Carer dilemmas when PWD is admitted to hospital

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STATISTICS

- Every 3 seconds someone develops dementia globally
- ▶ 55 Million people have dementia globally
- ▶ 66% are in lower- and middle-income countries

▶ 1:4 Patients in hospital have dementia (UK)



GOING TO HOSPITAL

How do I feel?

- Anxious
- Stressed
- Uncertain
- Scared
- Nervous
- Afraid



Hospital Environment:

- Impersonal
- Frustrating
- Checklist
- Sterile
- Unfamiliar
- Confusing



Dementia and Hospital Admissions: What does the research say?

- ► BMC Geriatrics (20:453: 2020)
 - ► ER and Hospital admissions PWD either living at home or in care
 - ► N=1700
 - > 3-month period: 13.8% In care and 18.5% at home. 1+ admission
 - ► Care facilities: Polypharmacy
 - ► At home: unintentional weight loss, carer burnout, falls





Dementia and Hospital Admissions: What does the research say?

- ► Rate of unplanned hospital admissions from diagnosis until death (Age & Ageing Vol 51:5 2022)
 - N=19 221
 - **▶**1995 2017
 - ► Admissions are low and stable post diagnosis
 - Admissions increase at end of life
 - ▶ 19.6% 6 months
 - ▶13.3% 12 months



Dementia and Hospital Admissions: What does the research say?

- ► Mean age @ diagnosis: 82.6
- Mean age @ death: 85.6
- Decedents: 84.8%
 - ▶ 1/3 Died in hospital
 - ► Cumulative incidence rate of unplanned hospital visits at end of study: 61.4%



FINDINGS

- Hospital staff not adequately trained in dementia care or end of life care
- Dementia friendly wards
- Need for resources for support and care at home.
- Support for carers to prevent burnout





CARER DILEMMAS ADMISSION

- ▶ If possible, inform the PWD. Keep it simple.
- ► Have a familiar person take them to hospital
- Make sure they have their aids: glasses, hearing aids, walking stick, walker etc.
- Pack overnight bag with familiar / favourite items such as blanket, socks.
- Pack a bottle of water / snacks
- ltems to keep the person busy / distracted: Things they enjoy doing.
- Inform the Sister on the wing that the person has dementia and advise on any special needs such as needing help eating

CARER DILEMMAS ADMISSION

- Crisis / Trauma / Emergency / Planned
- Make sure they have their aids: glasses, hearing aids, walking stick, walker etc.
- Chronic medication
- ► Pack overnight bag with familiar / favourite items such as blanket, socks.
- Items to keep the person busy / distracted: Things they enjoy doing.
- ▶ Inform EMS that the person has dementia.



CARER DILEMMAS: HOSPITALISATION

- Unusual / challenging behaviour
- ► WHY? Do not understand what is happening.
- ▶ Difficulties communicating one's needs effectively
- Cannot retain information about diagnosis and why they are in hospital
- ► Hospital staff don't explain themselves effectively
- ► Need help with ADL's (Eating, dressing etc)



CARER DILEMMAS CONT.

TRAUMA RESPONSE



FLIGHT

DISTRACTED, PERFECTIONISTS, ADDICTS, OVEREATS, STAYS BUSY



DELIRIUM

- ▶ What is Delirium?
 - ► Sudden onset
 - ► Medical reason
 - Withdrawn / Apathetic / Drowsy / Anxious / Hallucinations / "Out of it"
- ▶ 5 Ps of Delirium
 - Pain, Pee, Poo, Pills, Pus.



DELIRIUM

- ► 10-15% ER Admissions (NHS)
- ► 1/3 misdiagnosed
- ▶ 80% seriously ill elderly (Alexander: 2023)
- Increases:
 - ► Cognitive decline
 - ► Fall risk
 - ► Mortality rate
 - ► Longer hospital stay

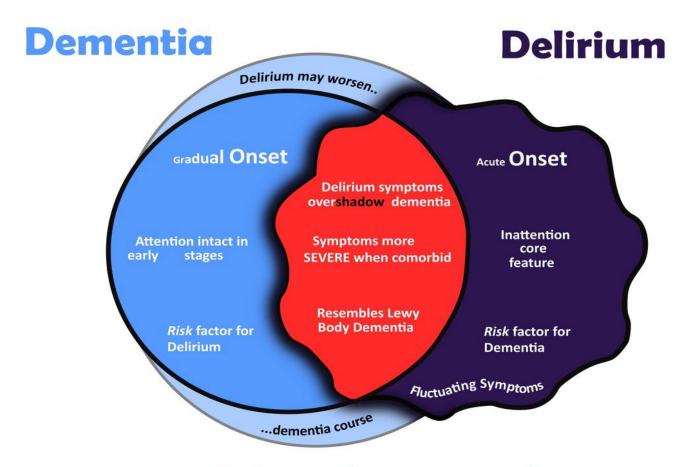


DELIRIUM

- Major risk factors
 - ► Age >65yrs.
 - ► Multiple co-morbidities.
 - ► Underlying dementia.
 - ► Renal impairment.
 - ► Male gender.
 - Sensory impairment (hearing or visual)



DELIRIUM VS DEMENTIA



Delirium Superimposed on Dementia



TECHNIQUES TO TREAT / PREVENT DELIRIUM

- ► Natural light
- Clocks / Calendars
- Regular sleep routine
- ▶ Use of glasses / hearing aids
- ► Mobility (95% reduction Alexander: 2023)
- ► Minimise tether effects (drips, catheters etc)
- ► Pain management
- ▶ Stimulation
- Avoid isolation



SUMMARY

- ► Early diagnosis: minimal hospitalisations
- Reduce risk factors leading to hospitalisation
- ► Educate EMS and Hospital staff about dementia
- ► Hospitals need to make allowances for PWD
 - ► Allow carers to stay over with patient
 - ► Ensure food is within reach and manageable
 - ► Encourage fluid intake
- Protocol to minimise delirium
- Minimise time in hospital



"Never too early never too late"

