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TAD (Thoughts About Dementia) Newsletter

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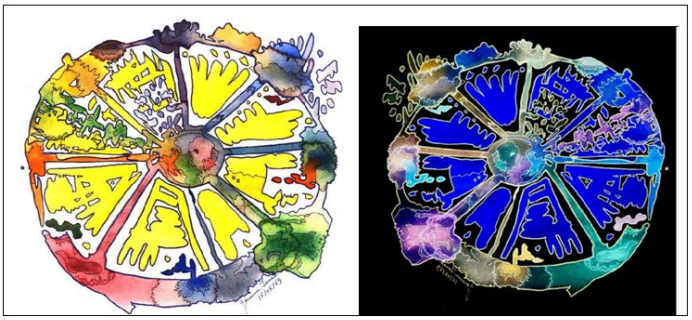

TAD 65, 11 May, 2020

Example of using The ACCORDION method: for resistance to shaving and brushing teeth

Related ideas for observations, reflection, and research

. Have you been helping a person with dementia with their grooming - let's imagine a shave - and when the shave was *nearly* complete, they push the shaver away or walked away, and you could not finish the shave then, or even later, because they continued resisting?
. Have you ever been concerned that when grooming tasks are left incomplete, it can reflect badly on those people providing care (family carers, or paid caregivers) – as if they were inattentive, and not helping to affirm the dignity of the person with dementia, if the person looked unkempt?
. Have you ever been asked to account for an 'unfinished grooming task'?
. Did you know that there are a variety of ways to help someone brush their teeth, and special dentists who are skilled at helping people with dementia?

Dear Reader,

Here's a third example, showing how the ACCORDION method can be used to help a gentleman who is increasingly resisting shaving and brushing his teeth. (It illustrates the many ideas that staff discussed, before choosing a particular set of interventions.) Although written from the perspective of care given in a care home, the ideas can apply to home, respite and day-care settings too.

In case you missed it : The background information for using the ACCORDION Method is in **TAD 63** newsletter, (19 April, 2020). It is in the archived TADs, in the website TheWideSpectrum.co.uk
You will need to sign in to the website to access the archived material.
It gives the example of help **a gentleman who was repeatedly getting lost**.
It also contains a description of the:
. the 'assumptions' and 'terms used' in the ACCORDION Method
. 4 core principles
. 8 values
. blank templates to use
. references

The **TAD 64** newsletter (7 May, 2020), gives the example of a **lady who was resistant to being bathed or having showers**.

Box1 shows the steps in the method. **Tool 1** can help you remember the 'core principles' and 'values' and who is involved. This one has been marked with 'x' to show the points that will be considered in the example. [**Note**: not every category will be relevant.]

Box 1
Summary of the 9 steps in **the ACCORDION method** for solving dilemmas in dementia care

1 **A** **assimilate** the dilemma - describe in a nutshell
2 **C** **collect** relevant facts
3 **C** **consider** questions re: - legal principles, values, interests, resources
4 **O** **organise** a tighter description of the dilemma
5 **R** **reflect** and compare similar examples; generate various options for the intervention/s
6 **D** **decide** on best intervention/s; document details of the decision and implementation
7 **I** **implement** intervention/s
8 **O** **on-going** evaluation of intervention/s
9 **N** **note** new changes and options for next meeting

Some people find it helpful to think through the dilemma by making a table and considering each person involved (stakeholder) individually, as shown below.

A tool to assist discussions:
Table to note the principles, values, and the people involved in a dilemma

Tool 1	Person with dementia	Spouse partner	Others - family or friends	Care-giving (paid) staff	Services and Organisa-tions involved	Others - attendees/ residents in care settings	Others ...
4 CORE PRINCIPLES all affect quality of life							
1 Help	x						
2 Do no harm	x						
3 Autonomy, well being, identity	x						
4 Justice (also for others)							
8 DEMENTIA CARE VALUES (these affect quality of life too, but the **CORE PRINCIPLES are dominant)**							
1 Safety							
2 Health	x			x			
3 Life values	x						
4 Communication							
5 Hygiene	x						
6 Connectedness	x						
7 Appropriate intimacy	x						
8 Efficiency							

Example:

A gentleman increasingly resists help with shaving and brushing teeth

What is the best way to help a gentleman complete his shaving and tooth brushing tasks when he becomes resistant part-way through?

***[Note:** the word 'staff' is used to represent one or more members of staff/ professional (paid) caregivers.]*

TEMPLATE: The 9 step ACCORDION process

1 A assimilate the issue: name and describe the presenting issue/ care dilemma

What is happening in a nutshell, in your own words? (This is expressed more formally, in part 4.)

