



HEALTHY 05

Cognitive impairment and dementia

Learn and understand the relevant aspects about the theme of cognitive impairment in particular dementia.

[Start course >](#)



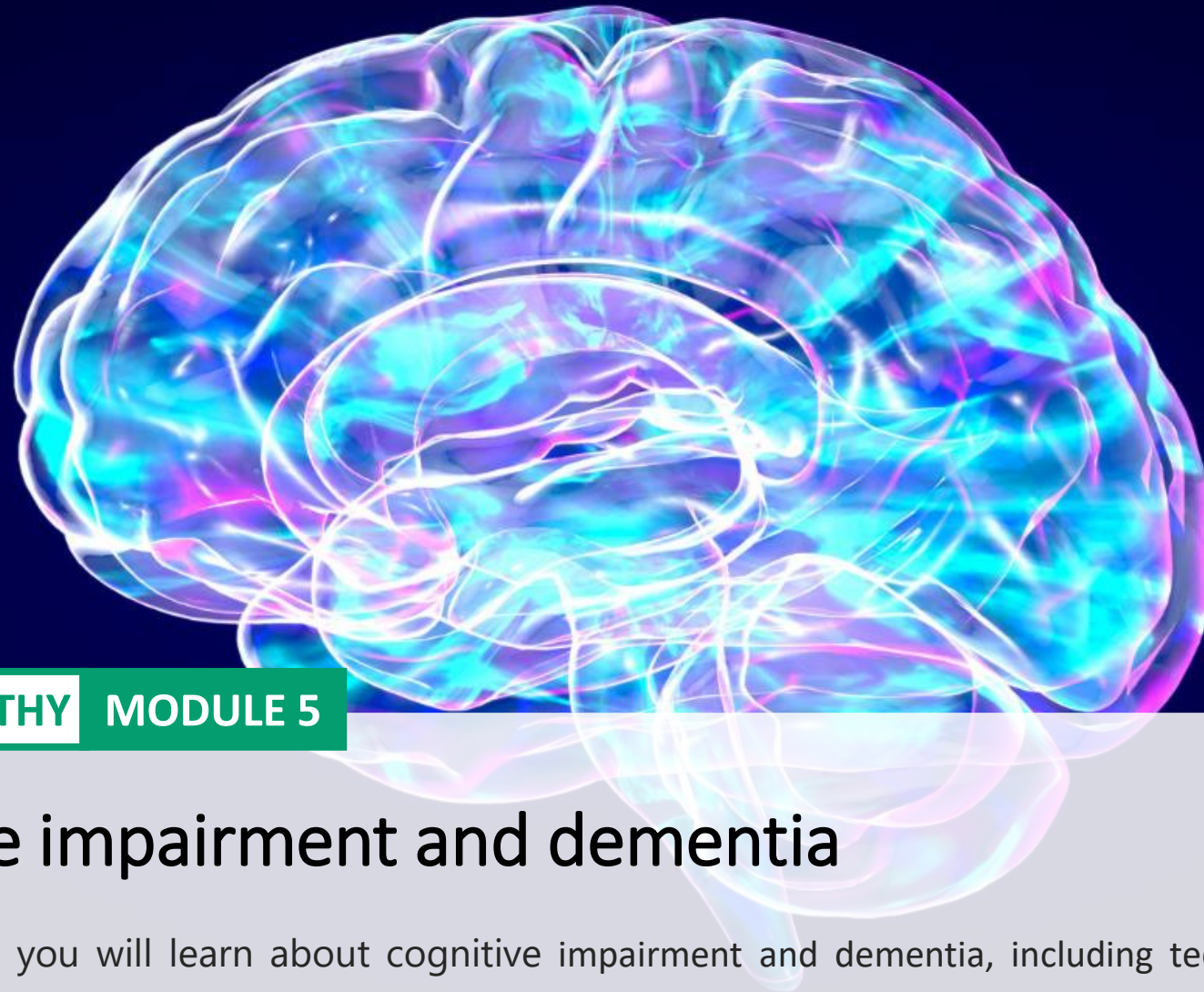
Warsaw University
of Technology



Co-funded by the
Erasmus+ Programme
of the European Union

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Hands-on
SHAFE



HEALTHY MODULE 5

Cognitive impairment and dementia

In this module, you will learn about cognitive impairment and dementia, including techniques and strategies on how to cope with those conditions and how to reduce the risk of developing dementia.

What will you learn

- 1 You'll learn about the brain functions.
- 2 You will understand the concept of mild cognitive impairment (MCI).
- 3 You will understand the concept of dementia, from diagnosis to intervention.
- 4 You will learn what risk factors are associated with dementia.
- 5 Tips and good practices.



Chapters in this module

1

Brain

2

Mild cognitive impairment (MCI)

3

Dementia: from diagnosis to intervention

4

Risk factors associated with dementia

5

Dementia: key tips and good practices



HEALTHY

MODULE 5

CHAPTER 1

Brain

In this chapter you will learn about the anatomy of the brain and some of its basic functions.

What will you learn

1 Brain anatomy and the main areas.

2 Brain functions.



Brain

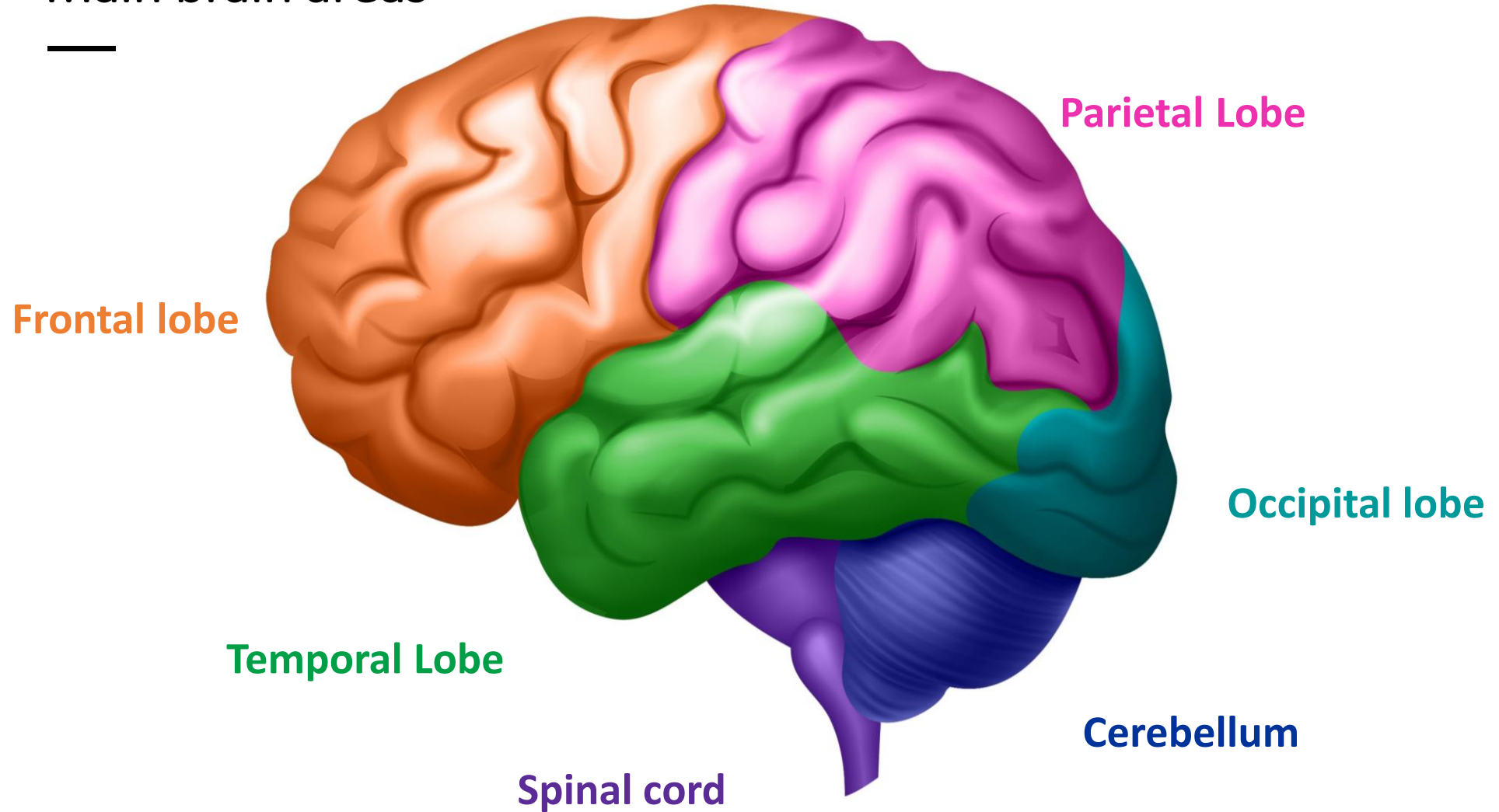
This organ is a fundamental part of the Central Nervous System and it is responsible for controlling and regulating most functions of the body and mind.

The brain works as an elaborate network of circuits that communicate with each other and that have specialized learning capabilities.

