INTERACTIVE APPROACH, 
A New Type of Tools and a Care Practice Using 
Them to Promote Communication among People 
Directly Involved in Dementia, Professional 
Caregivers and Physicians.

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The framework to support persons with dementia and family caregivers
(the cross section of the conceptual diagram of the care pathway)

A person with dementia (considering the whole person including dignity, his/her role, and self-actualization)

Main caregiver (lifestyle and daily living of the caregiver)
Information sheets for dementia care pathway

First Sheet
- Medical situation about dementia and comorbid disease

Second Sheet
- Information about family including economic status and neighbor
- Information about use of long-term care insurance services.
- Activities of daily living

Third Sheet
- Personal history, Daily routine
- Hobbies, Tastes, etc.
- Role in the family and the community
- Desire and wishes
- Future plan or desire about the place of care and medical treatment
Committee members

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Hiroaki Kazui  Osaka University, Osaka
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Takeya Hashimoto  Dowaen, Kyoto
Kiyokazu Higashi  Kyoto Longevity Center, Kyoto

**Care Manager**
Motoi Inoue  Kyoto association of care managers, Kyoto
Yoshifumi Takagi  Kyoto center for Integrated Community Care System, Kyoto

**Person concerned (family caregiver)**
Atsuko Aramaki  Alzheimer Association, Kyoto
Interactive Approach
-To overcome two reciprocities-

1. Reciprocity among multiple professions

- Necessity of cooperation between different professions
- Unshared information and philosophies between different specialists

Development of an easy-to-use tool for cooperation
Interactive Approach
-To overcome two reciprocities-

2. Reciprocity between persons with dementia (and their families) and specialists

- To emphasize the point of view of persons with dementia and their families
- Specialist-centered intervention

- Difficulties in playing the role as main caregiver (importance of assistance from specialists)
- To downplay the point of view of persons with dementia and their families

To ensure information compatibility between persons with dementia (and their families) and specialists (communication about information which they want to be informed of and which they want to obtain)
Sheets and notebook, two interactive tools, the contents of information are same!

Dementia care pathway communication sheets (for cooperation among professionals)

The priority is compactness!

The priority is visual familiarity

Orange association notebook
(for communication between a person with dementia [and his/her family] and specialists, between a person with dementia and his/her family, and between family members)
When you read the care pathway communication sheets or when you consider giving assistance, use the conceptual diagram of the care pathway to look over local resources or to review them according to the timeline.
認知症ケアパス連携シート

記入日：平成 27年 10月 日

ふりがな きょうと たろう

性別 男

住所 京都府○区△町

生年月日 明治・大正・昭和 12年 5月 日

かかりつけ医 ○○ 医院

連絡先 A医院

認知症専門医 ○ 医院

薬局 C薬局

訪問看護等

既往歴

大腸がん術後（平成20年）
自内禁術後（平成22年）

認知症に関する病歴・主な症状（病名を上げている場合は、病名も記入して下さい）
平成24年度から同様に同様の症状を示しており、法事の日程を家族に伝えられることもあるため、認知症の進行を事前に確認し、早期発見を図ることが重要である。また、家族に相談し、早期発見を図ることが大切である。

身体所見

身長 166 cm

体重 66 kg

歩行障害・片麻痺・下肢麻痺（他）

失語・聾聴・視覚障害

特に

検査所見

認知機能検査（HDS-R, MMSE等）

頭部画像検査（CT, MRI等）

顔面機能検査（HDS-R 18点 25年度6月）

行動・心理症状（BPSD）の状況

認知症に関する留意事項

薬剤管理のため、薬剤の管理を行い、服薬の確認を行っています。

日常生活活動（ADL, IADL等）の状況

食事

服薬

行動

大腸内視鏡検査

入浴

洗面

コメント

洗面、調理はとても元気で finnsстойなが、買い物は妻がしたがいる場合も多い。最近まで通院管理を行っていたが、通院をしないとまだ発症がある。
記入日：平成 27年 10月 

認知症ケアパス連携シート③  記入例

1日の主な過ごし方
朝8時頃起きた後食後は新聞・テレビを見て過ごすことが多い。
食後に1時間ほど散歩に出かけるが、その後はテレビなどを見て過ごし、午後遅くに妻とともに買い物に行き、夕食後もテレビを見て、22時頃寝る。

生活面
D系の生まれは家庭が農業であった。5人きょうだいの2番目で、他の4人のきょうだいは現在もD系に在籍。高校卒業後には市のデータベースに勤務。以来、D系在住。昭和35年、結婚し、2人の息子をいる。児童は現存の写真・手紙を残している。本人は60歳まで働き過ぎた。退職後は図書クラブに参加し、週2回程度通っていた。また、妻とともに1年に2回程度温泉も出かけていたが、最近5年くらいは出かけていない。

家族・社会との関係
妻のリウマチもあり、買い物には積極的にかかわっているが、それ以外の家事はほとんどしていない。退職後の交流は図書クラブに参加している。

現在の心地
できれば、魚釣り、温泉旅行に行きたいと思っている。

認知症ケアパス連携シート④  記入例

1. ファミリーサポートの在来、地域からの相談制度の有無

ケアパス連携シートからの課題の抽出と今後の方針

・ケアパス連携シートで記載されていない点や足踏みしている点は何かありますか？

医療、介護に関する将来の方向については、まだそのようなことを話し合う関係者が不十分なため承認していない。

・本校の評価や本校の隣が考えられている点はありますか？ 本人と周囲の関係が本校のあるべき姿でありますか？

魚釣り、温泉旅行に行きたいという本人の願い、介護保険のサービス利用にギャップがある。必要認知症への理解が不足していること、身体の問題や、体質的な問題で、本人への支援を行う余裕がない。

