

Effective Activity Approaches For People With Dementia

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*“When you’ve met one person with Alzheimer’s disease,
you’ve met one person with Alzheimer’s disease.”
(The words of many dementia care experts)*

Introduction

Ask any expert in the field of Alzheimer’s disease and they will tell you that there are as many variations of how Alzheimer’s is expressed as there are people with the disease. Personality, life experiences and variations in effects on the brain all contribute to individual differences, but there are also some typical patterns.

This course begins by providing brief explanations of various forms of dementia, common losses and remaining strengths, and then explains how to use that knowledge for more effective interactions related to activities with people with dementia.

Common Forms Of Dementia



Dementia is the umbrella term for a range of symptoms that are typical of dozens of diseases, the most common of these being **Alzheimer’s**, which is why we have used the terms interchangeably in this course. There are three other common forms:

- **Vascular dementia**, also known as multi-infarct dementia, is caused by a series of small strokes and progresses in a step-like fashion, with deterioration after each episode, and then a levelling off.
- **Dementia with Lewy Bodies** is quite common but less well known, perhaps because there seems to be some confusion over whether to call it a variant of Alzheimer’s disease, a variant of Parkinson’s disease, or its own entity. It is characterised by fluctuating motor problems like those found in Parkinson’s, and fluctuating episodes of confusion – meaning strong differences between good days and bad days. People with this kind of dementia also tend to have vivid visual hallucinations.
- **Frontal lobe dementia** is reflected in strong personality changes, such as poor decision-making, reduced social skills, and obsessive behaviour.

There are many other kinds of dementia, some of which are reversible, such as dementia caused by