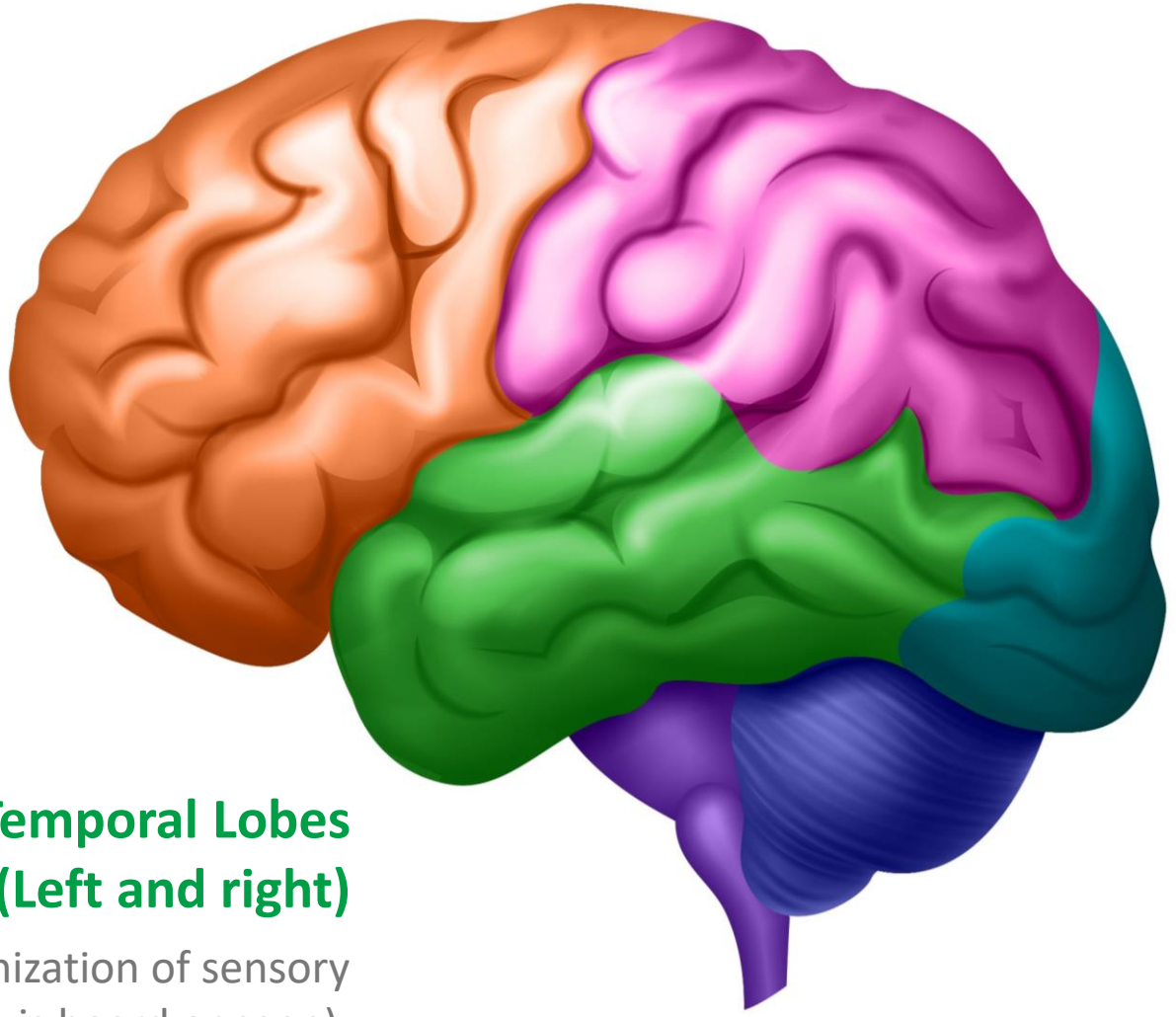
Inside the skull, the brain floats in a transparent liquid, called encephalocranide fluid, which has protective functions, both physical and immunological.



Main brain areas



Brain lobes



Frontal lobes (Left and right)

regulate mood, behaviour, judgment and self-control.

Temporal Lobes (Left and right)

are involved in the organization of sensory inputs (e.g., what is heard or seen).

Parietal Lobes (Left and right)

are responsible for the integration of sensory information, such as hearing, visual perception, touch, temperature, pressure and pain.

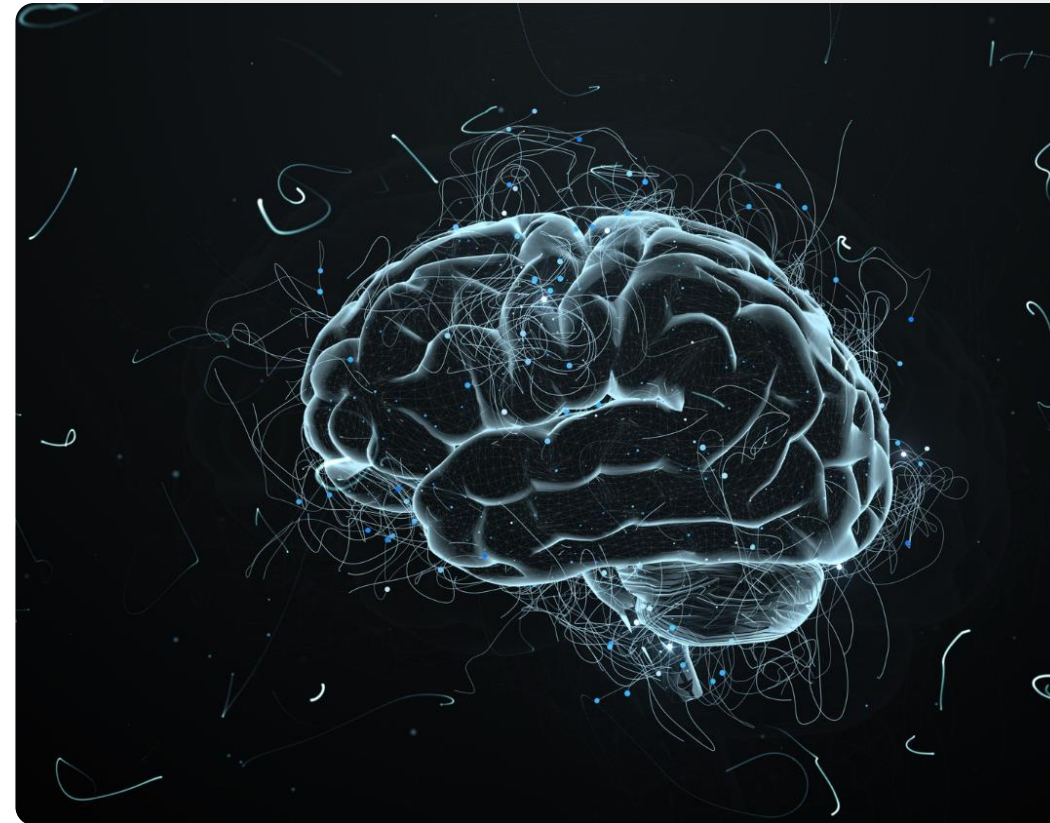
Occipital lobes (Left and right)

are responsible for visual perception, including colour, shape, and movement.

The functions of the brain

The brain is not only able to receive all the stimuli captured by the sense organs - vision, hearing, smell, taste and sensitivity - but also integrates and interprets these.

It is the brain that controls our conscious actions, such as walking, talking, jumping, and chewing, but also actions of which we are not aware, such as breathing, the functioning of the heart, or the regulation of body temperature.



The functions of the brain



Cognitive functions

They allow you to acquire knowledge. For example: memory, spatial and temporal orientation, learning, calculus, language, emotions, reasoning.



Executive functions

Like initiative, the ability to plan and control impulses.



Motor instructions

The information is sent from the brain to the muscles of the body so that an appropriate response is generated to the stimulus it has received and integrated.

Chapter summary

1

You gained information about the main brain areas.

2

You have discovered more about the different brain functions.

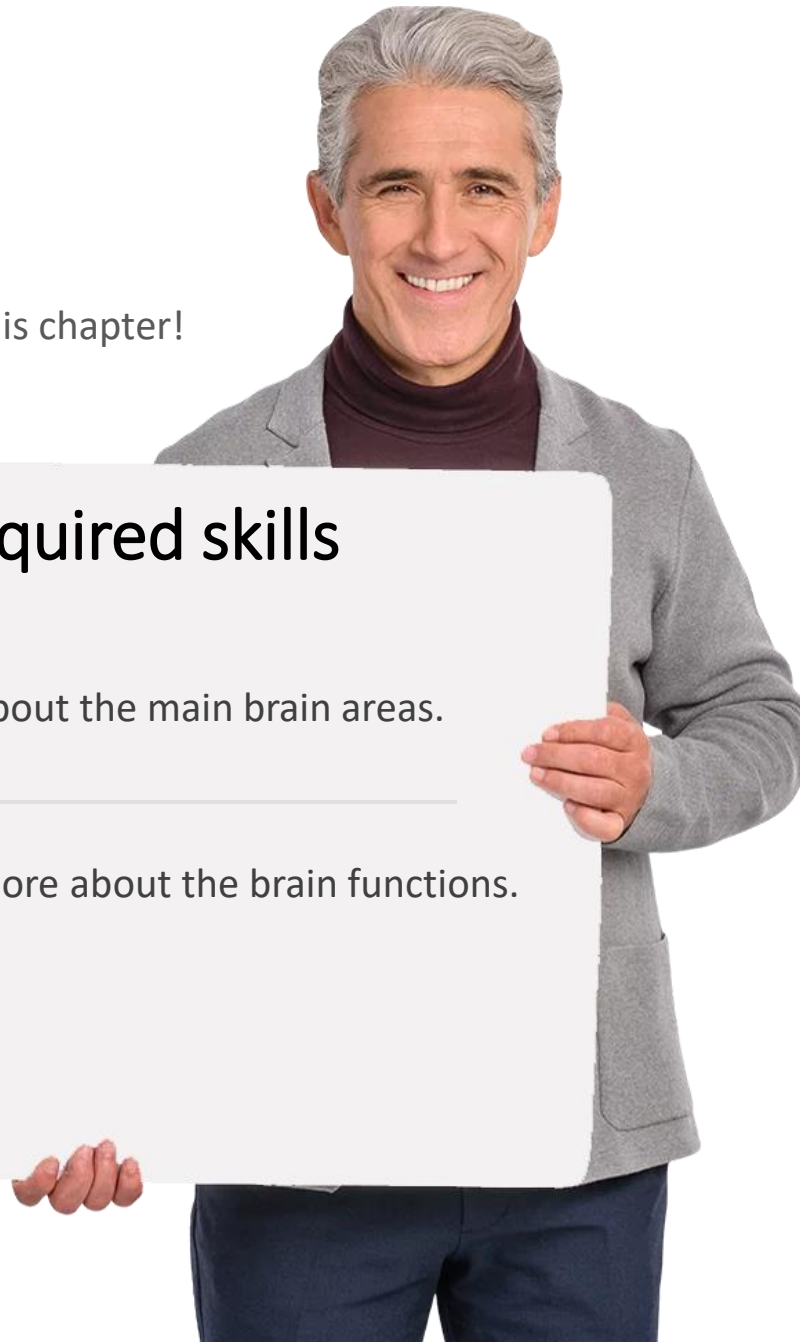
Chapter completed!

