Dementia - Communication, interaction & behaviour



Paul Cadger,
Dementia Education Lead
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Introduction

Acute Physio not specialist RMN/Psychiatrist

Sensitive subjects throughout

Contract of etiquette

www.joindementiaresearch.nihr.ac.uk

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Objectives

Dementia and population of Cornwall and Isles of Scilly
Understand different types of dementia and impact on communication
Approaches to improve your communication
Importance of non-verbal communication
How to adapt the environment to improve communication
Understand behaviour is a form of communicating an unmet need
Understand and identify an unmet need/distress in dementia
Approaches to reduce distress in dementia



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Acronym list

ABC chart – Antecedent, Behaviour and Consequence Chart
ADLs – Activities of Daily Living (toileting, bathing, eating, moving, communicating etc.)
BEN – Behavioural Expressions of Need
BPSD – Behavioural and Psychological Symptoms of Dementia
CFT – Cornwall Partnership NHS Foundation Trust
CIoS – Cornwall and Isles of Scilly
FTD – Fronto-Temporal Dementia
PD – Parkinson's Disease
PDD – Parkinson's Disease Dementia
PLwD – Person living with dementia
RCHT – Royal Cornwall Hospitals NHS Trust
YOD – Young Onset Dementia

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Dementia

September 2026 estimated 10,326 PLwD in Cornwall.

6,365 people in CIoS are registered with dementia (61.6%) - NHS Digital, (2026)

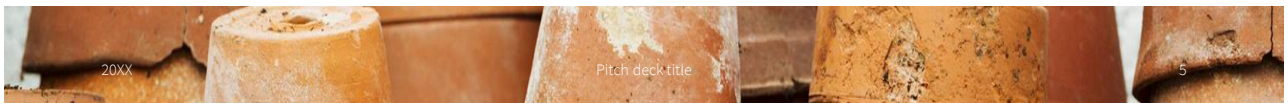
Therefore 3,961 – without a diagnosis = without available support

PLwD in Residential care home 1,700

Nursing home 435

Own home 4,110 NHS Digital, (2026)

Inpatient average 30% of all beds (approx. 350 CFT + RCHT)



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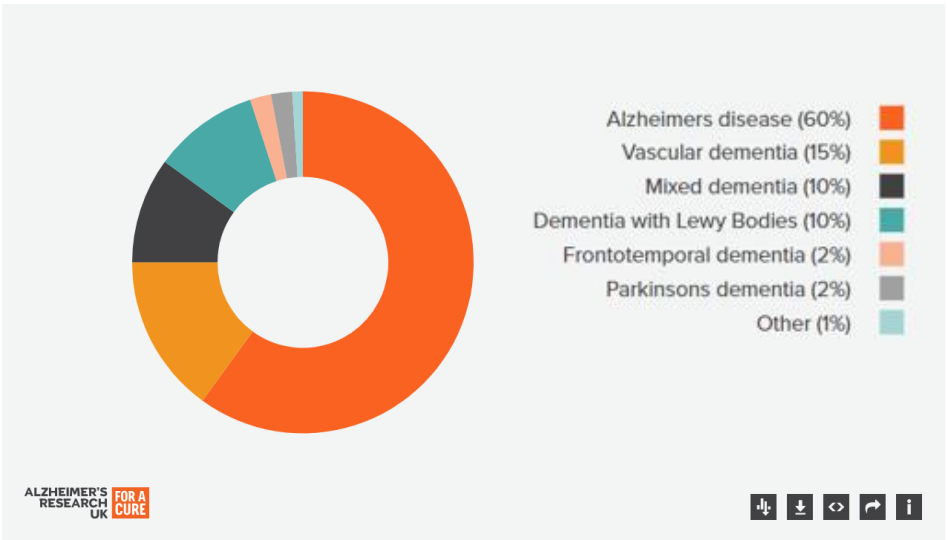
Types of dementia and presentation



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Alzheimer's disease presentation over stages

Early (Mild)	Mid (Moderate)	Later (Severe/End)
Short term memory loss	Poor judgement	Support with all ADLs
Difficulty learning new skills	Difficulty with multiple step tasks (prepping meal)	Increased sleep
Object recognition	Difficult to identify family/friends	Minimal communication
Communication challenging (repetition, lose chain of thought)	Impulsive	Changes to swallowing (reduced intake)
	Communication (processing and speaking)	Incontinence
	Difficulty with direction (walk with purpose – lost)	

