



Dementia Care

Anne Marie Lee, a former health nurse, continues her series on dementia with an article on caring for those with dementia.

Mrs Keane had retired and was waiting for her husband to retire; their plan was to travel. Meantime Mrs Keane invited her mother, a widow, to stay with her while convalescing on discharge from hospital, before she went back to her own home. Mother, who, prior to this had been perfectly alert, began to have memory lapses; she flooded the bathroom one night, another time she left the house and couldn't find her way back in the unfamiliarity of her daughter's neighbourhood. Mrs Keane became very distressed; this was not what she had planned for her retirement but her mother couldn't live alone now. The general practitioner (GP) said that her mother had rapidly deteriorating dementia.

Other family members were keeping their distance until the public health nurse called a family conference, to be held at Mrs Keane's house. Her mother attended the conference, smiling pleasantly but unable to contribute.

There were six siblings to whom some questions were put and discussed:

1. What plans have you for your mother's care?
2. Could each sibling move in with their mother in turn, for a number of weeks, to ensure she is never alone?
3. Could you have her stay at your home for a number of weeks each?
4. Do you agree that she needs residential care?
5. Are you aware that any inheritance you may have been hoping for will likely be decimated by the care she receives?
6. Are you willing to contribute equally to any shortfall in fees?

When you notice that your loved one's memory and reasoning are failing, the first port of call is the GP. The GP will refer the person to a hospital dementia unit for assessment, to find out what exactly is causing the problem.

There is no cure for dementia, it is a condition that will deteriorate over time. With the correct environmental conditions and certain medication, the progress of the condition can often be slowed down. It helps if the person is living in a familiar environment among people known to them. The person's own home is the best environment for as long as possible.

Once the diagnosis is confirmed the family will be informed of the services available to them. It must be noted though, the services are rarely sufficient to meet the demands. You must



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access what you can from the public and private sectors. Call to your local health centre where the public health nurse will be a great source of information to help you. Planning care for a loved one is complicated and often contentious.

If the person in need of care is a parent, aunt or uncle, call a family conference to include all who were connected during the life of this person. Ask a neutral person to facilitate the conference, the public health nurse might be willing to facilitate. What you and the person with early dementia want from this conference, is agreement on the care to be offered and that all concerned will contribute, according to their means, either in time or finance. Hopefully this will prevent the person who takes on the task out of compassion but at high cost to themselves being abandoned by everybody else.

Initially the person with dementia will

be relatively easy to care for. As the condition deteriorates a place in a dementia day centre a few times a week will be necessary. Day centres are usually open from about 10am to 4pm and include lunch. This gives the family carer a much-needed break. Respite may also be available, where the person is admitted to a hospital dementia unit for one week twice, and if you are very blessed, three times a year.

There are two options when the condition worsens, home care with a team of qualified carers or residential care. There are a number of specialist dementia homes around the country. These can be accessed through the HSE's Fair Deal programme. ❤️

The Alzheimer's Society of Ireland
National helpline: 1800-341-341

HSE Live: Callsave: 1850 24 1850
Phone: 041 6850300
email: hselive@hse.ie