Congratulations! You have successfully completed this chapter!

Summary of acquired skills

- 1** You learned about the main brain areas.

- 2** You learned more about the brain functions.



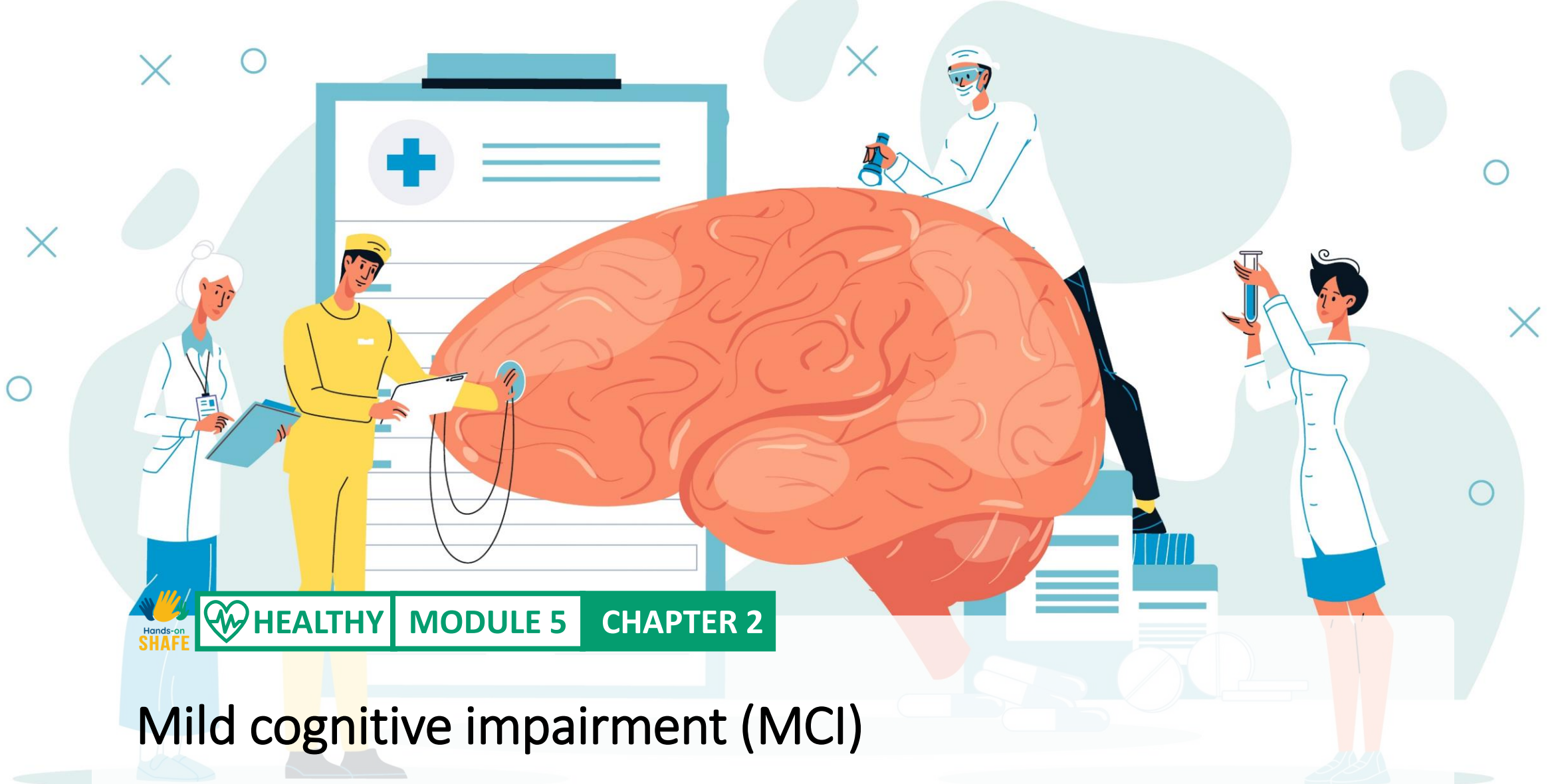
What is next?

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[Next](#)





Hands-on SHAFE **HEALTHY | MODULE 5 | CHAPTER 2**

Mild cognitive impairment (MCI)

In this chapter, you will learn about the concept of mild cognitive impairment, one of the most common types of cognitive impairment, and understand how it affects day-to-day life.

What will you learn

- 1 What is mild cognitive impairment (MCI)?
- 2 From diagnosis to intervention of mild cognitive impairment (MCI).



Mild cognitive impairment (MCI)

Mild cognitive impairment (MCI) is a medical condition generally defined as the loss of cognitive abilities (brain thinking functions) to a greater extent than is expected for a person's age.

This loss does not affect daily life significantly and is not severe enough to be worthy of a dementia diagnosis.

But people with MCI have more memory or thinking problems than would be expected for their age and manifest some decline in their cognitive abilities.

Although people with MCI may experience increasing difficulty in performing daily activities, they are generally able to function independently.



Meet Tom

Tom is a 70-year-old man with light cognitive and physical disabilities, specifically in motor tasks, such as maintain the balance and stay for a long time standing.

He lives with his wife in an apartment block close to a care home and is supported by their home care services (meal delivery).

His neighbour is a taxi driver, who helps Tom in and out of the building when he has difficulties with mobility. Moreover, he has a 17-year-old grandson, helping him sometimes.

Tom used to work for an IT company, so he is used to keeping in touch with his family through online calls and messaging in family groups.

Like his grandfather, Tom's grandson wants to work in an IT-related business. Noticing and experiencing his grandfather's mobility restrictions, he wants to work in a business that focuses on smart, digital and modern housekeeping solutions. One of his concerns is that Tom falls during the day or even at night and that he doesn't have any support at that time.



Health and the environment



What is important to Tom?

- His computer is very important to him: he pays his bills online, regularly checks his emails, and generally prefers online shopping.
- He goes to church every week and has a stamp collection.
- He likes to travel to places that are pleasant and safe and this would help him to connect more with others and stop thinking only of his conditions.
- He wants to feel more physically active and reduce the risk of falling during the day/night.
- He wants to feel secure in his house, with less obstacles.



What are the obstacles in his daily life?

- He and his wife are tired of housecleaning and doing their daily chores around the house. They would like to use their time differently.
- His relationship with care professionals is a bit difficult. He has some trouble understanding health terms and definitions.

Mild cognitive impairment (MCI)

The types of difficulties experienced by someone with MCI will differ from person to person.

MCI may involve problems with memory, language, attention, processing of visual and spatial information, complex thinking functions, or problems that result from the combination of these areas.

In MCI these problems are less serious than those experienced by people with dementia.



Types of mild cognitive impairment (MCI)

There are two main types of MCI: amnesiac and non-amnesiac.

Amnesiac MCI



- The most common form of MCI;
- Decreased memory is the most prominent symptom;
- People with amnesiac MCI may progress over time to the development of Alzheimer's disease.

Non-Amnesiac MCI



- It compromises another cognitive ability, such as language or attention;
- This type of MCI can evolve into other forms of dementia, such as Lewy Body dementia; Frontotemporal dementia; Vascular dementia; or atypical Alzheimer's disease.

Diagnosis of mild cognitive impairment (MCI)



Medical Evaluation

This process begins with a conversation between the doctor, the person and, if possible, a friend or family member. In order to gain a detailed understanding of the cognitive problems the person is experiencing, it looks at medical history, the medications the person is taking and any other relevant information.



Neuroimaging

Computed Axial Tomography (CT) and Magnetic Resonance (MRI) are used to evaluate changes in brain structure; Positron Emission Tomography (PET) is used to evaluate changes in glucose metabolism or protein and other chemical levels in the brain.



Neuropsychological Assessment

Neuropsychology studies the relationship between the brain, cognition and behaviour.

It aims to characterise the modified and maintained cognitive functions, as well as to understand their severity (neuropsychological profile).



Physical and laboratory examination

It can be performed to exclude other causes of cognitive impairment, such as depression, medication problems, or a nutritional deficiency.

Intervention in mild cognitive impairment (MCI)

The aim of the intervention (pharmacological and non-pharmacological) is to slow down evolution and allow greater autonomy and independence, giving a better quality of life.

The combination of both types of intervention, medication and cognitive, will be the ideal methodology to use for a better result.





Some facts

There is some preliminary evidence that cholinesterase-inhibiting drugs used to treat Alzheimer's disease may slow the progression of mild cognitive impairment (MCI) to dementia.

However, other studies have not proven this, and more research is needed.

