

Care of a PERSON with Dementia (Chapter 5)

The dos and don'ts in dementia care

Most of the time things will be just as they always are. You are living with the same person. However, the dementia will at some stages make the person you know behave in new ways that cause you and him/her stress and distress. This session will help you with ideas for avoiding that sort of disturbing behaviour and suggest ways of dealing with it.

照顧認知障礙症人士過程中的注意事項

大部分時候你與認知障礙症患者同住是可以如常生活，沒有異樣。然而，當認知障礙症到了某個階段，患者可能會表現出與平時不同，異常舉動會為你帶來壓力與困擾。這節課程將提供實用建議，如何儘量避免那些令人困擾的行為和怎麼處理它們。

In some cases, one or more underlying causes of the behavioural symptom need to be addressed: 在某些情況下，以下一個或多個可能引發問題行為的潛在原因需要處理：

1. Change in medical problem or the onset of acute illness needs to be treated.

醫療問題的改變，或急性疾病發作，需要醫治。

2. Overlapping psychiatric illness, like depression, is causing excess disability, and needs to be evaluated and treated.

同時患上其他精神科疾病，如抑鬱症，因而令功能障礙加重，病情需要評估及治療。

3. Batteries need to be replaced on a hearing aid, or glasses need to be replaced or refitted, to assure accurate sensory input to avoid misinterpretation and misbeliefs.

為確保感觀接收準確，避免誤解和誤會，助聽器的電池需要更換，或眼鏡的鏡片要替換或整修。

4. Medication changes are causing adverse consequences that are observed in behavioural symptoms.

藥物處方改變，對行為徵狀帶來負面影響。


5. Some temporary, but still distressing, biological tension such as hunger, thirst, or, more importantly, pain, is contributing to the behavioural symptoms. People who have dementia can have difficulty expressing pain and discomfort.

一些短暫但困擾的生理需要，如飢餓、飢渴、或疼痛，也會加深問題行為徵狀。認知障礙症人士對於表達痛楚和不適可能會有困難。

6. Unmet psychological needs, like loneliness, boredom, or longing for things now "lost" to the person, e.g., his/her home, loved ones, or involvement in meaningful activities, also make a huge contribution to behavioural symptoms.

心理需要得不到滿足，如感到孤獨、沉悶，或渴望一些他們覺得「失去了」的東西，如他們的家、所愛的人、參與有意義的活動等，都可以對引起行為徵狀有莫大的影響。

You might take the person to see the doctor to check if there is any undiagnosed clinical condition. 你可以帶他求醫，檢查是否有任何未被診斷的病情。

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Personality changes and mood disorders are normal to people with dementia. Many lose their filter or become uninhibited after a lifetime of being reserved and modest. Such are common situations that are frustrating to both the person with dementia and the caregiver. Remember the ABC approach, and the 3 Ds and 3 Rs.

性格改變和情緒混亂，是認知障礙症人士常見的表現。很多人當了一輩子保守和謙虛的人，也會變得口不擇言或不受限制。這些都是很普遍的情況，不論對認知障礙症人士和照顧者都很困擾，但請記著 ABC 因果行為分析法、三個不和三個 R。

Situation #1: Aggressive actions or speech and agitation

This is where truly knowing the person is so important.

Aggressive behaviour may be verbal (shouting) or physical (hitting). It is important to figure out what causes the anger and try to prevent it from happening if possible.

Statements such as “I don’t want to take a shower!”, “I want to go home!”, or “I don’t want to eat that!” may escalate into aggressive behaviour.

The most important thing to remember about verbal or physical aggression is that the person is not doing it on purpose. Aggression is usually triggered by something, often physical discomfort, environmental factors, such as being in an unfamiliar situation, or even poor communication.

“A lot of times aggression is coming from pure fear.”

“People with dementia are more prone to hit, kick, or bite” in response to feeling helpless or afraid.

