

Importance Of Reassurance, Reconsider, Redirect And Relax Situation In Dementia Treatment

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Abstract

Dementia is a specific disease but is rather a general term for the impaired ability to remember, think or make decisions that interferes with doing everyday activities. The major sign of dementia are memory loss, poor attention, communication, reasoning, judgment, and problem solving, visual perception beyond typical age-related changes in vision. Patients have weak function of memory. Dementia patients feel loneliness and accept warmth feeling from others. There are many reason an individual with dementia feel anxious and afraid. They are trouble with loneliness emotion. During treatment of dementia their loved one is yelling, it may be relieve their afraid feelings. If we reassure repeatedly then it can be helpful to reduce problems behaviours. In some situation they remember who helped them in difficult situation. Who helped them to manage their situation? Redirect means loved one to stop problem behaviour. In the relax phase patient diminishing abilities it may increasingly help them interpret the world around them. Consciously or unconsciously, they may use their emotions as a way to know how they should be feeling and responding. The study basically focuses on the dementia care and importance of 4R in dementia treatment. Data collected through well formed questionnaire from various psychiatric rehabilitation centre in Pune city .Data analyzed by SPSS software .Findings and conclusion explained through deep study.

Key Word: Reassure, redirect, relax, repeated education, dementia care.

Research Methodology

A study basically focuses to find out the importance of family care in dementia treatment. A caregiver love can minimize the problematic behavior of dementia patients. A study will focus on importance of reassurance in dementia care. This is review paper .Researcher read some article and study on this problem .Researcher find some valuable suggestion on it.

Introduction

Dementia is the loss of cognitive functioning thinking, remembering, and reasoning to such an extent that it interferes with a person's daily life and activities. Some people with dementia cannot control their emotions and their personalities may change. Dementia ranges in severity from the mildest stage, when it is just beginning to affect a person's functioning, to the most severe stage, when the person must depend completely on others for basic activities of daily living, such as feeding oneself. Dementia affects millions of people and is more common as people grow older (about one-third of all people age 85 or older may have some form of dementia) but it is not a normal part of aging. There are several different forms of dementia, including Alzheimer's disease, which is the most common. Signs and symptoms of dementia result when once-healthy neurons (nerve cells) in the brain stop working, lose connections with other brain cells, and die. While everyone loses some neurons as they age, people with dementia experience far greater loss. The signs and symptoms can vary depending on the type and may include

- Experiencing memory loss, poor judgment, and confusion
- Difficulty speaking, understanding and expressing thoughts, or reading and writing
- Wandering and getting lost in a familiar neighborhood
- Trouble handling money responsibly and paying bills
- Repeating questions
- Using unusual words to refer to familiar objects
- Taking longer to complete normal daily tasks
- Losing interest in normal daily activities or events
- Hallucinating or experiencing delusions or paranoia
- Acting impulsively
- Not caring about other people's feelings
- Losing balance and problems with movement

People with intellectual and developmental disabilities can also develop dementia as they age, and in these cases, recognizing their symptoms can be particularly difficult. It's important to consider a person's current abilities and to monitor for changes over time that could signal dementia. Dementia is the result of changes in certain brain regions that cause neurons (nerve cells) and their connections to stop working properly. There are changes in the brain to certain forms of dementia and are investigating why these changes happen in some people but not others. For a small number of people, rare genetic variants that cause dementia have been identified. We don't yet know for certain what, if anything can prevent dementia, in general, leading a healthy lifestyle. These are some main cause of dementia. Alzheimer, vascular are some types of dementia. As per the need of disease there is need of treatment. Some psychological things make dementia patients more happy and easy to deal with disorder. These are as follows,

Reassurance: Reassurance is the removal of fears and concerns about illness. In practice reassurance for non-specific conditions, where a diagnosis is unclear or unavailable, is difficult and can have unexpected effects. Many clinical guidelines for non-specific conditions such as low back pain recommend reassurance. There was little evidence on how to reassure patients effectively. Reassurance is a frequently utilized and poorly understood clinical skill. Emotional distress is an important driver of healthcare use. Diagnostic test results are not reassuring. Some attempts at reassurance can increase rather than decrease concern. Patient education is a promising way for clinicians to manage emotional distress.

