



L'approccio protesico nella cura della persona con demenza

Silvia F. Vitali
Istituto Geriatrico Camillo Golgi
Brescia 6 Aprile 2018



Explanatory models of dementia

- ☐ Neurological condition
- ☐ Neuro-psychiatry condition
- ☐ Continuum with ageing

From a person-centred perspective

Person centred plan of care



Based on explicit assumptions and values :

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- People share universal needs
 - Services should adapt to PWD(person with dementia)
 - Now is not forever
 - PWD and the people who love them are the experts on themselves and their needs

Pays attention to context, process :

- different locus, different people involved
- different sort of questions
- seeks to address conflict honestly

A method not a formula:

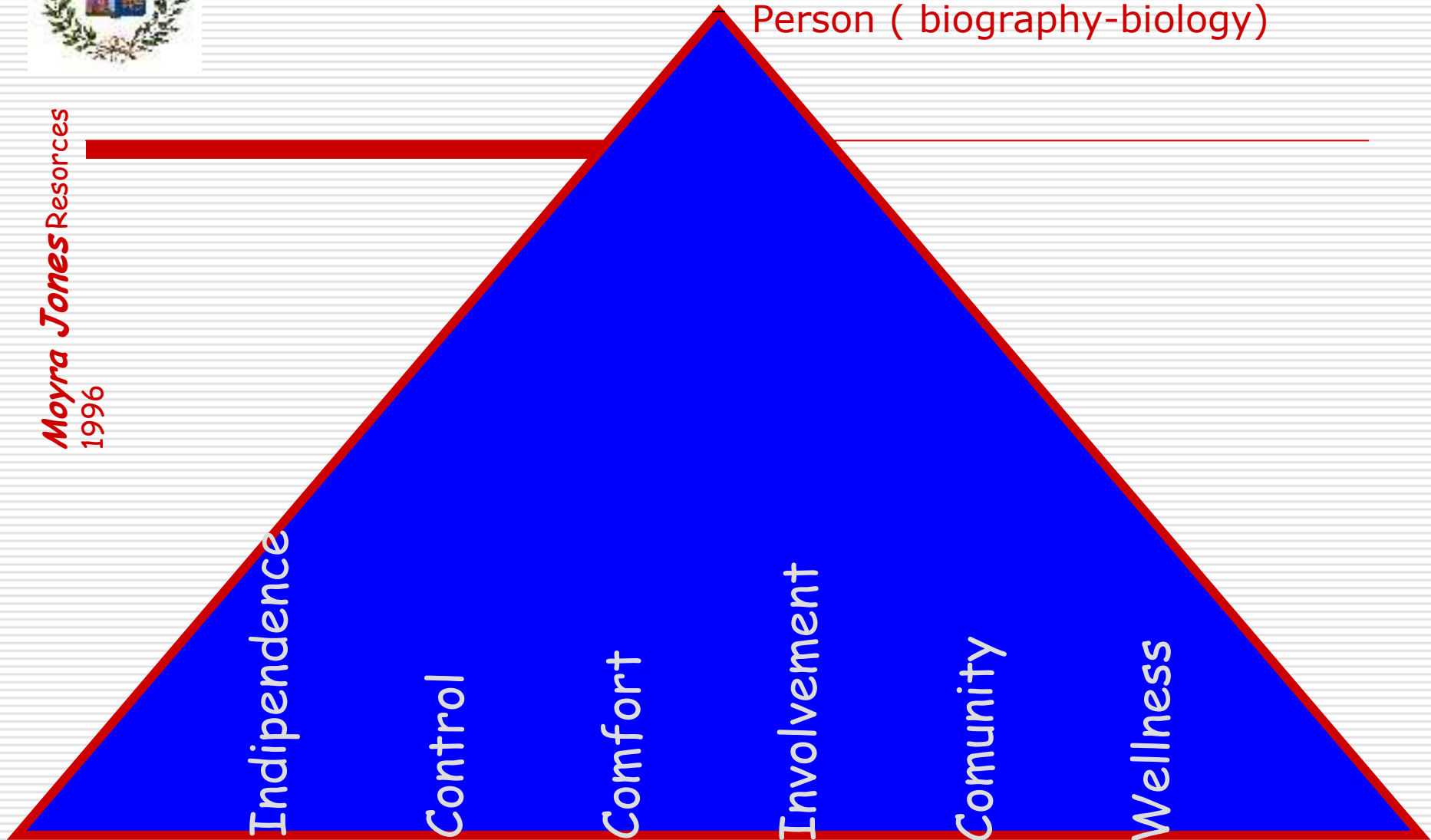
- coherent process tools developed
 - need creative standardisation of process and outcomes
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The prosthetic approach

Person (biography-biology)

Moyra Jones Resources
1996



Prosthesis:  space-person-programs

Patology: deficts

Conoscere la persona



- ☐ Ricostruzione della storia clinica: diagnosi sindromica ed etiologica
- ☐ Diagnosi delle patologie correlate
- ☐ Individuazione di problemi iatrogeni
- ☐ Stadiazione della malattia
- ☐ Ricostruzione contesto di vita e biografia
- ☐ Colloquio e valutazione TO: finalizzato a conoscere le abilità del paziente, la sua capacità di interazione con l'ambiente circostante, a stabilire un rapporto e un'alleanza di cura, a conoscere la sua "richiesta"
- ☐ Valutazione psicologica: valutazione insight, individuazione paure e attese, valutazione del tono dell'umore

