



Yorkshire Ambulance Service **NHS**  
NHS Trust

*An Aspirant Foundation Trust*

# Dementia Learning Resource for Ambulance Staff



# An Introduction to Dementia

Ambulance staff are in frequent contact with people with dementia. It is therefore highly important that staff are provided with information, advice and guidance about dementia, how it affects people, and how to ensure that safeguarding principles and the 'best interest' of the person with dementia is maintained at all times.

Dementia is a complex subject. The purpose of this guide is to provide basic information and point you to where you can find out more.



## Dementia: Some Basic Facts

- Dementia is an age-related condition. The older you are the more likely you are to have dementia.
- 1 in 16 people over 65 has dementia, 1 in 4 over 85.
- A quarter of hospital patients are estimated to have dementia.
- The experience of people with dementia in hospital is often not a good one.
- 42% of people over 70 who have an unplanned admission to hospital have dementia, rising to almost 50% in those aged over 80.

The term 'dementia' is used to describe the symptoms that occur when the brain is affected by specific diseases and conditions, such as Alzheimer's disease. Dementia is the result of increasing organic damage to the brain. Over time it can progress from a mild to severe condition.

Dementia affects people in different ways, depending upon which area of the brain is damaged, their physical health, how the person reacts as an individual and the local environment.

Dementia is a progressive illness for which there is currently no cure. Unlike damaged skin, brain cells cannot re-grow. Nevertheless, a great deal of medical research is being carried out into causes and cures.

Most people with dementia will experience:

- loss of short-term, recent memory
- problems in perception and understanding
- problems in expressing themselves.

Some people with dementia may also experience:

- hallucinations
- problems in controlling bodily functions (eg standing, continence)
- difficulty in sequencing activities.

## More About Dementia

Dementia can result in people becoming reliant on long-term memory, causing them to relate to the present as if it was the past. This leads to miscuing and misunderstanding. For example they may perceive an ambulance clinician in uniform as an enemy soldier from the war, a shiny surface as water, attempts to lift them as an assault and strangers as long-lost relatives.

Imagine what it must be like to be so confused, when the world isn't making sense, people around you are not responding in the way you expect, and you cannot get the words out to explain yourself.

It is hard to tell if someone has dementia. **Only one in three people are ever diagnosed.** Confirming a diagnosis of dementia can be difficult, particularly when the condition is in its early stages. Symptoms of dementia can be caused by other conditions but always 'consider dementia'.

## Does the patient need to go to the Emergency Department (ED)?

Any visit to a hospital can be distressing for the person with dementia and they can appear worse after this experience (Alzheimer's Society, 2009).

Some of this may be due to the illness or injury they have experienced, but it is also likely that the trauma of facing such a change in their daily life can also have an impact. Understanding the challenges of being a person with dementia who may need to attend the Emergency Department (ED) is vital for making that experience better for all involved.

## Remember the Person

*My name is Mary and I don't know this place. I don't know how I got here but I don't like it. There are other people sitting nearby but they don't speak to me.*

*My back is sore...my legs are sore...my head hurts. Two young ones came up to me and said "we're taking you to see the doctor". They don't need to shout, I can hear them fine. I won't be telling them anything anyway; I'll just end up in the hospital if I say I'm sore. I want to go home, I don't like it here.*



*We do not like the terms "dementia sufferer" or "suffering from dementia", or "dementia victim". These are demeaning and portray us in a negative light. You would not want your loved ones spoken about in such disparaging terms. Sadly the media loves these terms, despite my protests, and I cannot blame people for being misled into using derogatory language also.*

*I did likewise at one time, and could kick myself for my insensitivity. Use "person with dementia", or "people with dementia", or "affected by dementia" please.*

*Thank you.*

*Mr. James McKillop, a person with dementia*

## Communicate Carefully

In approaching someone with dementia it is critical to try and put yourself in their shoes.

