

Universidade Federal do Estado do Rio de Janeiro



Revista de Pesquisa Cuidado é Fundamental Online

Doutorado
PPgEnfBio

PPCENF

ISSN 2175-5361
DOI: 10.9789/2175-5361

EXPERIENCE REPORT

Recovery of cognitive reserve in elderly with the Alzheimer's dementia. Report of experience

Resgate de reservas cognitivas em idosos com demência de Alzheimer: Relato de Experiência

Recuperación de la reserva cognitiva en ancianos con demencia de Alzheimer. Relato de la experiencia

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ABSTRACT

Objective: to stimulate cognitive reserves in older adults with Alzheimer's Dementia (AD) in an attempt to recover still existent potentialities, and awaken a new perspective on family, health professionals and caregivers. **Method:** Experience report study carried out with an elderly woman with 90 years of age. The ethical requirements adopted were approved in the CEP/HUAP with protocol No. 258/08. **Results:** Stimulation of the potentialities was then performed by the adoption of strategies, such as: touch, exchange of emotions, interactive communication, and redemption of old photos, encounter of different generations and conducting recreational and manual activities. All were shown to produce significant responses for the life of the elderly with AD. **Conclusion:** The phenomenon of the increasing elderly population is a current issue and challenging due to the injuries which may arise such as AD. Diagnosis of the disease brings the need for family restructuring based on different strategies for dealing with this disease. **Descriptors:** Elderly, Alzheimer's disease, Caregivers.

RESUMO

Objetivo: Estimular as reservas cognitivas em idosos com Demência de Alzheimer (DA) na tentativa de resgatar potencialidades ainda existentes, e despertar um novo olhar na família, profissionais de saúde e cuidadores. **Método:** Estudo tipo relato de experiência realizado com uma idosa de 90 anos. Adotou os requisitos éticos sendo aprovado no CEP/HUAP com número 258/08. **Resultados:** A estimulação das potencialidades efetivaram-se pela adoção de estratégias como: o toque, a troca de emoções, a comunicação interativa, o resgate de fotos antigas, o encontro de diferentes gerações e a realização de atividades lúdicas e manuais. Todas se mostraram produtoras de respostas significativas para a vida de idosos com DA. **Conclusão:** O fenômeno do aumento da população idosa constitui uma temática atual e desafiadora, devido aos agravos que podem advir como a DA. O diagnóstico da doença traz a necessidade de reestruturação familiar baseada em estratégias diferenciadas para lidar com essa patologia. **Descritores:** Idoso, Doença de Alzheimer, Cuidadores.

RESUMEN

Objetivo: Estimular las reservas cognitivas en ancianos con Demencia de Alzheimer (DA) en un intento de rescatar el potencial todavía presente, y despertar una nueva perspectiva en la familia, en los profesionales y en los cuidadores. **Método:** Estudio tipo informe de experiencias realizadas con una señora de 90 años de edad. Se adoptaron los requisitos éticos con la aprobación del CEP / HUAP con el número 258/08. **Resultados:** El estímulo del potencial se llevó a cabo mediante la adopción de estrategias tales como el tacto, el intercambio emocional, la comunicación interactiva, el rescate de viejas fotografías, el encuentro de diferentes generaciones y la realización de actividades recreativas y manuales. Todas mostraron producir respuestas significativas para la vida de ancianos con la DA. **Conclusión:** El fenómeno de envejecimiento de la población es un tema actual y desafiante, debido a las lesiones que puedan surgir como el AD. El diagnóstico lleva a la necesidad de reestructurar la familia sobre la base de diferentes estrategias para hacer frente a esta enfermedad. **Descritores:** Anciano, Enfermedad de Alzheimer, Cuidadores.

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* This article is a product of the monograph delivered and defended in June of 2010 from the Course of Specialization in Geriatric Nursing, Aurora of Afonso Costa Nursing School, Federal Fluminense University (UFF).

