ACTIVITIES AND THE BATTLE AGAINST DEMENTIA

BY

GARETH ROWLANDS JP
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Introduction

How often have we all gone to an adjoining room intending to fetch an item and having reached there forgotten what we went there for? Sometimes we can do this more than once. But we all suffer from some mild form of memory loss for different reasons sometimes because we are so preoccupied with other things and our minds are already 'overloaded' with things to remember and think about. It is quite normal to forget like this but concerns can arise when an individual completely forgets and can't work out, for example, where he or she lives, where different rooms are in the house, what month of the year it is, who a close relative or loved one is or where personal possessions are kept and a combination of these just to mention a few. Such memory loss could well be an indication of signs and symptoms of the onset of Alzheimer's disease which is the main cause of dementia.

The main aims of this resource are twofold:

To suggest an appropriate approach to the use of activities that could be attempted whilst caring for sufferers of dementia in an effort to improve their quality of life.

To offer some valuable and much needed support to those who care for sufferers of dementia day in, day out and at night in their own homes as husbands or wives, as family members or as the dedicated, hard-working carers in residential and nursing care homes.

The amount of success that may be achieved by using activities in the care of dementia patients depends very much on how far the disease has advanced. In some severe cases, very little success can be achieved but using this resource in an attempt to find ways and means of improving everyone's quality of life can be a helpful and constructive way forward. Attempting some form of activity as described in this resource can also reduce stress, create enjoyment and some fun for both the carer and the patient.

Through dedicated and on-going research, various drugs have been found to control Alzheimer's disease to some extent. Not all the drugs were made available until very recently. By now it has been agreed that people suffering from Alzheimer's disease, recognised as the main cause of dementia, can be prescribed the drugs Aricept (donepezil), Reminyl (galantamine) and Exelon (rivastigmine) by the General Practitioner.
In 2006 and 2007 The National Institute for Health and Clinical Excellence (NICE) ruled that these key medicines would only be made available to people in moderate stages of the disease. However, after much campaigning, it was argued that it was considered 'cruel and unethical' to force patients with early-stage Alzheimer's disease to wait until they became worse before they could be prescribed the drugs. Now, the three drugs mentioned will be made available to people with mild as well as moderate disease. Another drug, Ebixa (menanite) can also be prescribed for severe disease and for some sufferers with moderate disease. Previously this drug was only offered to patients as part of a clinical trial.

The drugs can benefit hundreds and thousands of people. However, the drugs themselves are not a miracle cure but they can make an important difference to people's lives for a number of months if not longer. Some sufferers who may be unable to recognise loved ones or are unable to play with their grandchildren may well be able to do so now if they are prescribed the appropriate drug. This great step forward can be achieved for the price of an ordinary cup of coffee per day which is how much the drugs cost. It has to be born in mind, however, that whilst the drugs do not offer a cure those people prescribed have shown in many cases an improvement in everyday functions including improvement in the ability to pay attention and plan.

As mentioned earlier, one of the aims of this resource is to try to help and offer support to the carer whether in his or her own home or caring in a residential or nursing care home. Caring for a dementia patient in one's own home can sometimes be a lonely, depressing and demanding task which can make the carer feel that he or she is all alone and forgotten. In such circumstances, the carer should 'reach out' and seek every possible help and support especially from the patient's General Practitioner, community nurses, family members, if any, friends, neighbours and at the same time take advantage of relevant facilities in the local community. With this in mind, a list of helpful and supportive agencies and organisations is included in this resource. Their contact addresses can be obtained on-line or from the telephone directory.

Friends and relatives may find visiting patients with dementia somewhat tense and stressful because they are not quite sure what to expect and how to react. It is important that they are informed of the illness and what kind of behaviour or unusual actions to expect from the patient. In particular children should be well prepared before any visit. Children do enjoy participating in reminiscence activities with elderly people and this could be one way of involving children in stimulating activities with the patient. If the patient becomes upset or begins to exhibit unusual behaviour the child can be quietly moved and can return later.
Some patients with dementia may also be most unfortunate to be suffering from other ailments. The degree of care then becomes more intense making it necessary for the patient to be placed, more often than not, in a residential or nursing care home.

In suggesting in this resource the use of suitable activities in the care of people suffering from varying degrees and types of dementia, the author recognises and acknowledges the constant personal attention that patients need and is so readily given to them by carers. There are so many hard-working and dedicated carers who give of their very best in their unwavering efforts to improve the quality of life of those who have become so vulnerable and completely dependent on them.
Foreword

By NICKY ROWLANDS, SRN, QN, NDN (cert.)