情況 1：挑釁的舉動或言語以及焦慮

這就是為甚麼真正認識患者是那麼的重要了。

挑釁行為可能包括語言上的（叫罵）或肢體上的（打人），重要的是要去找出他憤怒的原因，並盡可能防止這些行為發生。

一些如「我不想去洗澡！」「我想回家！」或「我不想食這個！」等言語，可能會進一步發展到有攻擊性的挑釁行為。


最重要的是，我們要記著那人不是故意使用挑釁的言語或舉動。這些舉動多數是由於一些身體不適、環境因素（如陌生環境），甚至是不良溝通所導致。

「挑釁行為往往僅源於恐懼。」

「認知障礙症人士比較容易以打、踢或咬人」來表達他們無助或害怕的感覺。

Do: The key to responding to aggression caused by dementia is to try to identify the cause. What is the person feeling to make them behave aggressively? Work out if there are noticeable triggers for the disturbing behaviour. Aggression is a coherent response from a person who misinterprets what is happening because of deficits in their understanding and recall function. They know something is wrong and they are angry and scared, so they fight.

該做的：回應因認知障礙症而引致的挑釁行為，我們應該嘗試找出原因。是甚麼感覺致使他們選擇以激烈的行為來表達？找出這些令人困擾的行為，背後是否有跡可尋。攻擊行為是一個人因理解和記憶的問題，錯誤判斷目前的狀況，而連貫出現的回應。他們知道有些事情不對勁，而他們也很憤怒和害怕，所以要反擊。

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Patient May hit nurses whenever we approached her to take blood pressure. Our senior nurse got the answer! For patient May had experience of being restrained which she was very fearful of. She misinterpreted the cuff of the blood pressure monitor as a string that the nurse was restraining her with. (Nurse A)

病人May在每次量血壓時都會打護士，我們的資深護士知道原因了！因為病人May曾經試過被綁手限制行動，所以非常害怕再度被綁手。她錯誤判斷血壓計的袖帶是繩子，以為護士又要來綁她的手。（護士A）


Agitation in the person with dementia can be generated by a range of issues. You have to be a detective and find out the triggers to be avoided. When they display restless behaviour, check if there is an underlying physical problem. Does the agitated person have pain or an unmet need, such as hunger or thirst?

認知障礙症人士的焦慮，可能來自不同事件原因，你要像偵探一樣，找出引發的原因，而加以避免。他們的行為可能坐立不安，檢查是否有潛在的身體或生理問題，他覺得那裡痛嗎？或是否有些需要未能滿足，如肚餓或飢渴？

Rule out pain as well. Undiagnosed and untreated pain is one of the common causes of disturbed behaviour in dementia. Research shows that if a person with dementia suffers pain, they are likely to get delirium. Rather than saying that they are in pain, people with dementia communicate their untreated pain by becoming agitated, or aggressive. Hospital professionals should go for a routine pain relief for disturbed behaviour in older people with dementia, instead of reaching for a sedative such as an antipsychotic medication. This will only leave the person to be still in pain but also confused and unsteady on their feet. Check if the person is in pain.

檢查他有沒有痛楚。未經診斷和沒有處理的痛症，是引起認知障礙症人士出現困擾行為最普遍的原因之一。研究指出，如認知障礙症人士受痛症煎熬，他們很可能會患上譫妄症。他們不會說出自己很痛，反而會以不安或激烈行為，來表達未被處理的痛楚。醫護專業人士因此要為出現問題行為的患有認知障礙症長者，定期作止痛治療，而非處方鎮定劑或抗精神病藥物。這只會令他們依然感到痛楚的同時，變得越來越混亂和情緒不穩。檢查那人是不是有痛症問題。

Focus on the feelings behind the words or actions. Be positive and reassuring. Speak slowly in a soft tone. Shift the focus to another activity. Touching and holding can help as long as the person does not think you are trying to restrain them. If you restrain them you are restricting their choice and all that is left is “fight”. This is best avoided. You can try massage, rubbing someone’s hands or feet with cream or stroking his/her hair may help, if he/she let you. Touch and comforting words may keep away aggression. But make sure that the touch is not misunderstood as restraints, because the person will attempt to get away, perhaps hurting you and him-/herself in the process. 專注於在語言和行動背後的感受。要正面和讓人安心，說話要輕柔而緩慢，分散注意力到其他事情，觸摸和輕握住他們可能會有幫助（但前提是不要被視為你想嘗試去限制他的行動）。若你限制他們的行動，等同於你限制他們的選擇，那他們只好「反擊」；所以請盡可能避免。只要他們肯給你靠近，你可以嘗試按摩、以護膚膏幫他們擦手腳，或掃摸他們的頭髮。觸摸和安慰的言語，都可能防止攻擊行為出現；但務必小心不要讓身體接觸被誤解成限制行為，因為他們會嘗試逃離，過程中或許會傷到你和他們自己。