Non-pharmacological intervention

1

2

3



Cognitive training

Several studies have shown that frequent participation in expert-led stimulating brain activities is associated with a lower risk of cognitive decline, so this may be beneficial for people with MCI.

Non-pharmacological intervention

1

2

3



Regular physical exercise

Some studies suggest that there is a reduction in cognitive decline for people with MCI who engage in regular physical exercise (it could be just a walk!).

Non-pharmacological intervention

1

2

3





Healthy diet

Maintaining a healthy diet is also important for brain function.

A Mediterranean diet is associated with a lower risk of progression of MCI to dementia.

Quiz

Click the **Quiz** button to edit this object

 **HEALTHY** | **MODULE 5** | **CHAPTER 2** Mild cognitive impairment

Let's help Tom!

As you know, Tom has some cognitive complaints. He has some doubts about his memory loss. Can you help him? Select which actions you think Tom should do.

- Take his usual medication
- Go to a medical consultation
- Do some memory games
- Drink alcohol
- Stop taking his usual medication
- Practice regular physical exercise

Chapter summary

1

You have learned more about the concept of mild cognitive impairment (MCI).

2

You have learned more about the diagnosis of mild cognitive impairment (MCI).

3

You have learned more about intervention for mild cognitive impairment (MCI).

Chapter completed!

Congratulations! You have successfully completed this chapter!

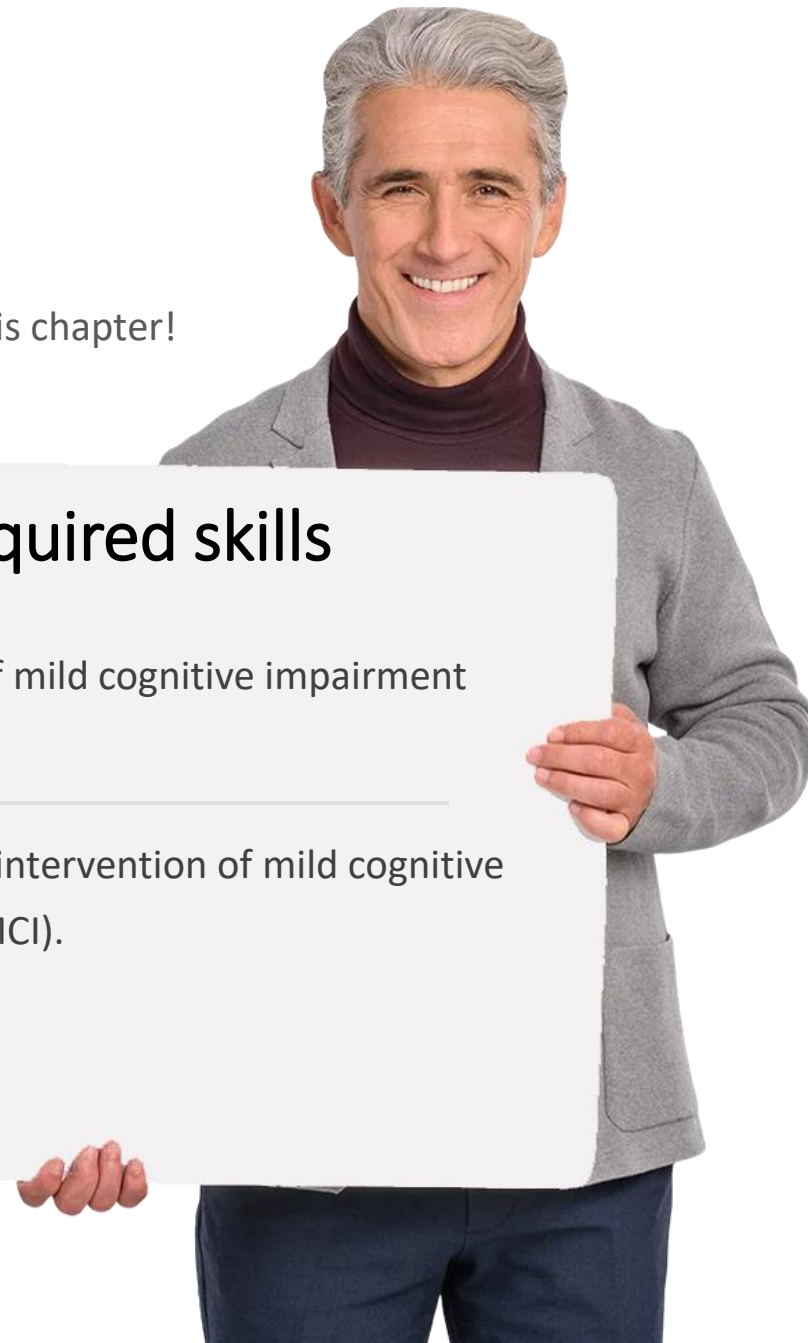
Summary of acquired skills

1

The concept of mild cognitive impairment (MCI).

2

Diagnosis and intervention of mild cognitive impairment (MCI).



What is next?

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HEALTHY

MODULE 5

CHAPTER 3

Dementia: from diagnosis to intervention

In this chapter, you will learn the most common types of dementia and the key features and interventions associated with the diagnosis of each type of dementia.

What will you learn

- 1 What is dementia and the symptoms of the different types of dementia?
- 2 The main characteristics associated with the diagnosis of each type of dementia.
- 3 The main interventions associated with dementia.
- 4 Normal ageing versus pathological ageing.



What is dementia?

Dementia syndrome consists of a set of symptoms corresponding to a continuous and usually progressive decline in higher nervous functions, including:

- memory loss;
- decreased mental alertness;
- decreased executive functions;
- difficulties in expression;
- comprehension problems;
- problems with decision-making;
- ...



**What are the most
common types
of dementia?**



Diagnosis

Several conditions produce symptoms similar to dementia, such as some vitamin and hormone deficiencies, depression, overdose or drug incompatibilities, infections and brain tumours. When the conditions are treated, the symptoms disappear.

Medical diagnosis must be made at an early stage when the first symptoms appear to ensure that the person who has a treatable condition is diagnosed and treated correctly.

On the other hand, if symptoms are caused by dementia, early diagnosis allows early access to support, information and medication.





Behaviour that is normally associated with ageing

Normal signs

- Having a reminder of an event.
- Maintaining the ability to follow verbal or written indications.
- Maintaining the ability to follow the story of a soap opera or movie.
- Forgetting names or words, but remembering them later.
- Maintaining the ability to wash, dress, and feed, despite the difficulties imposed by physical limitations.
- Making occasional mistakes, for example, by writing a check.
- Getting confused about the day of the week but remembering later.
- Forgetting sometimes what is the best word to use.
- Losing something from time to time, but managing to find it through logical thinking.

Warning signs

- Forgetting an event or part of it.
- Progressively losing the ability to follow verbal or written indications.
- Progressively losing the ability to follow the story of a soap opera or movie.
- Gradually forgetting information already known, such as historical or political data.
- Progressively losing the ability to wash, dress or feed oneself.
- Progressively losing the ability to make decisions
- Not knowing where one is.
- Having difficulty holding a conversation, not being able to maintain a train of thought or remember words.
- Forgetting where an object was kept and not being able to do the reactive mental process to remember.

Types of dementia

1**2****3**

Alzheimer's disease

Alzheimer's disease is a physical disease that affects the brain. It is named after Alois Alzheimer, the doctor who first described it.

The symptoms are generally mild to start with, but they get worse over time and start to interfere with people's lifestyles. As Alzheimer's disease progresses, memory problems will usually stronger affect someone's daily life: Among other things they may lose items (such as keys and glasses) around the house, forget appointments or significant dates and get lost in a familiar place or on a familiar journey.

Types of dementia

1

2

3



Vascular dementia

Vascular dementia is the second most common type of dementia (after Alzheimer's disease). Everyone experiences it differently. Symptoms vary depending on the person, the cause and the areas of the brain that are affected.

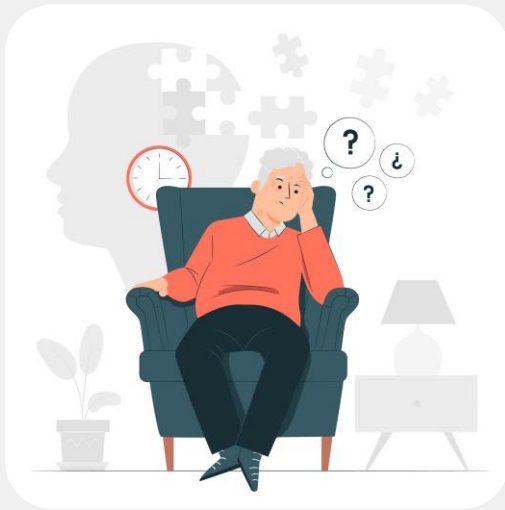
The most common symptoms of vascular dementia during the early stages are problems with planning or organising, making decisions or solving problems, difficulties in following a series of steps (such as when cooking a meal), slower speed of thought and problems in concentrating, including short periods of sudden confusion. A person in the early stages may also have difficulties with their memory and their language.

Types of dementia

1

2

3



Frontotemporal Dementia (FTD)

Frontotemporal dementia (FTD) is one of the less common types of dementia. It is sometimes called Pick's disease or frontal lobe dementia. The word 'frontotemporal' refers to the two sets of lobes (frontal and temporal) in the brain that are damaged in this type of dementia.

The first noticeable FTD symptoms are changes to personality and behaviour and/or difficulties with language. These are very different from the early symptoms of more common types of dementia. For example, in Alzheimer's disease, early changes are often problems with day-to-day memory. In the early stages of FTD, many people can still remember recent events but see them differently.