Not only does this resource suggest a considerable number of purposeful and meaningful activities for people suffering from various forms of dementia living in their own homes or in residential and nursing care homes but it also discusses the different type of dementia and their causes along with signs and symptoms of the disease that affects the brain.

Carers and all those involved in the care of dementia sufferers will find this resource useful and supportive in the daily on-going efforts to look after them, and will also help all involved to appreciate and understand how and why they behave in certain ways and how to cope in difficult and trying situations.

Many people suffering from dementia need daily if not permanent individual care whether living in their own homes or residing in residential or nursing care homes. This resource emphasises the need to adapt any activity that is attempted to suit the needs, wishes and, above all, the ability of the person participating and that, more often than not, the chosen activity can only proceed slowly and in very small meaningful steps. It is vital to realise that ‘meaningful activities equals meaningful life.’

Encouragement and support to take part in an activity can be given gently and tactfully but at no time should any activity be imposed on a person who may just wish to be left in peace and quiet and watch what’s going on whilst remaining at rest. In such cases just giving spontaneous hugs along with words of comfort throughout the day can have so much meaning.

However, it is evident that making use and adapting activities in any form with sufferers of dementia helps to improve their quality of life. As mentioned in this resource, activities have to be well-organised and well-planned but they should all be made success-orientated, failure free, purposeful, fun and always enjoyable for the person and the carer. The use of activities will also help the carer in the administration of daily care which at times can be very demanding.

But one must ask ‘who cares for the carer?’ Carers must look after themselves and make use of all the support and help available from various agencies and organisations who offer free assistance to carers and families alike.

What does matter very much to people suffering from dementia in terms of their quality of life is being able, whenever possible, to carry on their relationships with relatives and friends, to receive visits from them in private and have the opportunity, if possible, to make tea or coffee for the visitors.

In residential or nursing care homes, a planned activity programme is, more often than not, the responsibility of an activities co-ordinator or an activities team. It is useful if the responsibilities for activities could be shared by all the employees in the home to deliver the activities and stimulation which result in having happy, fulfilled and stimulated residents.

This resource should be a joy to have in any home and will undoubtedly be most useful for carers and all those entrusted with the care of people suffering from dementia including
their relatives.

Having been a proprietor of a residential care home, a District Nursing Sister, and a Nurse Practitioner for a number of years, I can readily recommend this resource written by a person who has had direct experiences in looking after, caring and organising activities for the elderly, in particular residents in residential and nurse care homes suffering from Alzheimer’s disease and different forms of dementia.

The author has also written the very successful resource ‘Activities for Today’ for Residential and Nursing Care Homes, 3rd Edition.

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Activities and the Battle Against Dementia

by Gareth Rowlands J.P.

It is now estimated that over 800,000 people in the United Kingdom suffer from some form of the disease called dementia.

Dementia is a disease and an illness of the brain, during which there is a gradual but noticeable deterioration of some of the very complex powers of the brain. As the brain's powers deteriorate with the loss of a number of brain cells, the brain ceases to function as well as it should or as well as expected.

This usually results, at first, in the loss of memory, followed by a reduction in language and communication skills along with a general and noticeable loss in the ability to do things. As expected, this effect's a person's quality of life.

Most types of dementia progress slowly and people usually affected by dementia are older people. Dementia is rare in people under the age of 60 years but dementia has been diagnosed in 1 person in 20 over the age of 65 years and one in 5 over the age of 80. But dementia can affect people in their 40's or 50's or even younger, although this is rare. This is called 'early-onset' dementia because it affects people at a relatively early age.

Not everyone will suffer from dementia in old age. It is recognised that most of us become forgetful from time to time and this, of course, is quite normal. When a person is diagnosed with dementia it is vital that the cause of the dementia is established as far as possible because in some cases the disease is reversible.

The most common cause of dementia is Alzheimer’s disease and because of this Alzheimer’s disease is commonly equated with the general term, dementia. However, there are many other causes of dementia. Distinguishing Alzheimer’s disease from the other causes of dementia requires the detailed examination of a person's past life history by a medical practitioner to ascertain the person’s abilities, followed, more often than not, by examining results obtained from various tests such as the standard set of tests called the ‘mini mental state examinations’, analysing the results of blood tests, full medical examinations and various brain scans.