A 58 year old gentleman who has early onset Alzheimer dementia, and who now resides in a care home, sometimes does not let staff help him to finish shaving or brushing his teeth. There is no issue with helping him to wash. He was always 'well turned out'; he seems to like feeling clean-shaven, and rubs his face and smiles, after a shave. Staff want to help him to look and feel his best – also for his wife and children, who between them, visit several hours each day.

2 C collect the facts – those relevant to this care dilemma

Details about the person with dementia – for example questions such as:
The type of dementia, their awareness and acceptance of their diagnosis

. **What** is known about the person who the dilemma revolves around?
This gentleman was a former bank clerk, who was (finally) diagnosed with early onset Alzheimer type dementia, at the age of 54, after being misdiagnosed. His wife looked after him at home until a year ago, when she took ill. He has been living in the care home since then, and his issue with shaving and brushing his teeth, is consistent with someone whose dementia is progressing.

. Is it known **what type of dementia** this person was diagnosed with?
(Or was a generic term like 'mild to moderate dementia' or, 'moderately severe dementia' used?)
Yes; Early Onset Alzheimer's dementia (EOAD) was finally diagnosed after several incorrect diagnoses. This gentleman is strong and mobile, but has noticeable difficulties with his vision; he looks down a lot and walks slowly. He does not seem to see where it is safe to plant his feet and stops when the surface of the floor changes in colour or pattern. His language ability resembles that of a person in Behavioural Stage 3 – i.e. he speaks mostly in disjointed phrases and words ('word salad'); short sentences are rare. His comprehension is poor. He seems unaware that others often cannot comprehend him at all.

. **When** was dementia diagnosed?
He was first diagnosed, incorrectly, four years ago.

. **By whom**? (GP, geriatrician, old-age psychiatrist, neurologist, at a memory clinic, or other?)
He was diagnosed by an old age psychiatrist, as having 'depression, anxiety disorder, and a possible stroke'. Two years ago, he was diagnosed by a neurologist as having Early Onset Alzheimer's disease.

. Was (he) the person with dementia told their diagnosis?
Yes.

. Were family or someone from (his) their support network with them?
Yes, his wife was with him.

. Did/do they discuss the diagnosis?
Yes, they discussed it together, openly, with their children, grandchildren, neighbours, and even acquaintances. They decided to do this after seeing other couples speak about dementia candidly at the Alzheimer Café.

. **Did the person with dementia accept the diagnosis**?
This gentleman did not accept the diagnoses of the first doctor. He seemed OK with the final diagnoses, and was relieved that it fitted the description of his symptoms he was experiencing.

. Does the person with dementia understand what a diagnosis of dementia means?
Yes, this gentleman knows that he is having serious troubles with his 'thinking abilities', and that they are getting worse.

. What words/terms does the person use to refer to their dementia or 'thinking difficulties'?
He is having difficulty using nouns, and often refers to his dementia as his 'brain thing'.

. **What Behavioural Stage** (or Split-Staging profile) can the person be described as being in?
This gentleman does not fit into any stage well, having a rare type of dementia. He is best described using 'Split Staging', where individual abilities are described in terms the Behavioural Stage they match.

<u>This gentleman's 'Split Staging' profile is:</u>

Cognitively *– like Behavioural Stage 1- 2 (in transition between stages 1 and 2)*
Emotionally *– like Behavioural Stage 2*
Physically *– he does not show any signs of slowing or limited mobility; he has significant (characteristic) difficulty with visuo-perceptual ability; for stairs, patterned surfaces, changes in floor patterns, interpreting shiny surfaces, and problem-solving colour and related illusions.) He stopped driving 3 years ago after having a series of small accidents and bumps and scrapes whilst reversing and parking.*
Language ability *– like low level Behavioural Stage 2*
Sensory abilities *– he is experiencing changes in his sense of taste, smell and touch sensation.*

. Is this person on a Deprivation of Liberty Safeguards (DoLS) (Changed to Protection of Liberty Safeguards in 2019)? (When?)
Yes, he was put on a DoLS 1 year ago.

. Is this situation likely to continue without intervention?
Yes, it is likely to continue; even with intervention. It will become increasingly difficult to assist this gentleman with hygiene and grooming. The hope is to keep his appearance as it was in the past for as long as possible. He does not resist assistance with help to get showered - just with these tasks.

