The Hand in Hand Approach

3 Essential Tips for a Dementia Friendly Home

If you are reading this, it’s probably because you are a care partner for someone living with dementia. This role comes with new responsibilities that you never imagined you would have.

The Ohio Council for Cognitive Health is here as your partner, friend and resource for empowering information that will make your life easier. We understand the daily challenges you face, and we are here to provide the exact strategies that truly make a difference in daily life, steps you CAN take! Read more, and we’ll show you how...

We know that simple changes in the home can make a big difference!

☞ Tip #1
Create a Home Memory Center

Creating a memory center in the home can create a sense of security and reduce anxiety because the person with dementia knows just where to look for important information. This will help decrease repetitive question asking, as well as allow the person to have a sense of control in his or her own life.

A memory center uses cues such as pictures, words, or auditory reminders to compensate for memory loss and lets the person focus on what he or she can do, rather than calling attention to what they can’t do. Once you create a memory center in your home, with practice, it will become the go-to place for important information such as the time, date, lists of things to do, daily schedules, and visitors for the day.

MARY’S STORY

“I set up a calendar in the kitchen for my husband. I carefully wrote down every appointment and event. I crossed off each day at bedtime, so he could always figure out the date. He still asked me every day what we were going to do! I became very frustrated with his repeated questions and he could tell.

One day when I was watching him, I realized that there was so much written on the calendar, he couldn’t figure out what to read. So, I tried something different. I bought a small white board. Each day I wrote TODAY IS and the day of the week. Underneath, I listed the events for the week. Underneath, I listed the events for the day. This was much easier for Hank to figure out. Now he just checks the board each morning without asking me. What a relief!”
Here’s What You Can Do!

Try this!

Choose a place that is in a central, frequently used location in the home. For most families, this tends to be the kitchen. Choose an area where you can place a small table, or use an area of the counter.

Clear out the clutter. There should be nothing there except for what is intentionally placed to create the memory center. Piles of mail, stacks of magazines, and old receipts are going to be distracting and confusing for the person.

Place a large, easy-to-read digital or analog clock on the wall at a height that is easy to see. Look for an analog clock with Arabic numbers because they are easier to read than Roman numerals. If you aren’t sure which to choose (digital or analog), pick the type of clock that your loved one is accustomed to using.

On the table or counter, place a simple, large desk calendar with minimal designs or pictures. Or, use a memo board with a dry erase surface that already has a place for a calendar, notes, and daily schedule.

Place pens and an 8½” x 11” lined notepad next to the calendar for taking notes during phone calls or writing reminders.

Consider purchasing a new telephone. Phones with large buttons are ideal for people with low vision or limited fine motor abilities. Picture phones have room for a picture of the person next to the memory dial button. This is best for people with significant memory issues.

Organize all medication in clearly labeled pill boxes and fill on the same day each week. For example, each Sunday night, fill the medication box for the week.

Gather all important health information for all individuals living in the household and place it in a red folder labeled “In Case of an Emergency.” Make sure the information includes all medical diagnoses, such as Alzheimer’s disease, medication, physician name and number, allergies, etc. List the name and number of an emergency contact to be called if the caregiver of the person with dementia is taken ill.

Practice Using the Memory Center. Make routine trips to the Memory Center to read the list of events throughout the day with the person who has cognitive impairment to create a habit of always checking. If the person asks questions repetitively about the day’s schedule, do not tell him the answer. Instead say, “Let’s go to the memory center and find out.” Then, ask the person to read the information about what he is seeking. Do this repeatedly to help develop the new habit. Place an “X” over the day when it is done to decrease confusion as to what day it is. If a full calendar is too much, just write the events or chores of the day on a space on the white board labeled “Today’s Events.” Leave simple notes about important topics, such as “John will visit Tuesday.”
Tip #2: Enhance Lighting

Have you ever noticed your loved one having difficulty with simple tasks such as preparing a snack, shaving or even finding their fork during a meal? Often these changes in ability are attributed to confusion caused by cognitive impairment, but what many people don’t realize is that individuals living with dementia must cope with visual impairment every day.

Individuals living with dementia must cope with visual impairment every day that results in:
- Reduced visual acuity
- Reduced ability to see colors
- Difficulty distinguishing items from one another
- Less tolerance of glare
- Impaired depth perception
- Difficulty seeing and reading in low lighted areas

Good Lighting Can Make a Difference

Well-lit areas can help people to see what is around them, use landmarks to go from place to place, read signs, see others’ faces during conversations and participate in daily activities. Improving lighting in the home results in renewed interest in activities and meals, a better mood state and increased mobility.

Poor lighting may result in falls and can increase other types of accidents, confusion and anxiety in individuals living with dementia. Insufficient lighting makes it hard to see conversation partners, impacting whether a person can understand gestures, facial expressions or even speech if they rely on watching the speaker’s mouth.

Believe it or not, healthy older adults need a minimum of 2-3 times more light than a 20-year-old in order to see accurately. Most lighting in the home needs to be increased to help individuals living with dementia to function safely and independently.

ISAAC’S STORY

“Lately, I noticed that my wife has had a lot more “accidents” at night. She has wet the bed a few times and has had to start wearing incontinence pads. This really bothers her a lot and she usually refuses to put them on, or takes them off in the middle of the night. I urge her to get up at night and go to the bathroom, but she resists. Last night, prompted by my urging, she did get out of bed but fell in the hallway. She usually has no trouble walking. Luckily, she wasn’t hurt, but when I got her up, she walked the wrong way.

Then I realized – she can’t see where she is going.