Brain scans, in particular, help to distinguish between Alzheimer’s disease and the various types of dementia.

Scans:

**CT Scan:** CT is an abbreviation for ‘computerised tomography’. This is the most commonly used scan which makes use of x-rays to give a detailed picture of the brain’s structure.

**MRI Scan:** MRI is an abbreviation for ‘magnetic resonance imaging’. This type of scan is normally used when there are difficulties in diagnosis.
SPECT Scan: SPECT is an abbreviation for ‘single proton emission computerised tomography’. This type of scan can give an indication about the working of the brain and can show if there are restricted blood flows to any part of the brain.

There are certain conditions and diseases which cause dementia. These include:
- Alzheimer’s disease
- Parkinson’s disease
- Huntington’s disease
- Creutzfeldt-Jakob disease (CJD)
- Motor neurone disease
- Binswanger’s disease
- HIV

Conditions that harm blood vessels supplying the brain with blood such as atherosclerosis can cause a type of dementia called vascular or blood vessel dementia. This type of dementia is caused when small blood vessels in the brain become blocked causing the death of certain brain cells in the brain.

Another type of dementia is called the Lewy Body dementia during which very small protein deposits are found in some nerve cells in the brain which interrupt the action of various chemical ‘messengers’ which in turn interfere with the brain’s normal functions. People with this type of dementia are able to carry out certain activities one moment and then, without warning, are unable to do so.

Other types of dementia include Pick’s disease (fronto-temporal dementia) and alcohol-related dementia which includes Korsakoff’s syndrome.

Other known causes of dementia:
- Infections such as chest or urinary infections
- Heart problems
- Stress, anxiety and depression.

Conditions producing dementia that can often be reversed with proper and appropriate medical treatment:
- Hypothyroidism (an under-active thyroid gland)
- Vitamin B12 deficiency
- Folate deficiency
- Syphilis of the nervous system
- Subdural haematoma (a blood clot sometimes caused by a blow to the head)
- Hypocalcaemia (unusually high calcium levels in the body)
- Undiagnosed diabetes
- Brain tumours
- Brain infections
- Normal pressure hydrocephillus

Some types of medication can sometimes interfere with a person’s concentration and memory, producing dementia-like symptoms.

These include:
- Tranquilisers
Signs and symptoms of dementia
In the early stages, people with the disease may exhibit no symptoms whatsoever, and quite often, people with dementia do not look as if they are ill or suffering from any health problems.

However, family members and close friends may begin to notice some changes in the person’s personality. They may also notice the person having problems in remembering things.

As mentioned earlier, dementia usually progresses slowly but there are three categories of symptoms that may be noticeable in a person suffering from dementia:

a. Perception problems
b. Functional problems
c. Emotional problems.

a. Perception problems:
The problems in this category are normally exhibited by the following:
Difficulties in:
a. Understanding generally
b. Remembering basic things
c. Simple reasoning processes
d. Thinking about simple things
e. Working out very basic arithmetic calculations
f. Learning simple everyday things
g. The use of basic language or words to communicate
h. Making simple day-to-day judgements

b. Functional problems
The problems in this category are normally exhibited by the following:
Difficulties in:
a. Carrying out difficult tasks
b. Coping with daily routine living activities in and around the home, e.g. personal hygiene and dressing; locking or closing the front door, switching lights off.

c. Emotional problems
The problems in this category are normally exhibited by the following:
a. Mood changes
b. Loss of emotional control
c. Complete and utter lack of interest in previous interests or activities regularly followed and enjoyed in the past.
d. Lack of interest in meeting friends or any members of the family.

A person with Lewy Body dementia can exhibit some mild dementia symptoms at one moment and then exhibit most severe symptoms at the next moment. For example, there
can be a complete change of mood and action from being quiet and calm to being noisy and aggressive. (In comparison, patients suffering from Alzheimer’s disease show a slight variation in symptoms from day-to-day.)

Patients suffering from frontotemporal dementia (including Peck’s disease) usually exhibit behavioural problems and may also have difficulties with the use of basic language and words in communicating. They may also become rude, irritable, bad-tempered, inconsiderate and at times aggressive and apathetic. Some patients may also change their normal habits and become more interested in sex whilst at the same time neglecting their personal hygiene.