A person's communication skills are progressively affected as dementia develops. In the early stages people with dementia may have difficulty in finding words and they may try to talk around the word they are looking for. They may be less fluent and language may require more thought and effort from them. The loss of language skills for the person with dementia starts with words we use least and those we learned last and this can be a useful guide to our use of language when we communicate with them.

People with dementia can become very anxious, withdrawn, frustrated or angry. They may seem to have no 'get up and go'. The individual may lack insight into their abilities, believing that they are fine and still able to do most things they could before having dementia. But this can vary from person to person and from one situation to another.

Communication that uses health-related jargon and words that have become more popular recently are least likely to be understood. This means that the shorter the sentence and the more everyday words we use, the more chance there is that the person will understand what we are trying to say. In short, we should try to match our level of communication to theirs.

### Here are some key ideas about communication from a person with dementia

Christine Bryden was diagnosed with dementia at the age of 46 and has written extensively on this experience. These quotes are selected from some of Christine's tips on communication.

*"Give us time to speak, wait for us to search around that untidy heap on the floor of the brain for the word we want to use. Try not to finish our sentences. Just listen, and don't let us feel embarrassed if we lose the thread of what we want to say. Don't rush us into something because we can't think or speak fast enough to let you know whether we agree. Try to give us time to respond to let you know whether we really want to do it."*

*"When you want to talk to us, think of some way to do this without questions that can alarm us or make us feel uncomfortable. Don't try too hard to help us remember something that just happened. If it never registered we are never going to be able to recall it."*

Christine Bryden

### Communication that could disadvantage the person with dementia

**Below are some of the ways that we can disadvantage the person with dementia:**

- Interrupting the person while they are trying to speak.
- Contradicting or arguing with them.
- Speaking for the person, perhaps to another professional.
- Re-interpreting what you think the person has said in your own words.
- Using technical, complicated language.
- Talking out of earshot or lowering your voice. This can cause the person to become very suspicious of you and what you are doing. This can lead to distressed reactions such as agitation and aggression.
- Negative non-verbal communication such as, sighing, turning away and frowning can be easily recognised by the person with dementia, who still understands non-verbal communication.

## **Adaptive Communication**

**Gain the person's attention** - It is important to gain the person's attention first, before you begin to speak. Approach them from the front so they can see you coming towards them. Try and make eye contact, make sure you are close enough and in the correct position for them to see your face and body movements.

You may find it helpful to touch their arm gently. Importantly, use the person's name when you address them. It is very helpful to remind the person who you are each time you return to them and at frequent intervals while you are caring for them. This ensures that they do not become alarmed at this apparent stranger trying to carry out interventions with them. Using the person's name may help them understand that you know them and you are not a stranger; this can be very reassuring. Frequently repeating who you are may feel rather artificial but it will remind the person that they are with a professional who is caring for them. Older people tend to be respectful of health professionals and this makes it very beneficial that they are aware of who you are.

**Keep the noise down** - Reduce distractions around you where you can; such as activity and noise. Try and find a quiet area where the person with dementia can concentrate on what you are trying to communicate.

**Do not rush** - Take your time with the person. It is tempting to hurry when you are busy but this will inevitably mean that you will take longer in the long run, as the person with dementia may not cooperate with you. Simply slowing down your rate of speech can help. Try to increase your communication time both in speaking and listening. It may help if you silently count to seven between short sentences; then give them the same amount of time to answer.

**Keep calm** - Use a calm tone and manner to reduce distress and make the person more comfortable with you. It is important to remember that the person with dementia, no matter how severely impaired, will respond to your non-verbal signals, even very subtle movements of your face and body. If you need to repeat information try not to look or sound impatient, even if you are in a hurry.

**Use the correct words** - Try and use words the person with dementia will understand, free from jargon. Sentences should be short and contain only one idea at a time. In the same way, when giving guidance to the person, break down complex instructions into simple stages, delivering these one at a time. Open questions can be very challenging for the person with dementia partly because of their memory difficulties. It can be helpful to present them with simple choices, rather than complex questions.

