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# ELDER CARE

## A Resource for Interprofessional Providers

### Communicating with Patients who have Dementia

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Our goal in interacting with people who have dementia is to communicate with them in patient-centered ways that support the effective transmission of information, decrease uncertainty and anxiety, and enhance their self-respect. We should maximize their abilities and allow them to experience successful interaction on their own terms.

It is important to remember that dementias are typically progressive. Early stage symptoms may be minor, and effective communication with these people would differ little from effective communication with any individual. As the disease progresses, however, communication strategies specific to dementia become necessary.

Different dementias have different effects on communication. Most of this Elder Care focuses on Alzheimer's Dementia (AD). The kinds of naming and vocabulary problems experienced by people with AD are often less apparent in people with other types of dementia, who may show different communication problems.

People with dementia are often depersonalized - seen as less than human as a function of their age and functional impairments. As a result of low expectations, poor social environments, and poor communication, these individuals can end up with levels of disability that exceed what is attributable to their disease. People with dementia are still capable of experiencing emotions, and capable of growth and new achievements. Their potential can be maximized by treating them as whole human beings, able to undertake meaningful endeavors.

**Simplify Talk** Simplified speech can often be beneficial to people with dementia. In particular, keeping sentence structures simple is helpful. Multi-clause sentences that branch in different directions are challenging for many older adults, and may be impossible to understand for those with severe cognitive impairments.

**Avoid Patronizing Talk** "Baby talk" is a style of talk that includes super short sentences, childish vocabulary ("choo-choo" instead of "train"), pet names ("sweetie") and

baby-ish intonation. There is no evidence that use of such communication is effective.

In addition to being perceived as disrespectful, a patronizing style actually reduces cooperativeness and can make administering care more difficult. As illustrated in the Figure on the reverse side of the page, nursing home residents with dementia are more likely to resist care when prior communication from a caregiver has been patronizing.

**Repetition** Repetition is helpful if individuals with dementia have trouble grasping an idea or processing a sentence the first time they hear it. Repetition increases the chance they will understand. But, rather than repeating an exchange word for word, phrase the idea in a new way. This can also help when a patient has general hearing loss or difficulty perceiving certain speech sounds due to presbycusis (high frequency hearing loss).

**Elaboration** In patients with AD, long-term memory becomes harder to access. Ideas and knowledge are still present, but the pathways to reach that knowledge become tangled and blocked. Elaborating on a topic by rephrasing and expressing the same idea using different words can often open up an alternate route to a memory and, therefore, comprehension of a conversation. As memory impairment increases, music, smells, and sensory input can also assist in evoking memories.

**Take Time** Allowing pauses in conversation, being willing to repeat and elaborate, and waiting for a response all signal an openness to the conversational partner. These actions also allow the extra time the person with dementia might need to make connections and generate a response.

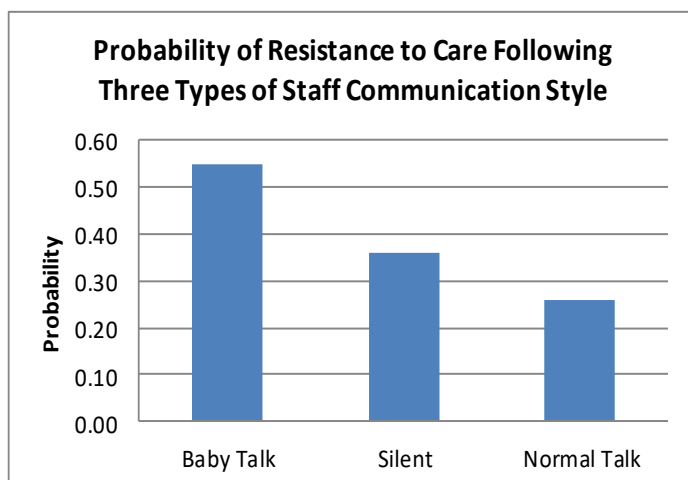
**Allow Choice** Even simple choices ("Would you like X or Y?") grant personhood to the partner, and offer opportunities for control in a life that is often lacking such chances. Choices with too many options ("What do you want to do?") may be overwhelming for some AD patients.