Types of dementia

4

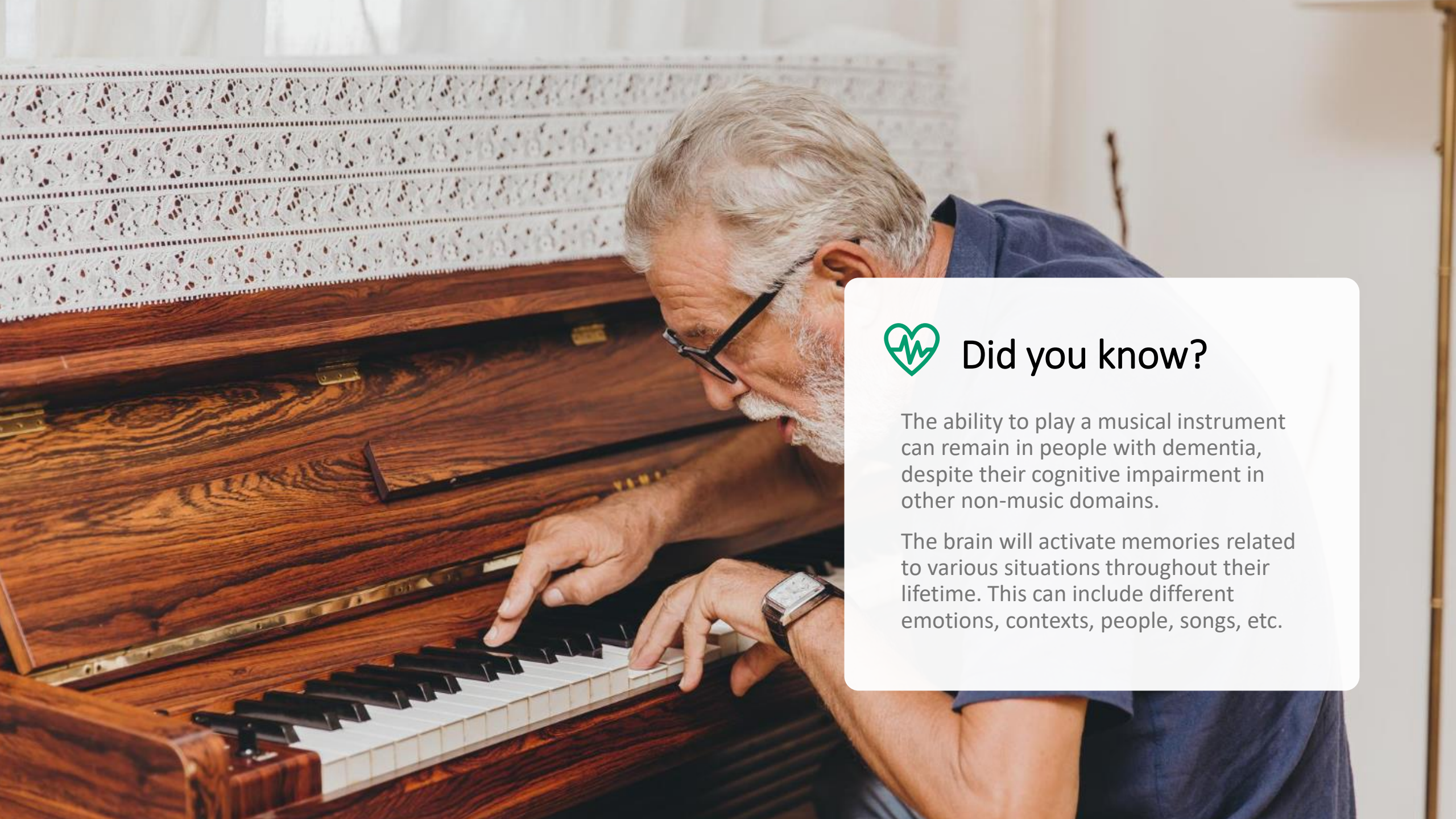


Dementia with Lewy bodies (DLB)

Dementia with Lewy bodies (DLB) is a type of dementia caused by a deposit of Lewy bodies (clumps of abnormal protein particles) leading to a range of symptoms, some of which are shared by Alzheimer's disease and some by Parkinson's disease. For this reason, DLB is often wrongly diagnosed. About 1 in 10 people with dementia has DLB.



Lewy body disease can cause different symptoms, reduces the levels of important chemicals needed to send messages around the brain and usually develops over a period of many years. Lewy bodies can be developing in the brain for a long time before any symptoms show.



Did you know?

The ability to play a musical instrument can remain in people with dementia, despite their cognitive impairment in other non-music domains.

The brain will activate memories related to various situations throughout their lifetime. This can include different emotions, contexts, people, songs, etc.

Pharmacological intervention

1

2

3



There is some preliminary evidence that cholinesterase-inhibiting drugs used to treat Alzheimer's disease, may slow the progression of MCI to dementia.

However, other studies have not proven this situation, and more research is needed.

Non-pharmacological intervention

1

2

3



Cognitive Stimulation

In dementia, the improvements achieved are temporary, because the changes in the brain areas that support cognitive functions are progressive and the results of any therapeutic intervention will be less and less effective.

It does not mean that the intervention is not necessary. But it is important to know the limitations and that there are remaining questions (duration of the intervention and how long the results are maintained).

Non-pharmacological intervention

1

2

3



Music therapy

Music Therapy is the clinical and evidence-based use of music interventions to accomplish individualised goals within a therapeutic plan.

Many authors emphasise the positive effects of music on the brain. Several studies showed that people with dementia enjoy music, and their ability to respond to it is preserved even when verbal communication is no longer possible. These studies claimed that interventions based on musical activities have positive effects on behaviour, emotion and cognition.

Non-pharmacological intervention

4



Reminiscence (Remembering)

Reminiscence is a way of reviewing past events and is usually a very positive and rewarding activity.

Even if the person with dementia cannot participate verbally, they may be happy to be involved in reflections about their past.

Chapter summary

1

You have learned the concept and the different symptoms of the types of dementia.

2

You have learned the main characteristics associated with the diagnosis of each type of dementia and supporting interventions.

3

You have learned more about Pathological ageing versus normal ageing.

Chapter completed!

Congratulations! You have successfully completed this chapter!

Summary of acquired skills

1

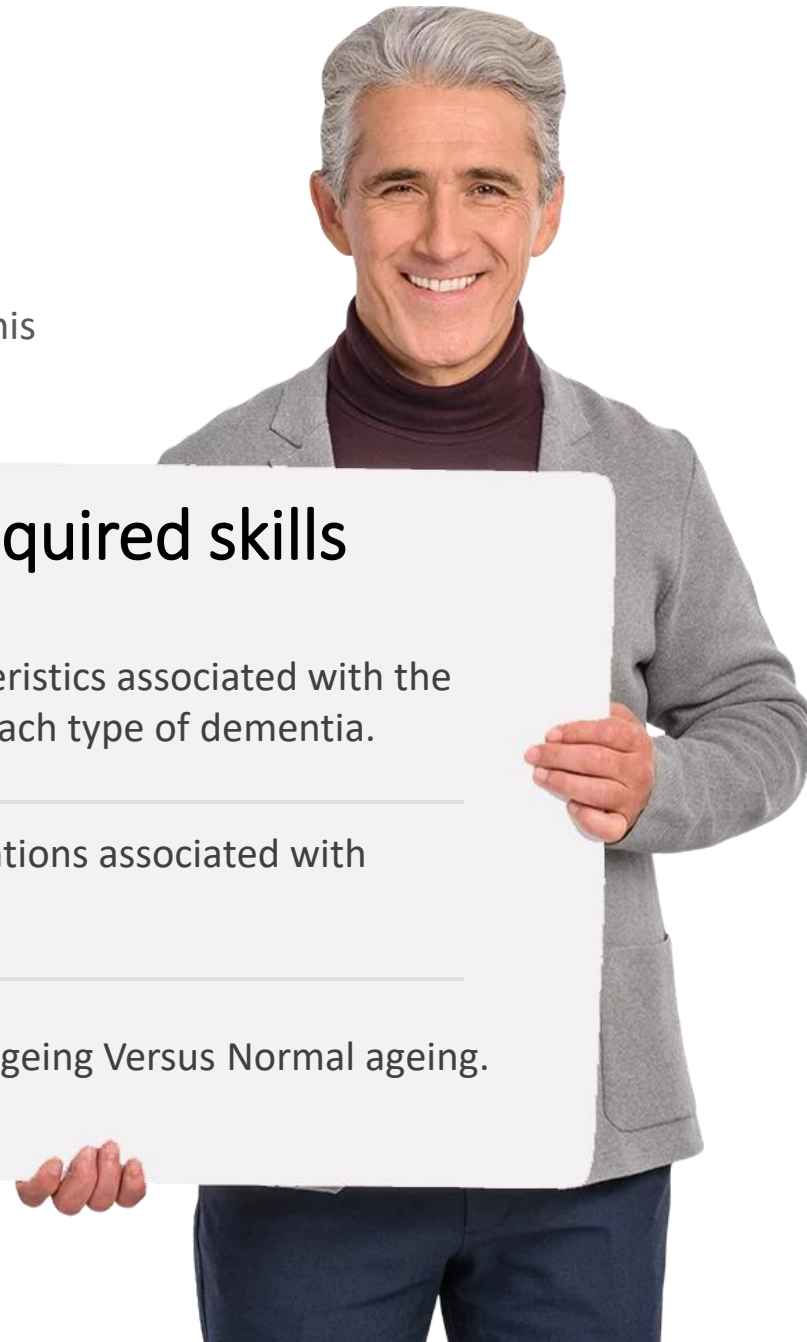
Main characteristics associated with the diagnosis of each type of dementia.

2

Main interventions associated with dementia.