As dementia progresses the person may develop a range of more specific language problems. Some people experience expressive dysphasia, where they may understand what is said to them but are unable to express this understanding. They may also develop receptive dysphasia, where they are unable to understand what is being said to them. In the early stages of dementia, the person will be aware of some of their communication difficulties and putting pressure on them by rushing will only make the situation more difficult. Reinforcing verbal information with written and other visual materials may also help the person understand what is going on.

As the person moves into the later stages of dementia you need to be more careful in communicating with them. Arguing or reasoning with them only has the effect of making them more distressed and confused. Instead, it is helpful to try and follow their line of thought as this can make your communication more effective. Use gestures and facial expressions as well as words to reinforce your message. In the severe stages of dementia the person may not understand words at all, but they do still recognise facial expression and tone of voice. A gentle tone means more than words here.

## Patient Assessment

Frontline identification of possible dementia is vital to ensure that the older person receives the appropriate care. A diagnosis of dementia only occurs following a specialised assessment either in a Memory Clinic, by a Liaison Mental Health Service or by a Consultant Psychiatrist or Geriatrician. However, pre-hospital and emergency care staff have a role in identifying the person who they suspect may have dementia and making sure that this is communicated to GPs and medical staff. They also have a vital role to play in the identification and treatment of illness or injury which is causing delirium.

## Understand what is normal for that person

The main sources of this information are the person themselves, the family, informal and formal carers. Asking the right questions and listening for informal or formal reports of symptoms provides the keys to identification and appropriate care delivery.

### Practice Point

- Does this person already have a diagnosis or a history of dementia or delirium?
- Is the person able to give a good history, or do they need a carer present?
- What is the normal behaviour, speech, mobility and mental abilities for this person?
- How does the current problem differ from what is normal for this person?
- How long has this been a problem for the person?
- Is there anything else which is different or unusual for the person which the carer or others have noticed?

## A Definition of Delirium:

- Delirium is a clinical syndrome which has disturbed consciousness, cognitive function or perception as its key symptoms. Delirium can be hyperactive or hypoactive.
- Hypoactive delirium causes a slowing down, reduction of consciousness and reduced speech or interaction.
- Hyperactive delirium causes the person to experience physical and psychological agitation, the need to move, speak quickly and have significantly reduced concentration.

### Signs and Symptoms:

- Disturbance of consciousness.
- Reduced awareness of the environment.
- Reduced ability to focus.
- Maintain or refocus attention.
- Memory deficits.
- Disorientation.
- Language difficulties.
- Perceptual difficulties, particularly vivid hallucinations, illusions and delusions.

### Delirium is frequently precipitated by:

- immobility
- catheterisation
- some medicines (especially analgesics, psychoactive drugs, those with anticholinergic side-effects)
- severe and/or multiple illness
- intoxication (alcohol, drugs, medicines)
- physical restraint
- malnutrition or dehydration.

## Some consequences for the person of untreated or undertreated delirium

- Increased risk of developing dementia.
- Increased time in hospital.
- Increased rates of admission to long-term care.
- Death due to falls.
- Death due to malnutrition and dehydration.

## Co-morbidity Issues

It is not uncommon for an older person to present with multiple physical healthcare needs; the same can be said for mental healthcare needs. It is known that people can present with:

- both forms of delirium, hypoactive in the day and hyperactive at night
- more than one form of dementia and a delirium state
- dementia and depression
- depression and delirium
- a combination of all three: dementia, delirium and depression (the three Ds).