INTRODUCTION

Brazil, as well as other countries of the world, has been presenting a progressive and fast aging process of its population. For this reason, a significant proportion of elderly people are affected each day by chronic and degenerative diseases causing different functional disabilities, which implies an increased demand for the elderly to health services. Therefore, an increasing number of visits in the SUS primary care network, in the quantitative of hospitalizations and length of occupancy of hospital beds. This demographic and epidemiological profile becomes costly, demonstrating the need for a review of public policies that meet with solving the inherent issues in the aging process.¹

The Ministry of Health to prioritize this issue on its agenda, through the National Health Policy of the Elderly, emphasizes active and healthy aging, based on the paradigm of functional capacity and multi-dimensionally. However, the benefits of this policy are poorly observed, since the burden of care and the degree of dislocation within the healthcare system hinders the operation of any logic based on an evaluation capable of covering multiple aspects of the elderly.²

Recent statistics say that in the year 2020, Brazil will be the 6th (sixth) country in the world in the number of elderly people. This new scenario is due to the demographic transition that marked the Twentieth Century, responsible for profound changes in the age pyramid, resulting from the strong increase in life expectancy and a significant decrease in the rate of fertility or fecundity.³

It is worth noting that the aging phenomenon presents characteristics, both under the bio-psycho-social aspect as well as pathological. The elderly becomes more fragile, exposed and prone to clinical diseases, when there is a large decline in their functional capacity.⁴

The stimulation of elderly cognitive reserves with AD is the object of this work whose motivation was based on a family relationship with a relative with AD and also the performance of health professionals with hospitalized elderly, many of them presenting mild or moderate dementia.

On the basis of the foregoing, the following questions were raised: Is it possible to redeem cognitive potentialities and joy of life in older adults with AD? In what way will the interpersonal relations interfere with the redemption of these potentialities? How the family can work for the contemplation of that redemption?

Functional decline in the elderly

Functional decline in the elderly can generate multiple morphophysiological changes. One of them, notably, is due to the cognitive aspect, as it happens in dementia. Alzheimer's disease is the most common type, reaching 2.1% of the population, with 70 years of age and arrived at 30.6% in those over 85 years.⁵

It is a progressive disease, with an insidious and gradual onset, which can last for several periods of years⁴. This disease causes basic functional disabilities in the performance of daily life, disorganizes several fundamental structures for existence, which go beyond the biological and occasional significant losses of human identity. Losses are related to the autonomy and independence on all planes: physical, psychological, cognitive, affective and social. Deficits in cognitive order committed to memory, attention, language and power of judgment. The functional represent declines in the performance of activities of daily living (ADLs) and instrumental activities of daily living (IADL), besides Behavioral agitation and aggression, among others. This does not mean that all elderly patients

with a diagnosis of Alzheimer's will have the same symptoms, because there is a pattern for its evolution.⁶

The DA is also understood as degenerative neurological disease, progressive and irreversible, it is characterized by gradual loss of cognitive function and behavior disorders and affection.⁷ Therefore, abrupt changes and imposed compulsory by it generating turbulent feelings in people who assume the task of caring for patients with this pathology.⁸

METHODOLOGY

This is an experience report which can be defined as a systematic observation of reality, tied to experiences that contribute as a dissemination source of knowledge and practices. It involves a person who observes structures knowledge and records the information, with interpretations and their own subjectiveness, with the care being methodically and systematized.⁹

The subject of this report is an elderly woman with 90 years of age who is named Maria, the mother of four children, with a diagnosis of the 4 years ago, showing moderate cognitive impairment. Maria resides with her family, one of her daughters and husband, in a city of Rio de Janeiro state. The relevance of this report is due to the fact that, from the moment of diagnosis confirmation, the family has invested in strategies and stimulating activities with the purpose of redeeming potentialities that were lost with the disease.

This study is divided in two periods. In the first, the data for coexistence with Maria is presented. In the second period the strategies adopted by family caregivers had the aim of encouraging potentialities still present in the AD patient.