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Don't: The worst thing you can do is to engage in an argument or force the issue that is creating the aggression or agitation. Do not try to forcibly restrain the person unless there is absolutely no choice. Try to step into the world of the person with dementia. If they do not believe they live in a hospital, they may well try to leave. We may see this as an attempt to “abscond” but in fact their behaviour is quite logical to them.

不該做的：最差的情況，就是在引起挑釁和躁動行為的事情上，繼續與他們爭吵。除非真的非不得已，不要嘗試以武力限制他們的行動。嘗試以認知障礙症人士的角度和世界去想，假如他們不相信自己正在入住醫院，那麼他們可能會想離開。我們可能會視為「逃跑」，但其實他們的行為在他們的邏輯下卻沒有甚麼問題。

Another example of the commonly seen distressed behaviour is a person hitting out at you when they are receiving personal care. As you help them take off their clothes before a shower, they may become anxious, frightened, and fearful. Is the person trying to undress them a nurse or a rapist? The violent resistance to being cared for is logical within the world view of a person who cannot remember or work things out and may be experiencing hallucinations. It may be because they have not understood what is going on. Or they may think you are a stranger who is attacking them. Remember, you are all wearing mask, putting on gown, and even gloves for bathing procedure. You can imagine how odd your appearance is to them! So next time when you approach the person, tell them what you want to do, speaking in a calm and reassuring manner.

另一個常見例子，就是他們在接受個人照顧時出手打你。當你在幫他脫衣洗澡時，他或會覺得很緊張和害怕，在想那個要脫去他衣服的人，究竟是護士還是侵犯者？對於認知障礙或正經歷幻覺的被照顧者而言，在照顧期間出現暴力反抗是很合理的。那可能因為他們不明白正在發生甚麼，或以為你是陌生人，想攻擊他們。緊記，你正戴上口罩，穿著長袍，甚至戴著手套，準備進行洗澡程序—你可以想像你的形象對他們來說有多麼的奇怪！所以，下次你要靠近他們時，請以冷靜而安慰的語氣，告訴他們你想做甚麼。

Nonetheless, the biggest way to stop aggressive behaviour is to remove the word “no” from your vocabulary.

不管如何，最有效防止攻擊行為的方法，是在你用詞上除去「不要」這詞。

Situation #2: Confusion about place or time


Statements such as “I want to go home!”, “This isn't my house.”, “When are we leaving?”, and “Why are we here?”

Wanting to go home is one of the most common reactions when people with dementia stay at an unfamiliar place. There is also a psychological component. *Often people are trying to go back to a place where they had more control in their lives. A place where their happy memories are.*

情況 2：對地點或時間感到困惑

「我想回家！」、「這不是我的家」、「我們甚麼時候走？」等言語

當認知障礙症人士待在陌生地方，最常見的反應就是想回家。這也是心理上的因素，人們通常都嘗試回到一個自己可能控制自己生活的地方，一個他們有美好回憶的地方。

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Do: There are a few possible ways to respond to questions that indicate the person is confused about where he/she is. Simple explanations along with photos and other tangible reminders can help. Sometimes, it can be better to redirect the person, particularly in cases where you are in the process of moving the person from home to hospital or other location. A better solution is to say as little as possible about the fact that they have all of their belongings packed and instead try to redirect them. Find another activity, go for a walk, and get a snack. If they ask specific questions such as “When are we leaving?”, you might respond with, “We cannot leave until later because . . . the traffic is terrible”, or “we have to wait for the bus”, “the forecast is calling for bad weather”, “it’s too late to leave tonight.”