I had been thinking it was an incontinence problem because of Alzheimer’s disease. She was scared to get out of bed because she couldn’t see where she was going! I placed night lights that turn on automatically in the dark all the way down the hall and two in the bathroom. She is able to find her way and back again without any trouble – best of all without needing to wear incontinence pads.”

Sometimes the simplest things can make the biggest difference.
Here’s What You Can Do!

- Lighting should be even and consistent. Try to keep light at a similar level throughout each room of the house and from room to room, that means no dark corners or dark hallways. Uneven lighting, patterns caused by bright light, and shadows can cause agitation and confusion.
- There are a variety of low cost LED bulbs that use less energy than incandescent bulbs. Since LEDs use only a fraction of the energy of an incandescent light bulb, there is a dramatic decrease in power costs. LED bulbs also have a longer life span. Many come in strips for under counters, on top of cabinets and bookcases, or in typical bulb shape for lamps. Look for bulbs that are soft white.
- Lighting is particularly important on the stairs and by the toilet. Light switches should be easily accessible and straightforward to use.
- Install lights that turn on automatically when the bedroom or bathroom door is opened.
- Increase task lighting by adding lamps or wall fixtures. Task lighting by the dresser helps in locating personal items more easily. It is also useful by the bathroom mirror to help with grooming and personal hygiene.
- Boost lighting in the closet. Install pressure sensitive switches on the door frames of closets to provide automatic closet lighting. Battery-powered closet lights with built-in motion detectors are a low-cost alternative to pressure sensitive switches.

☞ Tip #3 Declutter

Clutter Can Be Overstimulating

Individuals living with dementia have difficulty making sense of what is going on in their environment and find it hard to process information when there is a lot of stimulation. As a result, a home with significant amounts of clutter can be overstimulating and create difficulties locating a desired item, focusing on an activity, or remembering the sequence of tasks.

For most people, personal and sentimental belongings help us to maintain our identity, but for people with dementia, the loss of judgement, increased confusion and memory loss can cause a different type of response to belongings and household items. For example, a dinner takeout menu might be viewed as an important document, a Styrofoam container as an object of value. Sometimes the inability to recognize what should be thrown out can cause problems because there often remains an almost obsessive need for possessions and keeping them safe.

Often, especially for individuals living alone, the home of some with dementia will have an excess of receipts, old mail, grocery bags, magazines, etc. cluttering the surfaces and making the home unsafe for walking and sometimes unsanitary. In addition, the mess can increase confusion because the person isn’t sure exactly what to pay attention to.

DANA’S STORY

“My sister and I set aside the entire day to organize my mom’s whole house. We felt like we had to get it all done at once or it would never happen. BIG mistake! We didn’t have the energy or focus to spend all day hours organizing. We became frustrated and much less efficient as the day progressed. By the end of the day we were very resentful that we had to spend the day like this!”

Instead of trying to get everything done at once, try just setting aside two to three hours on one project or space in the house. This way you’ll feel motivated to do more, not be burned out by the process.
Here’s What You Can Do!

**Simplify and Get Rid of Clutter.**

For many individuals, this is easier said than done. For example, many families tell us that they tried to clean up the kitchen for mom and throw out some of the unnecessary items, spoiled food, etc., but she became very argumentative and aggressive and told them to stop! Every person will react to your trying to help in a different way, so here are some tips you can try.

Approach the person in a kind and gentle manner and ask if you can help tidy up a bit. Make sure to get the person’s input – don’t just start throwing away things without asking. Provide choices about what to throw away and what to keep.

Many people like to be of service to others. Find a local charity that could really use the items you are de-cluttering (such as a women’s shelter that needs interview clothing for women) and ask the person with dementia to help this organization by donating some of their items.

You may need to ask a friend or family member to invite the person with dementia on an outing for a few hours one day a week for a few weeks so you can go in and clean and organize things little by little. Often if you do this gradually, the person with dementia will not realize the changes or be upset by them. If you can’t do this on your own, consider hiring a professional organizer to help you.

**As you are cleaning, separate items into four boxes labeled: Keep, Donate, Store, Toss.**

**KEEP** are items the person needs or uses every day. Later they will be organized and put in places the person can easily find.

**DONATE** will go to a local charity.

**TRASH** is odds and ends: old receipts, papers, broken items, expired food, etc. Anything that has to be thrown away should go into the box and be removed from the home to prevent it being brought back into the house.

**STORE** are the sentimental items you don’t use every day but that are creating too much clutter. These items can be clearly labeled and stored, as long as there is available storage space. Some belongings can be boxed and passed down to a family member as an activity in which conversation and reminiscing is shared.

**A note on storage or donations:**

It is not true that if you hide something or take something out of the home that the person with dementia will forget it. Very sentimental items or things that they used to use all the time, such as clothing, jewelry, tools, and ties are often things a person remembers having and will go looking for. Some people really do not want their sentimental items stored, or if the items are not out, the person may think the items were stolen and will go through the house looking for them on a regular basis.

Consider making a photo album of the stored items. Take photos of valuable items and put them in a book with a paragraph or sentence about the item underneath. This way the person can still see their items and know they are valued and cared for. If the item was given to someone, you may write about that so the person knows where some of the items are. For example: “Joan chose to give this vase to her granddaughter, Sarah, for her wedding day.”

**Visual Organization**

Visually organize what’s left (the “keep” items) back into the person’s environment. Visual organization means that commonly used items are:

- clearly visible
- always kept in the same place
- labeled, so they are easy to find

If you think the person has an Obsessive Compulsive Hoarding disorder, please seek help from a mental health professional, as the approaches to assist the person will be different.