3-264 Clock test results

TIPS Question:

A resident refused to add to clock 10 to 11 stating she was not in school. As she was doing the tests she commented she felt she was back in school and does not remember all she has learned. She stated:" I do not bother with these things anymore." Can this possibly be due to the lack of environmental stimuli and can this increase dementia and decrease social activity and bring about depression? She also stated she always has pain and there is nothing anybody can do about it. What are the possible causes? What are the best strategies?

Response:

What you have identified with this lady is the importance of examining her actual responses to the assessment, not just the overall results of the assessment (in this case, how she places the clock hands). Her two statements (she does not "bother…anymore", "nothing anybody can do about it") indicate feelings of hopelessness and apathy. Sometimes clinicians find it difficult and unsatisfying when they are not able to fully complete an assessment scale. It is OK not to have completed scales especially when you get meaningful information during the process (for example, those statements). The clinician now knows that depression and pain need to be assessed in further detail. Certainly this lady could be further assessed for possible depression. The Cornell Depression Scale could be very useful for this type of assessment.

Your question about the lack of environmental stimuli and increased dementia is an important one. It does appear that lack of environmental stimuli can seemingly increase dementia. This can be because the individual who is not receiving any stimulation is not given opportunities to maintain their strengths. Examples of this are seen when people stop providing their own care and have staff do it. Over time they lose their ability for self-care which may appear to be a progression of their dementia, but actually is due to lack of stimulation of their strengths and abilities.

Your question about decreased social activity leading to depression is more complicated. First of all dementia leads to decreased social activity as individuals pull back from situations that they find too demanding. Often those suffering from progressive dementia narrow their world in an effort to simplify things and not become overwhelmed. They may exhibit depressive symptoms as they struggle to deal with the dementia and as they mourn the loss of enjoyable activities. Conversely, if an individual is suffering from depression, then they are very likely to decrease their social activity as a result. It may not always be possible to decipher which symptom appeared first when assessing individuals with dementia as well as depression. Again, an assessment including the Cornell Depression Scale may help identify where the person is in relation to a depression and help guide the plan of care.

Using the 6-question template will help identify what symptoms this lady is exhibiting at present. Some of her symptoms will be accommodated possibly by behavioural/environmental interventions and some others may be more attributable to a combination of behavioural and pharmacological interventions. The U-First! wheel was designed to help teams share problem solving and encourage dialogue. The wheel has arranged information in an easy-to-use system and helps staff visualise how the different frameworks relate to each other. The "*Physical*" (pain), "*Intellectual*" (dementia) and "*Emotional*" (depression) sectors may be very useful in assisting the team in differentiating the symptoms and identifying the areas that need more investigation and information for this lady. Getting as much data on her life story will also be helpful.

Observing this lady's responses to intervention and change over time may aid in determining the causes of her verbal responses. Persons with depression experience poor concentration, decreased interest in personal hygiene etc. but these symptoms generally improve with treatment. Conversely, with dementia we usually see a decline in functional abilities (IADL's or ADL's) over a period of time. The team may wish to have input from mental health services to assist in the assessment and help the team better understand the complexity of this lady's situation.

Please note: *TIPS information should be used similar to the way you would use information from a text book! TIPS is not intended to serve as an individual consultation service! P.I.E.C.E.S. participants should use this information in context and always work closely with the family physician involved in the care of the resident or client and with other Partners In Care to find solutions to individual resident/client issues.*