Treating patients suffering from dementia does involve the following:
1. Maintaining proper dignity and respect for each patient at all times.
2. Increased levels of support from well-informed and dedicated carers and relatives.
3. Careful planning of a patient’s surroundings/environment.
4. Supportive, purposeful, well-planned and suitable activities specially designed for each patient to encourage any form of mental activity.
5. The use of drugs:
   Proper regulated and supervised drug administration, under constant review by a medical practitioner, help some people suffering from the early stages of mild Alzheimer’s disease or Lewy Body dementia. The drugs used are Aricept, Exelon or Reminyl. The drug Ebixa is used for the later stages of dementia.

However, these drugs are not suitable for every patient and can have undesirable side-effect causing depression, anxiety, restlessness and hallucinations. Moreover, the drugs can only slow down the effect of the disease for a limited period of time.

With continued and well-funded resources and on-going dedicated research into the treatment of dementia, we can hopefully look forward to new and improved treatments for the disease. Some recent initiatives include Stem cell therapy, the use of antioxidants and ‘a vaccination’ to prevent the build-up of plaque in the brain. The vitamin Ginko Biloba has and is sometimes administered under supervision with dementia patients in order to alleviate some of the symptoms of the disease.

Antidepressants are also sometimes used in order to alleviate the effects of depression often suffered by dementia patients. Needless to say, the administration of any medication must be prescribed, supervised and constantly reviewed by a qualified medical practitioner.

Attempting to understand what a person with dementia experiences and suffers on a daily basis can always considerably help the carer understand to some extent what they have to bear and also why they behave and react in a certain manner. It is important to be fully aware that they are still unique yet vulnerable human beings entitled to be treated with proper respect at all times.

As well as being vulnerable, they need constant support and often need reassurance, and it is up to the ones closest to them including their friends, family members and carers to do everything in their power to enable them to retain their sense of identity, individuality and self-worth. Patients suffering from dementia must not be made to feel inadequate.

Persons with dementia can be made to feel valued and respected in a number of different ways by showing tolerance, being patient and demonstrating flexibility when looking after
them, making ample time to listen to them and to talk to them, showing love, affection appropriately and, above all, exploring and finding ways and means of doing meaningful and well-structured activities together.

Proper respect involves addressing each person appropriately using their first names or even nicknames if they themselves prefer to be addressed in this way. Some patients may wish to be addressed formally using their surnames and using courtesy titles such as Mr, Mrs, Dr or Sir, where applicable, especially when being addressed in any way by young people or children.

Cultural values can be a very important aspect of our lives. In a multicultural society different races follow their own rules, customs and forms of worship and these should be born in mind especially when considering a patient’s situation:

- Different and preferred forms of address
- Religious observances and requirements
- Manner of touching or some gestures that are considered inappropriate and unwelcome
- Different hairstyles and head wear (caps, hats, etc)
- Toilet use

People suffering from dementia should be extended proper courtesy no matter how advanced their dementia has progressed. For example, they should be constantly reassured and treated with kindness and always included in conversations taking place, they should not be criticised or chastised and proper and sustained efforts should always be made to understand their attempts at communicating especially when their attempts to do so are hesitant and unclear. The person’s rights to privacy are very important. Doors into bedrooms should be knocked before entering to announce one’s intended entry, bathroom and toilet doors should be kept properly shut when being used by the patient.

All people suffering from dementia have their own individual abilities, range of interests and preferences but these can sometimes change rapidly as the disease progresses and gets worse.

It is important to spend enough time trying to understand how the person feels by offering support and listening carefully to their worries and concerns.

Whenever possible, in all matters that concerns each one of them, consult them so that they can make their own choices. Sometimes, of course, when the disease is very much advanced this may not be possible. At times, the carer can observe and work out the person’s reaction from their facial expressions, any spoken words and body language. However, people with dementia often find it difficult to ask questions of any kind or to make any choices. In such cases it might be useful to ask questions in such a way that only a ‘yes’ or a ‘no’ is needed. For example, instead of asking Mr Williams ‘Which shirt do you wish to wear today’, it would be easier for Mr Williams if he was shown a shirt and asked ‘do you wish to wear this shirt?’ If the answer is ‘yes’, so be it. If the answer is ‘no’, try other shirts, one at a time, until he chooses his favourite shirt. If Mr Williams says ‘No’ to all the shirts, it would be a good idea to start the process again.

