

Mental Health and Psychosocial Support for Persons with Dementia during the Outbreak of COVID-19

KEY MESSAGES

What does COVID-19 impact on Persons with Dementia (PWD)?

Hospitalized PWD with suspected or confirmed COVID-19

BPSD* due to isolation-surroundings

- Strong feeling of insecurity
- Sleep problems
- Anxiety and agitation
- Hostility and aggression

Challenging behaviors due to the somatic discomforts of COVID-19

- Anxiety and agitation
- Irritability

*BPSD: behavioral and psychological symptoms of dementia

Delirium caused by COVID-19

- Acute change of consciousness
- Impaired attention
- Sleep-wake cycle disturbance
- Abnormal sensory experiences
- Emotional disturbance

PWD at home

Irrational analysis of the epidemic

- Excessive stress and tension
- Sleep difficulties
- Irritability

Changes in home care arrangements

- Breaking-in period needed
- Impact from caregiver anxiety
- Anxiety
- Wandering
- Unstable mood
- Irritability
- Delusion
- Aggression

Unscheduled home life

- Feeling bored due to limited activities
- Sleep disturbance
- Increasing anxiety due to lack of meaningful activities

- More wandering
- Irritability, agitation and aggression

Declining memory and comprehension

- Poor understanding of infection controls
- Unable to cooperate with care
- Conflict with caregivers

Deterioration of existing cognitive problems

- Prominent cognitive impairment
- Memory decline
- Disorganized daily life

PWD at assisted living facilities

- Reduced interactions with caregivers
- Restlessness
- Apathy, withdrawal

What does COVID-19 impact on Caregivers?

Family Members

- Anxiety, worry
- Agitation, feeling angry
- Concern about the health of PWD
- Conflicts with PWD

Care-workers

- Anxiety
- Confusion
- Panic
- Irritability

Professional Caregivers (Care Homes)

- Agitation, panic
- Fatigue, burn-out
- Loneliness, helplessness

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KEY MESSAGES

How to help Persons with Dementia (PWD) and Caregivers?

Psychological first aid support

- **Content**
 - Assess the urgent needs and concerns of the person
 - Try the best to meet the basic needs of the person
 - Listen to the person, rather than persuade
 - Comfort and help the person to resume the sense of security
 - Help the person to be placed appropriately as soon as possible
- **Location: Safe enough to protect privacy**

Self-help psychological counseling support for caregivers and PWD

- **Principle: Be accepting to the physical and psychological changes**
- **Approaches:**
 - Obtain information through the authoritative channels, and if necessary, enhance memory with aids
 - Understand the importance of strengthening self-protection and take necessary precautions with a positive attitude
 - Seek support from family members and friends by expressing concerns with them through phone calls, WeChat, whatsapp, video calls or any other media platform etc.
 - Relaxation and meditation exercise
 - Enrich life arrangements at home

Behavior management support

- **Strategy:**
 - Non-pharmacological intervention is preferred
 - Develop the personalized non-pharmacological management plan with the guidance of the DICE procedures*
- **Approaches:**
 - Environment arrangement: Set up special areas for PWD; Validate the emotional experiences; Communicate in a simple and clear way; Adjust light and play the soothing music
 - Home life: Design appropriate activities; Accompany and encourage the person to participate
 - Caregivers: Develop a positive attitude; Learn caregiving skills; Attend the person's feelings; Validate the emotional experiences of the PWD
 - Unable to comply with the self-security measures: Understand the rationality of behaviors; Discuss the reasons and provide practical help; Break down work and guide step by step; Remind with words or pictures; Encourage and cultivate a sense of accomplishment
 - Physical discomfort: Verbal comforting; Treat physical conditions; Symptomatic medications if necessary

* DICE: describe, investigate, create, evaluate

Clinical Management support of delirium

- Treatment of causes: Manage the imbalance of electrolytes; Control the virus infection
- Supportive treatment: Ensure nutrition, vitamins and water supply
- Reduce unnecessary clinical procedures, e.g., night administration, ECG monitoring, etc.
- Non-pharmacological interventions: Improve the environment; Offer orientation information; Moderate light and sound stimulation
- Medications as per clinical evaluation

Cognitive impairment identified during the outbreak

- Prioritize prevention and control of COVID-19 at the moment
- Seek assessment and diagnosis from a certified service provider
- Recommend seeking support from the memory clinic in local hospitals



If the challenging behaviors or psychological symptoms do not improve, referral to psychiatric services or liaison consultation is recommended.

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