3

Pathological ageing Versus Normal ageing.



What is next?

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HEALTHY

MODULE 5

CHAPTER 4

Risk factors associated with dementia

In this chapter, you will learn more about the risk factors associated with dementia.

What will you learn

- 1 What are the main risk factors associated with dementia?
- 2 How to reduce the risk of developing dementia?

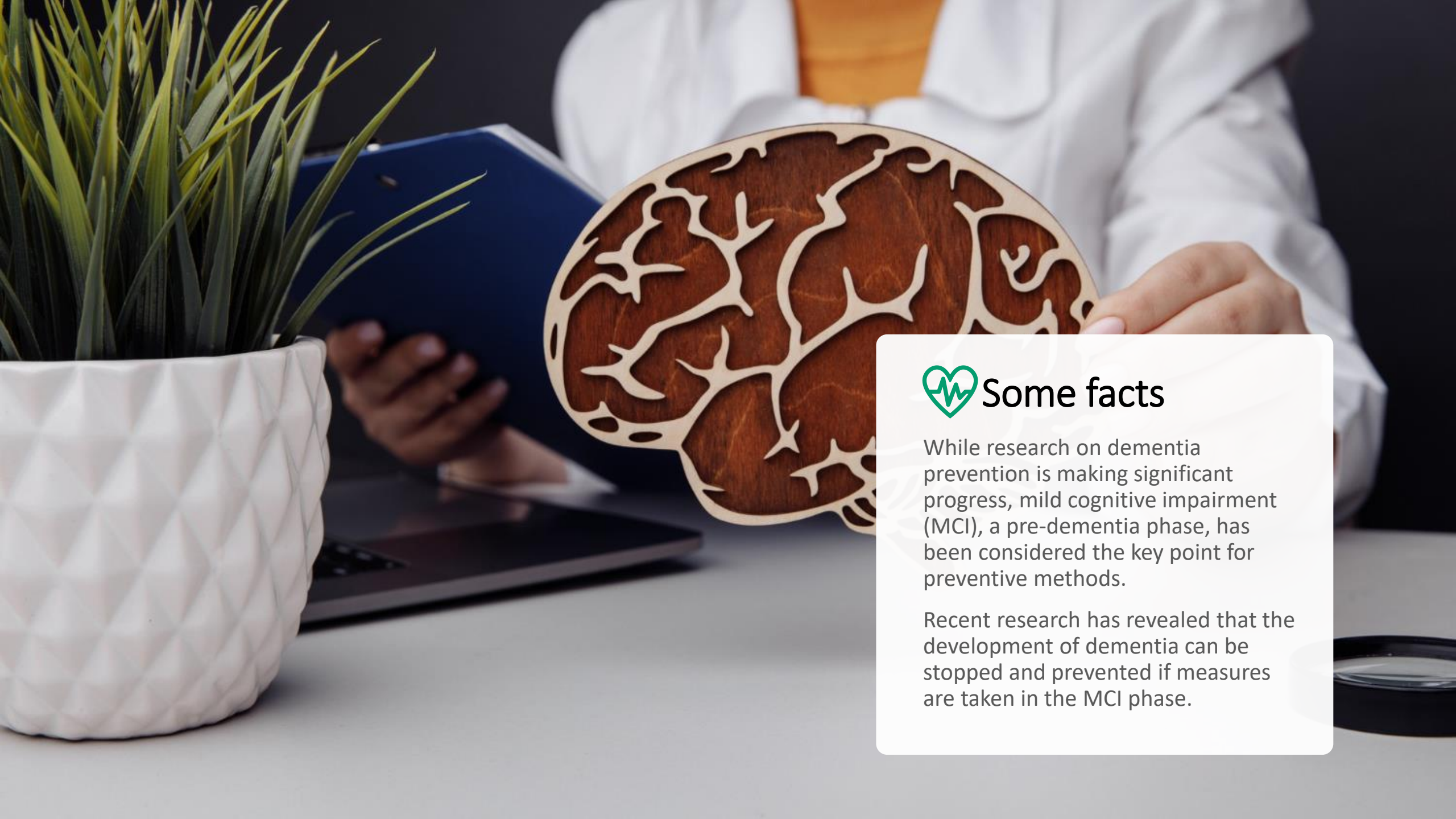


Introduction

The World Health Organization estimates that there are 47.5 million people with dementia worldwide, a figure that could reach 75.6 million by 2030 and nearly triple in 2050 to 135.5 million.

Alzheimer's disease has a prominent place in this regard, accounting for about 60 to 70% of all dementia cases (World Health Organization [WHO], 2015).

A close-up photograph of a doctor's hand in a white lab coat, holding a black marker and writing the word "DEMENTIA" in large, bold, black, hand-drawn letters on a white surface. The doctor's stethoscope is visible around their neck. The background is a plain, light-colored wall.



Some facts

While research on dementia prevention is making significant progress, mild cognitive impairment (MCI), a pre-dementia phase, has been considered the key point for preventive methods.


Recent research has revealed that the development of dementia can be stopped and prevented if measures are taken in the MCI phase.

Risk factors associated with dementia

- Low educational level;
- Hypertension;
- Diabetes;
- Obesity;
- Alcohol abuse;
- Smoking;
- Depression;
- Physical inactivity;
- Traumatic brain injury (TBI);
- Deafness;
- Air pollution;
- Social isolation.





 **Did you know?**

According to the World Health Organization, dementias are currently the seventh leading cause of death of all diseases and are also a leading cause of disability and dependence of older people worldwide.

7 key tips to reduce the risk of developing dementia

- Improve your memory: Train your ability to remember.
- Reactivate your brain: Involve new learning
- Eat a healthy diet: Promote a healthy brain and body
- Stay active: Do physical exercise
- Do check-ups regularly: Facilitate prevention and early detection
- Keep in touch: Participate in social activities
- Maintain good habits: And avoid the bad ones

You will learn more about these tips on the next two slides, Let's go!



How to reduce the risk of developing dementia



Improve your memory

It's never too early to start taking care of your memory;

According to scientists, the changes that occur in our brain and that can result in dementia start decades before the first symptoms appear.



Reactivate your brain

Do activities that involve new learning;

Play thinking games such as crossword puzzles, letter and number puzzles, chess, checkers or cards;

Read, write, chat, use the computer, learn a new language or take a course.



Eat a healthy diet

A balanced and healthy diet promotes a healthy brain;

Reduce saturated fats: Choose lean meats, chicken, and low-fat dairy products. Avoid butter, fried foods, pastries, cakes and cookies;

Prefer healthy foods: rich in Antioxidants, Folic Acid, Vitamin E and Vitamin B12.



Stay active

Physical exercise stimulates blood flow to the brain. People who exercise regularly are less likely to develop heart disease, strokes and diabetes.

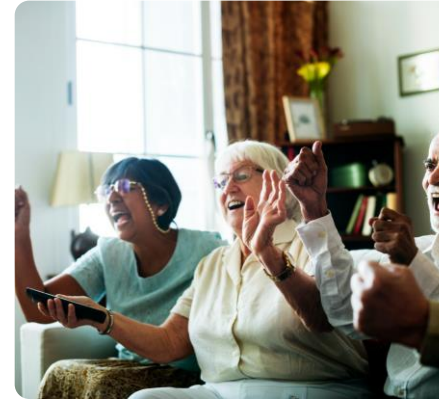
How to reduce the risk of developing dementia



Do check-ups regularly

By checking regularly, it is possible to detect any problems as soon as they appear. Treatment becomes easier and the consequences will also be less;

Control your blood pressure, cholesterol, blood sugar levels and your weight.



Keep in touch

Having an active social life, participating in leisure activities and living with other people helps keeping your brain healthy;

Keep in touch with family and friends;

Participate in social, cultural or other groups; Get involved in community work or volunteer; Go out and talk to your neighbours, friends or even the workers of the supermarket or the cafe you usually go to.



Maintain good habits

Avoid bad habits:

Do not smoke; Do not consume alcoholic beverages in large quantities;

Don't give up your hours of sleep and rest. Sleep is good for health.

Chapter summary

1

You have learned about risk factors associated with dementia.

2

You have learned about dementia prevention.

Chapter completed!

Congratulations! You have successfully completed this chapter!