## A Guide to Dementia and Delirium

Areas of identification	Dementia	Delirium
History	Slow onset over months and years	Recent sudden onset
Course	Progresses slowly, symptoms generally stable on a day-to-day basis	Disturbance in presentation develops over a short period of time and fluctuates over the course of the day
Awareness, alertness, attention	Usually unaffected	May be significantly worse in the evening and at night
Sleep/wake cycle	Each person may have their own sleep/wake cycle which will be generally stable	Reduced awareness, changing alertness, very alert or not alert, short attention span, easily distracted, lots of apparent undirected activity
Psychomotor presentation	Generally unaffected, unless in the presence of Lewy body Dementia or Parkinson disease	Sleep may be significantly disturbed from the person's normal pattern, with no obvious pattern in the short term
Perception	Possible experience of hallucinations and delusions	Hyperactive-speeded up or agitated or Hypoactive-slowed down
Physical function	Slow progressive changes in physical function, coordination. May see/hear/feel things vividly that are not there	May appear frightened or distressed by these experiences. May appear paranoid
Memory	Short and immediate memory reduced. Difficulty in learning new information	Sudden loss or change in normal physical functioning such as sudden incontinence, falls or clumsiness
Thinking	Reduced problem-solving abilities, reasoning and ability to understand abstract concepts	Reduced immediate and short-term memory
Speech	Ability to name things, find words or engage in long conversations difficult	Disorganised, leaping from one subject to another
Causes	Dementia is an overarching word for a group of illnesses whose origins are based in organic changes in the brain eg Alzheimer's disease, Vascular Dementia, Lewy Body Dementia	Significantly different to reported normal behaviour for that person, very loud, upset, angry or quiet, slow, difficult to understand

**Remember** - When working with an older person who seems confused, including the person with dementia, THINK DELIRIUM!

## **Pain and Dementia**

Detection of pain in many older adults is not without problems; some older people themselves believe that pain is an inevitable part of ageing and some public and professional attitudes can reinforce that. Having dementia only adds to the person's difficulties.

Detection of pain in the person in the earlier stages of dementia where the person can respond verbally is similar to any other person in pain. Most can describe current pain fairly accurately. However, as a result of their memory difficulties they may not be able to provide any history of pain. Like many other older adults they may not self-report voluntarily. Some may not report pain because of fears that any admission of disability or frailty may lead to hospitalisation or even institutionalisation. Older people and those with dementia respond better to a standardised assessment tool rather than vague enquiries that may be misunderstood.

Pain intensity scales and visual analogue scales may be useful but some people may have difficulty distinguishing between the levels of pain displayed on these depending on their degree of cognitive impairment.

Of course as they progress through the stages of the disorder they will require more time to respond to questions and memory difficulties may preclude assessment of pain history, eventually it may become necessary to encourage them to move their body during your assessment to help them recognise current pain.

We know that pain is a multi-dimensional subjective experience and is considered to be whatever the patient says it is. In principle this is an excellent guide to understanding the patient's lived experience of pain and treating them in a person-centred way. However there may come a time in the course of dementia when the person can no longer describe their pain in words or may not wish to.

The person with dementia may experience pain differently and they may not react to it immediately. They may not exhibit behaviours that are recognised by carers or their behaviours may only be interpreted in the light of their dementia. Some communication problems also lead to problems in their ability to self-report their needs.

Collateral reports from family and friends, especially about the person's usual behaviour when experiencing pain, are helpful, as are the current carer's reports.

## **Distress and the Person with Dementia**

If stress is not reduced or managed for the person with dementia the result can be what is often termed 'challenging behaviour'. This term can give the wrong impression because it can be perceived as the person behaving in a way that is a direct challenge to staff rather than the person's behaviour being a challenge for staff. The term used here is one that perhaps provides a better picture of the experience of the person with dementia; distressed behaviour.

It is important to remember that each person with dementia is an individual and therefore no single explanation of their behaviour and no single intervention can be provided. Overleaf are some approaches to distressed behaviour that may be useful to A&E staff trying to provide care and treatment. Try to bear in mind that the person is not being deliberately difficult but is often trying to get help in the only way they know how.

## **Agitated Behaviour**

This response is an indicator that all is not well with the person who has dementia. Where the person has a decline of their communication skills then agitated behaviour can be their only form of communication. The person who is caring for or treating the person with dementia should understand that agitated behaviour is a response to an unmet need.