Details of what is happening – questions such as:
. **What** (has) happened?
In the past few weeks, this gentleman has started to become impatient while being assisted with shaving and tooth brushing. Staff need to assist him to do this; he cannot complete these tasks on his own, neither can he raise his head long enough, anymore, to look into the mirror to watch himself to see how he is progressing. (He vision is so poor, it is questionable whether he can see/interpret his own reflection anymore.)
Sometimes, just before staff have finished helping him with his shave, he waves his hands up in the air in a frustrated way and says 'no'. Sometimes he responds and waits, when staff explain that they are nearly finished helping him, but sometimes he walks away. If he walks away, staff try to help him later in the day, but that is not always successful.
Staff are upset that they cannot make him 'look nice and cared for', and that overall, that is unpleasant for his wife, family and other visitors, and reflects badly on the standard of care that the care home offers.

. **Where**?
Shaving and tooth brushing are done in the toilet/shower located in his bedroom.

. **When** did it start? When it is happening? How often? For what duration?

Shaving

The resistance to (electric) shaving has been occurring intermittently and more frequently the past months. Now, it happens most, but not all, mornings - when the shave is about ¾ way finished.

. He suddenly waves his arms up in the air and sometimes pushes the shaver away from him. (He does not touch the staff.) When staff give him the shaver to hold, to have the feeling that he is doing some of the shaving himself, he just holds the shaver in one place, and is unaware that he is not really shaving, so at some point, they have to hold it and help him to finish. When his shave has not been completed during the day (for whatever reason), he has occasionally been seen to be rubbing his face and frowning; staff take that to mean that he notices that he is not clean-shaven.

Tooth brushing

The inability to complete tooth brushing is happening every morning the past few weeks. After several seconds of brushing, (either by himself or with some help from the caregiver), this gentleman clamps his teeth down on the brush and then does not, (likely cannot), continue to make brushing movements. He either puts the toothbrush in the sink, or walks away, seemingly unaware it is still clamped in his mouth. Staff have try to take it out before he walks around with it in his mouth, risking bumping it and injuring his mouth or throat, or stay with him, until he takes it out himself, so he does not bump into anything and choke on it.

. **Who** (all) is involved, and/or, who is affected? (Person with dementia, family/friend carers, children, neighbours, professionals related to care assessment and provision, volunteers, staff in care facilities, residents in care facilities)

This gentleman is, the staff, and his wife and children.

. **Who** (all) knows what is happening?

All members of staff and his family.

. **What has been tried** so far, by way of helping of offering an alternative or distraction?
Is the person aware of, even briefly or intermittently, what they are doing, and how others are affected by what is happening?

Some staff have tried to get him to complete his shave or brushing his teeth later on in the day. This has had limited, intermittent success. His wife and children have also tried, but have not had any more success than staff.

. **What are the risks** if this situation (incomplete shaving and tooth brushing) continues?

- Shaving: that he may be upset during the day, when he feels his face is not properly shaven.
- Tooth brushing: hat he will get dental caries and need invasive procedures to deal with them.
- That his family, and others visiting the care home will get the impression that the residents in this care home are not well cared for, and staff are neglecting their duty of care.

. **Are there any benefits** to this this situation (incomplete shaving and tooth brushing) continuing?

- The only benefit to leaving his shaving incomplete when he resists, is that this gentleman's mood is not (briefly) worsened, or his feelings of safety compromised, if staff try to continue his shave.
- The only benefit to leaving his tooth brushing incomplete when he resists, or clamps his teeth down on the toothbrush is likewise, not to cause upset to him, or possibly injure his mouth by trying to continue this task.

3 C **consider other questions: legal, core principles, values, interests, resources**

LEGAL CONSIDERATIONS

Are there things related to this situation that the law prohibits or requires?

- Yes, staff have a duty of care for this gentleman. In helping this gentleman, there may be a need to use low-level restrictive interventions, with all the appropriate cautions.

CORE PRINCIPLES

1 Help, heal, benefit to optimize health/wellbeing

- These things are the main goal of whatever care interventions are selected.

2 Do no harm

- That is the goal of the intervention/s to be chosen. No one wants to harm this gentleman while helping his to shave and brush his teeth.

Staff are aware that people will notice that his shaving is incomplete, but may not notice that his tooth-brushing is incomplete, though it is the most important issue for his health.

3 Autonomy/freedom – respect for a person's wishes and identity

- This gentleman cannot do the shaving and tooth brushing tasks unassisted anymore, yet staff would like him to have the 'feeling' that he is doing as much as he can for himself. They do not know for sure if he values shaving anymore, but they assume he does, as long as he still reaches for the shaver and holds it. Likewise, he still tries to hold the toothbrush, though he can't use it well.

- Any restrictive intervention used, will have to be minimal and necessary.

