“Wise use of our resources will improve hospital dementia care”

Staff have been given dementia awareness training in many hospitals, making it easier for them to empathise with patients who are affected. Unfortunately this does not help them to deal with the common problems that arise for people with dementia in acute settings.

Because there has been such an improvement in the recognition and management of dementia in general hospitals wards, it seems churlish to complain about how things are now. Nurses have a lot to deal with, so asking them to do even more is problematic. But the truth is that dementia care in hospitals is still not good enough. Nevertheless, the encouragement for nurses should be that doing dementia care well makes your life very much easier than if you do it badly. By paying attention to people with dementia you can find that workloads are reduced, not increased.

The difficulties in caring for someone with dementia are increased when the patient is dehydrated, tired, over- or under-stimulated, hungry, sleep deprived or subjected to noise. For some of these problems there are system solutions. Is it possible, for example, for patients who have dementia to be kept in complete darkness at night? We humans have biologically evolved to sleep when it is dark, so why would you expect anyone to sleep with the lights on?

If it is impossible to keep the place dark and silent at night, nurses have the problem of what to do with the consequences of that. Sedation is an undesirable option, so a better one is to provide someone who will console and comfort the waking person with dementia. At current staffing levels this needs to be a family member or other volunteer. Realistically, this is difficult to provide unless the patient is in a single room but, if there is one available, a folding cot will allow a companion to sleep in the room, available to wake in the night to quickly and quietly soothe the patient.

Many wards will not have a room available and many patients will have no relative who can do this, but we must make use of all the space and all the volunteers available to us as a matter of course, to avoid making unnecessary extra work for nurses.

When I hear of dementia champions being appointed, I expect their training to include the negotiating skill to make this sort of arrangement (and others) a standard process. For example, organisations should give them the status to command the respect of bed managers so they can be consulted about where people with dementia are placed, taking their special needs into consideration. Without power, the dementia champion is in an impossible position.

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HIGHLIGHTS

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SPOTLIGHT

Improve your understanding of dementia

Dementia is becoming more common as a result of our ageing population but we can forget it is not an inevitable part of the ageing process. This week, we start our four-part series on the condition by examining the differences that distinguish dementia from normal ageing and how research is helping to clarify this issue (page 12). The series will continue by looking at the main types of dementia and exploring theories on how it develops. Part three will look at risk factors and how nurses can advise patients on lifestyle issues such as diet and exercise as prevention. And we will conclude with an exploration of the nurse’s central role in the care and treatment of those with dementia. Alongside the series will be related articles including one on dementia champions and another on the family perspective.