It is therefore very important that the reason for their behaviour is sought. In particular, agitation can result from delirium caused by infection, polypharmacy, injury or pain. Where an older person with dementia is showing agitated behaviour then it is vital to exclude physical causes.

Agitation can be a motor, verbal or behavioural activity that does not always have an obvious reason. Although it is not necessarily caused by dementia alone it is likely to be more frequent in the middle stages of the condition where the person can still speak but cannot make themselves easily understood or in the later stages where the ability to speak at all is lost.

## **Sudden Onset of Acute Illness**

Dementia is a progressive illness, therefore patients with a sudden onset of any of the symptoms are likely to have an acute illness, for instance acute stroke, and need to continue to be assessed and managed as a medical emergency. The rapid onset of symptoms of dysphasia and confusion with acute stroke is discussed in greater detail in the online Stroke/TIA course available on YAS 247. Details on how to access YAS 247 can be found on the final page of this learning resource.

## **Repetitive Questioning**

The person may ask the same question over and over again. This is usually related to memory loss and they simply cannot remember the answer you gave them. If they are also feeling anxious or unwell this can make the situation worse. Try not to be insensitive when you respond, do not say things like, "I've already told you that" as this can increase the person's feelings of anxiety. Try helping them to find the answer for themselves. For example, if they keep asking where they are, try prompting them to look at your uniform and badge and reminding them in words and by cues that they are in an ambulance or in hospital etc.

## **Disinhibited Behaviour**

When the person with dementia is very stressed and confused they may become disinhibited, they may try and undress, lift up their clothes or undo their trousers. Sometimes they are trying to communicate something by this and they may need the toilet, be too hot or simply be unaware where they are.

## **Suspicion**

Sometimes the person with dementia may accuse people of stealing from them or talking about them. This is often due to the memory problems they have and the struggle the person can have at times trying to make sense of the world around them. This is worse when they find themselves in a strange environment and are unwell or injured. It is important to appreciate that the person cannot control their beliefs and that these are real to them. Focusing on the feeling the person is expressing is a more appropriate intervention. By showing that you understand why they are distressed they may become calmer and willing to cooperate with staff.

## **Misperceptions and Hallucinations**

Visual hallucinations are often associated with more severe dementia and it is suggested that they are more common in women who are older and with a longer duration of dementia. The severity and frequency varies but they are often worse later in the day.

Firstly it is important to assess the environment when the person starts to react to something you do not perceive is there. If there are objects and sounds that they may be misunderstanding these should be removed if possible. In addition, lighting should be bright and shadows should be eliminated if possible to reduce the effects of figures or objects.

## Aggression

Fear, pain, frustration, embarrassment and a strange environment can all compound the challenges the person with dementia faces as result of their condition. Sometimes this can spill over into aggressive language or behaviour. At times this can seem out of proportion to the situation they find themselves in.

It has to be remembered that each person with dementia is an individual and therefore no single explanation of their behaviour and no single intervention can be provided. Below are some approaches to distressed behaviour that may be useful to A&E staff trying to provide care and treatment. Try to bear in mind that the person is not being deliberately difficult but is often trying to get help in the only way they know how.

### What could cause an aggressive reaction from the person with dementia?

- They do not recognise where they are.
- They do not recognise the people there.
- There is too much stimulation from noise and light.
- They are ill, in pain, cold, hot, hungry, thirsty or need the toilet.
- They are embarrassed or their dignity is offended.
- They are afraid.

### How to respond to an aggressive reaction

- Try to find out what is upsetting them.
- Reduce the stress or demands made on them.
- Explain what is happening by frequently using their name and explaining who you are.
- Give them time to respond.
- Try not to show criticism or irritation and do not confront them.
- Watch for warning signs that they are becoming more anxious or agitated. Get help if the situation does not calm down quickly.
- Include their supporter if available; they may know how to manage the situation.
- Do not make sudden movements or use a sharp tone, remain calm and keep your voice low.