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Vascular dementia presentation over stages

Early (Mild)	Mid (Moderate)	Later (Severe/End)
Loss of motor function	Poor judgement	Support with all ADLs
Speech impairment	Moderate to severe communication impairment	Increased sleep
Impaired executive function	Need support with some ADLs	Minimal Communication
	More prone to being emotionally labile	Changes to swallowing (reduced intake)
		Incontinence

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Lewy body dementia presentation over stages

Early (Mild)	Mid (Moderate)	Later (Severe/End)
Mood and emotional changes	Fluctuating cognition and behaviour (day to day, or hour to hour)	Support with all ADLs
Hallucinations	Advanced speech and movement disorder	Minimal communication
Paranoia	Falls	Severe parkinsonism's
Sleep disorder	Swallowing difficulties	Changes to swallowing (reduced intake)
Movement difficulties – parkinsonism's	Reduced short term memory	Sensitivity to touch
Urinary urgency/incontinence		

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Parkinson's disease dementia presentation over stages - (20-40% of people living with PD will develop PDD)

Early (Mild)	Mid (Moderate)	Later (Severe/End)
Movement disorder existing for >1 year prior to diagnosis	Fluctuating cognition and behaviour (day to day, or hour to hour)	Support with all ADLs
Falls	Advanced speech and movement disorder	Minimal communication or swallow
1/3 orthostatic hypotension	Reduced short term memory	Severe parkinsonism's
Hallucinations / paranoia	Urinary urgency/incontinence	

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Fronto-Temporal Dementia (FTD) presentation over stages

Early (Mild)	Mid (Moderate)	Later (Severe/End)
Difficulty word finding	Difficulty with simple language	Support for all ADLs
Behavioural changes	Behaviour changes more frequent and severe	
Disinhibition	Memory loss	
	Impaired executive function	
	Impaired motor function	

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What is communication?

Group discussion scenario's – consider what verbal, para-verbal and non-verbal communication adaptions in below situations….

1. **Any others you would like to add???**
2. PLwD is ex-police officer #hip, agitated hallucinating daughter being assaulted.
3. Assess pain with someone with FTD.
4. PLwD partner has recently passed away, repeatedly asking for partner.
5. Bed bound patient crying out repeatedly "Help me Lord"

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Ways to improve your comms

Obvious and not dementia specific

- Build rapport, less fact more feeling
- **Get into their bubble**
- Single word or single stage command
- Low tone, calm and slow
- Eye contact, on same level, smile
- How long would you wait for an answer?
- Open / closed questions
- Alternatives to verbal communication

***You can not win an argument with dementia!**

****Restating use of call bell is unlikely to work**



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Think environment

People – Who and Space

Stimulation - over and under

Routine



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Fundamental Needs in Dementia https://www.youtube.com/watch?v=R0C2ug7AbTY

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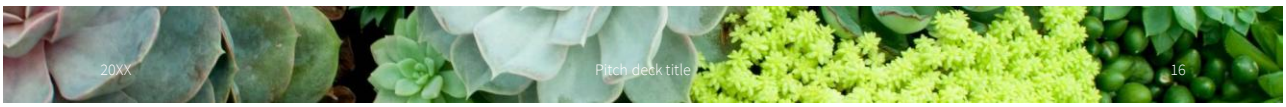
Challenging Behaviour / Behavioural Expressions of Need / Behaviours of Concern

Behavioural and Psychological Symptoms of Dementia (BPSD)* can affect 95% of PLwD

- Delusions*
- Hallucinations*
- Agitation* and aggression
- Depression* - Low mood to suicidal
- Anxiety*
- Apathy - (Self neglect)
- Shadowing
- Wandering / walking with purpose
- Sundowning
- Hoarding
- Withdrawal
- Sleep disturbance
- Sexual disinhibition
- Repetitive behaviour

Think delirium!!