Assessment of the PWD



- ❑ Clinical evaluation: **doctor (diagnosis, comorbidity, staging) nurses (BEHAVIOUR es. NPI observational/ stress profile, Pain AD/ MNA)**
- ❑ Cognitive and emotional evaluation: **psychologist**
- ❑ Capabilities: functional assessment, deficits and strenghts, Lawton IADL, Barthel Index, Tinetti gait and balance,) (**rehabilitation staff**)
- ❑ Environment: ability to read the context, level or type of stimulation, care routine, physical space (**OT/ everyone's job**)
- ❑ Social: Life story, life accomplishments, relationships with the family, lifelong coping strategies (**OT**)

The six domains of Gentle Care part one



- ❑ **Independence** : doing things by yourself, assesement of function, time to react, appropriate prosthesis of support, space size, personal possession, freedom from rigid schedules and routine
 - ❑ **Control** : zone of control, personal possession, waking up naturally, going where you want to, when you want to, choise of space and activity
 - ❑ **Comfort**: positionig, pain control, beauty, warmth, rest, variety of seating, quiet, comfort foods
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The six domains of GentleCare **part two**



- ☐ **Involvement:** engagement, opportunity to give opinions, people who listen, responsibilities, work, access, infrastructures
 - ☐ **Community:** family, friends, personal territory, memories, legacy
 - ☐ **Wellness:** consists of the strengths of the person as demonstrated by physical health, interests, skills, relationships
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Elementi di criticità



Criticità

- ❑ Elevato numero di informazioni da gestire
- ❑ Riunione d'equipe ampia ma complessa
- ❑ Tracciabilità delle informazioni

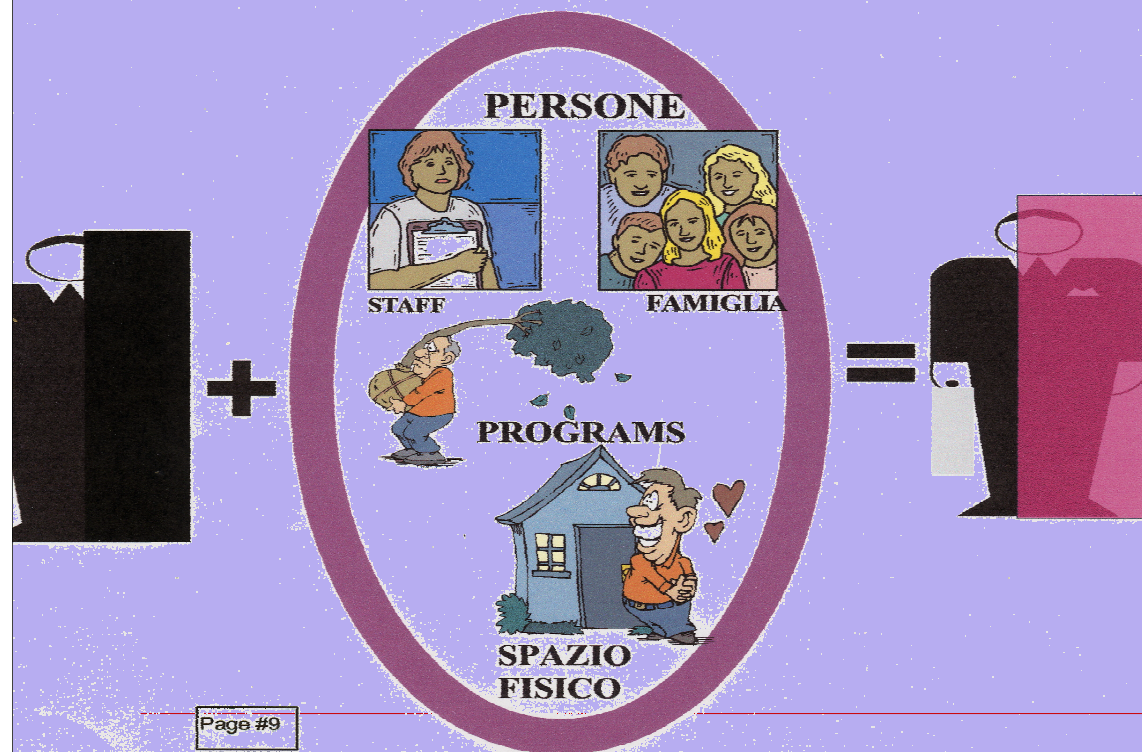
Possibili soluzioni

- ❑ Aggiornamenti intermedi in equipe ristretta
 - ❑ Revisione degli strumenti di lavoro
 - ❑ Informatizzazione dei Piani di cura
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THE PROSTHESIS CONCEPT



GENTLECARE LA PROTESI DI CURA



"prosthesis of care" for each individual that is intended to compensate for the lost function(s). The main goal of the prosthesis is not to regain cognition or function, but to deal with the well-being of the person, to achieve the best status in absence of distress and pain.

Guaita A. Jones M. JAMA, January 26, 2011—Vol 305, No.4