



## How to Have The "It's Time for Memory Care Talk" With Families

*By Susan Saldibar*

Back in the 1980s, a new therapist at my grandfather's assisted living facility wanted to meet with my parents. He proceeded to announce his assessment that dementia was "setting in" and that my grandfather's cognitive abilities were "well in decline." While my 84-year old grandfather was often forgetful, he still remembered us and could talk about the news and sports. We didn't notice anything dramatic. Ultimately, we found out that this "assessment" wasn't even based on any concrete observations of my grandfather. This therapist caused issues with other residents' families and didn't last long. My grandfather lived about another year, passing away from pneumonia (never was officially diagnosed with dementia).

The point is that assessments, especially concerning cognitive decline, matter to a family. And words matter, too. That "well in decline" hung, like a cloud, over us for some time.

### **We've come a long way from the 80s. But there is still more that can be done.**

Thankfully senior care has, in so many ways, come a long way since those days although, according to Shane Malecha, Clinical Practice Specialist with [Aegis Therapies](#) (a Senior Housing Forum partner), there is a long way yet to go.

Aegis is an expert in cognition, among other things. They work with communities to help them understand all the facets of cognitive decline, how to gauge it with as little bias as possible, and how to determine when a transition to memory care may be warranted. But it isn't always easy. "Unlike medical issues which can come on suddenly, the onset of dementia is usually more gradual," says Shane. "So it can be harder to pin down in terms of identifying a specific moment when you recognize it."

## Signs of Serious Cognitive Decline Associated With Dementia

Shane shared with me the signs of serious cognitive decline that are associated with dementia. Here are a few of the key things your staff should be looking for:

- **Neglect of personal hygiene** -- This may be due to a reduced ability to conduct the activities of daily living (ADLs). The staff needs to monitor this carefully to make sure that there are no physical issues or medication issues responsible for the neglect.
- **Wandering** -- Individuals who previously moved more purposefully from one area to another, may begin to wander aimlessly, appearing confused if you ask them where they want to go.
- **Changes in eating habits** -- The reduced ability to taste and smell often goes hand in hand with dementia, bringing with it a reduced appetite. You may find residents who normally enjoy their food, start to push it aside.
- **Increased isolation** -- Residents who normally would enjoy group activities, may begin to withdraw. They may increasingly be found sitting alone in their rooms or apartments instead of interacting with others.

## A Warning to Caregivers

Shane warns caregivers, however, not to consider these potential signs of dementia independent of one another. One or two behavioral changes may not be significant in and of themselves. But when you put three or four changes together, clear patterns can emerge that can signify something is happening above and beyond normal aging. Because of this, it is important for senior care providers to train their teams to recognize and log behavioral changes as they appear.

Aegis Therapies works with clients to help them create more accurate methods of assessing the cognitive capabilities of residents. In conversations with some of the therapists at Aegis, they've told me that quantifying cognitive behavior, when possible, makes it easier to notice even a gradual decline in cognition.

## Having “the talk” with family members.

Given all this, the greater challenge is knowing when it's time to have a talk with family members. I asked Shane what advice he would give to senior living communities.

“First, realize that you are not there to make a ‘diagnosis’,” he explains. “You need to cast your conversation in terms of observed behavior.”

I asked Shane how that conversation might go.

“What we've found to be more successful is a conversation that goes something like, ‘These are the things that we have noticed that are different, behavior wise, that are not typical with your mom. And we wanted to bring it to your attention, that it could mean something else, rather than simply age-related dementia.’ Then it's important to listen to the family members and work along with them on what steps they may need to take, such as getting a physician's assessment.” Shane has found that, if handled properly, these conversations are often a source of relief to family members who have also noticed the changes but were afraid to broach the subject themselves.

Any final words of wisdom? “Senior living communities need to get better at three things,” Shane told me. “First, they need to really understand the difference between normal cognitive decline and the more serious signs of dementia. Secondly, they need to be very careful about their assessments. And, finally, and most importantly, they need to share their observations with family members in a way that is respectful and helps them to take the next step.”



This article has been brought to you by [Aegis Therapies](#) in partnership with [Senior Housing Forum](#).