### Intervention and Resolution

#### Special Considerations

- Work in partnership with the patient and supporter.
- Minimise pain and discomfort.
- Reduce time spent in brightly lit or noisy environments.
- Respond to calling out or cries for help in a calm and comforting manner.
- Always seek permission to proceed with an intervention.
- Respond appropriately to agitated, suspicious or aggressive behaviour.
- Involve carer and other staff if needed.

## Communication Challenges

**Patient keeps repeating the same word or phrase** - This may be the result of stress and anxiety; the person could be overwhelmed and trying to express their worries. You could try repeating the word or phrase back to the person, this can make them feel you are trying to understand and this may help them move their communication on again. Distracting the person may also help.

**Patient speaks in what seems to be nonsense** - Listen for any specific words or phrases they keep repeating and try to build on these, perhaps reflecting these back to them. This can help them feel listened to and that you are trying to understand. Sometimes you can intuitively guess what they are saying by listening to the tone of their voice and watching their non-verbal gestures and behaviour.

**Patient calls you by someone else's name** - This can happen when you remind the person with dementia of someone they know. You may be making them feel the way they do with the person whose name they are using. This can be positive or negative depending on who they think you are. It is usually best to gently remind them who you are, perhaps pointing to your uniform or badge if they can understand these cues.

**Patient keeps repeating what you have said** - They may not be clear about what you are saying or you may be communicating too quickly for them to process what you are saying. You could use the Guide to Communication provided here and try again. Repetition may not be within the person's control and it may be more helpful to use distraction instead.

**Noise, light and activity** - Multiple sources of stress from noise, light, people and activity can become incomprehensible to the person with dementia, who will struggle to make sense of all this new material they have to process.

**Patient has difficulty finding words** - You should try and pick up the sense of what they say or ask them to show you what they mean. If you can guess the word then suggest this to them; it is much more stressful for the person to desperately try and find a word than have you supply this. You could point to objects or people in the environment if you cannot guess the word.

**Tiredness** - Tiredness and fatigue are a major source of stress for the person with dementia. They are already facing enormous challenges because of their compromised brain function and have to expend tremendous effort to make sense of the world around them. This can be exhausting for them and they may become easily tired.

**Complex demands, instructions and questions** - Complex demands, instructions and questions can become overwhelming for the person with dementia who is unable to process these but understands instinctively that others are becoming impatient with their apparent lack of cooperation.

**Illness, injury and pain** - Finally and most importantly if conveyed to an emergency department setting all of the demands on the person with dementia are made worse by their current physical healthcare needs. They may be in pain or distress and unable to explain how they feel. They may also experience a number of physical needs that they are unable to express because of their increasing distress. These can include thirst, hunger or a need to go to the toilet.

**New experiences** - Change and novelty in their daily routine is a challenge to the person with dementia who requires stability and familiarity in their daily life to reduce the stress on their ability to remember and find their way. It is important for the person with dementia to have familiar people around them who know them well; supporters should be encouraged to remain with them as much as possible. Some people have familiar objects that are very comforting and these should not be removed from them if at all possible.

## Medication

If you attend a person who appears confused, check their repeat prescription or medications. Typical drugs used include Donepezil (Aricept), Rivastigmine (Exelon), Galantamine (Reminyl) and Memantine (Ebixa). Many patients are likely to have been prescribed with a wide range of other drugs to assist with symptom management including anti-psychotics, anti-depressants, anxiolytics, hypnotics or anti-convulsants.

## Further Advice and Support

If you are worried that someone may have dementia and has not been diagnosed, either suggest to the patient and/or relatives that they contact their own GP or it may be appropriate for YAS staff to contact the GP directly by ringing the surgery and passing on your concerns. This should be done with the patient/relatives consent.

Healthcare professionals employed by YAS can respond to any adult safeguarding issues by following the guidance provided within the Safeguarding Adults policy, which can be found in the YAS library. Alerts can be made through the Clinical Hub.