In selecting any form of activity it is important to:

a. Avoid selecting any activity that is obviously too difficult. Some activities can be broken down into small easily-managed steps which can be enjoyed by the patient. People
with dementia often have a short concentration span and can easily become frustrated by an inappropriate or ambitious task.
b. Find activity tasks that they can do and enjoy at their own pace using their own methods.
c. Provide ample encouragement using humour and tact. Activities can always be fun. Smiles and uninhibited laughter can create so much joy and happiness.

At all times, persons with dementia should be encouraged to take pride in their appearance. Constructive and pleasing comments made to them on how they look mentioning, for example, a smart, well-ironed shirt, a colourful blouse, a new attractive dress or a lovely hair style can be most encouraging and satisfying.

It is very useful to gather as much information as possible about a person’s life history as this can be used to stimulate conversation and to devise suitable and meaningful activities that the person can enjoy and relate to. A great deal of information about a person’s past can be obtained from the person and also from family and friends.

Dementia affects each person in so many different ways but no matter how advanced the disease is, each person with the disease is obviously a unique individual with his or her own life experiences, their own needs, feelings and their own likes and dislikes. Making a life story book can be an enjoyable activity for both the person and the carer.
Activities for people suffering from dementia

Day-to-day tasks in and around the home

Useful skills can be retained as far as possible if the person being cared for is actively involved in the essential everyday household activities or tasks. Most people like to have the opportunities to be useful and also to feel needed. With encouragement and tact a person with dementia can be involved in a number of routine daily tasks. The degree of involvement will of course depend on how far the disease has progressed but even the minimum of involvement, under supervision when necessary will always give the person a sense of purpose and well-being along with some degree of independence. It is always important to have realistic expectations when using any kind of activity.

Many activities or tasks in the home re-establish old roles that the person was well acquainted with before contracting dementia.

Other activities can utilise old skills whilst other activities provide a sense of purpose for the person through being useful. The person should always be encouraged to be helpful in any situation as opportunities to do so arise.

Participating in certain activities can greatly contribute to a person’s self-esteem and can contribute immensely to a person’s personal care.

There are also numerous activities which offer the person relaxation and pleasure and a lot of fun.

Many of the routine daily activities which can be taken for granted by most people can become difficult to manage for people suffering from dementia. The whole range of personal and household tasks or activities can pose numerous problems for them and they invariably need some help and encouragement to cope and get through the day.

Preparation for the day:
Some people suffering from dementia need assistance when getting out of bed in the morning. Any assistance in getting up should be offered to them in a cheerful and tactful manner but they should be encourage to help themselves as much as they can in getting up.

Getting dressed and personal care in the morning – the first activity of the day:

Useful tips:

1. Greet the person in a cheerful and friendly manner with a cup of tea or coffee.
2. If necessary, remind the person about washing, cleaning teeth, toileting and other routine personal care functions. Give assistance when necessary with basic tasks like cleaning teeth, shaving (for men), combing hair, toileting and washing, using tact and respect. Leave ample time for each task and make the whole process of getting up enjoyable and humorous. Promote cleanliness and tidiness, encouraging the person to help himself or herself as much as possible.
3. Make the first activity of the day fun, and leave enough time for the person to get dressed. This will avoid creating stress and avoid rushing and will promote a good, positive start to the day.
4. If possible, sit back and relax and allow the person to get dressed unaided only giving guidance and help when required.

5. The person may become confused and agitated when confronted with the choice of clothes to wear. Simple choices should be offered by asking questions such as: ‘Would you like to wear this green pair of socks or this blue pair of socks?’ instead of ‘Which clothes do you want to wear today?’

6. Sometimes the buttons have not been aligned with the correct button holes or the clothes do not match. Does it matter? These can be correct so easily. It also helps if the person’s clothes are laid out on the bed in the order in which they should be worn, such as underwear and socks or stockings first with a sweater or coat to finish; then the footwear. The person is then ready for breakfast.

7. If the person experiences difficulties with buttons or zip fasteners, it may be appropriate to replace them with Velcro and elastic.

Activities at breakfast time
This is an opportunity for various activities:

a. Helping to set the table by placing cutlery and crockery and other items in their right places on the table, folding napkins, buttering and toasting bread and arranging chairs round the table. These activities will re-establish old roles and make use of habitual over-learned tasks but do encourage these tasks at all breakfast times. If appropriate, allow the person to help with clearing up the table after breakfast and with washing up and drying dishes afterwards. Encourage the person to be helpful as this creates self-esteem in the person and makes up to some degree for any lost abilities.