(Braz j phys ther, Jan-Feb 2017, Brazilian journal of physical therapy, "Reassurance for patients with non-specific conditions – a user's guide.)

Redirect: Redirection is taking the negative emotions and thoughts and turning them into something productive and flourishing. For instance, if you are dealing with a lot of stress from a job and coping with unhealthy habits or lifestyle choices, redirection would be going to the gym to release those emotions. Distraction and redirection are coping techniques commonly used in mental health management. They involve shifting focus from distressing thoughts or emotions to more positive or neutral activities or ideas. This approach can immediately relieve intense emotions, making them manageable and less overwhelming. It is important to consider your loved one's perspective. Their experience of situations might be very different than you might imagine. For example, perhaps patients loved one becomes angry every time the home health aide visits and tries to help him bathe. This behavior may seem mysterious, but reconsidering things from his perspective may help explain it. Because of his memory loss, he may perceive the aide as a complete stranger even though she has been bathing him for months. He also may not remember that he needs help bathing. So, from his perspective, a stranger is asking him to take his clothes off so she can bathe him, and he may feel outraged, anxious, or confused.

Reconsider

It is important to consider your loved one's perspective. Their experience of situations might be very different than you might imagine. For example, perhaps your loved one becomes angry every time the home health aide visits and tries to help him bathe. This behavior may seem mysterious, but reconsidering things from his perspective may help explain it. Because of his memory loss, he may perceive the aide as a complete stranger even though she has been bathing him for months! He also may not remember that he needs help bathing. So, from his perspective, a stranger is asking him to take his clothes off so she can bathe him, and he may feel outraged, anxious, or confused.

Reconsidering the situation from your loved one's point of view can improve your ability to empathize with them, help you feel calmer, and provide you with clues about what you might be able to do to manage the problem behavior.

Relax

With diminishing abilities, patients loved one may ready to their help them interpret the world around them. Consciously or unconsciously, they may use their emotions as a way to know how they should be feeling and responding. If they are anxious and upset because of their behavior or something else patients loved one may feed off their feelings and also become anxious and upset. Even if their words are using are reassuring, if their tone of voice or body language reflects that their feeling frustrated or angry. Their loved one is likely to pick up on these nonverbal signals. This is why it is so important that you remain calm and relax especially when faced with problem behavior.

Parents and caregiver role is too much important in that case. A caregiver, sometimes referred to as a caretaker, refers to anyone who provides care for another person. Most of people living in the take care of a friend or family member with Alzheimer's disease or a related dementia. Sometimes caregivers live with the person or nearby, other times they live far away. For many families, caring for a person with dementia isn't just one person's job, but the role of many people who share tasks and responsibilities. No matter what kind of caregiver you are, taking care of another person can be overwhelming at times. These tips and suggestions may help with everyday care and tasks. Caregiver can take follow up try to keep a routine, such as bathing, dressing, and eating at the same time each day. Help the person write down to-do lists, appointments, and events in a notebook or calendar. Plan activities that the person enjoys and try to do them at the same time each day. Consider a system or reminders for helping those who must take medications regularly. Help them at time of dressing or bathing, allow the person to do as much as possible. Buy for them loose-fitting, comfortable, easy-to-use clothing, such as clothes with elastic waistbands, fabric fasteners, or large zipper pulls instead of shoelaces, buttons, or buckles. Use a study shower chair to support a person who is unsteady and to prevent falls. You can buy shower chairs at drug stores and medical supply stores. Be with them gentle and respectful. Tell the person what you are going to do, step by step while you help them bathe or get dressed. Always serve meals in a consistent, familiar place and give the person enough time to eat. These small care and respect will improve their lifestyle. It will be helpful for their treatment.