RESULTS AND DISCUSSION

Period 1: The long-term coexistence producer of affection and trust

Maria was always a protective mother and present in the lives of her children. Nothing escaped her eyes when it came to the family. Centralizer, assumed mother, took care of every detail of her household world, performing with great competence in this role and did everything to bypass the adversities of life. In addition to ensuring the well-being of the family she remained attentive to the educational issues of children. He prayed daily, and often drove to the church, the shelter of her unshakable faith, asking for the protection of God for all. Tireless in her household chores, a real "queen of the home", nothing was done without her consent. This was constituted as the foundation of a family based on ethical principles, love, respect and trust.

In 2004, the day of her birthday, celebrated at her request, in a traditional Patisserie of Rio de Janeiro, all family members were present. However, they realized that she was not cheerful as she used to be on these occasions. In general, Maria marked her presence speaking quietly, friendly and smiling, expressing and distributing her caresses to all those around her. On that day she spent the greater part of the time silent and distant, with a shade of sadness hovering in her face.

From then on, she began to produce changes in her behavior. There were days when she was always the same person: talkative, demanding for house cleaning, feeding and caring for her husband. However, on another occasion neglecting her companion, forgot to give him medicine on time, put the

milk to boil and did not remember to turn off the flame. On Sundays, when her assistant was off, she stopped eating lunch, preferring to make a small snack and indifferent to the attention that she always had toward her husband. Her children attributed these oversights to the aging process and some characteristics of her identity profile.

In 2006, the time of the Soccer World Cup, one of the daughters brought her parents to spend the weekend at her home. On the first evening, Maria's behavior caused great concern: she started to speak in a rambling manner, her lost look and expressionless face. The next day, the picture remained unchanged, the fact being communicated to the other children. A medical consultation was scheduled and after conducting a tomography of the brain, it was observed that Maria was developing a framework of senile dementia, with the characteristics of Alzheimer's Disease, accompanied by psychotic depression. A whirlwind of emotions took over the family and a mismatch in marital routine showed the urgent need to establish new structures and criteria for dealing with such an unexpected situation. From all the children (three female and one male) it was understood and, as already socially established, that the daughters, would assume the caregiver role for the demands of illness, as well as in relation to the father which was a ninety-year old and lucid, lived for years with Parkinson's Disease.

Some measures were taken, initially, such as the hiring of other caregivers, information shared with them about the disease, for better care; communication to the relatives and friends, requesting for them to remain close, since it is known that the visits usually reactivate the memory, in addition to contributing to the maintenance of affective bonds.

The children and caregivers, guided by geriatricians and gerontologists, they carried out inter-relational activities with the goal of identifying cognitive reserves and rescue potentialities still existing - attempts to assert the life of a person once before so active.

Period 2: Strategies to redeem potentialities: touch, caress, exchange of emotions

The emotional involvement and the relationship of affection were important sources of stimulation in the care process of Maria, also a facilitator of approximation, because physical contact gave satisfactory results. Even when there was lack of verbal communication due to the aphasia condition, the act of holding Maria's hands, stroking her hair and face, asking for hugs and kisses, all of this promoted positive reactions, such as a certain sparkle in her eye or shy smiles of joy. Reactions that are reflected in all, family members or not, confirming the idea that one of the most important forms of human communication is touch, because in addition to conveying feelings, it can help to reduce the fear and anxiety of another, delivering physical and psychological wellness.¹⁰

Interactive Communication

Communication with Maria became more complex every day, justified by the cognition deficit. This was one of the major barriers that the family has tried to break up, aiming at a more resolute interaction. Using a clear and objective language, caregivers maintained a calm and firm tone of voice to establish verbal contact. Maria interacted, most of the times, responding with short and coherent sentences. "When spoken language did not produce any effect, they resorted to gestures and images. The attempt to keep a channel of communication open was always present in our purposes and our mother responded positively".¹¹

Remember and relive

Old Photos and albums of the family were important instruments of aid to reactivate Maria's memories. It was therefore possible to redeem past histories, many lived moments important in her life. Movies of the era and videos relating to the two wedding anniversaries (gold and diamond) also served as a stimulus for this purpose, as well as family reunions for a collective afternoon snack and a visit from sisters, also elderly. The conversations shared with the sisters always relegated to the past:

Childhood mischief, lifestyle in the country, types of food, preparation methods, the fresh milk from the farm, the horseback rides, the first dates, and the long wait for the “steam-engine train” at the train station.