Activities during the day
A considerable number of suitable household activities can be enjoyed during the day. There are no rules to decide which activities should be used. The use of activities should be encourage at all times but will very much depend on what the person wishes to participate in at the time. As much as possible a number of activities provide a sense of purpose for the person involved through being useful, some having been mentioned earlier. They can also provide fun and satisfaction and it is always important to encourage areas of responsibilities if practicable. Some dementia sufferers will perform the same household activity repeatedly, having forgotten that they have already completed the activity.

- Dusting and polishing (brass, silver and furniture):
  Provide the items to be polished and the materials required and show the areas to be dusted but demonstrate how to get good results. Supervise, encourage and praise during the activity.

- Hoovering and sweeping the floor:
  Make sure that the person is able to use the Hoover safely. These household activities are best done together by the carer and the patient. Always emphasise the pleasing result of the activities.

- Watering indoor plants and flower arranging:
  Talk about the plants and mention their names, pointing out colours and shapes as the person waters the plants. If may be useful to label each plant clearly to help the person to remember the names of the plants. Arranging flowers in a vase can be a most enjoyable activity which always has a very attractive outcome and is appreciated by all.

- Writing a shopping list for household goods and groceries:
  Try to find out the person’s favourite foods. This might bring back some memories. Listen to the memories.

- Emptying and tidying drawers, dressing tables and cupboards:
  People with dementia have difficulties in remembering where various possessions are
kept. Emptying and tidying up drawers and then labelling them boldly and clearly can help the person to find where various possessions are kept.

- Feeding the cat or dog:
  A number of dementia patients find cats, dogs and other animals a source of great comfort and enjoyment. Stroking an animal’s coat can relieve stress and has a very soothing effect.

A number of activities contribute a great deal to a person’s self-esteem and these in turn contribute to a person’s personal care.

The personal hygiene and general health of all dementia patients should be carefully monitored regularly. A well-groomed and smartly dressed person may well wish to be involved in the following personal activities:

- Cleaning and polishing shoes
- For ladies (and sometimes men) regular visits for pedicure and manicure (with choice of preferred colour of polish for nails) (home visits can be arranged).
- Regular visits to the hairdresser (visits to the home can often be arranged if necessary)
- Use of preferred perfumes, deodorants, body sprays or after shave lotions.
- Wearing of favourite dress or suit
- Meticulous care of teeth, wigs, dentures, hearing aids and spectacles.

To make an activity a success, the carer should try to build on the activities that the person has always enjoyed in the past. It is always useful to aim at a convenient stage where the activity is not too easy or childish and also not too hard to manage.

It is also important to realise that the person may have difficulty in following some activities where there are many steps involved, and one should take the common changes of dementia into account.

When involved in activities with the person, the main consideration is that the person feels involved, purposeful and successful. It does not matter if mistakes happen on the way. By looking patient and acting in a patient manner using encouraging comments and realistic praise without challenging or arguing, progress with activities can be greatly achieved.

There are certain activities that have a special meaning for some dementia patients. Some may have had hobbies such as carpentry, gardening, and dressmaking to mention a few. They may not be able to participate fully in these hobbies now but they may well have retained some interest and some of the skills involved in them which can be rekindled using relevant activities.

a. Carpentry

A person involved in carpentry can be encouraged to attempt activities using pre-cut projects where various wooden items can be assembled using basic skills and basic carpentry tools.

Projects can also involve making or assembling pre-cut wooden parts for items such as the following:
- Childrens' toys
- Wooden stools
- Toothbrush racks
- Glove boxes and other types of wooden containers
- Spice racks
Plant troughs  
Bread boards  
Gifts for a child or relative

Bear in mind that the person may well have ideas for his own projects.

b. Gardening and outside activities  
There are a number of activities or tasks where a person can become involved as long as the activities or tasks are devised to match the person's abilities or skills:

- Raking leaves in the garden
- Watering the garden: (suitable fittings should be used for ease of use. For example, an appropriate nozzle should be used on the water hose.) Avoid watering the garden if there is washing drying on the line in the garden. If the person finds using the hose pipe awkward or difficult, offer a watering can as an alternative. Bear in mind that any activity embarked upon should never reinforce inadequacy or increase stress.
- Sweeping the patio: Assist and supervise this activity if required.
- Emptying the grass cutter (lawn mower) and placing rubbish in appropriate bins for recycling. Give guidance and assistance when necessary.
- Hosing/Washing the car: Replace the hose with a bucket of water and a sponge if the person finds the use of a hose difficult.

