

Communicating with Dementia Patients

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I've often felt that one of the hardest things for family members to remember is that communicating with a demented relative must be totally different from talking with anyone else. Conversations must be different from what took place before dementia erased personality, social skills, and the ability to absorb and respond to rational conversation. This is a universal and it holds true even with a patient that the caregiver knows intimately such as a spouse or a parent. In fact, it's often easier for paid caregivers to communicate with demented patients because they haven't a history together. Paid caregivers, newly arrived on the scene, don't anticipate responses that would have been said a decade earlier but today are well beyond the capacity of the patient. Good paid caregivers know they cannot go into detail about why certain actions are inappropriate; they will not expect the patient to apologize graciously for inappropriate behavior and then to behave better.

Most of us sometimes talk with our parents or spouses using casual phrases such as "Why can't you remember that ...?" or "I told you I'll take care of dinner when I'm ready" or "Why can't you hurry up?" None of that works with a dementia patient who really doesn't remember, and who can't possibly tell you why he can't hurry up. That's all logical thought which includes the ability to keep focus on an idea over time and to think things through, and that's a skill that the patient no longer has.

Arguing with such patients about what they need to do or about what irritates you is counter-productive and often distressing to the patient and so, ultimately, also to you as the caregiver because the patient probably will get agitated.

Conversation with demented patients needs to be more affective. It needs to address the feelings of the patient because that's really the only part of conversation that remains real to him. That's why it's much more effective and far more calming to address feelings such as "It's so scary not to be able to remember, isn't it" or "I'm sorry that I sound impatient; here's something you can do while waiting for dinner" or "It must be frustrating when I ask you to hurry. I'll try not to do that again".

Some authors talk about the "3 R's" of repeat, reassure, and redirect. That defines the conversation that works with demented patients.

Repeat calmly as often as necessary, remembering that what you're saying should be simple and clear. Do not remind the patient that you've said it before because he doesn't remember. His brain is hearing what you're saying for the first time because he didn't keep in his brain the previous dozen times you said the same thing.

Reassure the patient that he's safe and you're there to keep him okay. If he's worried about something, tell him you'll make sure he'll be fine. If he's hallucinating, tell him you're going to protect him. Don't get absorbed in his fantasies or illogical thoughts which are very real to him. Instead, just give reassurance.

Redirect means focus on something benign. Typically, patients with dementia have short attention spans and so they can be refocused on something safe rather than on an issue that isn't good for them. If they become obsessed about an issue so that you can't redirect, let them talk about the subject for a while if that seems to be burning off some energy. After a bit, find something in the subject that is not troubling, pick up on it, and then refocus the conversation to a healthier topic. If that doesn't work, be quiet and let the patient talk for a bit and then try again to refocus.