



Editor's remarks: *This is the ninth PRC-PC Newsfeed, providing quick tips and useful information to fit your fast-paced work environment and to help you in the care of patients with dementia. In the spirit of the upcoming holidays which for many of us may symbolize a time spent with family, I am dedicating this issue to those older adults for whom it may be a time of an increased sense of loneliness and social isolation. Social isolation is still one of the major issues associated with dementia. Dementia can have a devastating impact on the social lives of people who experience it, with over a third of people with dementia surveyed, stating that they wished they had more social contact with people in the community, and more than half stating that a fear of becoming lost is a major barrier to them going out and enjoying activities (Craig, 2014). Isolation may contribute to demoralization, functional deterioration and increases vulnerability to fraud and abuse. On the other hand, research shows that people who are regularly engaged in social interaction may possibly better maintain their brain vitality (Hugh H., et al, 2006) Furthermore, simple activities and interactions such as conversations, joint participation in games or physical activity and personalized music, are significantly more effective than usual care in improving overall symptoms of agitation (Cohen-Mansfield et al, 2007). I wish you all a great holiday season and a Happy New Year! Einat Danieli – OT.Reg. Ont'. PRC-PC*

GOOD TO KNOW ABOUT

There are numerous options you can offer your patient who is feeling lonely. Many community agencies offer a variety of activities and opportunities for socializing such as: Group dinners; movies; dances; concerts; art based activities; games; day programs and friendly visiting. They can also offer subsidized transportation services to enable participants to attend. To find an agency close to your patient's home or that accommodates services in a certain language call CNAP at: 1-877-540-6565

TIP OF THE MONTH

Don't assume one is lonely. Instead ask/explore how he/she views his/her own situation and if they are experiencing barriers to socializing and offer services. Questions you could ask your patient:

1. What social activities do you engage in and enjoy?
2. Do you feel you have enough social opportunities?
3. Are there any social activities you used to enjoy that you cannot participate in right now?

**If barriers are physical /functional: Offer an Occupational Therapy functional assessment through CCAC, to explore meaningful activities within their community and strategies to remove barriers. If barriers are emotional, offer counseling and social work service through CCAC/CNAP.

OUR DEMENTIA 'TOOLBOX'

Many caregivers may feel socially isolated due to their caregiver duties. Here is a [link](#) to a directory of services that can support caregivers and help them work through some of these challenges and find alternative strategies or simply interact with others in similar situation.

WORKSHOPS, CONFERENCES AND ARTICLES OF INTEREST:

Mapping the Dementia Journey – [Webinar](#) Dec' 10 noon

STORIES FROM THE PRC-PC CONSULT LINE

Unlike previous knowledge bites focusing on one case in what follows are several snapshots from our consultation line 416-586-4800 ext. 5251 about patients and caregivers experiencing social isolation and loneliness. The names and some details are altered to protect privacy.

Ms. M lives by herself in her apartment. She has mild cognitive decline, COPD and she uses a cane for mobility. She has history of anxiety disorder and many issues around trust. Gradually she has alienated or 'fired' most of her care providers and is constantly threatening to fire her Family Physician, who is the last care provider, to be involved.

Mr. G is 84 years old with dementia and currently living with his brother. Mr. G is having difficulty maintaining his personal hygiene and has been refusing to change his clothes and take a shower for several months now. While attempts to support Mr. G. with his hygiene continue, Mr. G's friends have made comments about his appearance and smell and so did some of his brother's house guests. Gradually both Mr. G and his brother have become isolated from their friends and social supports.

Mrs. L is a woman in her 80's, living alone after losing her husband to cancer. She has multiple chronic medical conditions, affecting her function. She is no longer able to go out to the community on her own and feels uncomfortable being seen in public in her current condition. Her personal support workers and home visiting primary care team are her only visitors. She has no interaction with people of her age group and is becoming increasingly depressed.

Ms. J is a daughter and caregiver for her mother who is in her late 70's and has dementia. She is working during the day and taking care of her mother in the evenings. Every time she leaves home her mother calls out for her. She feels she has no time or energy to socialize and see her friends and feels guilty leaving her mother at home.

Ms. F is an older woman in her 70's. She has osteoarthritis, history of anxiety disorder and depression. She has strained relationships with her estranged daughters. Lately she has been showing up in the emergency department on a daily basis stating that she is lonely"

There is no one 'solution' /resource that would fit all of the mentioned above cases however you can find information about different services/ interventions available on the left columns that may be beneficial to your patients.

For additional information, support, resources or case-based consultation, please contact your PRC-PC directly at: 416-586-4800 ext. 5251 or edanieli@mtsinai.on.ca or visit our website at www.mountsinai.ca/reitman/prc-pc