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Home Healthcare Newsletter Inaugural Edition

April 2014

Welcome to our inaugural edition of the David York Agency newsletter. We will endeavor to bring you some innovative and thought provoking research on topics of interest to you as a professional working with the elderly. With the sea of information available today, it is almost impossible to notice everything. Therefore, I will attempt to be another set of eyes and ears for you in that area. Please feel free to forward this edition to anyone you feel would be interested. We would also love to hear your comments as well as suggestions with areas of interest to you. We plan on sending this out periodically so as not to be a burden. In the event you feel the need, you may unsubscribe at any time. We only ask that you do not press the spam button, but rather safely unsubscribe.

Best wishes,
Anita Kamiel, M.P.S., R.N. Director of Patient Services

Memory Based Socialization for Dementia Patients

The February 2014 issue of JAMDA (Journal of American Medical Directors Association) highlights a very interesting approach toward supporting person with dementia. The article entitled "Baseball Reminiscence League: A Model for Supporting Persons with Dementia" ([http://www.jamda.com/article/S1525-8610\(13\)00626-9/abstract](http://www.jamda.com/article/S1525-8610(13)00626-9/abstract)) * brings into focus groups formed around sports such as baseball and soccer. By encouraging those with various levels of dementia to join a "memory club" based on a shared interest, dementia patients can talk about their earlier memories which are often much clearer to them than recent ones. In these groups, participants share their intense interest and relate their opinions and experiences, thereby giving them the opportunity to express their feelings in a venue they rarely have in their lives anymore, a social group. A by-product of this is a reduction in their awful feelings of isolation.

This reminiscence therapy is a wonderful way to enrich the lives of seniors with dementia. Though the data is skimpy at this point, outcomes seem to be quite positive. Respondents reported feeling more "alert and confident and less angry, anxious, and sad" (P.88) and their

family caregivers confirmed this. This type of storytelling has many benefits for patient and caregiver alike. The patient gets to focus on what he or she actually does know versus their memory deficiency and the caregivers who have gone through this process have reported that it helped them have “a more positive view of the residents with a greater recognition of the patients’ previous life experiences” (P.86). This translated into more job satisfaction which surely can directly impact on the quality of caregiving.

This model has been tried in different countries with various groups forming recently. In , they formed a Football (soccer to us) Reminiscence Program and in a Cardinals Reminiscence League was formed in 2013 by the St. Louis Chapter of the Alzheimer’s Association. Groups meet twice monthly and can even include field trips, guest speakers and movie viewings on theme. There is ample opportunity for family members to volunteer since minimal training is needed for facilitation. For those wishing a program design, the article lays one out and mentions the availability of a “train-the-trainer toolkit”.

Memory clubs have great potential for national replication across hundreds if not thousands of locales nationally and can be adapted to many different hobbies for themes. This is a very low budget scheme for enriching the lives of our older generation. Anything that could help improve the life of senior and their caregivers that is implementable in both day care and institutional setting is certainly well worth the effort.

* The link is for the abstract. If you would like the full article, please contact us. If the link does not work, please cut and paste in your browser.

A Toolkit for Promoting Positive Behavior in Dementia Patients

About 5 million Americans have Alzheimer’s Disease and 90% of those are abusive. This is important because this situation puts these patients at higher risk for institutionalization, greater functional decline, and domestic abuse. Up to this point, the preferred method for managing the Behavioral and Psychological Symptoms of Dementia (BPSD) has been to prescribe medication to control it. However, adding to the already hefty arsenal of drugs currently taken by most senior citizens is not to be entered into lightly since they are often accompanied by significant and dangerous side effects. Clearly, we need better mechanisms for handling these patients.

A recent article in January/February 2014 issue of *Geriatric Nursing* entitled “Promoting Positive Behavioral Health: A Non-Pharmacological Toolkit for Senior Living Communities”([http://www.gnjournal.com/article/S0197-4572\(13\)00408-4](http://www.gnjournal.com/article/S0197-4572(13)00408-4)) * unearths a great find, a toolkit which was peer reviewed and endorsed by experts and designed to centralize the most up to date best practices for handling these challenging situations. A team of clinicians assembled data on how to deal with BPSD beyond the parameters of the

antipsychotic medications normally prescribed. The goal is for these methods to be the first course of action in treating dementia. The toolkit can be accessed at <http://www.nursinghometoolkit.com/> and you can navigate through the tabs on top and get to an area of interest. For example, the non pharmacological approach link is <http://www.nursinghometoolkit.com/#!/non-pharmacological-approaches/c107u> and a helpful graph of the approaches can be found in a PDF link https://googledrive.com/host/0B5mkUGmS3zi7T1hiRTZ2OEVtb0U/Non_iframe_1.html.

This meshes with a program which began in March 2012 by the Centers for Medicare and Medicaid Services (CMS), the “Initiative to Improve Behavioral Health and Reduce Antipsychotic Use in Nursing Homes” where it partnered with associations such as the American Medical Directors Association (AMDA) for a comprehensive approach for limiting the use of this dementia controlling medications in this population as part of their overall “Partnership to Improve Dementia Care in Nursing Homes” (<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-12-42-.pdf>).

We owe it to our seniors and their loved one and caregivers to explore any adjunct or replacement treatments to alleviate the often devastating symptoms of Alzheimer’s and dementia. This handy tool is worth a look.

* The link is for the abstract. If you would like the full article, please contact us. If the link does not work, please cut and paste in your browser.

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