- To respect this gentleman when he is becoming resistive, and signals that he has had enough of the task - and yet complete care that is essential to maintain his health - is the dilemma.

4 Justice / fairness – consider others

It is nice for everyone when residents are clean and well groomed, and that is what staff aim for. However, most people who visit the care home are aware that people with dementia can have difficulties with such things as self-care and that their appearance may change somewhat as a result.

VALUES

1 Safety – physical, sensory-perceptual and emotional

- this gentleman is showing signs of frustration, irritation or possible distress while being helped with shaving and tooth-brushing. It is not yet known if he is uncomfortable or fearful when these tasks are happening; neither is it known if he is still aware of what is happening while he is being assisted, because he is no longer able to see himself in the mirror and follow what is going on.

2 Health, wellbeing, quality of life

- Keeping this gentleman's teeth clean is the major concern.

3 Respect for life values

- though he is now unable to look at himself in the mirror and does not seem concerned about his appearance, this gentleman always looked well groomed in the past. Staff are aiming to maintain this standard, for his sake, that of his family and others living in and visiting the care home. Staff know that, for most people, this gentleman's appearance is seen as a reflection of the care given in the home.

4 Communication and honesty

- It is not known what this gentleman can comprehend, but he needs clear, simple instructions.

- Those helping this gentleman also need to give him reassurance, explanations, and reminders about how much of the task as been done (for example - let's start…; we're half-way now; nearly finished, just another few seconds now.)

5 Hygiene

- Oral hygiene is a serious concern for this gentleman. If he gets dental caries, cavities, bacterial or yeast infections in his mouth or palette, his overall health and well-being will be affected. Also his sense of taste could be affected, which could limit his ability to drink and enjoy food. Dental caries can also affect heart health [3].

6 Connectedness and inclusion

- This gentleman has frequent visits from family and friends, but any obvious lack of grooming or hygiene has the risk of deterring other people from being with him.

7 Appropriate intimacy

- Those who help this gentleman with shaving and tooth brushing, will need to be careful and remain aware that they are in, and remaining in his personal space for a significant amount of time. They will need explain everything they are doing for/with him to prevent or minimize his resistance and defensive behaviour.

8 Efficiency and timing

- To minimize this gentleman's resistance to these tasks, speed will likely play a role. It is not yet known if the 'time of day' for doing these tasks would play a role in getting them completed.

RELEVANT INTERESTS

Apply relevant principles and values to each aspect of the dilemma being considered.
[Note: one value may clash with another value.]
[Note: one value or interest may take precedence over another at a particular time.]

. Whose needs and interests need to be considered and/or balanced?
(E.g. primary carer, family, neighbours, friends, staff, other residents, professionals, others)
This gentleman's need to maintain his health and hygiene are the priority here.

. What are the conflicts of interest (in terms of principles or values)?
(involving others, organisations, services, policies/procedures, precedents)
This gentleman's need for autonomy (to move freely, and avoid things that irritate or hurt him), are in conflict with his health and hygiene needs.

. Is there any other knowledge needed to solve these dilemmas?
Yes. Several lines of information need to be checked.

Tooth-brushing

. Has this gentleman ever used an electric toothbrush? Would that be easier for him or would it perturb him?
. Can his wife, when she visits, help him to brush his teeth, better than caregiving staff can?
so, staff could be present to see how she does this? Also to get the gentleman used to their presence. Eventually, maybe staff could do the brushing, while the wife remained present, and perhaps later, staff could brush his teeth without the wife being present.
. What advice or tips does the specialist dentist who treats other people with dementia in the care home recommend to staff for this gentleman?
. Refer to the 'NICE recommendations' for maintaining oral hygiene for people in care homes.

Shaving

. Has he ever shaved with a razor versus the electric shaver; would that be more familiar to him?
. Has he ever been shaved by the barber when he went for a haircut, or gone to the barber to be shaved?
. What would he do if he was left unshaven all day? For more than a day?
. Has he ever had a beard?
. As above under principle 8 – the time of day needs to be checked
. Check the NICE guidelines on Dental Care
. Speak with this gentleman's wife, who knows what is happening. Can she help him to shave when she visits? Does she mind that he is not completely shaven? Would she mind if he grew a beard?

. Do any other issues require consideration? (E.g. time of day, staffing…)
Check if it would it help if he were assisted with shaving and tooth brushing by his favourite member of staff?

. What are the "ideal possible outcomes" that can be imagined?
The ideal is that this gentleman can be helped complete these tasks without resistance.

. What are the "less or least least-ideal possible outcomes" that can be imagined?

