

Dementia Care during COVID-19 Outbreak

Lessons from China
March 2020

From Professor Huali Wang, Alzheimer's
Disease International

The impact of COVID-19 pandemic on people living with dementia in China, their carers and health and care services has potentially important lessons for us in Derbyshire.

The following slides illustrate the challenges related to continuing care as usual for people living with dementia during this time, how the Chinese services tried to manage the situation and what was thought to be effective.

We are sharing this summary as helpful information for you, whatever your role in dementia care.

Joined up Care Derbyshire Dementia Workstream

Key Messages

- People with dementia are at high risk of COVID-19
- Usual approaches to COVID-19 education might not be effective
- Management of COVID-19 in PWD presents extra challenges
- The impact of COVID-19 on PWD and carers is high, whether or not they contract the disease
- There are approaches that can improve outcomes

Key Challenges

- Getting prevention messages across
- Regulation adherence
- Reduced opportunities for engagement and activity, loss of familiar contacts
- Increased anxiety of carers (formal or informal)
- Exacerbated cognitive decline in the face of increased demands on cognitive resources to process rapid changes in circumstances & expectations
- Increase in BPSD

Increased challenges at Home

- Change in home care arrangements – usual carers ill, self-isolating – new carers or less carers, routines disrupted
- Carers increased anxiety
- Deterioration in cognition – demand for cognitive processing high – leading to decline in cognition
- Reduced opportunities for engagement, exercise, outdoor activity due to lock down
- Poor understanding of and adherence to new regulations – hand washing, mask wearing

Increased challenges in Hospital

- New environment compounded by new regulations
- Isolation
- Staff wearing PPE – difficult to identify faces, have eye contact
- Somatic discomfort – hypoxia, fever, cough
- Delirium

Increased challenges in Care Homes

- Lock down – no face to face family visits
- Loss of usual routine
- Transport restrictions led to cancelled routine clinic appointments
- Reduced interactions with carers – less hands on, less time to communicate, reduced opportunity for leisure activities and going outside
- Essential medications interrupted

At Home

Challenges

- Irrational analysis of the epidemic – conflicting & poor information coupled with difficulty thinking and making judgements
- Changes in home care arrangements – including new home carers and impact of carer stress

Impact

- Excessive stress & tension
- Sleep difficulties
- Irritability
- Poor understanding of, and adherence to infection control and other public health measures
- Increased risk of contracting or spreading COVID-19
- Mood changes
- Irritability
- Wandering
- Aggression
- Anxiety
- Delusion

At Home

Issue

- Loss of usual routine and meaningful activities in lockdown
- Increased confusion, declining memory & comprehension due to overwhelming information and change

Impact

- Boredom
- Sleep disturbances
- Anxiety
- Wandering, irritability, agitation & aggression
- Increased disorganisation in daily life
- Reduced ability to cooperate with care
- Conflict with carers

In Hospital

Challenges

- New environment
- New regulations
- Staff in Personal Protective Equipment
- COVID-19

Impact

- All usual negative impact of admission
- BPSD due to isolation & enhanced strangeness of surroundings
- Poor adherence to hand washing and other infection control measures
- Anxiety, distress
- Somatic discomforts (fever, coughing, fatigue, difficulty breathing)
- Delirium (hypoxia particularly)

In Care Homes

Issue

- Implementation of strict virus management regulations
- Reduced interaction with carers
- Group activity prevented
- Family visiting prevented

Impact

- Difficulty interpreting new rules and compliance
- Difficulty interpreting changed environment
- Restlessness
- Apathy
- Withdrawal
- BPSD

Impact on Carers

Family carers

- Anxiety
- Agitation, feeling angry
- Concern about PWD
- Conflict with PWD

Home Care-workers

- Anxiety
- Confusion
- Panic
- Irritability

Care Homes workers

- Agitation, panic
- Fatigue, burn-out
- Loneliness
- Helplessness

For family carers there was increased decision making responsibility, for all carers there was fear of infection, worry about other family members, their own health and reduced support systems and numbers of carers available, increased burdens of care in light of regulations and reduced ability to comprehend and comply with care being given

5 Key interventions

Interdisciplinary collaboration

1. Psychological first aid
2. Self-help, counselling & support
3. Behaviour management
4. Delirium
5. Newly identified cognitive impairment – prioritise prevention and control of COVID-19, assess and diagnose post outbreak

Psychological first aid – point of COVID-19 diagnosis

- Assess & respond to urgent needs
- Comfort & foster feelings of being safe
- Listen to the person, rather than try to persuade
- Ensure appropriate placement for care and treatment asap