**Admiral Nursing DIRECT** is a national telephone helpline, provided by experienced Admiral Nurses and supported by the charity **Dementia UK**. It offers practical advice and emotional support to people affected by dementia.



Call: **0845 257 9406** or email: [direct@dementiauk.org](mailto:direct@dementiauk.org)

Tuesday: 11.00 - 20.45  
Thursday: 11.00 - 20.45  
Saturday: 10.00 - 13.00

**Carers UK** is a charity set up to help the millions of people who care for family or friends. Carers UK provide information and advice about caring alongside practical and emotional support for carers.

Call: **0808 808 7777**

Wednesday: 10.00 -12.00 and 14.00 - 16.00  
Thursday: 10.00 -12.00 and 14.00 - 16.00



# YAS Dignity and Respect Campaign



## What our patients have told us about YAS staff

*“Dad has Alzheimer’s and we find the staff really helpful and kind when they come to pick him up three times a week and would like to thank the staff.”*

*“My husband has used your service and he has vascular dementia. The only comment I would like to make is that the service is first class and I couldn’t manage as his carer without it.”*

*“Sometimes, whilst dignity and respect are extremely important, when you’ve told the tale a hundred times that your mum has dementia, it becomes very frustrating when ambulance staff continue to direct questions to the patient. My mum cannot comprehend the questions being asked of her and to see her puzzled look is upsetting. Whilst I continue to answer on her behalf, it’s like my voice is butting in all the time but I’m not really. An acknowledgement from the ambulance staff to me would at least allay my concerns. Thanks.”*

*“I called the ambulance service on behalf of my husband who is suffering from Alzheimer’s and was having chest pains (my GP advised me to do so). I would like to strongly congratulate the ambulance team who showed extreme consideration to the situation, being most understanding to my husband’s needs and also myself at this difficult time. Many thanks.”*

*“I called the emergency services because my husband was in a hypo; a paramedic came and between us we brought my husband round. He is 85 years old and has Alzheimer’s and the ambulance men came up to the bedroom and waited until the paramedic was satisfied with my husband’s condition. I am very grateful to them all. Thanks to all concerned.”*

## YAS Dignity Code

To treat someone with dignity is to treat them as being of worth, in a way that is respectful of them as valued individuals. This guide has been produced to directly support the core values within the YAS Dignity Code. Full details on the YAS Dignity code can be found on the YAS intranet: <http://intranet.yas.nhs.uk/workingatyas/Pages/DignityandRespectCampaign/YASDignityCode.aspx>

## Where To Find Out More



This NICE guideline <http://www.nice.org.uk/CG42> makes specific recommendations on Alzheimer's disease, dementia with Lewy bodies (DLB), fronto-temporal dementia, vascular dementia and mixed dementias, as well as recommendations that apply to all types of dementia.



The Dementia Gateway [www.scie.org.uk/publications/dementia](http://www.scie.org.uk/publications/dementia) produced by the Social Care Institute for Excellence (SCIE) offers high quality information, video and training programmes. There is in-depth advice about establishing communication and managing difficult situations. You can also use materials on the site to update your learning portfolio.



The Alzheimer's Society website at [www.alzheimers.org.uk](http://www.alzheimers.org.uk) offers a wide range of factsheets, studies, discussion forums, advice and sources of support. There are also some valuable 'tips for nurses' which are suitable for a wide range of professionals.



NHS Choices is the online 'front door' to the NHS. It is the country's biggest health website and gives all the information you need to make choices about your health: [www.nhs.uk/dementia/Pages/dementia.aspx](http://www.nhs.uk/dementia/Pages/dementia.aspx)



YAS 247 is the online learning centre for Yorkshire Ambulance Service staff. A full range of additional learning resources on dementia care is now available to access on: [www.247.yas.nhs.uk](http://www.247.yas.nhs.uk)

The YAS Organisational Effectiveness and Education Department would like to thank the Great Western Ambulance Service and NHS Scotland for their kind permission to reproduce their educational content in order to produce this guide



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