應該做的：對於他/她感到對環境困惑的問題，有幾個可行方法去回應。簡單的解釋，附以相片和其他實在的提醒，也許可以幫得上忙。有時分散他們的注意力是比較好的選擇，尤其是你正在送他們從家裡到醫院或其他地方。最好的方法是盡量少提及他們的東西都已經收好了，找些其他話題以分散注意力，如出去走走，吃點小食。如他們明確地問「我們甚麼時候走？」，你可以回應說「我們暫時未能走，因為…交通很差，或要等巴士，預報指天氣會很壞，太晚不能走」


It is important not to add to the anxiety by arguing, but distraction can make a difference.

You have to figure out what will make the person feel the safest, even if that ends up being “a therapeutic lie”. Therapeutic fibbing may be appropriate when telling the truth would cause pain, anxiety or confusion, or when the person with dementia is experiencing life in a different “time zone”.

重要的是不要爭論以增加焦慮，但分散注意力可以改變情況。你需要找出甚麼才會令他們覺得最安全，即使那是「善意的謊言」。如說實話會引起不安或困擾，或當認知障礙症人士正經歷另一個時區時，治療式的撒謊可能是合適的。

“Mr. Chan was a gentle and devoted husband with one hobby, betting on the horses on Saturday. His wife has kept the family finances, so he asked her for the money for his bet once a week. When dementia set in he started asking for money randomly and more than once a day. If Mrs. Chan argued that he had had it or it was not Saturday, he got really angry and rough with her. She could not give him money every time he asked because he frequently hid it, lost it, or gave it away. Mrs. Chan came up with a great solution. Instead of arguing, she handed out a reproduction old-style ten-dollar note (the sort that is used as a stage prop). The only people who complained were the grandchildren who sometimes received them as pocket money. Mr. Chan never actually did go out to the lottery store. He just needed to know he could whenever he wanted, because to him it is always Saturday.”

「陳先生是一位文靜而忠誠的丈夫，有在周六賭馬的嗜好。他太太管理家裡的財政，所以他每周問太太拿錢去投注一次。當認知障礙症惡化時，他開始隨機問太太拿錢，有時一天多次。如陳太太爭論說他已拿了錢，或那天不是星期六，他會很生氣，並會粗言相向。她不可能每次都給他錢，因為他經常收起來、遺失了，或送給別人，陳太太於是想出了一個好辦法。她不會爭辯，但會給他舊鈔的十元紙幣（如那些道具鈔一樣）。會投訴的人，就只有那些偶爾會收到作為零用錢的孫兒們。陳先生其實從來沒有去過投注站，他只是需要知道他想要就可以拿到錢，因為對他來說，每天都是星期六。」

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Don't: What you should not do in these circumstances is deliberately question the person's ability to handle the situation at hand, or try to argue with them. Any response that can be interpreted as accusatory or doubting the person's ability to handle their own affairs only serves to anger and put them on the defensive

不該做的：在這些情況下，你不應該質疑他的能力，或與他爭辯。任何會令他解讀為指責或懷疑他處理個人事務的能力，都只會令他生氣，和變得非常有戒心。

Situation #3: Poor judgment

Unfounded accusations, such as "You stole my money!", are common. Other examples include unexplained hoarding or stockpiling, and repetition of statements or tasks.

The deterioration of brain cells is a particular culprit in behaviours showing poor judgement or errors in thinking. These can lead to delusions, or untrue beliefs. Some of these problems are obvious, such as when someone is hoarding household items, or accuses a family member of stealing something.

情況 3：判斷力變差


作出無根據的指責，是很常見的現象，如「你偷了我們的錢！」其他例子包括囤積帳單或重覆做同樣的事情。判斷力變差或思考出現問題等表現，很多時候的罪魁禍首是腦細胞衰退。這可導致妄想或虛假的信念看法。有部分問題是顯而易見的，如有人囤積家居物品，或指責家人偷東西。

Delusions are firmly held beliefs in things that are not real; they may occur in middle- to late-stage dementia. Confusion and memory loss, such as the inability to remember certain people or objects, can lead to these untrue beliefs. The person may believe that a family member is stealing his/her possessions or that he/she is being followed by the police. Although not grounded in reality, the situation is very real to the person with dementia. Keep in mind that a person with dementia is trying to make sense of his/her world with declining cognitive function.