ケアパス連携シートを見直し、地域での生活からの相談につながる以下の様々な要因はありますでしょうか？

・地域での相談が相談されている点は何でしょうか？

ケアパス連携シートを見直し、地域での生活からの相談につながる以下の様々な要因はありますでしょうか？

十分な相談が相談されている点は何でしょうか？

・地域での相談が相談されている点は何でしょうか？

ケアパス連携シートの有無について、家族の生活者の気持ちが変わらないこと、家族との関係が本校のあるべき姿でありますか？
Basic information about a person with dementia and his/her address

Information about his/her family

Personal history of the person with dementia

Usual daily and weekly schedules of the person with dementia

Information about daily living, hobbies, favorite food, character, etc.

Past medical history, physical ability, diseases that are being treated now, and current medications

Regarding dementia, awareness of the disease, symptoms, examinations

Information about care, family members' feeling, strong points of the person with dementia, and his/her living environment

Dementia care pathway (things that change with time)

Wishes of the person with dementia (for the time when he/she will not be able to make any decision)

Key contact information and notes

Message from the person with dementia about how to live better with dementia

Orange association notebook
Appearances of the care pathway communication sheets and the orange association notebook are different because they are designed for professionals and for non-professional people, respectively; however, their contents are the same.

In both of them, cross-sectional data at a certain time is written; unlike a daily report for communication, information is not written continuously.
Do you think that the dementia care pathway communication sheets are useful in general?

**Care managers (n = 40)**
- Very useful: 17%
- Useful: 73%
- Neither useful nor not useful: 10%
- Not useful: 0%

**Physicians (n = 11)**
- Very useful: 27%
- Useful: 73%
- Neither useful nor not useful: 0%
- Not useful: 0%
The same items are written in both the dementia care pathway communication sheets and the orange association notebook (compatibility). Do you think that using the sheets and the notebook simultaneously is useful?

<table>
<thead>
<tr>
<th></th>
<th>Care managers (n = 39)</th>
<th>Physicians (n = 10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very useful</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Useful</td>
<td>29</td>
<td>5</td>
</tr>
<tr>
<td>Neither useful nor not useful</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Not useful</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

74% Very useful
18% Useful
8% Neither useful nor not useful
0% Not useful

50% Very useful
40% Useful
10% Neither useful nor not useful
0% Not useful
Using the sheets enabled me to **easily understand** which information is important, to see necessary information from a multifaceted point of view, and to not miss any necessary information.

- Usually, I tend to pay attention to what happens now. By using the communication sheets, I could conduct comprehensive discussions and consideration from a multifaceted point of view.

Using the sheets enabled me to understand deeply **the thought of persons with dementia and their families**.

- I think that reviewing the life history of persons with dementia enables you to understand their sense of value and their character, and the knowledge will be useful in supporting them in the future.
<table>
<thead>
<tr>
<th>Points of view and roles of individual professions can be clarified</th>
<th>I knew specific questions to ask physicians and I think that I had a better discussion with physicians using the sheets (care manager).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Using the sheets led to better communication and a deeper understanding</td>
<td>Physicians combined information obtained by themselves and information from other medical specialists and wrote the combined information on the sheets; the combined information was useful mainly when I wanted to obtain medical information.</td>
</tr>
<tr>
<td>Using the sheets enabled me to save time, to reduce labor, and to work smoothly</td>
<td>It took a long time for me to complete the sheets and it was a laboring work. However, I think that once you completed the sheets, communication will be conducted smoothly.</td>
</tr>
</tbody>
</table>
By having an interview, I obtained new knowledge including the thoughts of persons with dementia.

I and individual persons with dementia shared his/her experience and I understood the persons deeply.

Because necessary questions are printed in the notebook, you can ask persons with dementia delicate questions (e.g., wishes about lifestyle in the future) relatively smoothly.

Completing the notebook was collaborative work with a family of a person with dementia; therefore, a sense of unity arose and I could ask them questions with almost no hesitation. The notebook clearly informed me of the necessary questions. I avoided missing any questions.
Using the notebook enabled specialists to understand the family's feeling about a family member with dementia.

- I understood the thoughts of individual families about a family member with dementia. I knew that they wanted to take care of the person with dementia at home as long as possible.

Using the notebook enabled the families to know about a family member with dementia. It was a good opportunity for the families to think about the future.

- A family wanted a tool to describe the life experience of a family member with dementia (their parent) and the notebook made them happy.
- I think that it was a good opportunity for the families to review care and condition of a family member with dementia.
Expected effects of the interactive approach

- To share information and philosophies between different professions (physicians, care managers, etc.)
- To facilitate communication between a person with dementia / his or her family and specialists and between different professions
- To share points of view (philosophies) between a person with dementia / his or her family and specialists

We wish that this approach will eventually change the image of dementia (prejudice and stigma) and will enable local communities to support themselves in the super-aged society.
Announcement

A new book about dementia café is available in this conference.
See Booth of Minerva Shobo in the event hall.

認知症カフェに関する新しい本がこの会議場で手に入ります（20% off）。
ミネルヴァ書房のブースにて