



Guidelines For Care Of People With AIDS Dementia Complex

This fact sheet is to assist people caring for people with AIDS Dementia Complex (ADC).

The Most Important Element Of Care Is Consistency:

Care is enhanced by applying the process of **enablement**, that is by identifying retained or remaining abilities and/or those abilities which are at risk of decline or loss, implementing ability-enhancing or ability-compensating **actions**.

Stage of ADC	Goal(s)	Recommended Actions
Mild Cognitive Impairment	<ul style="list-style-type: none"> ➤ To promote health through positive living with HIV-related illness. 	<ul style="list-style-type: none"> ➤ If concern about dementia is evident, encourage the person to seek a diagnosis. The difficulty may be related to another problem such as stress, depression, or other central nervous system complications. ➤ Help the person identify and use sources of support including family, friends, advocacy groups, and professional caregivers. ➤ Provide education based on learning needs and readiness. ➤ Promote positive living through taking control: eg. eating well, acknowledging feelings, taking a break, confronting possibilities a little at a time, ➤ Be available to provide care related to therapies, changes in the illness trajectory.
Moderate Impairment Unable to work or maintain the more demanding aspects of daily life, but can perform basic activities of self-care. Ambulatory, but may require assistance eg a walking stick.	<ul style="list-style-type: none"> ➤ To assist the person by minimising the impact of lost abilities. ➤ To provide for safety. ➤ To assist the caregiver to cope with the stresses and challenges of the caregiver role. 	<p>Neuropsychological testing should be carried out to ascertain where the person's deficits lie and what strategies will be helpful.</p> <p>Suggested Strategies:</p> <ul style="list-style-type: none"> ➤ Orientation: strategies such as calendars, clocks (digital clocks may be easier to read), blackboard with daily schedule placed in conspicuous place, post it notes, nightlights. ➤ Structured and familiar environment, place familiar objects and pictures in the immediate environment ➤ Prepare the person for changes, explain what you plan to do before initiating an activity, and avoid surprises. ➤ Avoid confrontation. ➤ Model quiet, self-assured behaviour. ➤ Redirect the person to the task at hand.



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<p>Major impairment</p> <p>Cannot follow news of personal events; cannot sustain complex conversation; considerable slowing of all output or motor disability (client cannot walk unassisted, requiring walker or personal support, usually with slowing and clumsiness of arms as well).</p>	<ul style="list-style-type: none"> ➤ To participate in decision-making about use of support services such as rehabilitation, home care, respite care, palliative care. 	<p>Communication Difficulties:</p> <ul style="list-style-type: none"> ➤ Receptive Speech: make certain you have the person's attention, present information slowly, and one step at a time, speak slowly and clearly in an adult manner, use nonverbal cues. ➤ Expressive Speech: (slow, hesitant speech, slurred speech) do not interrupt, ask questions requiring a yes/no answer. <p>Management Of Memory Problems:</p> <ul style="list-style-type: none"> ➤ Memory journal: at this stage the caregiver usually must record the information and remind the person to check it. Eventually the journal may not be useful. (Neuropsychological testing can show the persons ability to understand visual/written input). ➤ Routine: a regular, highly structured daily routine minimises the need to remember. ➤ Use labels and pictures on door and objects to help find their way around. ➤ Emphasise the familiar: encourage the person to talk about familiar places and past experiences, long-term memory usually remains intact. <p>Facilitate Self-Care Activities, Such As Walking, Dressing, Eating, Initiating Actions, That Are Affected By Motor And Co-Ordination Problems:</p> <ul style="list-style-type: none"> ➤ A stick or walker may be useful. Remove scatter rugs and other objects person may trip on. ➤ Encourage easy-to-wear clothes, slip-on shoes or shoes with velcro fasteners, use finger foods, a cup instead of a bowl and spoon. ➤ If the person has difficulty initiating a task, cue them verbally and with gestures. <p>Use Strategies To Manage The Environment And Protect The Safety Of All.</p> <ul style="list-style-type: none"> ➤ Educate about home safety and access for safety on home visits, e.g., remove knobs from stove, lock-up hazardous appliances, household cleaners, medications; supervise showers and baths; turn hot water heater down; keep valuables and legal documents in a safe place. ➤ Wandering behaviour. <i>For more information, also see relevant fact sheet titled 'Wandering'.</i> ➤ Support and assist the caregiver in relation to coping with anxiety, lack of insight and denial of disability.

Other important factors to consider when making an assessment:

- Other problems such as drug use may co-exist with AIDS dementia complex
- Many individuals have limited social support networks
- Housing problems frequently complicate the care of individuals
- Individuals with HIV-related illness are extremely sensitive to medications and close monitoring for side effects is necessary