An Occupational Profile and Analysis of a Woman with Late-Stage Dementia

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**Occupational Profile**

Josephine is an 84-year-old woman who is experiencing late stages of dementia. Prior to moving into a memory care facility, Josephine had been living with her grown son, his wife, and their two children in Las Vegas. Josephine has been widowed for several years, and has another grown son who lives out of state. Josephine spent her childhood in Pennsylvania and Ohio, and was a housewife for many years after marrying and having children. In the past few years, Josephine’s dementia has rapidly progressed, making basic care tasks too difficult for her son and daughter-in-law to oversee. Currently, Josephine is not experiencing any significant physical impairment that inhibits occupational engagement aside from balance issues, however her limited short-term memory and additional cognitive declines contribute to a need for constant caregiving services.

Josephine has a minor history of falls, and uses a four wheel walker to ambulate around the memory care facility. She requires the assistance of one caregiver to transfer from her walker to the toilet and with cleaning herself after using the bathroom. Due to the inconsistency communicating to her caregivers when she needs to use the bathroom, Josephine has begun to wear briefs throughout the day and night. Additionally, she is unable to shower without a caregiver assisting with turning on the water, adjusting the temperature, and washing her body. A shower-chair has been set up to ensure Josephine does not fall when resident assistants (RAs) are assisting with washing tasks. In recent months, Josephine has become somewhat aggressive and combative when being washed, and two RAs are required to be present to shower her. The entire experience of being showered is unpleasant for Josephine, and she has threatened to punch the RAs assisting her.

In living in the memory care facility, Josephine is not only assisted with showering and other personal hygiene needs, she is also provided with three daily meals, and participates in structured activities led by RAs. Notably, Josephine is able to self-feed independently, which many of her fellow residents are no longer able to do. Eating meals in the dining hall is a context that supports Josephine’s engagement in self-feeding, as she is able to socialize to some extent with fellow residents who sit at the same table. Although most of mealtime is spent without much conversation, Josephine will occasionally initiate a polite interaction with whoever is sitting next to or across from her. Josephine is known to be an extremely picky eater, and the RAs and chef always ensure she has an alternative food option that she is willing to eat. Due to the respect that is given to her food needs, mealtime appears to be a successful experience for Josephine. When asked about what kinds of food she enjoys and does not enjoy, Josephine shares that she will not eat meat or chicken, as she remembers watching her mother pluck and clean chickens when she was a young child. She also reports that her mother used to bake homemade bread several times a week, and that she still enjoys most types of bread.

When admitting his mother into the memory care facility, Josephine’s son reported that she enjoys board and card games. Josephine participates in Bingo and card game activities during the day, as well as various craft activities. She loves getting her nails manicured and hair done during arranged weekly trips to a nearby salon. When asked about her experience at the salon, Josephine reports that she has only had her hair done at the salon, and that she paints her nails herself as she has always done.

Sleeping throughout the night has become an issue for Josephine, as she often wakes up during the night asking to see her husband. Josephine thinks that a fellow resident at the facility is her husband, and will frequently ask to be brought to his room. Nighttime elicits a general sense of restlessness, agitation, and anxiety in Josephine, and she has fallen attempting to get out of bed on a few occasions. Similar to the shower context, she has threated to punch RAs who attempt to distract her during these nighttime episodes. During the day, however, Josephine is pleasant, polite, and does not seem to think that any resident is her husband.

In admitting Josephine to the memory care facility, her family has not given any specific requests in regards to her care. In general, it is important that her safety be maintained throughout the day during all occupational engagement, as well as at nighttime when she exhibits symptoms typical of Sundowners Syndrome. Additionally, Josephine’s eating routines must be respected to ensure she receives proper nutrition, as well as does not dread mealtimes.

**Occupational Analysis**

The activity of daily living (ADL) of self-feeding will be examined in the following analysis in order to assess how dementia affects Josephine’s engagement in this occupation. It is important to note that setting up, arranging, and bringing food or liquid to and from the plate or cup is included in the occupation of self-feeding (American Occupational Therapy Association [AOTA], 2008).