When selecting activities for people with dementia, it is important to find activities they can enjoy and cope with. The activities should always be adapted to meet the person's changing interests and needs and general health, especially as the illness progresses and becomes more and more advanced.

The simple everyday tasks in and around the home that we may all take for granted can provide an important structure and security to what may seem for the person a very long day, and will also help a great deal in keeping the person physically and mentally active. Many activities are successful because they involve easy, repetitive actions and simple steps. Talking to the person about which activity he or she may still enjoy can help considerably towards selecting a suitable activity but the activity should always be manageable and within the person's capabilities. It is often necessary to adapt an activity, as it progresses, in an imaginative and resourceful way, splitting up the activity sometimes into very small easily managed parts. Activities involving physical exercises such as walking, dancing or swimming will, for all those participating, increase energy levels, develop a healthy appetite and promote a good night's sleep.

Persons suffering from dementia may sometimes have an opportunity to participate in enjoyable team activities in the kitchen during the preparation of certain meals especially if they reside in a residential or nursing care home.

For example, in the preparation of a pizza, as a member of the team, the person could be supervised whilst performing one of these repetitive yet useful team activities:

- Spreading tomato sauce on the pastry base of the pizza.
- Grating cheese to be added.
- Washing and drying food items to be added such as parsley, capsicums and mushrooms.
- Preparing any other ingredients for the pizza.
- Adding measured quantities of each of the ingredients for the pizza.

Some other useful activities in the kitchen:
• Washing, drying and putting away dishes and cutlery in the labelled drawers and cupboards.
• Shelling peas.
• Washing and drying vegetables for a salad preparation.
• Whipping potatoes to make a potato mash.
• Peeling apples (with a peeler supplied).
• Helping to bring in groceries to the kitchen from the car.

All activities conducted in and around the kitchen, at any time, especially if they involve the use of knives, sharp utensils, ovens or microwaves, electricity or gas or any other potentially hazardous substances, items or situations, must be well-organised and closely supervised for obvious safety reasons. As much as possible they should be attempted with the carer. Again, the person’s ability and degree of manual dexterity must be taken into account. At times, even with encouragement, the person may not have any enthusiasm whatsoever in becoming involved in the activities but on the next occasion may be very keen to become part of the team.

Many persons suffering from dementia thoroughly enjoy outdoor recreational activities if their general health permits:
• Walking for any distance at any time of the day is an excellent exercise and physical activity. The person can be taken for a walk, for example, to collect the newspaper or magazine in the morning. Even a short walk round the garden or ‘round the block’ of houses at various times of the day can prove to be most beneficial. There may also be the opportunity to ‘walk the dog’ or even to walk on the beach or on the bank of a river or canal. The person should be suitably dressed for the weather, have proper fitting shoes with laces properly tied.
• If the facilities and greens are available, activities involving outdoor bowls, croquet and ‘crazy’ golf can be attempted depending on the person’s skills, physical condition and inclination at the time. Obviously such activities have to be prepared and arranged well in advance.
• At suitable and convenient times, visits to various local places can be arranged. With nothing to do at home the person can eventually feel lonely and unproductive and there could be the risk of the person becoming depressed, agitated and angry.

Suggested places of interest for planned outdoor visits:
• Public house (for a drink or a meal)
• Library (perhaps to select a book on local history)
• Club (The British Legion)
• Park (to watch children at play or to feed ducks or swans if a river, pond or lake is available)
• Zoo (to observe the animals and to identify them)
• Cinema or theatre (to watch a favourite film or to listen to a play)
• Coffee shop or restaurant (for a favourite meal such as a birthday treat)
• Local farm (to observe the farm animals). Some farms provide areas for picking ones own fruits (P.Y.O.)
• Herb farm (for a sensory experience to enjoy the aroma of the various herbs).
• Flower show (to appreciate the different flowers and flower colours)
• Gardening exhibition (to see prize-winning exhibits of fruits, vegetables, flower and other items)
• Garden centre (gardening items can bring back some memories for some)
• Art exhibition (to enjoy the displayed paintings and artwork)
Visits to these places by people suffering from dementia should be very well prepared before hand. Visits should be arranged whenever and wherever possible when crowds can be avoided and when some of these places are relatively quiet. It may be necessary for the staff at some of these venues to be informed of the intended visit so that any additional assistance, care and any necessary aids and facilities may be offered and made available. It is extremely important to talk to the person before any visit is planned in order to get his or her approval, and to find out if they wish to actually make the visit. Every encouragement should be made for the person to participate in an activity but under no circumstances should the person be forced to participate against his or her will. Some people suffering from dementia may be too frightened to leave the home. Some may be too anxious or confused.