妄想是堅信一些不真實的事情，可能在認知障礙症中後期出現。困惑和記憶流失，如記不起某些人和物，都可以致使有虛假信念。他可能相信一位家人偷竊他或她的財物，或他/她被警察跟蹤。雖然沒有真實理據，那情況對認知障礙症人士來說，卻是相當真實的。要記得患有認知障礙症的人士，都從他/她漸漸失去的認知功能中，嘗試去理解他們的世界。

Delusion is not the same as hallucination. While delusions involve false beliefs, hallucinations are false perceptions of objects or events that are sensory in nature. When the individuals have a hallucination, they see, hear, smell, taste, or even feel something that is not really there.

妄想跟幻覺並不是同一樣的東西，妄想包括虛假的信念，而幻覺則是對感觀上的物品或事情有虛假的看法。一個有幻覺的人，他會看到、聽見、嗅出、嚐到、甚或感覺到不存在的東西。

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You can often minimize frustration and embarrassment by offering help in small ways with staying organized. Putting up clear label on the toilet door or leaving the door open for the toilet to be seen is a good way of distracting the person from looking for it fruitlessly in the wrong place. Be encouraging and reassuring if you are seeing these changes happen.

你通常可以在小事情上幫點忙，令他們有條理一點，而盡量減低挫折和尷尬。在洗手間門貼上清晰的標籤，或開著門令他們看到裡面是洗手間，是避免他們老是找不到洗手間的好方法。當你看到他們有這些情況出現，請給多點鼓勵與安慰。

Situation #4: Repetitive actions

The person may do or say something over and over again, like repeating a word, question, or activity. The person may also pace or undo what has just been done. In most cases, he or she is likely looking for comfort, security, and familiarity. These actions are rarely harmful, but can be stressful for the caregiver.

情況 4：重覆行為

他們可能不斷重覆一些字詞、問題或活動，或來回踱步，或將所做的事情還原。在多數情況下，他/她會找尋舒適、安全感和熟識感。這些行為通常無傷大雅，但可能為照顧者帶來壓力。

However, repetitive questions may also be indicative of an underlying stress or anxiety, which the person cannot effectively communicate. The person may repeatedly get in and out of bed, appearing restless, or perhaps indicate toileting need with no result. Have you ever considered the reason behind the behaviour being a loaded rectum with impacted faeces? Once the discomfort is resolved, the behaviour will cease as well.


然而，重覆問題可能顯示他未能有效表達的潛在壓力和不安。他可能不斷的起床又躺下，看起來坐立不安；又或是常說要上廁所，又拉不出來。你曾否想過，背後原因可能是腸道擠塞，被糞便阻著？當不適被解決了，那重覆行為將會一起停止。

Redirecting may help for a time, but if the person is anxious about something, you may need to try to get to the root of his concern or understand why he/she keeps asking what time it is. If he/she is pacing, suggest going for a walk. If he/she seems fearful, remind him/her that he/she is safe. Again, it is to look for the trigger. Respond to the emotion. Turn the action or behaviour into an activity. Engage the person in an activity who may simply be bored and need a distraction.

分散注意力可能可以短暫緩解問題，但如果他對某事特別緊張不安，你可能需要找出不安的根源，以了解為何他會不斷問時間。如他不停來回踱步，建議出去走走。如她看來很恐慌，提醒她這裡很安全。同樣地，重要的是找出甚麼東西引發行為，回應他的情緒，將行為轉為別的活動，用一些活動來吸引他參與，有時他可能只是太悶，需要分散一下注意而已。

Knowing the person's social and personal life is essential. Knowing the past occupation the person with dementia has undertaken for most of their lives often helps us understand seemingly unexplainable behavioural responses.

熟識他的社交和個人生活很重要，知道認知障礙症人士過往的職業，有助我們了解一些好像是無法解釋的行為回應。

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“The man who had worked for 40 years as a garbage cleaner and wants to clear the ward’s rubbish bin is simply returning to his well-known habits, and not being troublesome.”

The patient will not necessarily do your request, but they are not being “difficult”.