**Body Functions**

**Mental functions.** Although Josephine exhibits several cognitive impairments, including difficulty with short and long-term memory, altered personality, temperament, and orientation during showering and at nighttime, she is able to engage in parts of self-feeding independently. Josephine attends to the task of self-feeding, and sequences the use of utensils to bring food and drink to her mouth. Her working memory is sufficiently intact to engage in the act of self-feeding, although it is apparent that her short-term memory is impaired when she cannot remember what food she has asked for from an RA, or requests the same item several times. For example, Josephine requested that an RA retrieve a straw for her drink, and then asked another RA for a straw without remembering someone was already bringing her one.

Josephine appears to be somewhat oriented to person, time, and place during mealtime. She is aware that two or three fellow residents sit at her table during mealtime, however she does not appear to remember their names. Josephine realizes the difference between various meals, as she requests breakfast food during breakfast hour and lunch foods at lunchtime. Furthermore, she is able to associate various foods with the time of the day, such as when she requests a breakfast roll in the morning. It also seems that Josephine is fully aware that she is in the dining hall during mealtime.

Josephine’s exhibits a good-natured personality and temperament during mealtime. Despite being a picky eater, she is polite when requesting different food, and thanks whoever retrieves the food or a self-feeding tool for her. She will make short conversation with those at her table, such as asking how something tastes, or offering a taste of her meal to those who have not received their food yet. Josephine demonstrates behavioral regulation during mealtime, as she is calm, nonaggressive, and patient when waiting for her food. .

**Sensory functions and pain.** Josephine’s sensory systems seem to be intact during self-feeding, and she does not report any pain associated with this occupation. She wears glasses, which supports her ability to see what is on her plate. Although perceptions of various tastes can become altered during the aging process, Josephine’s pickiness with food seems to be ingrained in her taste sensitivities rather than suffering from impaired taste function. Furthermore, she does not complain about the smells of any of the food she or others eat. Josephine is appropriately sensitive to the heat of her coffee when she brings the mug to her mouth, and requests a little bit of ice to cool the drink down, suggesting her sensitivity to both temperature and pain are intact. Josephine exhibits good dynamic seated balance and proprioception when reaching for items on the table, and engaging in feeding, itself. It is also important to note that Josephine’s hearing is functional, as she communicates with RAs and fellow residents, and turns around to orient to the loud noise of a plate breaking across the room.

**Neuromusculoskeletal and movement-related functions.** Range of motion (ROM) and joint stability of Josephine’s upper extremities are within functional limits to manipulate food and self-feeding materials and tools independently. Josephine appears to be right hand dominant, and demonstrates effective bilateral integration using a fork and knife simultaneously to cut vegetables. Although the coffee mugs in the dining room are slightly heavy and have small handles to form a secure grasp around, Josephine has sufficient muscle strength to manipulate the mug with one hand. Many of the residents in the dining hall can be observed to bring a pick up a coffee mug with two hands due to its weight.

**Cardiovascular, hematological, immunological, and respiratory system functions.** Josephine’s cardiac, immunological, and respiratory functioning do not currently inhibit engagement in self-feeding, as normal blood pressure and heart rate, as well as rates, rhythm, and depth of respiration are necessary to sustain a typical diet and eating routine.

**Digestive, metabolic, and endocrine system functions.** Despite being particular about what food she eats, Josephine does not have any documented digestive or metabolic issues.

**Skin and related-structure functions.** Josephine’s skin integrity appears intact, supporting her ability to manipulate self-feeding utensils and items independently.

**Other considerations.** Voice and speech functions, as well as genitourinary and reproductive functions do not apply to Josephine’s engagement in self-feeding.

**Activity Demands**

**Objects and their properties.**Tools required for Josephine to engage in self-feeding include a plate, fork, knife, spoon, drinking glass, and coffee mug. Grasping the thin handles of the eating utensils requires a tighter grasp than when picking up a drinking glass or coffee mug. Manipulating the heavier drinking glass and coffee mug, however, require more muscle strength than the eating utensils. Materials include non-reusable items, such as food, drink, and napkins. Specific equipment is not required when engaging in this occupation.