The least-desired outcome is that this gentleman resists help totally, or continues to stop staff from assisting him with these tasks before they have been completed.

For shaving:
The worst outcome is that he looks unkempt.

For tooth brushing:
- The worst outcome is that his health worsens as a direct result of poor oral hygiene, that he may need (invasive) procedures to treat dental caries, mouth infections, tooth pain, discomfort chewing, a permanent bad taste in his mouth resulting in food tasting bad, and even heart problems [3]
- Another undesirable possible outcome is that he may injure himself whilst clamping the toothbrush in his mouth, unaware that it is still there before he starts walking around.

RESOURCES - What intervention/s are possible - given the available resources?
E.g. time, timeliness, and timing of the interventions required; the overall resources of those involved in caregiving, such as their:

. timing of the tasks
Do they need to be done in the morning, or is another time more optimal?
. proximity
All the people and resources needed to help this gentleman are close to hand.
. physical and emotional health
The wife and children of this gentleman are in good health and are highly motivated to visit him often.
. financial means - to assist with proposed intervention
Finances are not a barrier to arranging special assistance, e.g. a specialist dentist.
. access to knowledge and to a support system
Family have access to staff and the local educational and support services for family carers.
. availability and the sustainability of the various types of resources required
Specialist dentists exist; access to them is limited since they are a scarce resource.

4 O organise the description of the dilemma in terms of which core principles, values, and interests need to be addressed
(Consider all those that apply. Also consider which interests are most urgent right now.)

The re-worded dilemma:
Caregiving staff are finding it increasingly difficult to assist a gentleman, who has early onset Alzheimer's disease, to complete shaving and tooth brushing tasks. He may try to walk away before they have been completed. It is not certain whether he forgets what is happening, is mildly uncomfortable or irritated, distressed from being assisted, or bored from the shaving.

There are several conflicts involving this gentleman's care:
Re: shaving (of marginal, non-crucial importance)
- this gentleman's need to move around freely (autonomy) - sometimes before his shave has been completed - conflicts with his past life value, to be neatly groomed.
- his need to move about freely, conflicts with the need of staff - to assist him to complete the task if possible, as part of their duty of care, (and their sense of pride in their work), and the professional reputation since the appearance of residents is evidence to family and visitors of the standard of good care given at this care home).

Re: tooth brushing (a crucial importance)
- this gentleman's need to move around freely (autonomy), conflicts with his health and hygiene needs - to maintain good oral hygiene, which in turn affects his ability to eat, and his bodily health [3].
- this gentleman's need to move around freely (autonomy), conflicts with the legal responsibility of the care provider, and staff, to provide good care for this gentleman, and to act in his best interests, since he has a DoLS (Deprivation of Liberty Safeguards).

5 **R** **reflect** and discuss the situation with others to gather ideas for interventions.
Consider similar examples, and generate all possible, relevant options.
. Think how would you wish to be treated in similar circumstances?
Most staff said they would like for the shaving to be completed; some would not mind if it was not. Most staff said they would not like for someone to continue helping them to brush their teeth if they were resisting, but accepted that keeping teeth clean is necessary.

. Is it known how this person would want to have been treated in these circumstances, given their prior belief-system, or, what they said previously about such issues before they had dementia?
His wife says that he would have wanted to have clean teeth and be clean-shaven.

. Is it known what this person would choose right now?
Not from verbal responses to being asked; only that he does not always allow the tasks to be completed.

Other related examples that staff could think of included:
[Note: If there are no comparable examples, consider those that are most similar to the situation being considered, or those involving similar conflicts of values.]

For this example there are many comparable examples for staff to find and discuss. Other related examples that staff could think of, and found out about included the ideas in the next ***Box.***

Box ***Additional examples and ideas that staff came up with to help with shaving and brushing teeth brushing***

There are many abilities involved in both with shaving and teeth brushing: the vision required to see what one is doing in a mirror, or from memory: the ability to comprehend instructions; to remember the task, as one is doing it; the ability to coordinate the motor movements required; and the ability to sense sufficient 'skin smoothness' or 'tooth cleanliness', to be aware and/or satisfied that the task is complete.
Yet another factor is 'how important it is to a person to try to do a task; how motivated are they to do it? Some people will want to continue to do it, some do not; some want to do the task independently – even if they do it poorly. People will range from appreciating help, being indifferent, and being (very) resistant. When staff help people with these tasks, they need to assess which factors are playing a role; How to make things more interesting?, What mood is a person in today? Are they in pain? Things like pain and mood can vary from hour to hour, and day to day - especially if people are frightened or uncomfortable.