Many people suffering from dementia enjoy listening to music. Their favourite songs and piece of music can be recorded and then played for them. This provides a most enjoyable musical activity for them and can bring back treasured memories. People suffering from dementia may still enjoy singing, dancing and listening to music. They also enjoy listening to the radio but listening and watching television can cause them some problems. Some people with dementia become confused when watching television and may have difficulty in coping with the television noise and can be quite overwhelmed by various programmes.

Some of the music activities some may enjoy:

- Music programmes on the radio (golden oldies)
- Playing C.D.’s of favourite songs (songs by Vera Lynn)
- Playing old records (songs or music that bring back memories)
- Singing – Sing Alongs
- Name that tune session
- Relaxation music – especially at meal times and ‘going to bed’ time.
- Playing a musical instrument – some people may have played a musical instrument in the past
- Listening to carol singers (salvation Army and school choirs)
- Singing in the church or other places of worship.

There are many ‘indoor’ activities that the person suffering from dementia can choose from with the help of the carer. As emphasised previously, any activity should be chosen and adapted to suit the ability of the person. The activities should be unhurried and simple and broken up if necessary into small manageable parts.

Many people with dementia maintain their sense of humour which can help in making activities entertaining. ‘Having a good laugh helps everyone,’ and one should encourage
joy and laughter when participating in any activity. Although dementia is an illness it is not 'the end of the world' and the use of any activity in any way can help a great deal in passing the time constructively and happily for the person and carer. It will also add to the person's 'quality of life.'

In suggesting the following activities, the degree of involvement of the person in any of the activities will very much depend on how advanced the dementia has progressed and also the general health situation of the person. Some dementia sufferers may not be able to participate at all in any of the activities whilst some may be able to have some minimum involvement. Others may manage 'the best they can' and achieve more. It is however important to give them all the opportunity to try to enjoy the benefits of any of the activities mentioned in this project without them being force, bearing in mind their likes and dislikes and their past histories.

The following list of 'indoor' activities may also prompt and assist family and friends to be involved in any way no matter how small in the care of the person. They must however realise fully that in nearly all cases the amount of success they have will depend entirely on how much the disease has progressed and how the person feels at a particular time. Any success matched with patience, tact and humour can be a most constructive and welcome step in the continuing care of the individual. All activities should be made success-orientated, failure-free, purposeful and enjoyable. The materials used in most of the activities should be specially designed for the person to be able to use them:

- Playing cards
- Bingo
- Jenga
- Dominoes
- Jigsaw puzzles
- Snakes and ladders
- Ludo
- Ker-plunk
- Crosswords and puzzle books
- Colour, making cards (greeting cards)
- Art and craft activities
- Creating collages from magazine pictures
- Writing (letters, short stories, poems)
- Reading (or listening to taped books)
- Listening to ‘talking newspapers.’
- Sewing
- Knitting (for grandchildren, relatives; squares for blankets)
- Embroidery
- Tapestry
- Drawing
- Painting
- Sketching
- Growing bulbs or cress (and looking after them)
- Flower arranging
- Compiling life story books (history books)
- Carpet bowling or skittles
- Sorting out a toolbox (without dangerous or sharp tools or other items)
- Bird watching and identifying common garden birds.
- Wash hands and face
Some simple things which the carer may wish to try:
- Invite children to visit
- Read a letter out aloud
- Putting on make up
- Weed the garden together
- Count things like money
- Rub on hand lotion
- Bake bread together
- Make the bed and put clothes away
- Sing carols or favourite songs
- Read a poem together
- Dance to music together
- Pop popcorn
- Write a letter together to a relative
- Plant a tree in the garden or in a pot
- Trace and cut leaves from the garden
- Sort out socks of different colours
- Hug each other
- Hold hands
- Pray together
- Laugh loudly together
Useful contacts

Admiral Nurses
Age Concern
Alzheimer's Society
Assist UK
Atdementia
Better Caring
Carers UK
Citizens' Advice Bureaux
Counsel and Care
Continence Foundation
Crossroads: Caring for Carers
Dementia Helpline
Princess Royal Trust for Carers
Relatives and Residents Association
Disclaimer

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