Sociological Angle

Mental illness is not an individual illness alone. It is a social ailment, that is caused and impacted by society. Whenever one intend to study and inquire any psychological illness they have to see it from a social lens as the surroundings of an individual play a pivotal role in shaping their mental wellbeing. Dementia is one of the major cognitive dysfunction that is occurring in the country and its presence holds an influence and effect on society as a whole.

It has been found according to recent study that adults ages 60+ in India is 7.4% is prevalent for having dementia. Its been stated that about 8.8 million Indians older than 60 years live with dementia and it's more prevalent among females than males and in rural than urban areas (Lee J,

2023 Jul;¹ In regard to sociological lens we will focus on gender burden of care , nuclear families and urban lifestyle impact and socio-economic challenges.

Dementia is an alarming issue that not only affects one individual but society as a whole, it breaks downs family and hold responsibilities to the younger generation. It raises the need of adult caretakers, and holds a new network of people who are able to take proper care and affection for the elderly. However its found mostly to be women ,

In India, the sociology of dementia focuses on the social aspects of the illness, such as perceptions, effects on patients and their family, and wider societal ramifications. In India, dementia is frequently seen through the prism of aging, and cultural considerations have a significant impact on how it is managed and cared for. The stigma attached to cognitive decline can cause patients to become socially isolated, and because of traditional gender roles, family members—usually women—end up shouldering the majority of the caregiving responsibilities. (Shaji et al., 2003)²; The lack of knowledge and comprehension of dementia exacerbates this condition, particularly in rural places where access to healthcare is limited. Sociological research emphasizes the necessity of public health campaigns and community-based support networks to address the rising incidence of dementia and its repercussions (Cohen, 1998).³

Women as Caregivers

Care giving is typically seen as a woman's obligation in Indian society, with daughters, daughters-in-law, and wives performing most of the caring. Women bear a disproportionate amount of the stress of this gendered expectation since they frequently mix caregiving with other home and professional commitments. Women's duties within the family are determined by overarching male-dominated structures and customs based on gender, which are reflected in this situation (Sengupta, 2017)⁴ . This often lays the overburden on women as nurturer and drains them physically, emotionally and mentally too .

Caregiving is viewed in many countries as a logical progression of women's nurturing roles. Women are disproportionately affected by this expectation since they are frequently expected to care for aging family members who have dementia, sometimes at the expense of their personal well-being, employment, and health (Pinquart & Sörensen, 2006)⁵.

The difficulties of providing care, especially to those who have dementia, can cause a great deal of mental and physical exhaustion. When compared to their male counterparts, female caregivers frequently report higher levels of stress, anxiety, and despair. The gradual nature of dementia can

¹ Lee, J., Meijer, E., Langa, K. M., Ganguli, M., Varghese, M., Banerjee, J., Khobragade, P., Angrisani, M., Kurup, R., Chakrabarti, S. S., Gambhir, I. S., Koul, P. A., Goswami, D., Talukdar, A., Mohanty, R. R., Yadati, R. S., Padmaja, M., Sankhe, L., Rajguru, C., Gupta, M., ... Dey, A. B. (2023). Prevalence of dementia in India: National and state estimates from a nationwide study. *Alzheimer's & dementia : the journal of the Alzheimer's Association*, 19(7), 2898–2912. <https://doi.org/10.1002/alz.12928>

² Shaji, K. S., Jotheeswaran, A. T., Girish, N., Srikala, B., & Prince, M. (2003). The 10/66 Dementia Research Group population-based approach to studying dementia in developing countries: Methodology and development of the protocol. *Indian Journal of Psychiatry*, 45(1), 56-62

³ Cohen, L. (1998). *No aging in India: Alzheimer's, the bad family, and other modern things*. University of California Press.

⁴ Sengupta, M. (2017). Caregiving and gender roles in India: The case of dementia caregiving. *Indian Journal of Social Work*, 78(4), 511-528.

⁵ Pinquart, M., & Sörensen, S. (2006). Gender differences in caregiver stressors, social resources, and health: An updated meta-analysis. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 61(1), P33-P45. <https://doi.org/10.1093/geronb/61.1.P33>

cause emotions of helplessness and despair as caregivers see their loved ones' cognitive abilities deteriorate, adding to the emotional toll (Schulz & Martire, 2004)⁶.