Shaving

. if someone is resistant to shaving, staff usually try to persuade them, and otherwise **try later,** (which may mean that the shaving will not get done that day)

. if someone had a **favourite member of staff**, see if they could do this task (one member of staff said that they knew of a situation where only the gentleman's wife could shave him during visits.)
. one member of staff said that she had worked with a lady with a lot of facial hair; the lady used to be very self conscious of it and shaved it daily, however, at a certain point, she could no longer recall that she was older and had facial hair, and did not want anyone to help her shave it. Her daughter was able to help her trim it with scissors from time to time, and use a **depilatory cream** on it occasionally.

. some staff said that they let people do as much as they could themselves, and then they **used a little humour**, e.g. there's one spot left to do, let's get it before someone thinks you're getting lazy.

. one member of staff had heard of an example, where the gentleman was helped to shave in the afternoon, **in his bedroom, seated at his desk, with a magnifying mirror** in from of him, and good lighting on. This worked better than helping him shave in the mornings in the bathroom, which was dark by comparison, and he could not see his face or stubble in the mirror.

. another member of staff said that, for one resident, using **two shavers simultaneously** worked the best. He held one shaver and worked on one side of his face, while the staff member shaved the

other side. Then they switched sides. This gave the gentleman **the feeling he was still doing the task,** unaware of his omissions. This was done rather quickly, and with some joviality and humour.

. another member of staff said that, with one gentleman, **they asked him to feel his face before getting started,** then asked him to point to where he wanted his shave to start.

. one member of staff had seen an example of where a gentleman with visual **agnosia** (difficulty recognizing objects accurately), who **mistook the TV remote control for his shaver**. After trying to find the on/off button to get the sound of the motor being on, he made the noise himself, and also made all the shaving movements, unaware of his mistake, but seemingly enjoying doing a familiar task. Staff did not want to interrupt his concentration, either taking away the remote control, or by walking him to his bedroom toilet to shave, so instead, they seated him by a **table, with a tray**. They got his **shaver, turned it on, put it on the tray, and waited for him to notice**. He put down the remote control and took the shaver; staff let him shave for as long as he wanted to. Thereafter, staff were able to help him with the places he'd missed.

[Some new staff, who did not know that people with dementia may have difficulties recognizing objects and people accurately, thought that this gentleman may have been hallucinating. They needed to be taught about agnosias; in this case the gentleman mistook the remote for the shaver, which was of similar size and colour. This is not the same thing as hallucinating (seeing things that are not present in the environment, and neither are things that could be mistaken for them with poor eyesight). The importance of letting people do grooming tasks in an environment with **good ambient lighting to minimize shadows and optimize people's visual acuity** is an intervention in its own right.]

Note:
- Staff had seen numerous examples of gentlemen who could no longer shave when their dementia worsened. Most said did not mind having to leave a resident unshaven once in a while, as long as they do not look 'unkempt'. (Staff do not want to give poor care to residents, or be criticized for lacking respect or professionalism.)
*- **Some staff see shaving as being more important than tooth brushing 'because it is more visible'**. [They need teaching that that teeth cleaning is the priority; it is related to health, shaving – just to appearance.]*
- There was some staff disagreement about what to do if staff were nearly finished helping a resident to shave, and he put up and arm to signal that he didn't want to continue. Most staff say they would want to leave him alone and try to return later. However, some new staff who were unaware that 'continuing to shave someone would be a form of restraint, said they would try to hold their arm over his arm, to complete the shave as quickly as possible - for another few seconds or so. [It was explained to them that this cannot be done since shaving is a task of marginal, not crucial importance. For details, see the notes in Table 1 TAD 63, under 'autonomy', and legislation pertaining to dementia care.]

Tooth brushing
- Consider the points in the 'knowledge needed' section.
*- Is this gentleman's **wife still able to help brush his teeth?** - if so, let staff learn how his wife did this.*

*- Staff recall a resident who tolerated an **electric toothbrush** better than a normal toothbrush*

*- A caregiver recalled working with a resident who responded well to **doing tooth-brushing as a one-to-one activity, unrushed, in the bedroom, in the afternoons**, when he was a bit sleepy, before lying down for a rest (he seemed to regard it as part of what he did before he went to bed.) There was no pressure to complete other grooming tasks then.*

*- Another caregiver had worked with a lady with early onset Alzheimer's disease. and recalled that, this lady didn't walk away, but clamped her teeth down on the toothbrush so hard that staff could not assist with normal teeth brushing anymore. Instead, they tried to get the resident to **drink water with and***

after every meal. *The lady was unable to gargle, but could rinse her mouth; in the evenings staff used dilute mouthwash help her rinse her mouth. Routine dental appointments were made to do cleaning with a dentist who had expertise in working with people who had limited verbal communication and special needs.*