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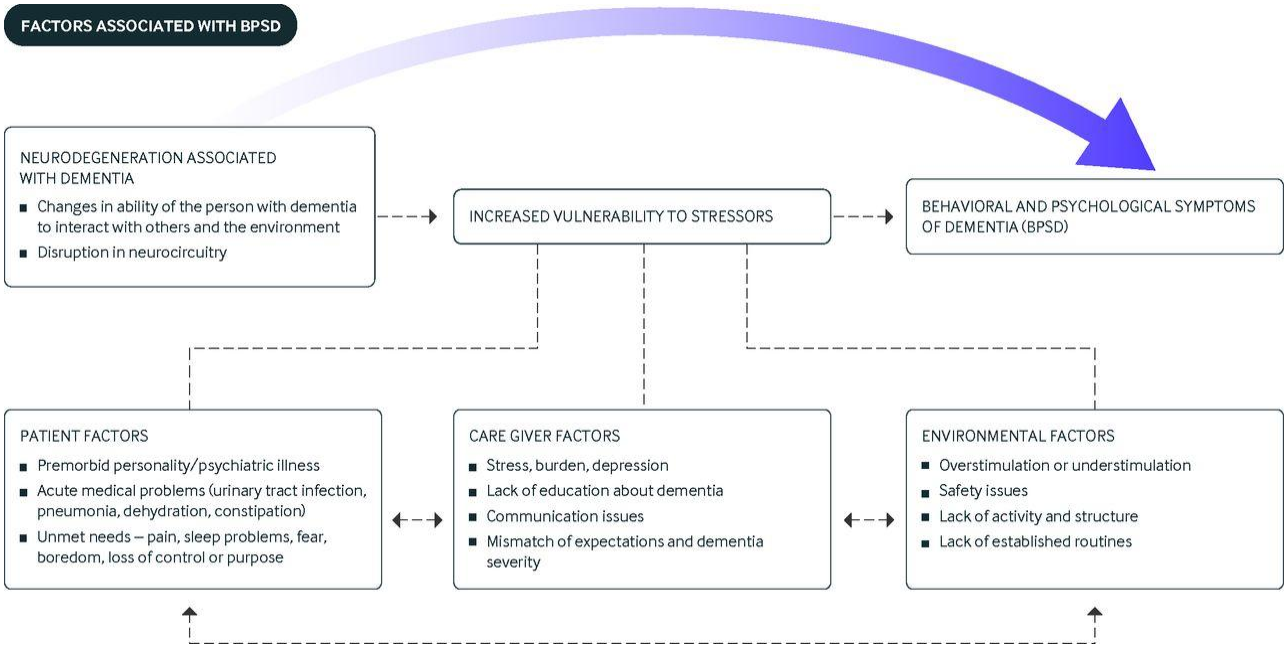
Kales, Gitlin and Lyketsos (2015) Assessment and Management of Behavioural and Psychological Symptoms of Dementia



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Who can help (DOPMH) Dementia and Older People's Mental Health / Not DOPMH

Own home	Care home (RH/NH)	Inpatient
Dementia Adviser Primary Care Dementia Practitioner (PCDP) Community Psychiatric Nurse (CPN) Admiral Nurse GP team Voluntary sector	Dementia Liaison Nurse (DLN) Community Psychiatric Nurse (CPN)	Psychiatric Liaison

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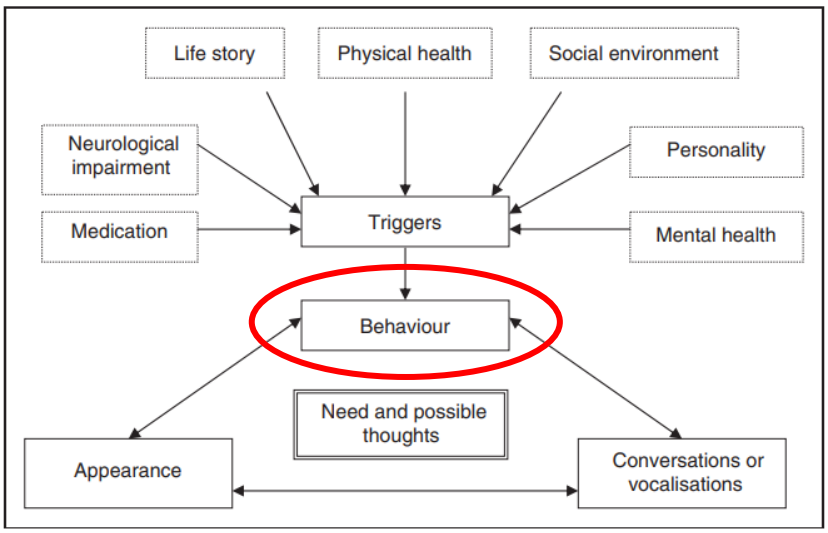
Understanding and identifying an unmet need