「一位想清理病房的垃圾桶的病人，原來做了 40 年清潔工人，他只不過是回歸到他熟識的習慣而已，並不是要製造麻煩。」

患者不一定會按照你的指示來做，但他們並不是存心刁難。

In many cases, health care professionals or caregivers have not had, or taken, the opportunity to “look beyond” the behaviour to discover the underlying problems beyond the loss of ability associated with dementia. You may fail to think about the person with dementia as a person who has the same basic human needs as everyone else, who gets hungry, tired, lonely, and bored; who feels pain related to chronic medical conditions like arthritis or joint disease; who has sensory changes that may interfere with seeing and hearing things accurately; and who has lived a long, full life filled with unique experiences. Seeing the PERSON first, as a human being that has preferences, habits, personality traits, and interests, just like everyone else, can help reduce the risk that all behaviours are “blamed” on the person’s dementia. And in turn, dementia is “incurable”, so there is “nothing we can do”.


很多時候，醫護專業人員或照顧者並沒有伺機「看穿」行為，發掘背後除了認知障礙以外的問題所在。你可能沒有把認知障礙症人士當正常人看待，他們也有我們正常人的需要，會飢餓、疲倦、孤獨、沉悶，也會因慢性疾病如關節炎等而感到痛楚，亦有感觀的變化而影響視力和聽力，同樣也活了精彩的一輩子，有著獨特的經驗。首先把他以個人看待，他也有偏愛、習慣、性格、興趣，和普通人無異，這有助減少把所有行為「歸咎於」那人有認知障礙症，從而偏執認為那是「無藥可救」，因此「我們甚麼都不能做」。

Remember:

Lengthy explanations or reasons are not the way to go. You cannot reason with someone who has dementia. In fact, a lot of times we trigger the response that we are getting because of the questions we may be asking. Imagine how it feels when someone vaguely familiar is coming towards you and you are searching for their name. It happens to all of us. Your main concern is whether you are going to embarrass yourself. You may be afraid of getting something wrong, but the person with dementia is at a stage in their life when they are getting lots and lots of things wrong.

請記住：

冗長的解釋或理由並非正途，你不能跟認知障礙症人士講道理。事實上，很多時候我們可能因為問錯問題，而引發了那些行為。試想像，當一個你隱約認得的人走向你，而你正在努力想他的名字到底是甚麼時，我們大家都有過這樣的經驗，那時你最主要關心的，是如何令自己沒有那麼尷尬。你可能會害怕弄錯了甚麼，但對於認知障礙症人士來說，他們的人生卻到了一個階段，把很多事情都弄錯了。

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Respectful caregiving

Despite having damaged explicit memory or conscious awareness, the implicit memory may be preserved, meaning that the overall effect of an encounter is maintained despite the details being lost.

有尊嚴的照顧服務

雖然外顯記憶或意識知覺已受到損害，但內隱記憶可能仍然得到保存，代表每個經歷的整體結果是依然保留著，縱使當中細節的內容已經流失了。

People with dementia say they get irritated when they are treated in a different way by those they live with. So remember that your husband, wife, parent, or other loved one is still the person they were yesterday. Take them for a walk and offer as much opportunity for exercise as possible. Fresh air and exercise can help with mood and natural fatigue reduces stress. The person with dementia will find it harder to fight if they are tired. It is possible that a long walk will make them more likely to nap than snap.


認知障礙症人士指稱，當他們被同住的人以不同方式對待時，會感到很惱火。所以請記著，你們的丈夫、妻子、伴侶或愛人，依然是你以往認識的同一個人。帶他們出去散步，盡量多做運動，新鮮空氣和運動可以改善情緒，自然的疲勞也有助減低壓力。認知障礙症人士在疲倦時會難以鬥爭，多走點路可以令他們好好睡一覺，而不會大發脾氣。

People with dementia will lose the ability to laugh and smile which is a tool of social communication. However, a Japanese study reveals that some people with dementia will smile or laugh after a good sleep or having a good meal. Also, they respond with smiles or laughter if their accomplishment is recognized.