Encounter with different generations

The frequent interaction with children, grandchildren and great-grandchildren strengthened an enjoyable, productive and restorative relationship, this proving to be pedagogy of significant interaction and redemption of cognitive potentialities. The great-grandchildren (some, still little ones, did not resist when requested physical contact with the great-grandmother, totally free from the prejudice virus). On these occasions there were moments in which Maria was able to talk about her concerns and desires, through a clear and firm language, regaining her role as mother and mistress of the house.¹²

Recreational and Manual Activities

Included is also the art therapy as a strategy to revive dormant memories, because as a former seamstress, Maria mastered working with needles and thread. It was thus encouraged to embroider in dish cloth, which she did with much commitment. The result was significant, triggering a returning movement in which she requested the cloths and needles. It is noteworthy that this activity could only be performed on the days that he was more active.

Any instruments that would serve as an aid to reinsert Maria to daily life then became a gift, as an example, listening to her favorite songs. While listen to them, Maria was silent and then sang the lyrics, even taking small dance steps with the children.

CONCLUSION

It is necessary to reaffirm that the process of cognitive improvement or redemption of potentialities in Maria occurred in the home context in which the family carried out the effectiveness of the actions undertaken by the caregivers. “At this moment of transition, in which the mechanistic paradigm is being strongly questioned and in which appear the holism and humanism as a new vision of the world and of human being, thinking about ways to motivate for the care and self-care is, without doubt, a challenging purpose.”^{13,14}

Therefore, there is no doubt that the results in relation to the care of the elderly with AD are linked to the commitment and family involvement, as well as the demand for knowledge and information on the disease. “Believing in the potentialities of the elderly, to open a space for their creativity, stimulate their initiatives and support them with care and affection will bring security and trust, essential ingredients for the restructuring of their lives.” Thus the affection relationship provides greater approximation and facilitates the potentialities redemption process.¹⁵

When the family is engaged in this difficult and arduous task, there is the possibility of transforming a complex reality into an enjoyable and pleasant coexistence. They are movements that contribute to the redefinition of life of the elderly and family caregivers. In this sense humanized care implies to understand the real needs of the individual and also exercise perception and sensitive listening.

These strategies were decisive to stimulate the memory of the subject in this experience report.

The AD evolution in Maria gives signs of a slowdown, considering the singularities of each case.

From the beginning of the disease, confirmed in 2006 (4 years ago), until now (2010), her behavior has shown significant improvement.

It is worth remembering, once again, that all the strategies used have occurred almost within the home, performed by the components of the family and formal caregivers who received guidelines necessary for the development of these strategies.

This experience report sought to show that the possibility of producing mechanisms generating significant responses (the redemption of cognitive potentialities) for the life of elderly people with AD is a real possibility.

It is not possible to predict how long the change in the picture of lucidity will endure. But in the face of complex impairments generated by AD, the important thing for the family is seizing the quality of life from each day lived; to the possible extent, which are healthy and pleasurable.

The purposes of this report were, finally, to motivate families, health professionals and the entire caregiver network to not give up on their elders with dementia cases. These individuals need also assertive actions by governments and society, in order to assist them and accept them with respect and dignity. The space occupied by the family is irreplaceable and unquestionable and dealing with the patients on the daily basis remains a constant challenge. But despite this great challenge the love, understanding and affection must prevail, since they act as engines to drive the family to not let the boat adrift of who undertakes for who undertakes a long and mysterious journey which is known as Alzheimer's Dementia.

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Received on: 30/09/2011

Required for review: no

Approved on: 21 /03/2013

Published on: 01/12/2013

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