James, I, A., (2011) Newcastle Model



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James, I, A., and Jackman, L., (2017) The 8 needs framework

Fundamental Need	Features that interfere with someone's need being met	Expression of someone whose needs are not being met (a wish, demand, request	Is need currently being met? To what extent may it be contributing to behaviour of concern
Physical comfort and freedom from pain	Smell, noise, temp, analgesia, uncomfortable chair, clothes	Verbal, stripping (temp/pain), withdrawn, one word "dirty" = toilet	
Perception of Safety			
Positive touch			
Love and belonging			
Esteem needs			
Control over environment / possessions (freedom)			
Occupation and exploration			
Fun			

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Assessment

DICE

Describe – ABC (Antecedent, Behaviour + Consequence) chart

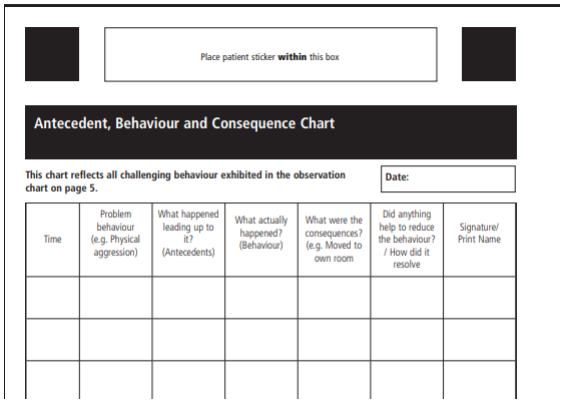
Investigate – BioPsychoSocial - PLwD, Carer, Environment, utilising Newcastle Model, Functional Analysis – what is reinforcing behaviours

Create – Implement a treatment plan

Evaluate – Is it effective

DISDAT

Distress and Discomfort Assessment Tool – Communication impairment



Place patient sticker **within** this box

Antecedent, Behaviour and Consequence Chart

This chart reflects all challenging behaviour exhibited in the observation chart on page 5.

Date:

Time	Problem behaviour (e.g. Physical aggression)	What happened leading up to it? (Antecedents)	What actually happened? (Behaviour)	What were the consequences? (e.g. Moved to own room	Did anything help to reduce the behaviour? / How did it resolve	Signature/ Print Name

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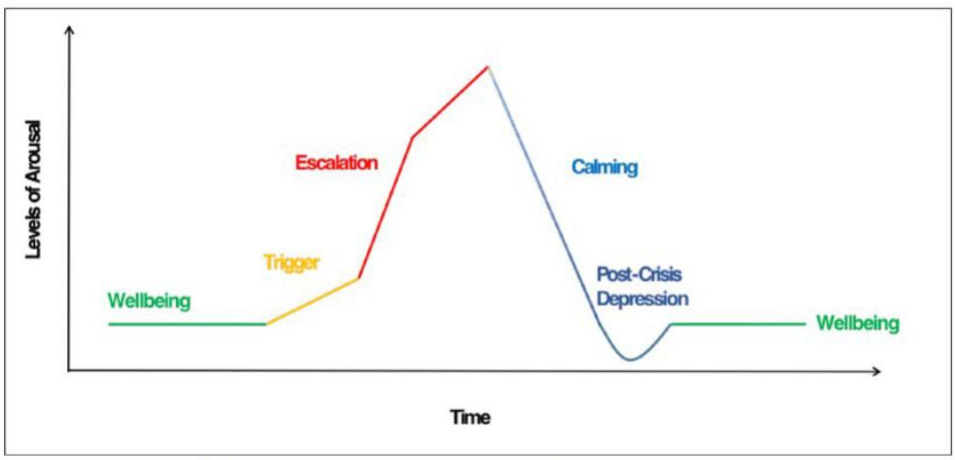
James et al (2024) First Line psychosocial alternatives to psychotropic medication for Behaviours that challenge in dementia care: A toolkit for health and social care practitioners. The British Psychological Society: Leicester

Figure 2.1: Adapted Version of PBS Arousal Graph



Legend: Green – wellbeing; Amber – primary prevention; Red – escalation; Blue – calming