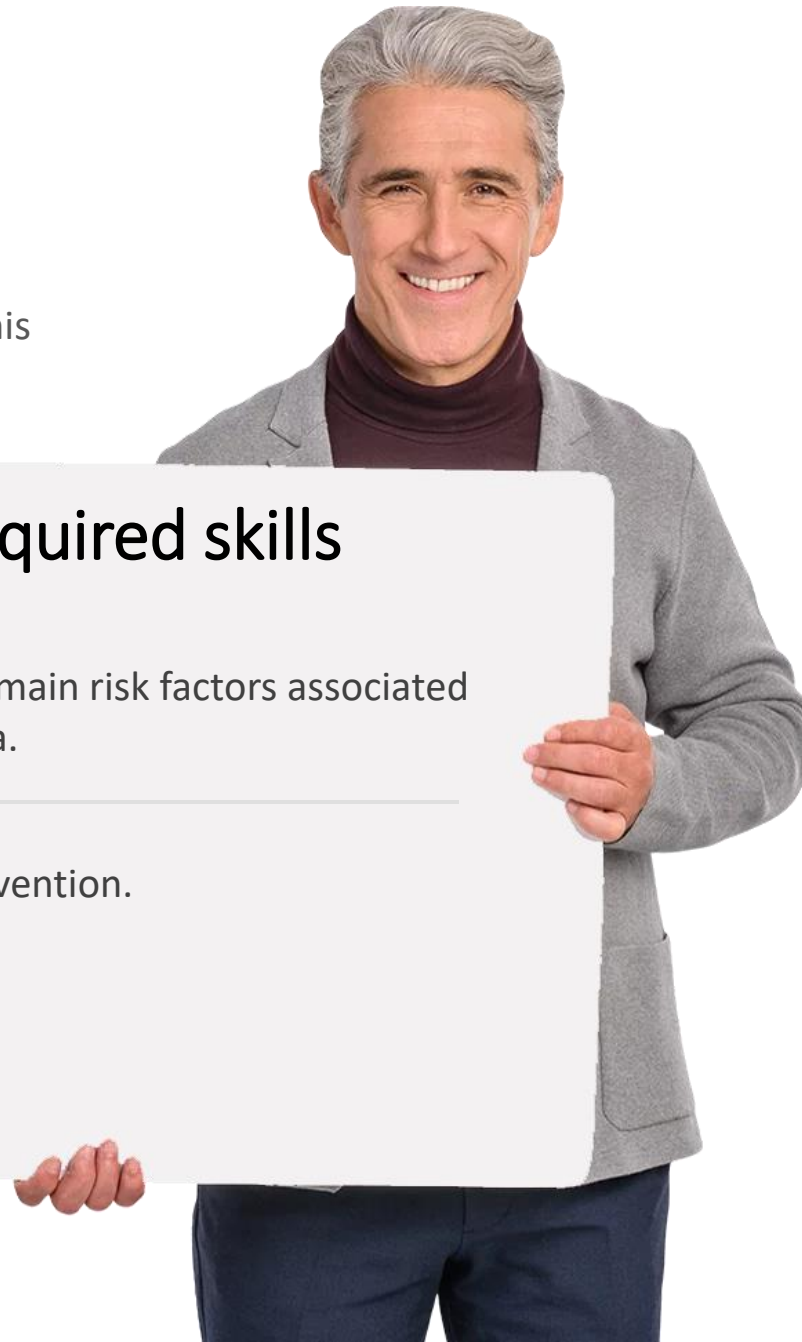
Summary of acquired skills

1

What are the main risk factors associated with dementia.

2

Dementia Prevention.



What is next?

Now you can either repeat this chapter or follow our study recommendation by clicking on one of the buttons below:

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HEALTHY

MODULE 5

CHAPTER 5

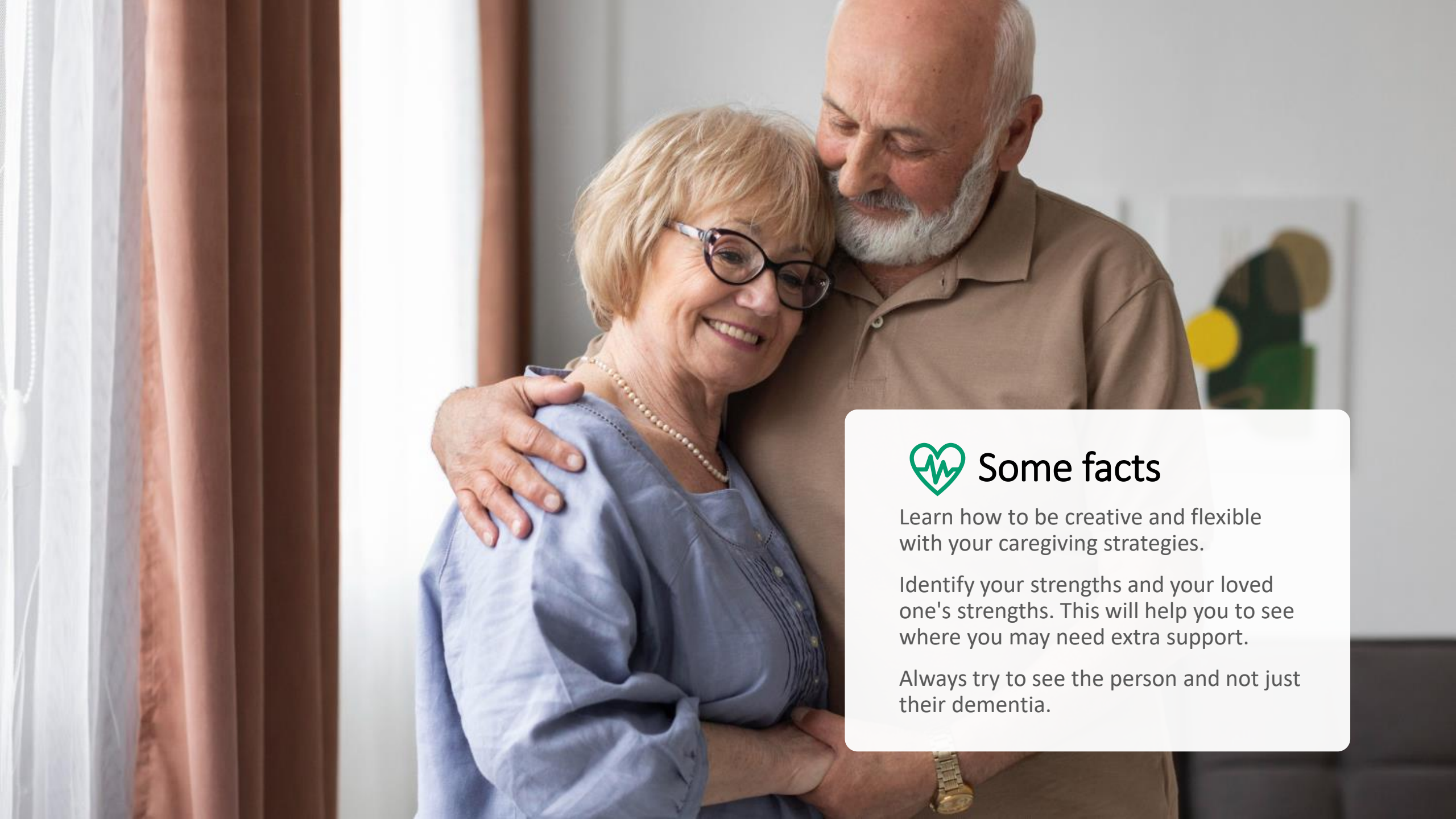
Dementia: Tips and good practices for caregivers

In this chapter, you will learn more about some key tips and good practices for managing dementia.

What will you learn

- 1 Key tips and good practices in dealing with dementia.
- 2 Support services and contacts (Alzheimer's Society).





Some facts

Learn how to be creative and flexible with your caregiving strategies.

Identify your strengths and your loved one's strengths. This will help you to see where you may need extra support.

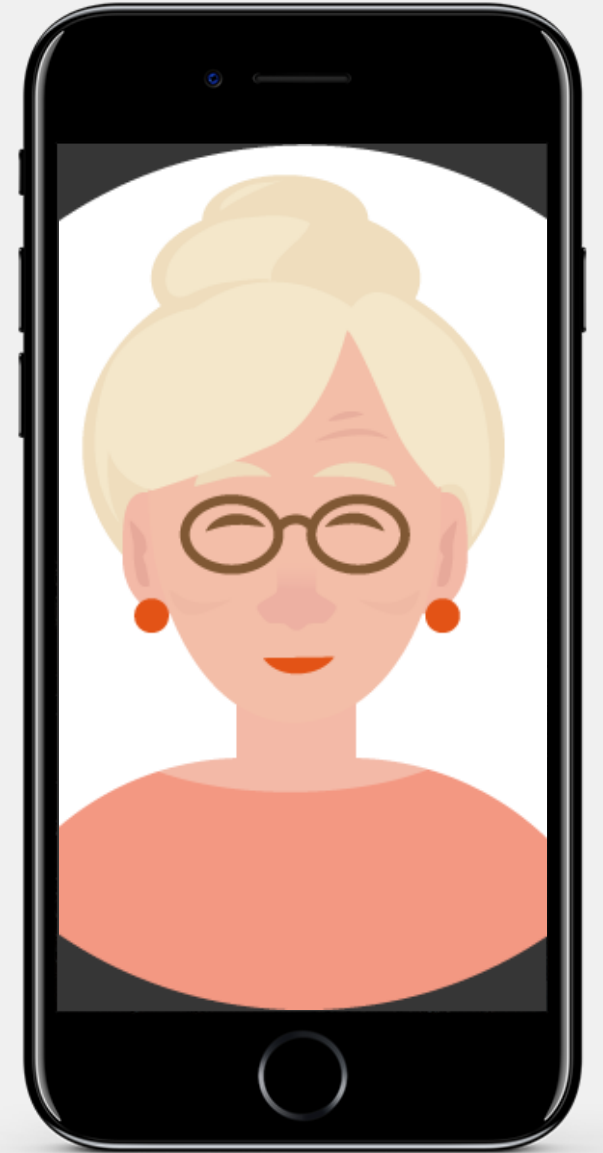
Always try to see the person and not just their dementia.

Meet Cornelia

Cornelia lives alone in a flat in an urban area with no family living nearby. Her sons live abroad.

She is retired and lost her husband 2 years ago. Since the loss of her husband she has been avoiding social contact and even some of the activities she used to participate in. She has been feeling sadder and tired, and noticing some unusual memory losses.

Cornelia's granddaughter used to keep her company, they would go on walks around the neighbourhood, do some shopping at the local market, but now her granddaughter has moved to another town to go to college. This change had a huge impact on Cornelia.



Health and the environment



What is important to Cornelia?

- To be active and able to support herself independently;
- To spend time with her friends;
- To feel safe at home while dealing with her condition – dementia.



What are the obstacles in her daily life?

- She feels stressed with the everyday challenges of dementia;
- She worries about having accidents at home;
- She has no family members living nearby.



Some facts

For people living with dementia, carrying out daily tasks and maintaining social networks can sometimes be a challenge.

That's why it is so important to build communities where people living with dementia feel understood, accepted and included.