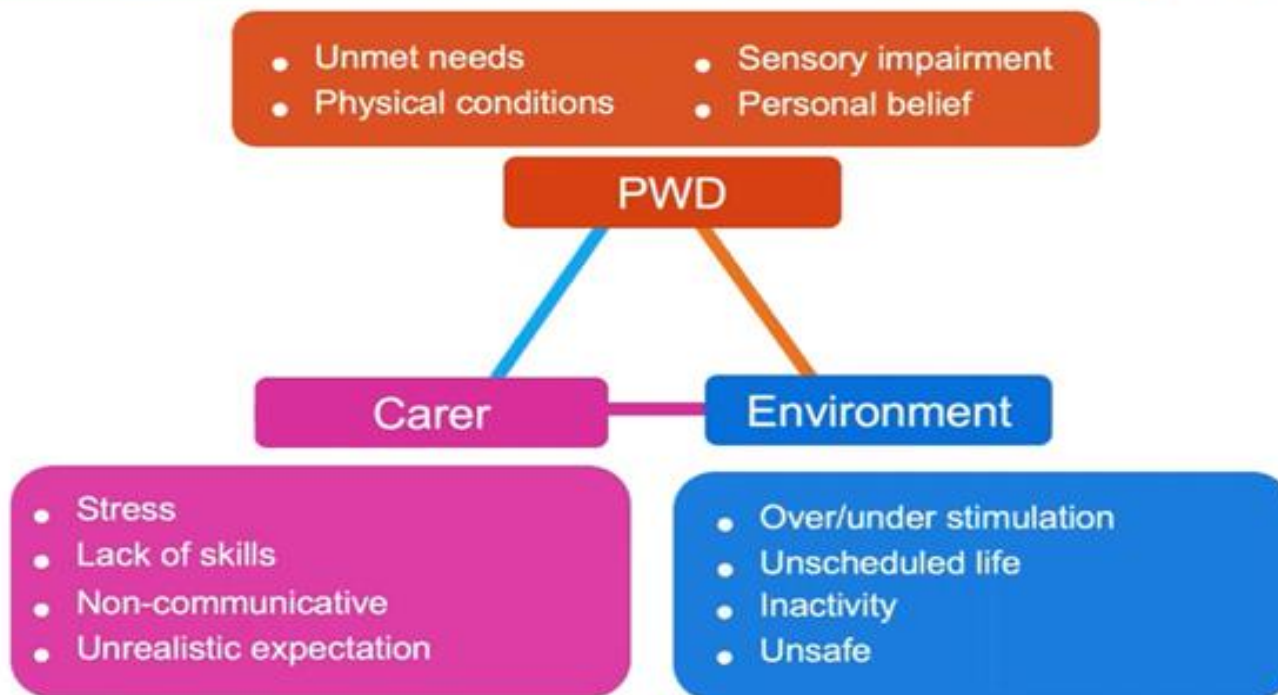
Self-help, counselling, support – for people with Mild Cognitive Impairment, Mild dementia & carers

- Obtain information from authoritative channels, avoid media noise
- Promote memory aids for key messages
- Reinforce self protection & precautionary measures
- Encourage seeking of support from family, friends eg through phone, text etc
- Promote relaxation & mindfulness exercise - online
- Enrich life arrangements at home – free online courses – music, art, cooking etc encouraged to improve activity and wellbeing

Behaviour management

- Non-pharmacological intervention preferable
- DICE – Describe – Investigate – Create – Evaluate procedures (China approach)
- Liaise with psychiatric services if necessary
- Implement Chinese Model of behavioral management (next slide)

Model of behavioral management



Chinese Journal of Psychiatry, 2017,50(5):335-339

Behaviour Management II

Environment

- Set up special areas for PWD (In ICU)

Staff were trained to:

- Validate emotional experience
- Communicate in a simple and clear ways
- Adjust light
- Play soothing music

Carer

- Develop a positive attitude
- Learn caregiver skills
- Attend to a person's feelings
- Validate the emotional experiences of the PWD

Behaviour Management III

Home life – reduce restlessness

- Design appropriate activities
- Accompany & encourage pwd to participate

Inability to comply with self-security measures

- Understand the reasons for behaviours
- Break down the activity, work step by step
- Remind with prompts, written or pictorial
- Encourage & cultivate sense of achievement

Physical discomfort

- Verbal comforting
- Treat physical symptoms
- Symptomatic medications if necessary

Clinical management & support of delirium in China

- Treat causes
- Adequate diet and fluids
- Deliver supportive environment
- Reduce unnecessary clinical procedures
- Use non-pharmacological interventions – orientate, moderate light and sound
- Medications as per clinical evaluation
- Caution needed to identify delirium and not interpret as exacerbation of dementia

Cognitive impairment identified during the outbreak

- Prioritise prevention and control of COVID-19
- Seek assessment and diagnose post outbreak
- Seek support from local memory clinic (In China)
- Close face to face assessment cancelled
- Virtual meeting for carers and pwd

Further more detailed information

- <https://www.youtube.com/watch?v=zM6cd1QSSFo>
- Derbyshire Delirium in Dementia video for information
<https://www.youtube.com/watch?v=Lfkr-0I50HY>
- JUCD contact claire.biernacki@nhs.net