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# Communication with Alzheimer Patients: A Matter of Time, Caring and Contact

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*"Now here is my secret, very simply: you can only see things clearly with your heart. What is essential is invisible to the eye. [. . .] It is the time you have wasted on your rose that makes your rose so important."*

Antoine de Saint-Exupéry. *Le Petit Prince*.  
Translated by T.V.F. Cuffe. Penguin Books, London, 1995.

As the French adage goes, the heart has reasons that reason itself cannot know. Could this be the key to communicating with Alzheimer's disease (AD) patients? The pathway to the soul is the heart, not logic nor reason; words or gestures can be the vehicles.

In AD patients, the loss of intellectual functions evidently reduces the ability to communicate with others. As intellectual capacity declines, patients have problems understanding others and making themselves understood. They have trouble concentrating and, as a result, often are unable to carry on long conversations. They habitually lose their train of thought, and their ideas may become garbled. They may occasionally try to hide their communication problems, and may become frustrated, angry or agitated when unable to find the right words to respond to a question. Often, AD patients say they understand what we have just said to them, even when they may not have understood at all. It is quite

clear that this difficult situation may, in the long run, lead to behavioral problems.<sup>1</sup>

## **Nonverbal Communication**

AD patients can nevertheless use certain means to successfully comprehend others. Just as blind people use the sense of touch, AD patients become increasingly sensitized to nonverbal communication (*i.e.*, gestures, tone of voice and touch). They also can draw upon their intuition, which enables them to read our emotional states and even detect whether we are ill at ease.

More often than not, people suffering from dementia have physical, psychological and sensory limitations. Nonverbal communication therefore becomes more important and, eventually, becomes an essential factor in interpersonal relationships. Facial expressions speak eloquently when words have ceased.

Healthcare professionals may sometimes sense that a patient is trying to convey a message, yet is

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## Ways to Communicate Effectively with AD Patients

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- Stand or sit about one metre from the patient, facing him/her. This is less threatening to the patient.
- Introduce yourself to the patient in a warm, relaxed manner. **Speak gently.**
- Use **simple phrases** (e.g., “Time for dinner”) and avoid complicated terms.
- Do not give more than one directive at a time.
- **Wait for the patient’s response. If he/she does not respond, repeat the question.**
- Help the patient discreetly when he/she has trouble finding a word. If he/she loses the thread of the conversation, repeat the last few words to help him/her continue.
- If necessary, **mimic the task to be carried out**, such as brushing one’s teeth.
- Identify yourself, smile and take the patient’s hand.
- Assume the same physical position as the patient (i.e., either standing or sitting).
- Take your time. **Patience is a virtue**—especially with Alzheimer’s patients.
- Be attentive to body language.
- Assume that the patient likely **comprehends much more than we might think**. Avoid speaking to a third party about the patient in his/her presence.

## Things to Avoid to Ensure Effective Communication with AD Patients

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- **Extraneous noise** that could hinder conversation (turn off the radio, television, etc.).
- Being confrontational.
- “Don’ts” (e.g., “Don’t do this” or “You mustn’t do that.”).
- Attempting to communicate while either you or the patient is moving; Stop and take appropriate time to communicate.
- Continuing the conversation if the patient seems **unable to concentrate**.

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Adapted from P. Parenteau and F. Beaucage, May 1999.<sup>5</sup>

finding it impossible to make himself/herself understood and is thus faced with unbearable anxiety. Under such circumstances, the patient can be reassured through touch (e.g., a hand on the shoulder), a warm tone of voice or a simple smile. A very ill patient may respond more to having his/her hand held than to words. Caregivers should bear in mind that the absence of touch can be interpreted by a confused or demented individual as social or personal rejection.

It is generally far better to try to understand than to confront or prohibit—tactics that often are useless and can be perceived as aggressive. Moreover, just as we may need to lip-read in certain instances, it also is our responsibility to decode what a patient is trying to tell us through his/her behavior or conduct. For instance, if a person starts undressing in a place that seems inappropriate, he/she may be trying to tell us that he/she needs to use the washroom. If an individual is wandering about the home or care facility, he/she may be saying that he/she is hungry and seeking food.<sup>6</sup> We must use our intuition.

## Verbal Communication

A golden rule for caregivers when dealing with elderly AD patients is to treat them with respect, dignity and warmth at all times, as if they were a beloved relative.

Speaking too loudly to a confused patient because we suspect he/she might be hearing-impaired can be aggravating to the patient, and prevents our message from getting across. High-pitched sounds often are difficult to hear,

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and vowels are perceived more readily than are consonants at high pitches. Be sure to speak warmly in a low, steady voice.

Eye contact is important, so proper lighting is essential. Sometimes, patients will read caregivers' lips, which can help the patient's comprehension. Do not speak to the patient from behind or above, and do not stand while the patient sits. It also is futile to speak to the person while he/she is moving around the room. He/she very likely will not understand.

Both the quality and quantity of interaction are important. We must be prepared to repeat information two or three times, and to give the patient time to absorb the information. Keep in mind that the patient may forget what you have said minutes after you have spoken. For example, if you suggest the patient walk towards the washroom, he/she may get angry when you actually try to lead him/her there without repeating yourself.

Avoid overly long sentences. Speak slowly and simply, in a low, steady voice and avoid noisy

areas. Most dialogue between a patient suffering from dementia and a relative or caregiver takes place in the context of daily activities, such as personal hygiene, eating and getting ready for bed. Do not be afraid to convey concrete information, such as "It's lunch time," "It's time for dinner," or "Time to wash up." It can help to mimic or act out the task to which you are referring (e.g., making the motion of brushing your teeth).

### A Calm Voice

It is important to communicate with AD patients as we would anyone else (i.e., giving him/her the opportunity to hear, understand and respond). AD patients are whole individuals, and often can still surprise us with their ability to communicate.<sup>2</sup>

Even if the meaning of words has faded, people with AD may remain sensitive to the inflections and rhythm of speech, and to tones of voice.<sup>3</sup> Most people suffering from AD retain their capacity to understand simple language, as well as their ability to follow clear and concise instructions.<sup>1</sup>

People with dementia may express feelings, such as anger, without realizing the impact on the people around them. They also quickly forget that they were angry. It must be understood that such manifestations of anger are, first and foremost, simply manifestations of the disease itself.<sup>4</sup>

It is important to realize that such patients are not aware of their illnesses. They consider themselves normal and those around them unwell. They may be indignant over their inability to understand or be understood. This becomes frustrating not only for the patients, but also for the people around them.

Another French adage, which says that patience and time are more powerful than strength or rage, is fitting here. It is important to communicate with a confused patient as clearly and gently as possible. Patients and those who communicate with them still can speak from the heart. The patient is as important as the rose in Saint-Exupéry's *Little Prince*, and the language of the heart remains alive even if the pathway to the heart is fraught with obstacles.

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#### Additional Readings

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