The demands of caregiving can make it difficult for them to maintain social relationships and participate in community activities, women caregivers often face social isolation. This seclusion raises the possibility of mental health problems and might exacerbate emotions of loneliness. In order to lessen some of these responsibilities, it is essential to have access to social support networks and respite care (Cheng, 2017).⁷

Women who are caring for others frequently have to cut back on their job hours or quit entirely, which can have a negative impact on their finances and careers. This monetary effect is especially noticeable in nations where there are insufficient social measures to promote caregiving, including paid time off for families or caregiver financial help (Zarit, 2006)⁸

Urbanization impact

In urban lifestyle, we see the tearing down of traditional joint families. In that often was able to cushion and give support to the family members in time of direct need. India's fast urbanization has had a big impact on dementia patients' lives as well as that of their caregivers. The nuclear family structure is gradually replacing the old joint family structure as families relocate to cities, It reduces the availability of a wider support system for caregivers. In addition to decreasing opportunities for social interaction and support. In both of which are essential for coping with the emotional toll of caregiving—the hectic urban environment can increase stress levels among caregivers, resulting in burnout and mental health issues (Prince et al., 2012; Patel & Prince, 2001).⁹

Furthermore, as a result of urbanization, caregivers frequently depend more on professional care services, but it might not be accessible as its costly and not affordable (Shaji et al., 2009).¹⁰

Isolation and Discriminatory behaviors

Stigma is a major issue for dementia patients since it often leads to social isolation, low self-esteem, and a reluctance to ask for help (Goffman, 1963)¹¹. The sociological study of the stigma associated with dementia reveals how society attitudes and cultural ideas impact the experiences of persons with the diagnosis. People are further alienated by negative stereotypes about dementia, such as dependency and inability, which are frequently associated with the disease. By promoting discriminatory behavior and preventing people from attending social gatherings, a lack of public understanding and awareness of dementia contributes to this stigma. Sociologists claim that the stigma attached to dementia is a form of social injustice that impedes the ability of persons suffering from the condition to manage their feelings and psychological problems (Batsch & Mittleman, 2012).¹²

Economic and social misfortune

Caregivers from lower socioeconomic backgrounds face extra challenges, such as limited access to healthcare resources, financial strain, and inadequate social support. These challenges could make

⁶ Schulz, R., & Martire, L. M. (2004). Family caregiving of persons with dementia: Prevalence, health effects, and support strategies. *American Journal of Geriatric Psychiatry*, 12(3), 240-249. <https://doi.org/10.1176/appi.ajgp.12.3.240>

⁷ Cheng, S.-T. (2017). Dementia caregiver burden: A research update and critical analysis. *Current Psychiatry Reports*, 19(9), 64. <https://doi.org/10.1007/s11920-017-0818-2>

⁸ Zarit, S. H. (2006). Assessment of family caregivers: A research perspective. *World Psychiatry*, 5(2), 65-67.

⁹ Patel, V., & Prince, M. (2001). Aging and mental health in a developing country: Who cares? Qualitative studies from Goa, India. *Psychological Medicine*, 31(1), 29-38. <https://doi.org/10.1017/S0033291799003098>

¹⁰ Shaji, K. S., Smitha, K., Praveen Lal, K., & Prince, M. J. (2009). Caregivers of people with Alzheimer's disease: A qualitative study from the Indian 10/66 Dementia Research Network. *International Journal of Geriatric Psychiatry*, 18(1), 1-6. <https://doi.org/10.1002/gps.649>

¹¹ Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. Prentice-Hall.

¹² Batsch, N. L., & Mittleman, M. S. (2012). *World Alzheimer Report 2012: Overcoming the stigma of dementia*. Alzheimer's Disease International.

caregivers feel more stressed and make it harder for them to provide patients with the care they require. The disparity in access to dementia care between urban and rural areas further demonstrates the influence of socioeconomic status on caregiving (Shaji et al., 2009)¹³

In addition, there is a notable lack of resources for dementia care services in rural India. Families in urban areas may afford private care services, whereas lower-class families could find it difficult to get by on minimal assistance. This disparity illustrates how socioeconomic position affects the standard of care (Prince et al., 2012)¹⁴.