Supporting services and contacts 1/2

Alzheimer's Society

PORTUGAL	GERMANY	IRELAND
<u>Associação Alzheimer Portugal</u>	<u>Deutsche Alzheimer Gesellschaft</u>	<u>Alzheimer Society of Ireland</u>
<p>Description/services:</p> <ul style="list-style-type: none"> • Alzheimer's Dementia Helpline Portugal • Memory café • Social Support • Support Groups • Psychological support 	<p>Description/services:</p> <ul style="list-style-type: none"> • Address register with many different support services • Local support Groups 	<p>Description/services:</p> <ul style="list-style-type: none"> • Information about dementia & diagnosis • Accessing services and supports • Practical tips for living well • Legal & financial • Emotional support
<p>Contact:</p> <ul style="list-style-type: none"> • Support line: 213 610 465 • Phone support: Workdays from 9.30 am to 1 pm and from 2 pm to 5 pm 	<p>Contact:</p> <ul style="list-style-type: none"> • 030 - 259 37 95 14 Monday to Thursday from 9 am to 6 pm • In Turkish: Wednesdays from 10 am to 12 pm 	<p>Contact:</p> <ul style="list-style-type: none"> • National Helpline: 1800 341 341 • Helpline open 6 days a week <ul style="list-style-type: none"> • Monday to Friday 10 am to 5 pm • Saturday 10 am to 4 pm

Supporting services and contacts 2/2

Alzheimer's Society

NETHERLANDS	FRANCE	POLAND
<u>Alzheimer Nederland</u>	<u>Association France Alzheimer</u>	<u>Alzheimer Polska PSTPOzCA</u>
<p>Description/services:</p> <ul style="list-style-type: none"> • Educational services • Research • Social and psychological support for people dealing with dementia 	<p>Description/services:</p> <ul style="list-style-type: none"> • Helpline • Local support groups • Social and psychological support 	<p>Description/services:</p> <ul style="list-style-type: none"> • Umbrella organisation with contacts to local Alzheimer organisations
<p>Contact:</p> <ul style="list-style-type: none"> • National Helpline: 0800 5088 • Open daily from 9 am until 11 pm 	<p>Contact</p> <ul style="list-style-type: none"> • National Helpline (free) : 01 42 97 52 41 	<p>Contact</p> <ul style="list-style-type: none"> • PSTPOzCA Helpline: +48 22 6221122 • Tuesday and Thursday from 3 pm to 5 pm.

Key tips and good practices when caregiving a person with dementia

1

How to communicate with a person with dementia

- Offer verbally and non-verbally encouragement, for example by making eye contact and nodding;
- Use short sentences, with one idea at a time;
- Use simple questions and/or repetitions, offered with sensitivity. It's easier to answer direct questions, rather than open-ended questions;
- The symptoms of dementia are not always obvious. Listen carefully to what the person is saying;
- If you haven't fully understood what the person has said, ask them to repeat it. If you are still unclear, rephrase their answer to check your understanding of what they meant;
- If the person with dementia has difficulty finding the right word or finishing a sentence, ask them to explain it differently.

2**3**

Key tips and good practices when caregiving a person with dementia

1

2

3

How to support a person with dementia

- Focus on what they can do rather than what they cannot;
- Be flexible and patient if a person with dementia find it hard to remember or concentrate on things;
- Put yourself in their shoes. Try to understand how they might be feeling and the care they may want;
- Be sensitive and offer encouragement;
- Give meaningful things to do, from everyday chores to leisure activities;
- Include them in conversations and activities as much as possible.

Key tips and good practices when caregiving a person with dementia

1

2

3

Managing changed behaviours

- Try to think from the perspective of the person with dementia and offer reassurance;
- Work out if there is a problem so that you can try to resolve it;
- Avoid correcting or contradicting the person with dementia;
- Try distraction techniques - You can change the conversation, have something to eat, play music, encourage doing household chores or go for a walk together;
- Engage in the activities they enjoyed before their diagnosis. This will help them remain committed and feel valued;
- Try aromatherapy, massage, music or dance therapy, or contact with animals;
- Try taking therapies, reminiscing with the person or doing life story work.

Key tips and good practices when caregiving a person with dementia

4

Memory

- Maintain a positive attitude and transmit security;
- Avoid pointing out memory errors unnecessarily;
- Occasionally remember a few things and use signs or written messages;
- Promote a stable and routined environment;
- Adapt things at home and then avoid making unnecessary changes;
- In case of repeated questions try to answer every time or you can write down the answer so that the person can read it every time they ask the same question.

Some suggested activities for people with dementia



Visual spatial activities



Sudoku



Activities to work language



Play/Listen to music

Some suggested activities for people with dementia



Puzzles



Be with friends or do things that matter





Check your calendar and diary



Use post-its to help remember some appointments

Quiz

Click the **Quiz** button to edit this object

 **HEALTHY** | **MODULE 5** | **CHAPTER 5** Dementia: key tips and good practices

Let's help Cornelia!

As you know, Cornelia has some memory and communications complaints. She needs to have some tips to manage her difficulties. Can you help her? Select which activities or strategies you think Cornelia should do.

- Don't bother to write post-its to remember some appointments
- Maintain a negative attitude
- Adapt things at home and then avoid making unnecessary changes

Chapter summary

1

You have learned about some tips and good practices in dementia.

2

You have learned some suggestions of activities for people with dementia.

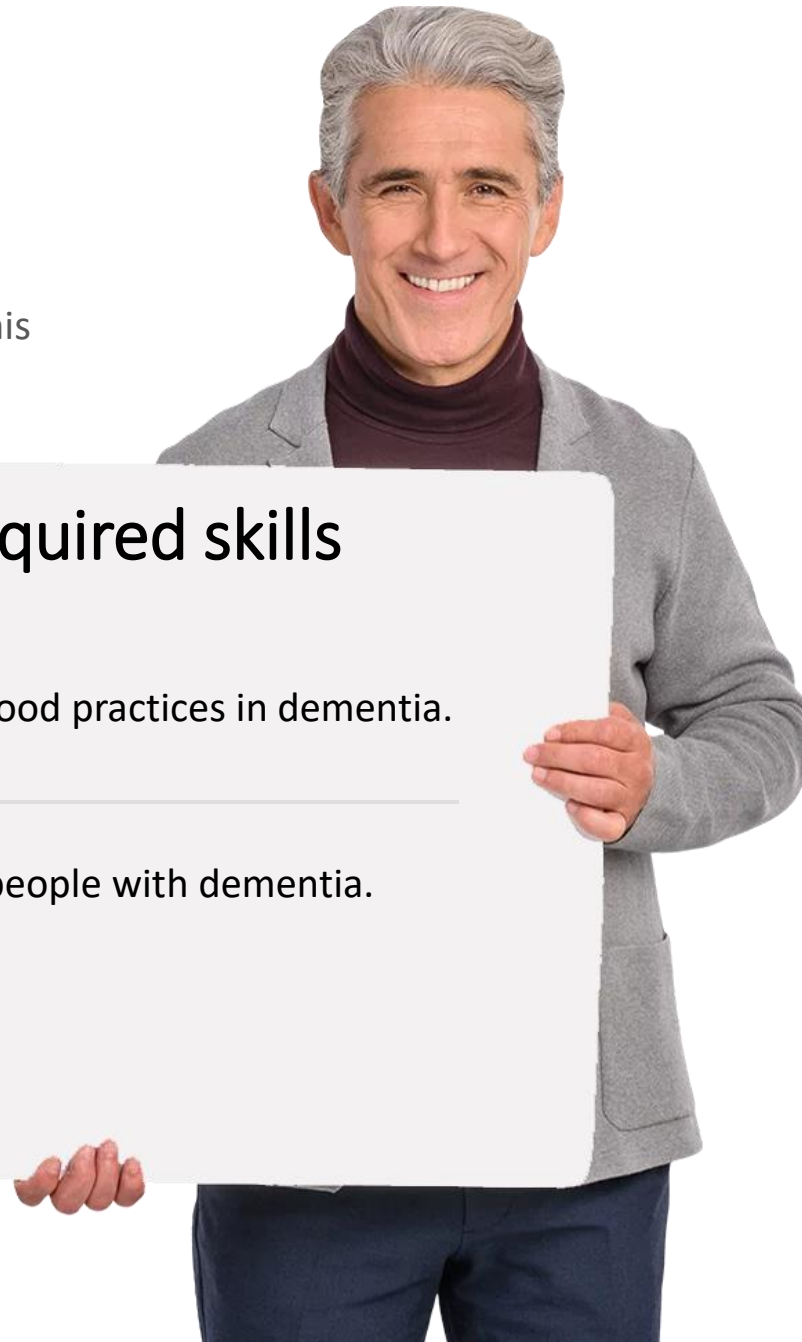
Chapter completed!

Congratulations! You have successfully completed this chapter!

Summary of acquired skills

- 1 Key tips and good practices in dementia.

- 2 Activities for people with dementia.



What is next?

Now you can either repeat this chapter or follow our study recommendation by clicking on one of the buttons below:

[Restart](#)[Next](#)

Module summary

1

You have learned about Brain functions.

2

You have learned the concept of mild cognitive impairment (MCI) and dementia?

3

You have learned the concept of Dementia: from diagnosis to intervention.

4

You have learned the risk factors are associated with dementia.

5

You have learned some of the tips and good practices in dementia.

Module completed!

Congratulations! You have successfully completed this module!

Summary of acquired skills

1

You have learnt about the main functions of the brain.

2

What is mild cognitive impairment (MCI) and dementia - from diagnosis to intervention.

3

You have learnt some tips and good practices.

What is next?

Now you can either repeat this module or follow our study recommendation by clicking on one of the buttons below:

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