#### TIPS FOR COMMUNICATION WITH PATIENTS WHO HAVE DEMENTIA

- DO use personalized communication, repetition and elaboration, closed-ended (yes-no) questions, and present one idea at a time. Keep the conversation going - simply engaging in talk is a valuable form of caring.
- DO NOT use patronizing talk, sentences with incomplete thoughts, pet names or babyish vocabulary, controlling or corrective talk, or have rushed conversations.

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Data from Herman and Williams, 2009

**Be Concrete** Abstract vocabulary, metaphors, colloquialisms, and wordplay are unlikely to be successful. People with dementia respond to specific, concrete language, particularly language rich in concrete nouns and people's actual names, rather than pet names or "he" or "she."

**Table 1. Effective Verbal Strategies for Communicating with Patients who Have Dementia**

- Use Right Branching Sentences - put the main subject/object at the beginning of a sentence and avoid starting a sentence with subordinating conjunctions, e.g.: if, although, unless, as long as, because, before. For example, instead of saying "If you want to eat dinner, please sit in this chair," say "Please sit in this chair to eat dinner."
- Avoid multi-clause sentences. For example, instead of saying "I went to the store and bought some milk and then stopped by to visit," say "I went to the store. I bought some milk. Now I'm here to visit you."
- Encourage the patient to point and gesture by saying "Can you point to what you want?"
- Enunciate clearly.

**Use the Environment** Objects in the environment, such as photographs, food, music, people, or any number of other things can provide stimulation for interaction. Using this approach and encouraging the person with dementia to do so as well can help maintain communication.

**Use Non-Verbal Strategies** A variety of non-verbal strategies, including physical contact, can help communication. These are listed in Table 2.

**Talk to the Person** Above all, people with dementia deserve opportunities to have social interactions and experience conversational exchange. It is a basic responsibility for others to respond in an attempt to maintain interaction even when it appears to not be going anywhere. Conversations with people who have dementia are not "normal" conversations, and the goal shouldn't be to correct incorrect statements or to get a "right" answer. Instead, focus on feelings rather than facts.

The opportunity for interaction of any sort is an opportunity to experience a fundamental human connection and is of value for people with dementia. Negotiating a successful interaction not only enriches the patient's life, it also makes our work as health care providers more interesting, rewarding, and satisfying.

**Table 2. Effective Non-Verbal Strategies for Communicating with Patients who Have Dementia**

- Orient with your body and face turned towards the patient.
- Seek eye contact and use appropriate touching.
- Face patients at their level; use facial expressions to get point across.
- Smile, relax, and remain calm.
- Attend carefully to your partner's nonverbal expression; it might be clearer than their verbal statements.
- Don't talk overly slowly, but do pause between ideas.
- Point, gesture and use props to help the patient understand.
- Avoid busy, noisy, or chaotic environments.
- "Listen" with all your senses; assume the patient is trying to communicate something meaningful.
- Use intonation to make intent clear, e.g., if you are asking a question, make sure it *sounds like* a question.

## References and Resources

- Alzheimer's Association. Communication and Alzheimer's. <https://www.alz.org/help-support/caregiving/daily-care/communications>
- Brooker D. Person-centered dementia care: Making services better. London: Jessica Kingsley 2007.
- DEMTALK: A free and open resource helping everyone affected by dementia get the most out of life. University of Newcastle, UK. <http://www.demtalk.org.uk/>
- Herman RE, Williams KN. Elderspeak's influence on resistiveness to care: Focus on behavioral events. *Am J Alzheimer's Dis Other Demen*, 2009; 24, 417-423.
- Orange JB, Ryan EB. Alzheimer's disease and other dementias. Implications for physician communication. *Clinic Geriatr Med*. 2000; 16:153-173.
- Stanyon MR, Griffiths A, Thomas SA, Gordon AL. The facilitators of communication with people with dementia in a care setting: an interview study with healthcare workers. *Age Aging*, 2016; 5:164-170.
- Young, TJ, et al. Optimizing communication between medical professionals and people living with dementia. *Int Psychogeriatr*, 2011; 23:1078-1085.

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