Families have heavily burdened financially which are significant out-of-pocket expenses associated with dementia care, which include medical care, caregivers, and long-term care facilities. Many families have financial difficulties due to the high cost of care and the potential for income loss if caregivers have to reduce their hours or quit their jobs (Choudhury et al., 2014).¹⁵

It also have to access to high-quality healthcare services is limited, especially in rural areas. The dearth of facilities and people who specialize in dementia care .It is more difficult to provide timely and effective treatment (Patel & Dias, 2009).¹⁶

Rural communities have an especially strong stigma against mental health problems, which further isolates dementia patients and their families from society. This stigma could discourage people from seeking help and reduce the quantity of available community resources.(Bansal et al., 2014).¹⁷

¹³ Shaji, K. S., Smitha, K., Praveen Lal, K., & Prince, M. J. (2009). Caregivers of people with Alzheimer's disease: A qualitative study from the Indian 10/66 Dementia Research Network. *International Journal of Geriatric Psychiatry*, 18(1), 1-6. <https://doi.org/10.1002/gps.649>

¹⁴ Prince, M. J., Guerchet, M., & Prina, M. (2012). Dementia in developing countries: A consensus statement from the 10/66 Dementia Research Group. *International Journal of Geriatric Psychiatry*, 27(7), 649-656. <https://doi.org/10.1002/gps.2778>

¹⁵ Choudhury, S., & Pal, R. (2014). Economic burden of dementia in India. *International Journal of Social Psychiatry*, 60(2), 147-156. <https://doi.org/10.1177/0020764013490621>

¹⁶ Patel, V., & Dias, A. (2009). Closing the treatment gap for dementia in India. *Indian Journal of Psychiatry*, 51(Suppl 1), S93-S97. <https://doi.org/10.4103/0019-5545.45332>

¹⁷ Bansal, P., & Sharma, N. (2014). Social and economic impact of dementia in rural India: A community-based study. *Journal of Rural Health*, 30(4), 443-450. <https://doi.org/10.1111/jrh.12067>

Conclusion

Dementia is a condition where person have weak memory function .In so many cases dementia patients are neglected from their caregiver. Families have over burdened financially. The significant out-of-pocket expenses associated with dementia care, which include medical care, caregivers, and long-term care facilities. Many families have financial difficulties due to the high cost of care and the potential for income loss if caregivers have to reduce their hours or quit their jobs.

In reality dementia patient needs more care and love from family members. Caregivers from lower socioeconomic backgrounds face extra challenges .They have limited access to healthcare resources, financial strain, and inadequate social support. These challenges could make caregivers feel more stressed and make it harder for them to provide patients with the care they require. The disparity in access to dementia care between urban and rural areas further demonstrates the influence of socioeconomic status on care giving.

If family members give quality time to their patients ,then patient may be improve their medical condition. Patient need to remind about medication. Patient have reassurance about their recovery. These positive words form caregiver will be helpful for patient recovery.

Suggestions

Family have to accept dementia patients with their multiple health issues.

Family have to learn about relax concept. It deals with diminishing abilities, patients loved one may ready to their help them interpret the world around them. Consciously or unconsciously, they may use their emotions as a way to know how they should be feeling and responding

Family have to learn Reassurance .It is the removal of fears and concerns about illness. In practice reassurance for non-specific conditions, where a diagnosis is unclear or unavailable, is difficult and can have unexpected effects.

Caregiver learn about redirect technique. Redirection is taking the negative emotions and thoughts and turning them into something productive and flourishing. If you are dealing with a lot of stress from a job and coping with unhealthy habits or lifestyle choices, redirection would be going to the gym to release those emotions. Distraction and redirection are coping techniques commonly used in mental health management.

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