*- **Finger brushing**: A caregiver recalled working with a gentleman who could not use a toothbrush, but who could do some limited teeth and mouth cleaning, by having toothpaste put on their index finger and using it as a toothbrush. After this, he briefly let staff use a toothbrush to complete the task.*
*- Someone had heard of a person with dementia, living at home still, being given **special chewing gum** to help keep their teeth clean when there were having difficult with brushing them, but it hadn't been continued because family being concerned that the person was not used to chewing gum and taking it out of their mouth soon after starting to chew it, and sticking it to furniture in the house. They were also concerned he might swallow it, or choke on it.*

*- Someone had heard of a person with dementia who let staff use a **small baby toothbrush** to help them; sometimes they kept it in their mouth and chewed on it for a long while.*

*- A caregiver said that, at the point where someone **cannot spit out the foam from the toothpaste** whilst brushing, and swallow it –switching to **a mild flavoured, baby toothpaste** was a better option*

*- Someone had also tried **diluting a mild-tasting, non-alcoholic, mouthwash** to see if the taste would help remind the person to gargle with it, and hence, provide some extra cleaning to their mouth. They said it worked a little, but the person did swallow the mouthwash about half the time, rather than spit it out. [They check online for the recommendations of the particular kind of mouthwash, as they apply to children using and swallowing it, and said it was safe - providing the person did not have difficulties with their swallowing reflex.]*

*- Someone knew of a situation where a person with dementia **let staff brush their teeth if they were holding a toothbrush in each hand**. Is seemed to remind the person of what was being done to them, because they could see the toothbrushes and feel the sensation of brushing, even though they couldn't see themselves accurately in the mirror.*

6 **D** **decide on the best intervention/s after comparing options:** (WRITE THE ACTION PLAN)
Weigh and balance the current situation against the examples.

In order to act in this gentleman's best interests**, right now,** staff have decided to follow the plan for shaving and tooth brushing**,** below:

Document details of the intervention chosen. This may include such things as:
. What is the intervention/s?

Shaving:
- For now, let the gentleman's favourite member of staff try to shave him in the afternoons, in his bedroom
- ask if his wife could try to help him shave whilst visiting in the afternoon. (If she succeeds, arrange for staff to watch how she does this. See whether the gentleman tolerates staff presence while she is shaving him), and maybe staff doing this while his wife remains present – to get him used to them.)

Get more information from the gentleman's wife, in general:
- whether he ever had a beard, or whether he ever used a safety razor rather (versus an electric shaver), or was ever shaved at the barber?
- ask this gentleman's wife what her thoughts are, on 'not completing a daily shave', or, if he becomes more resistant, letting him grow a beard

Tooth brushing:
- ask this gentleman's wife her opinions about trying an electric toothbrush (did he ever use one?),

a baby toothbrush, and milder flavoured toothpaste and mouthwash
- ask this gentleman's wife to try to brush her husband's teeth while she is visiting; observe whether she has more success than staff do, and if so, copy her method and approach
- also try to see if it this gentleman allows staff to brush his teeth when his is holding a toothbrush in his hand (or possibly, one in each hand)
- also offer this gentleman water after meals, so his mouth is rinsed, even if he cannot/will not have his teeth brushed

. **When** will it start?
- The plan is to start immediately

. **Where** will this be documented?
- In the care plan
- Responses to shaving and teeth brushing will be recorded daily, to see what works best

. **Who** (staff, family, friends, neighbours, professionals) is to be told?
- the gentleman's wife and staff will be told

. **Who** is involved in carrying it out?
- Staff – especially this gentleman's favourite caregiver sand; if in agreement - the gentleman's wife will also be involved in carrying out the plan

. **How often** is it to happen?
- shaving will be tried daily by staff, and perhaps with the help of the gentleman's wife when she visits
- tooth brushing to be attempted morning and evening, or if the wife visits and agrees to try - also during her visiting time

. **What else** needs doing/arranging for it?
- the primary caregiver will arrange to purchase toothbrush/es, toothpaste and mouthwash, after getting more information from his wife

7 I implementing the intervention
- speak to this gentleman's wife about the shaving and tooth brushing, and then start immediately

8 O on-going evaluation: evaluate, adjust and adapt - as required
- discuss what has worked best, and adapt as needed in one week
- invite the gentleman's wife to be present for this review

9 N note new changes (CARE PLAN REVIEW)
Watch out for small details and successes. Anything that makes this gentleman feel comfortable, and that he is doing his familiar routine, is valuable information.

