of themselves.
- Refuses to wash or to be washed.
- Shows physical agitation (moves a lot, tries to leave, etc.) or verbal agitation (talks quickly, asks to leave, raises their voice, etc.) when you help your loved one.
- Shows physical aggression (hitting, pushing, pinching, biting, etc.) or verbal aggression (cursing, yelling, swearing, etc.) when you help them.





WHAT ARE THE POSSIBLE CAUSES?

- Physiological needs: Hunger or thirst, need to urinate, fatigue, pain or discomfort, being cold, etc.
- Cognitive Losses: Disorientation, difficulty organizing thoughts, memory (thinks they have already washed), language or visual or movement difficulties, forgetting sequences (e.g. steps to brush teeth), etc.
- Imposed new hygiene habits: Change of time, of frequency, the type of hygiene care(bath, shower, sink), does not take comfort level into consideration, etc.
- Unsuitable environment: Room temperature (too cold), layout not favouring privacy, uncomfortable equipment, too many people present, too much noise/light, etc.
- Sequence of care: Caregiver's approach, pace is too fast, poor techniques, lack of personalization, etc.
- Negative association with context: Some people develop fears related to hygiene care as a result of past events or trauma (unpleasant experiences, childhood abuse, neardrowning episode, fear of water, etc.).

PROVIDING HYGIENE CARE: GENERAL GUIDELINES

First, take a moment to review the document "The Adapted Approach"

IMPORTANT!

Always act with respect and in a way that preserves the person's dignity. Take a moment to ask yourself:

"If I were the one receiving this care, would I appreciate this procedure/technique/way of doing things?"

- Establish a stable and consistent routine.
- Allow enough time to keep the schedule on track.
- Consider the person's abilities and limitations. Can they move in this way? Can they understand my instructions and explanations?
- Consider the person's previous habits.
- Use the appropriate approach throughout the care process.
- Check if the person is in a condition to receive care (see physiological causes).
- Gather the necessary equipment for the intervention and place it nearby.
- Make the room comfortable (temperature, towel on chair, adequate light or noise).

INTRODUCING THE MOMENT



Before talking about the care, discuss something else that interests the person to create a positive connection.

- Emphasize the benefits of the care (smell good, look good for visitors, relax, etc.)
- Name the service differently (beauty treatment, visit to the hairdresser or the barber, etc.)
- In order not to induce fear in the person, avoid saying "Don't be afraid!" Focus on the positive and the techniques named above.

DURING THE MOMENT

- Explain each step and give one short instruction at a time with a smile.
- Offer choices (maximum of two options)
- Encourage independence: let the person participate in the care according to his or her abilities (washing the face, genitals)
- Wash the body starting with the least threatening parts in the following order: arms, neck, legs, shoulders, trunk and genitals. With another washcloth, finish with the face and hair. This order may help prevent defensive reactions in the person. Adjust the order as needed.
- Cover body parts continously with a towel/blanket (respect privacy, keep warm). Ensure that once the body part is washed, it is covered again
- Make the care enjoyable by providing diversion (talking, singing, dancing, joking, gentle massage, holding an object, giving a snack, etc.)
- Maintain eye contact and watch for any changes in the face (signs of pain or discomfort).

AFTER THE MOMENT

- Conclude the treatment with a positive emotion (thank the person, tell them that they are beautiful, that they smell great, that you enjoyed sharing this moment with them, etc.)
- Offer a snack or a beverage.
- Transition to an activity or rest period, as needed.

IMPORTANT!

It is always better to end on a positive note, even if we have not finished the task at hand, then to end frustrated with each other. In the event that your loved one exhibits behaviors that concern you, do not hesitate to contact:

- Info-Santé/Info-Social 811
- Your assigned worker at the CLSC
- Discussion with the health care team
- A doctor

The proposed strategies are suggestions for possible solutions to explore. Be creative and adapt them to your loved one, because you know your loved one the best!

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CIUSSS de l'Estrie, CHUS. (2017). *Maladie d'Alzheimer et autres troubles neurocognitifs : Symptômes comportementaux et psychologiques de la démence (SCPD).* <u>https://www.santeestrie.qc.ca/clients/SanteEstrie/Professionnels/Alzheimer/Aide_memoire_a_lintervention2017-11-23.pdf</u>

Gouvernement du Québec (2012). *Agitation dans les démences* (2^e édition). Repéré à <u>https://www.cisss-at.gouv.qc.ca/partage/AAPA/Fiche_Agitation-dans-les-demences.pdf</u>

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