Effective Dressing in Dementia Care

June 2009
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GUIDELINES FOR EFFECTIVE DRESSING FOR PERSONS WITH DEMENTIA

Definition:
Dressing and undressing can be a complex task for people with dementia. The multiple steps involved in dressing can present an overwhelming and confusing task, and the nature of dressing contributing to feelings of vulnerability and disorientation. Therefore, undressing can be a common trigger for behavioural and psychological symptoms of dementia (BPSD) such as resistiveness, vocalisation, agitation and aggressive behaviour.

Dementia can also give rise to other behavioural symptoms such as unbuttoning/unzipping that can lead to undressing in inappropriate contexts. This can have an affect on the preservation of dignity for the person with dementia, and pose disturbance and distress to family, staff, and/or co-residents.

Therapeutic goals:
These guidelines are designed to:
- Help minimise and manage BPSD in relation to dressing tasks
- Promote and maintain independence
- Promote ease of dressing and/or undressing
- Promote comfort
- Promote dignity

Indications for the use of these strategies:
- Changes in independent ADL
- Resistiveness to changing / dressing

Neuropathological changes in dementia that interrupts effective dressing:
Difficulties with dressing are often attributable to the brain-related changes that occur during the dementia process.

For example:
- Impoverished long term memory may cause the person with dementia to forget how or when to dress or undress, and how to sequence or layer clothing appropriately
- Diminished short term memory can lead to task refusal (i.e., resistance to changing clothes) when the person with dementia believes that have completed this task recently.

- Frontal lobe impairment can lead to reduced judgement (e.g., ability to integrate knowledge of the environment and apply to self) whereby the person with dementia selects inappropriate clothing for the time of day or the weather.

- Frontal lobe impairment can lead to reduced insight and judgement impacting on ability to perceive clothes as soiled or odorous.

- Frontal lobe impairment can lead to inappropriate behaviours such as disrobing in public as social awareness becomes interrupted.

- Task initiation and sequence can change e.g., initiating the movement, or getting stuck at a stage of the behaviour, and repeating parts of the dressing task over and over again (perseveration).

- Right frontal brain impairment can lead to a lack of will or initiative (aboulia).

- Parietal lobe and motor cortex impairment can cause a loss of the ability to execute or carry out learned purposeful movements, despite having the desire and the physical ability to perform the movements (apraxia).
GUIDELINES FOR ASSESSMENT

Exclude possible underlying psychological, organic or environmental deterrents of effective dressing:

Possible examples are listed here:

1. **Disrobing;** explore:
   - Does the person have a urinary tract infection or prostate problem causing urinary frequency/urgency?
   - Is the person feeling physical discomfort from incontinence?
   - Does the person have an infection, wound or skin condition that is causing itching or irritation?
   - Are undergarments ill-fitting?
   - Are fabric types causing discomfort, sweating or skin irritation (e.g. synthetic materials, woollens)?

2. **Resistiveness to changing clothes/dressing tasks;** explore:
   - Does the person appear to feel vulnerable and/or threatened when undressing – perhaps they have been subjected to some sort of abuse in the past? Perhaps they have always had a shy/modest personality?
   - Depression or aboulia that decreases their interest and motivation to participate in dressing tasks?
   - Is balance, mobility, fine or gross motor skills affected by their dementia or other conditions such as Arthritis, Stroke or Parkinson’s disease?
   - Is pain or stiffness aggravated during dressing activity?
   - Assess environmental factors, such as temperature, noise, bright lights, distractions, etc.
   - Are sensory impairments (hearing, smell, sight) reducing task comprehension?
• Are changes to receptive and expression communication reducing task comprehension and compliance?

3. **Person-centred assessment**

• Does the person have a developmental disorder that increases sensitivity to touch? (eg: Autistic Spectrum Disorder, Downs Syndrome)

• History of shy / modest temperament?

• Assess social (i.e., not previously married / relationship) or vocational (eg: nun, priest) history that decreases familiarity with nudity

• Does the person with dementia respond differently to dressing tasks dependent on the gender / culture of the carer?

• Is the person with dementia a Holocaust survivor or been through a war / prisoner of war camp?

• Has the person been raped or sexually / physically abused in the past?
GUIDELINES FOR MANAGEMENT

Strategies to Try:
Once the underlying cause of the BPSD has been explored, the following strategies may assist:

Environmental

- Provide an environment that is familiar, private, warm, suitably lit and quiet
- If the person struggles to dress themselves in the correct sequence, set clothing out in a pile, with the items laid out in order of what goes on first
- Alternatively, try laying them out on the bed (preferably against a contrasting bedspread to promote visibility)
- Label drawers with stickers naming or illustrating the clothes they contain
- Trial a metronome to reduce task ‘freezing’ or perseveration. Person-centred music may also help free flow of movement
- For initiation prompts, try large clear signs in the bathroom, (eg: ‘change your clothes in the morning / after washing’) Experiment with pictures or languages depending on the client’s communication
- Large orientation prompts such as clocks that display the time of day (morning or night) and / or the season can assist with dressing task orientation – eg: “See Mr Smith, it’s night time, it’s time to get into your pyjamas”
- Exposure to natural light and dark can assist orientation to dressing tasks also
- Observe the approach of the carer / staff member that has the most success in effectively dressing the client
- For persistent resistiveness to un / dressing, eliminate carer gender / ethnicity factors

Task

- Try to establish a specific time each day for the person to get dressed
• If the person requires assistance with dressing, ensure that you engage the person by name, gain trust and explain all actions clearly and simply before progressing any part of the task. This will help avoid misunderstandings or defensive reactions. Ensure communication aids are in place and working (e.g., hearing aids, glasses, picture/language cue cards).