End of this example

So, what happened next?
The purpose of this TAD was to illustrate the process of using the ACCORDION Method, not to follow the entire history of this gentleman, however - here are a few details of the following weeks.

This gentleman's wife made several recommendations, all of which staff tried: doing these two tasks in the afternoon, in his bedroom, using an electric toothbrush, a mild toothpaste, and also doing the teeth brushing task (the most important), before his shave, in case he became frustrated.

The gentleman responded well to being helped to shave in the afternoons, in his bedroom, seated at a desk with a tray. The tray contained the tools for the tasks at hand; they were right in front of him where he could see himself and them, and so be cued/oriented as to what was to be happening. The

tray contents were: a pedestal mirror (one side was magnified), an electric shaver, an electric toothbrush, a mild toothpaste, glass of water and bottle of mouthwash, a facecloth.

That new routine worked much better. He seemed to like the electric toothbrush and tried brushing his teeth before letting a caregiver, or his wife, take over. However, he preferred having his favourite male caregiver help him shave, to his wife's help.

Best regards,
Gemma Jones

Three examples, below, for you to try using the ACORDION process yourself, before using it at work -

[**Note: Appendices 1 and 2 of TAD 63** may be of use for you in working through the example above, and these relatively familiar examples arising in dementia care.]

1. How to decide what to let a gentleman with diabetes eat?
Mr. Singerat is on medication for high blood pressure and has had several small strokes; they have not left any apparent permanent damage to his cognition, speech or mobility. He uses a lot of salt on his food, and has started to ask for second helpings of meals and deserts. Staff members know that the salt is not good for his blood pressure, and that if he puts on weight because of eating more, this will also affect his blood pressure and health in general.

However, most caregivers think that food is one of the few things he still enjoys, and at his age, and in their eyes, having so little autonomy and few pleasures, there's no harm in allowing him salt and as much food as he wishes. This gentleman's family are not happy about staff indulging him, but they rarely visit. A few members of caregiving staff think that he will be more difficult to care for if he has a stroke or
puts on weight, and are not happy to indulge him.

2. How to help a family decide whether to take their mother to a family funeral
Mrs. Dewar, widowed, childless, has dementia, and has been living in a care home for two years. She can't remember that her sister died last week. Mrs. Dewar was told only once, by her brother who lives 80 miles away, that their sister died, on the day of her death.

Mrs. Dewar seemed to understand then, and was very upset for several hours afterwards. However, since then, she has not asked about her sister; staff assume she has forgotten the news. The brother, nieces and nephews, are undecided about whether to bring her to the funeral or not, and want the advice of staff. How can they decide what is the best way to make a decision about this?

3. Sitting in communal areas – is it someone's special chair or not?
Mrs. Vapors gets very upset if someone sits in "her chair" in the lounge of the care home when she gets up to walk around for a few minutes. She threatens and yells at whoever sits in her chair; sometimes she even raises her fist, or her cane, at them. She hasn't yet, but staff are afraid that she really may hurt someone one of these days. They don't know what to tell her - that the chairs are for everyone and any residents can sit wherever they like if a chair is empty, or, that that chair is indeed 'her (customary) chair' and ask any resident who sits in it to move, so as to help Mrs. Vapors feel safe and connected.

References

1. TAD 63, GMM Jones (21 April, 2020) The ACCORDION method for solving care dilemmas;
a person getting lost outside repeatedly.
This TAD newsletter is archived at: TheWideSpectrum.co.uk , The Wide Spectrum Pubs. Sunningdale, Berks, UK, SL5 7BH.

2. TAD 64 GMM Jones (7 May, 2020) Example of using The ACCORDION method: for a lady who resists baths and showers.

This TAD newsletter is archived at: TheWideSpectrum.co.uk , The Wide Spectrum Pubs. Sunningdale, Berks, UK, SL5 7BH.

3. Feb. 18, 2018. Univ. Pittsburgh Medical Centre, Western Maryland. Blog publication.
Hidden tooth infections increase heart disease risk almost three times.
Info from https://www.wmhs.com/hidden-tooth-infections-increase-heart-disease-risk-almost-three-times/
. "people with gum disease develop heart disease twice as often as those without it."
This article quotes a study by the Journal of Dental Research (2016), that "having an undetected tooth infection increases [one's] risk of heart disease by 2.7 times."

To quote or reference this material - use the author, newsletter name and number, date, and 'TheWideSpectrum.co.uk' website, and address, which is: 'Kingswick House, Sunninghill, Berks, UK, SL5 7BH.

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