



Cognitive Health in Later Life: REACH research

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REACH
THE CENTRE FOR RESEARCH IN
AGEING AND COGNITIVE HEALTH

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Plan for today's workshop:

- Overview of REACH research:
 - Maintaining cognitive health
 - Living well with dementia
 - Supporting family care
- Application to Church Groups
 - Actions for churches
 - Resources and local groups
 - Discussion



Maintaining Cognitive Health

Individual differences in ageing

- Why do some individuals develop cognitive problems in later life whilst others do not?



Maintaining cognitive health

Potentially modifiable lifestyle factors related to better cognitive health:

Healthy diet, higher physical, social and cognitive activity, moderate alcohol intake



Cognitive reserve

- The ability to continue to function normally in spite of neurological damage
- A kind of cognitive 'buffer'
- Cognitive reserve can be built up in early and mid-life



Cognitive reserve – everyday examples

- Continuing to challenge yourself, e.g. learning something new, taking a course, taking on a new role at work or in a voluntary capacity



Mood and social isolation

- Low mood and stress are associated with cognitive decline
- Social isolation is associated with low mood and cognitive decline



Application to church groups

- For many, their church group provides an invaluable social support system
- Important to tailor church services and activities so that older can still participate (e.g. large print)
- Important to encourage activities that reduce the risk of cognitive decline, and to reach out to prevent social isolation



What does this mean for you?

- Engage with older people in the congregation to encourage social, physical and cognitive activity
- Engage with local community organisations with similar aims, e.g. AgeUK, Men in Sheds.



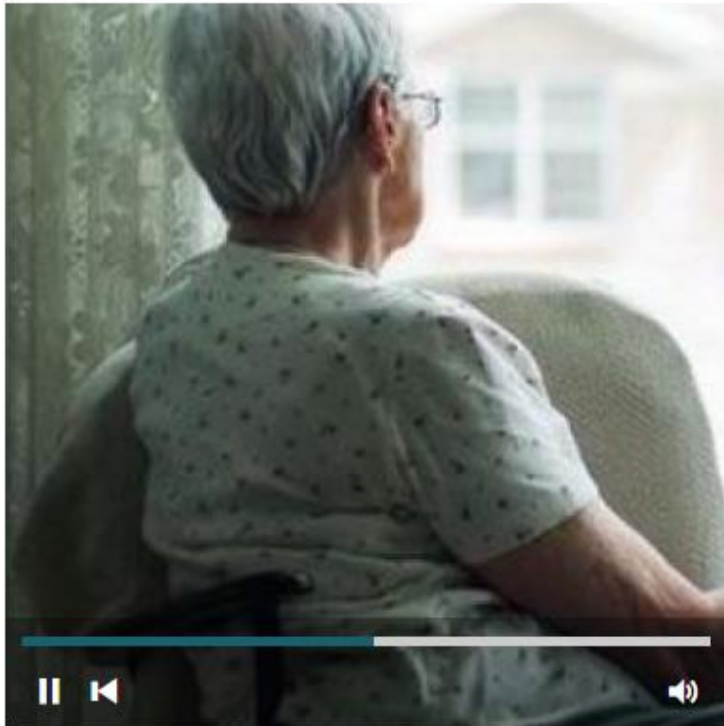
Discussion


- What is your church doing now to help maintain cognitive health?
- Are members of your congregation socially isolated?
- Are you currently doing anything to support them? Has it helped?



Living well with dementia

“I DO LIVE WELL EVEN THOUGH I HAVE ALZHEIMER’S”



Audio provided by  SOUNDCLLOUD

The best way that I find I can cope with it is just get on about my business like there is nothing wrong. However, it's not always possible to do that, because sometimes it, I don't know how to put it, but it almost comes up in front of you and you realise you have memory problems. But even though that happens I still, once it passes, get on with my life and live my life as if I had nothing wrong with me.

Anyhow, I do live well even though I have Alzheimer's. I live well and I keep active, I read a lot, I paint and I keep myself busy, which distracts me, takes my attention from the fact that I have dementia.