認知障礙症人士會失去「發笑」這個社交能力，然而一個日本研究指出，有些認知障礙症人士在好好睡一覺或吃一頓後，可以微笑或大笑出來。再者，若他們的成就受到肯定，也會報以微笑。

The difficulties in care for patients with dementia are considerable. Understanding and having practical tips at hand will help swipe your worries away. Comfort is what is needed, not logical argument. Instead of instantly reacting to the behaviours, the best response is to go with the flow of the feelings which are valid under the circumstances. When circumstances arise, leave the room for both parties to calm down and allow yourself time to work out who you can turn to. Do everything in your power not to argue with a person with dementia. Try to avoid “No, but . . .” and replace it with “Yes, and . . .”. If you do this, you may alleviate many troubles for yourself.

照顧認知障礙症人士的困難一點都不少，但多點了解和實用技巧，可以助你掃走煩惱。他們需要的是安慰，而不是合理的爭論。不要即時回應他們的行為，最好的回應，是順應著他們的感覺走，那在他們特定的情況下也非無道理的。當衝突發生時，離開現場給大家冷靜的空間，讓你有時間思考可以找誰幫忙。盡力不要與認知障礙症人士爭辯，嘗試避免「不是，但…」，取而代之用「是的，和…」當你這樣做，將會省卻自己不少麻煩。

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People with dementia are struggling to survive behind a barrier of cognitive destruction in a world they often do not know, attempting to communicate needs that are rarely acknowledged. When a person starts forgetting their daily matters, the frustration is maddening. Fear leads to their violence. If we can understand their aggression and resistance from their perspectives, and meaningful contact is made with the person, with their world being appreciated, rights being acknowledged and needs being met, a significant proportion of the challenging behaviours can be resolved. Try to help making their life less challenging.

認知障礙症人士在認知受到破壞的陌生世界裡爭扎求存，努力嘗試表達很少受到認可的需求。當一個人開始忘記日常事物，那困擾是非常令人惱火的。暴力源於恐懼。如果我們可以從他們的角度理解他們的挑釁與反抗行為，並和他們開展有意義的互動，讓他們的世界被了解、權利被認同、需要被滿足，他們那些充滿困擾和挑戰的行為將會大大降低。嘗試幫助他們，減低他們生活上的挑戰吧。

Reflection

When a patient or resident falls, pulls out a catheter, becomes restless and agitated, or begins to wander off, staff must ask the question, “What is the meaning of this behaviour?”

Effects of medication, dehydration, onset of an acute illness, discomfort of full bladder, boredom, homesickness, and frustration may each produce what may appear to be “unsafe”, “noncompliant”, or “troublesome” behaviours. If we could learn to appreciate the world of the person with dementia, so as to see how a person’s past history or his/her failure to understand the immediate motivations of others, it may provide an explanation for the apparently difficult behaviour.


審慎思考

當一名患者或院友跌倒，拔掉導管，變得躁動不安，或開始遊蕩，員工必須反問：「他們的行為背後有甚麼原因？」

藥物反應、脫水、嚴重疾病發作、膀胱爆滿不適、沉悶、想家、沮喪，每個原因可能令他們看起來「不安全」、「不服從」、「麻煩」等行為。若我們可以學習了解認知障礙症人士的世界，從而看到他們的過去，了解他們為何無法即時明白別人的動機，那可能有助解釋到那些貌似問題行為的原因。

Care needs time and resources which may be against the hospital management focus on increasing patient throughput and minimizing risks. There is no doubt health care professionals face considerable challenges in managing care with the time and resources allocated to them. Yet providing empathetic care and respecting the humanity of patients should not be undermined by all these competitive operations.

關懷照顧需要時間和資源，這或有違醫院管理的重心，以求增加處理病人和將風險減到最低。毫無疑問，醫護專業人員的有限時間和資源，為他們帶來莫大挑戰。然而，不應該因為執行工作上的困難，而削弱提供具同理心的照顧服務，和專重患者的人道權利。

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Persons with progressive and worsening dementia eventually lose the ability to independently perform activities of daily living and to recognize familiar people and places, and may exercise poor judgement and lose the ability to recognize danger. By understanding the person with dementia, health care providers, family members, and caregivers could then provide appropriate attention and care to these people. The care of people with dementia is considered a journey that family caregivers are core companions to walk along with the person.