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Approaches to maintain Wellbeing



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**Carer training to help them understand the purpose of someone's behaviour

Promas https://promas.co.uk/

Personalised care – This is me

Music therapy (particularly if depression identified)

Usually not a single treatment but range

⇧ Social interactions

⇧ Physical activity

⇧ Pleasant (person centred) meaningful activity (gardening, art, DIY)

Sensory focused activities (namaste care) - aromatherapy

Reminiscing

Doll and pet therapy

Environment slide 15

Maintain good physical health

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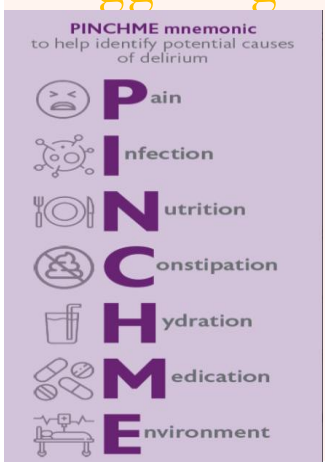
Approaches to de-escalate Triggering



Think delirium – physical causes

Communication – Carer causes

Environmental cause

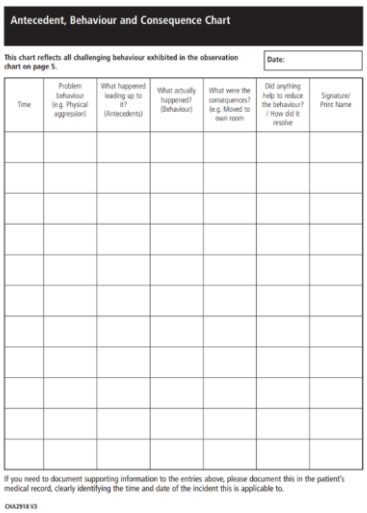
Antecedent Behaviour and Consequence chart – learn from previous scenarios

Therapeutic lie

Identify unmet need

Specialist input / crisis services

BANG	VERA
Breathe	Validation
Accept	Emotion
Not argue	Reassure
Go with flow	Activity



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Pharm and Non-Pharm approaches Escalation

Least restrictive intervention

Prevention and Management of Violence and Aggression

Local policies

Exit strategies

Pharmacological acute crisis - Benzodiazepines (⇧risk falls, ⇩Cognitive Fx)

Delirium 1st line – Olanzapine

2nd line – Lorazepam (Parkinson's Disease / LBD)

Preventative pharmacology post incident

Calming

Debrief

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Tools to help

Pain

Abbey pain scale

PAINAD (PAIN in Advanced Dementia)

Person centred

This is me

Know me book

Good days Bad days

Environment

Kingsfund.. Is your _____ dementia friendly

Alz Soc – Making your home dementia friendly

Home FAST (Falls and Accident Screening Tool)

Behaviour

Antecedent Behaviour and Consequence (ABC) Chart (inpatient)

Challenging Behaviour Scale (RH/NH)

Neuropsychiatric Inventory (NH)



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Summary

If you have met one person with dementia, you have met one person with dementia

Useful to know the sub-type of dementia

BPSD / behaviours of concern is not simple get support, specialists across the system

Carer support – Promas

References

James I, A., (2011) *Understanding behaviour in dementia that challenges: a guide to assessment and treatment.* London, UK Jessica Kingsley

James, I, A., and Jackman, L., (2017) Understanding behaviour in dementia that challenges: A guide to assessment and treatment. London: Jessica Kingsley

James, I.A., Moniz-Cook, E., Duffy, F., Lord, N., Ritchie, M. & Reichelt, K. (2024). First line psychosocial alternatives to psychotropic medication for Behaviours that challenge in dementia care: A toolkit for health and social care practitioners. The British Psychological Society: Leicester.

Kales H C, Gitlin L N, Lyketsos C G. Assessment and management of behavioral and psychological symptoms of dementia *BMJ* 2015; 350 :h369 doi:10.1136/bmj.h369 available at Assessment and management of behavioral and psychological symptoms of dementia | The BMJ access on 07/04/2025.

NHS Digital (2025) *Primary Care Dementia Data*, available at https://digital.nhs.uk/data-and-information/publications/statistical/primary-care-dementia-data/february-2025 accessed on 31/03/25

Thank you, any questions?