Posted on June 2, 2016

Acknowledging dementia suffering

Box 1 Distinguishing between “dementia sufferers” and “dementia suffering”

Speaking of “suffering” does not mean that we condone use of the term “dementia sufferer”. Using the phrase “dementia sufferer” does nothing more than label and offend people, as Keith Oliver explains “I don’t see myself as a sufferer but I do suffer from dementia. I find dementia extremely challenging and frustrating but I am not a sufferer because if I become a sufferer that’s how I’m defined and that’s how I’m treated”. Obviously, it is not right to define a person simply by the diagnosis they have, whatever condition they might have.

Guest editorial in International Psychogeriatrics
Ruth Bartlett (University of Southampton), Keith Oliver and co.

“THIS IS ONE OF MY VERY HAPPY PLACES, I LIKE SITTING HERE AND LISTENING TO THE WATER”



Audio provided by SOUNDCLLOUD

Posted on January 27, 2017

Filed under: living well with dementia

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– Jo Bennett

Hiya Jo Bennett, some updates. First one, at the moment I'm feeling very serene and calm and happy. Sitting on a log next to the stream where we live, so that's the water noise that you might or might not be able to hear. The cracking is the dog biting sticks and running around the place. This is one of my happy places, I sit here and contemplate. I used to sit here and write my diary, but writing isn't an option anymore because the marbles have chipped off, or those particular marbles have chipped off and I can't read my writing anymore, which is a bummer.

Likewise, which is a bummer, it's very difficult to type, to do texts, it takes ages I can't find the letters, and it's easier not too, or I'll get someone to do it for me. I'll dictate them, but then I can't say exactly what I want to say so things aren't terribly good in that direction. Never mind, we just have to get on and do things, just get on with things basically. Not easy sometimes but onwards and upwards.

Moods, very bad, very up and down, very tearful sometimes. But again, just got to get on with it and think positive, which can be very, very difficult. Stay in the present, you've got to stay in the present.

I'm just watching the dog going in and out of the water, she's trying to catch leaves but she can't quite catch them. This is one of my very happy places, I like sitting here and listening to the water, it's nice.

Key Principles

Rehabilitation/reablement

‘An active process by which those disabled by... disease... realise their optimal physical, mental and social potential and are integrated into their most appropriate environment.’

Person-centred care

‘Care that is responsive to individual personal preferences, needs and values.’

Improving the Experience of Dementia & Enhancing Active Life: Living Well with Dementia

explore factors that influence the possibility of living well with dementia

identify changes that could result in improved well-being and quality of life.

Expertise from...



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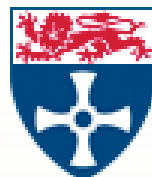
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Cognitive rehabilitation (CR) is about managing disability and its effects on everyday activity, not removing impairment.



Clip from BBC Horizon's
screening the GREAT project.

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Supporting family care

AwareCare: Improving quality of dementia care in residential settings

Observe for at least 10 minutes. Record whether the resident responded to an event with a √. You can tick more than one box. You only need to tick the box the first time you see the response.

	Did this occur in the session (Yes or No)	Eyes			Face		Head		Arm		Body		Sounds		
		Eyes flicker	Makes eye contact	Explores with eyes	Smiles	Frowns	Nods or shakes head	Moves head	Reaches	Grasps or holds	Moves towards	Moves away	Single words	Mumbling	Shouts or moans
Events that happened															
Someone is nearby															
Resident is touched															
Resident is spoken to															
Talking nearby															
Loud noise															
Object nearby															
Food or drink															
Introduced events															
Call by name															
Take hand															
Introduce one object: Picture or Lavender pillow or Textured cushion (please circle)															
Or introduce a more personal object (please state which):															

[Suicide and homicide research by Dr Siobhan O'Dwyer](#)



What does this mean for you?

Being aware of your assumptions and how they may affect your interactions with people with dementia

Engaging with dementia friendly initiatives

Supporting family/friends who provide care

Utilising resources and groups e.g., Dementia Action Alliance, Alzheimer's Society, Devon Memory Café Consortium, AgeUK.

Developing a dementia-friendly church

A practical guide



More work is needed...

- Dementia Friendly Church Guides are an excellent first step
- However, they are not without limitations



Discussion



- Do members of your congregation have dementia?
- How might the principles of re-ablement and person centred care be applied within the church? e.g., think about the church space, activities (on a Sunday and broader), the role of the church members , having individual conversations etc.
- What role might the church play in the wider community?



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