**Therapeutic Means to Managing the Symptoms of Dementia**

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**CASE STUDIES**

William is confined to wheelchair in SNF and is obsessed with his regularity with his bowels. He repeats over and over that his bowels haven’t moved in a week. Even when toileting he is repeating that “his bowels haven’t moved in a week”. As visitors come and go he can be heard repeating “his bowels haven’t moved in a week”. He refuses activities, therapies and community outings on the van, stating his bowels haven’t moved in a week. He used to eat in the dining room but hasn’t in a long time stating “ his bowels haven’t moved in a week”. Others have lost interest in social communication with him. Some even avoid him, avoid eye contact with him and avoid saying “good morning” because his only and frequent reply is “my bowels haven’t moved in a week”.

 Bill enjoys socializing with others in the SNF is mobile and walks with assist of a walker. He frequently walks to the dining room and activities to be with others. Bill has recently become more agitated during the late afternoon and walks aimlessly through the halls appearing confused and “lost”. When asked if he needs assist, he frequently replies, “where are they?” and continues to search and wander until he becomes SOB and obviously exhausted.

“Betty with chronic arthritis watched an infomercial for Ozempic XL and with the help of her daughter, purchased the daily gel pill to reduce her joint pain and improve her mobility. After the supplement arrived to the SNF, the nurse explained it would be kept in the med cart and distributed with her daily medication at the appropriate time. Therapy attempted 2 days to get Betty up to go to the gym with refusals both days. Betty was very distraught, obviously worried and even angry however no roommate changes or other physical changes to her environment or situation had occurred. Therapist sat with Betty and conversed and then inquired as to her refusals and change of demeanor. It was then the patient confided in the therapist that she had spent a lot of money on her new “pain pill” and she “knows” the nurse has stolen it. Patient states it’s a gel pill and she didn’t have any gel pills yesterday and she didn’t have one today. Therapist went to nurse and inquired about the new supplement. Nurse confirmed the pill was to be given that evening as it wasn’t yet in the system on the first day it arrived and as it was currently 9am the new gel supplement was scheduled for today at bedtime.

Marjorie propels her WC in the SNF and takes herself to the nurses station to ask if her Mama is there. She rolls to the front door and watches for her Mama. She rolls through the hallway and stops at each door and peers in looking for her mama. Other residents are complaining that she is “nosy”, looking in their room. Marjorie frequently states, “Mama needs me, Mama wants me to come home, Mama will be here to get me so I can’t go shower, eat, therapy, activities, etc because Mama won’t know where I am”.

 Stan is a retired school teacher and has recently moved to SNF due to confusion, reduce memory, fall risk and frail wife unable to care for him in the home and adult children are 300 miles away and concerned for his safety. Stan is used to caring for himself and his wife and managing their household. Now that he is out of the home, he is nervous about missing paying a bill on time, missing a scheduled appointment for himself or his wife, confused about the day/month/situation and causing increased anxiety and reduced QOL. Stan is able to read and write and likes lists, schedules and notes to supplement his memory. Stan benefits from a daily/weekly/yearly calendar to visually support his idea of “things to do”.

 Lois has advancing dementia with increased agitation and inability to indicate her concerns. She frequently forgets what she is trying to say and becomes agitated when she is unable to find the words. She stays to herself and stays in her room and it appears she feels safer in the small confines of her room. She is afraid she will become lost if she goes outside her room and won’t be able to find her way back. The last time she went to activities, she enjoyed the art project however, she wandered afterwards, unable to find her way back to her room and unable to verbally express her needs. The nurse noticed she was wandering and agitated and helped her back to her room. She continues to have the fear of being lost and unable to tell somebody she is lost.

Juan is a retired factory worker and worked well into his 70s. He enjoys living in the SNF. He constantly asks the staff, “What are we doing now?” Juan enjoys others, staying busy, communication, meals and activities. He becomes dissatisfied with “downtime”. He constantly needs direction from staff to find an activity, a project, somewhere to go, someone to visit with, etc. Juan is not spontaneous and prefers a schedule and understanding of daily things to do.

 Glen uses a WC throughout the SNF. He is constantly trying to “get out of this place” He rolls his chair from door to door and checks the handle to “get out of here”. Glen sits by the front door daily and as visitors leave he attempts to exit with them. He asks visitors to “please hold the door”… unfamiliar visitors may not realize that he is trying to get out unnoticed.

Mallory is always discontent and blames the staff and other residents. Mallory reports to DON and Administrator as well as Ombudsman. Mallory reports inattention of staff, “they never answer the call light, I wait 3/4 hours”, ineffective or exclusion of therapy, reporting “ they leave me laying here everyday and don’t even try to exercise me”, late administration of medication, “ they give me my medicine last or whenever they want to and it doesn’t matter if I’m hurting”, late changes of briefs- stating having to “lay here soiled”, cold food, restrictive diet, No showering, no activities, no choice for beverages or ice water. She blames other residents and roommate for getting more attention, taking her shoes, clothes, water pitcher, family photos, as well as her Cheetos and Oreos that she keeps hidden in her top drawer of the bedside table. Staff are concerned that she will create problems for them and other residents with her chronic complaining and blaming and state she is unreasonable about expectations.

 Valerie constantly hoards and rummages through her drawers and her roommates drawers and hoards tissue, clothes, linens and toiletries. Her roommate often becomes upset stating “she’s taking my stuff.”