• Try breaking the task down into steps, with gentle prompts and praise for each successful step.

• Remove distracting items such as unsuitable clothes, or the ones that have just been removed (if undressing). Simplify choices. Try laying out two outfits so that the person can still exercise some freedom of choice, without feeling overwhelmed by too many options.

• Encourage the person to dress themselves and avoid ‘rushing’ the person during the process.

• If the person has a tendency to put soiled clothing back on or access clothes from the dirty laundry basket, ensure dirty clothes are promptly removed or stored out of sight (e.g., in the washing machine or a lockable cupboard, laundry chute).

• Use positive statements and compliments for reassurance, e.g., “you look lovely in that dress” / “gee, it must feel good to have nice, clean clothes on”.

**Clothing**

• Use a ‘dignity’ or ‘modesty’ cape in the bathroom so that the person is covered at all times and is not likely to feel vulnerable.

• Choose clothing items that promote independence, e.g., consider press studs, zips / Velcro instead of buttons, or elastic waisted pants/skirts for people with loss of fine motor skills/dexterity in their hands/fingers.

• Choose slip-on or Velcro-fastened shoes instead of complicated lace-ups (which also reduces tripping hazard). The Velcro can also be loosened to accommodate swollen feet.

• Choose rubber-soled, non-slip shoes as a safer option.
• If the person is multi-layer dressing, try lockable wardrobes and restrict access/visibility to only a few choices of clothing

• If the person is attached to a particular outfit, try purchasing multiple copies of the same outfit and swap the dirty ones over for clean whilst they are showering, or when they change for bed
THE ROLE OF ASSISTIVE CLOTHING

Assistive clothing is a term that refers to clothes that have been modified to assist with physical and/or behavioural issues or difficulties that some people may have with dressing. Good quality assistive or adaptive clothing should also be made of durable, comfortable materials that can be subjected to industrial laundering. The following are some examples:

- Comfortable, well-fitting undergarments can reduce irritation, e.g., front-opening bras without under-wire. Or underpants that have in-built continence inserts and yet look like regular cotton pants, can discreetly be used so that the person doesn't feel embarrassed or object.

- The application of thigh or abdominal straps to reduce risk of accidental removal of Indwelling or Suprapubic catheters and PEG feed tubes secondary to agitated behaviours (e.g., Dale straps).

- Body belts that can also be used to discreetly tuck extraneous items such as stoma products, catheter or PEG feed tubing and bags, wound dressings and prevent fidgeting or accidental removal.

- Comfortable, practical clothing that features specially designed openings for ease of dressing and undressing, making the process as comfortable and efficient as possible whilst still appearing fashionable (e.g., “Petal Back ©” clothing).

- Protective garments such as clothing protectors that are worn at meal times, or ‘dignity’ capes that care worn before and after showering.

- Shoes and slippers that have Velcro tabs so that they can be loosened to adapt to accommodate swollen feet or wounds.

- “Sundowner ©” or an all-in-one body suit which can be useful for people who are at risk of disrobing, toileting in public, constantly removing incontinence aids or accidentally removing catheters, PEG tubes or stoma products, etc.

Evaluation/Documentation

Care practices that are trialled and implemented should be evaluated for their effectiveness and documented as part of the Care Plan process if the person is receiving community based professional care or residential care.
Special notes and precautions:

- If all-in-one suits are used, documentation must be provided which reporting evidence that all possible causes for the person’s behaviour have been explored and that the person is toileted regularly, to avoid this garment being deemed a form of physical restraint.

Cleaning instructions

- All articles of assistive clothing should be industrially laundered, compliant with RACF standards, or laundered regularly for home based persons with dementia.
REFERENCES/FURTHER READING

Articles

- Alzheimer’s Australia 2005 “Dressing” Helpsheet 2.15 [www.alzheimers.org.au]
- Engleman, K., Mathews, R., and Altus, D., 2002 “Restoring dressing independence in persons with Alzheimer’s disease: A pilot study” American Journal of Alzheimer’s Disease and Other Dementias Volume 17, Number 1, January/February 2002
- Grace, M 2002 “Sundowner Suit provides dignity and comfort” Journal of Community Nurses Volume 7 No.3 December 2002 p16
- Nazarko, L 2008 “Dressed to impress: dressing in dementia” Nursing & Residential Care, August 2008, Vol 10, No 8 p401-403
DVDs

- Title: **Understanding the Brain and Behaviour** (supplied with DBMAS Vic Resource Kit)
- Title: **A time to care: activities of daily living**
- Title: **Hands-on skills**

Websites

- [http://www.alzcast.org/dvd_caregiver.asp](http://www.alzcast.org/dvd_caregiver.asp)
- [http://au.lundbeck.com/AU/Patients_and_relations/Booklets/Alzheimer’s_Carer_Booklet.pdf](http://au.lundbeck.com/AU/Patients_and_relations/Booklets/Alzheimer’s_Carer_Booklet.pdf)

Victorian Suppliers

- Petal Back Clothing  [www.petalbackclothing.com](http://www.petalbackclothing.com)  03 9826 3829 extensive clothing range including day and nightwear, Sundowner © suits, clothing protectors, slippers, stockings, etc
- Independence Australia Health Solutions Brunswick  1800 816 233 for undergarments for incontinence as well as Dale Thigh and Abdominal Straps (to secure catheters/stoma products etc.)

*DBMAS Vic recommends updating guidelines annually.*