認知障礙症越趨嚴重的人士，最終將會喪失獨立自理日常生活的能力，不能認出人和地方，判斷力變差和不能識別危險。透過了解認知障礙症人士，醫護人員、家人、照顧者等可以提供適當的注意和看護。照顧認知障礙症人士，是一段需要家庭照顧者作為重要的伴侶，陪著他們一起走過的旅程。

Taking a moment. Most carers, in particular family members, have made reference to the need to “take a moment” and get away from the physical environment if they feel overwhelmed, in order to relax and deal with difficult thoughts and emotions. Generally, taking a moment seems to have a positive impact on carers’ ability to manage the frustration as of Steve in taking care of his wife.

很多照顧者，尤其是家人，都指有需要「花些時間」離開照顧環境一下，以放鬆並處理困擾的思想和情感。普遍而言，偶爾離開一會，對照顧者均有正面影響，提升他們處理困惑的能力。

When we say understand people of dementia from their perspectives, that implies “See what they see, hear what they hear, and feel what they feel.” This could be the way to step into their shoes!


當我們說要以他們的自身角度了解認知障礙症人士，指的是「看他們所看，聽他們所聽，感他們所感」，這是感同身受的方法。

Whether you are a formal or informal caregivers for people with dementia, we hope this course has provided you with practical tips on understanding and responding to behavioural distress of people with dementia. We want caregivers to know that there are ample excellent materials that are already available on the web. You are not alone.

不管你是否是認知障礙症人士照顧者，我們希望這課程可以為你提供一些實用的技巧，以理解和回應認知障礙症人士的困擾行為。我們希望照顧者知道，網上有很多相關資料，你並不是孤軍作戰。

Whichever your starting point, when you embark on this journey, when you pick up this MOOC, the question is “Where would you like to go from here?”

不管你的起點在哪裡，當你面對這個旅程、開始看這個網上課程時，問題是「你想從那裡開始，達到怎樣的結果」。

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Prevention is the “best medicine” for dementia care. Remember to

對於照顧認知障礙症人士而言，預防勝於治療。請記住：

- ✓ Create an environment in which disturbed behaviours are unlikely to occur in the first place
創造一個減低問題行為發生的環境
- ✓ Identify the individuals who are “at risk” for developing behavioural symptoms
識別那些人士會發展出行為徵狀的「風險」
- ✓ Learn to recognize behaviours that signal a person is uncomfortable or feels threatened
學習辨認不同行為徵狀是代表他不舒服或受到威脅的信號
- ✓ Intervene early to defuse the situation, keeping the person calm and comfortable
儘早緩和出現的狀況，令認知障礙症人士保持平靜與舒適

Remember not to assume people exhibiting symptoms of dementia as “lack of capacity,” “lack of feelings,” “lack of social appropriateness,” or any other “lack”. Dementia is not the end state of a disease. It is just the situation during the progression.

When rational thought, memories, and language are gone, the only thing we have is the precious present moment.

緊記不要將有認知障礙徵狀患者視為「沒有能力」，「沒有感受」，「沒有社交禮儀」或任何一種「缺欠」。認知障礙症不是一種病的終結，它只是一種情況的進程。當理性思考、記憶和語言都失去時，我們只剩下當下，每刻都很珍貴。

Feedback

Are you a caregiver or family member of someone with dementia? Do any of these situations sound familiar to you? We want to hear your stories. Do share them with us in the comments below.


意見回饋

你是一名照顧者嗎？或你的家人是認知障礙症人士嗎？以上這些情況是否似曾相識？我們希望聽聽你的故事，歡迎留言和我們分享。

Gerontechnology related

Have you considered “Smart anti-wandering system”? For example, using radio-frequency identification (RFID) technology, in addition to generating alarms, it can also display elderly identity data for follow-up, connecting to the broadcast system; also using facial recognition technology integrated with CCTV surveillance systems to control entry and exit points.

你有沒有考慮“智能防遊走系統”？例如，使用射頻識別（RFID）技術，除了有警報功能之外，還可以顯示長者的個人數據以便跟進，系統連接到廣播系統，使用 CCTV 監控系統集成的面部識別技術來控制出口和入口。

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