**Space demands.** The dining hall offers adequate space for residents to sit comfortably at a table, and walk around the room. Tables that accommodate four people are arranged around the room in close proximity to each other. Even for residents like Josephine who are able to self-feed independently, it is important that caregivers are constantly sitting nearby to ensure overall safety and retrieve self-feeding tools and materials for residents. The setup of the dining hall resembles a small restaurant, promoting a leisure component to an ADL activity. The room is well-lit, properly ventilated, and set to a moderate temperature, allowing residents to experience comfortable and enjoyable dining. If the dining hall were too hot or cold, Josephine may become uncomfortable, and potentially lose her appetite. Though foods being prepared in the kitchen can be smelled in the dining hall, it is not to the extent that Josephine is deterred from self-feeding.

**Social demands**. Self-feeding in a dining hall can be an innately social experience, and mealtime at the memory care facility has its own social culture. Though in-depth conversations are not typically heard between residents, polite exchanges often occur. For example, when Josephine sees the person seated across from her eating a different meal than herself, she will inquire as to how that person is enjoying their food. Additionally, when she sees that someone at her table has not received a drink yet, she will remind an RA to bring this person a soda.

**Sequence and timing***.* Though the occupation of self-feeding involves setting up and arranging food (AOTA, 2008), these elements of the task are carried out by RAs. Residents who independently self-feed are likely unable to sequence the more complex elements of the task that precede bringing food or drink from the plate or cup to the mouth. However, Josephine is able to sequence the use of eating utensils to manipulate various foods, grasp of a drinking glass or coffee mug, and bringing food or drink to the mouth. Although certain residents who self-feed independently might require assistance cutting foods of various textures, this typically suggests strength or fine motor deficits, rather than inability to sequence the action.

**Other considerations.** Required actions and performance skills, required body functions, and required body structures are discussed in other sections**.**

**Performance Patterns**

**Habits.** When drinking her cup of hot coffee at breakfast and lunch, Josephine instinctively uses the handle of her knife to stir in a few pieces of ice.

**Routines.** The occupation of self-feeding is closely tied to the daily routines of breakfast, lunch, and dinner at the memory care facility. Meals are served at set times each day, providing structure and routine to the residents’ daily schedule. The mealtime routine consists of RAs bringing residents into the dining hall, seating them at tables, and serving plates of food to each resident based on their nutritional needs and food preferences. This sequence is repeated at each meal, establishing a rhythm to residents’ meal experiences. Meal time is set to last for an hour, with dessert being served at the end of lunch and dinner each day. Josephine’s routine involves drinking hot coffee with breakfast and lunch, and requesting a few pieces of ice to cool down the beverage. After each meal, RAs typically lead the residents back into the main activity room, or to use the bathroom in their own rooms. Although it is unclear whether many of the residents anticipate the thrice daily routine of mealtime, this unchanging routine is intended to contribute to a sense of stability and consistency.

**Rituals.** N/A

**Roles.** Josephine’s previous and current roles include daughter, mother to two children, grandmother, homemaker, wife, and widow. Her prominent role is currently resident in a memory care facility, and her independence in self-feeding is especially significant when considering many fellow residents have not maintained this ability. The nature of Josephine’s roles have shifted due to her progressing dementia, however elements of previous roles are presented through her behavior and speech. When Josephine expresses that she wants to see her husband at nighttime, it is implied that she still identifies with her role as wife.

**Performance Skills**

**Motor and praxis skills.**  In order to successfully engage in self-feeding, one must manipulate various eating utensils, as well as food and drink items. Furthermore, ability to plan and sequence how to move food from the plate onto the eating utensil, and the skilled movement of bringing food from the plate to the mouth are required. Similarly with drinks, one must position the hand to securely grasp the cup, and then skillfully bring the cup to the mouth.

**Sensory-perceptual skills.** Sensory-perceptual skills including proprioception, vestibular, vision, tactile, gustatory, and olfaction are integral to the process of self-feeding. A sense of where the body is in space is necessary to properly position oneself in an upright position, as well as moving the upper extremities from the side of the body to the mouth as needed for self-feeding. Furthermore, an intact vestibular system supports the ability to retain balance when performing dynamic seated actions, such as reaching to pick up a drinking glass or any other self-feeding tool or material. Visual skills not only support the ability to determine how much food to place on the eating utensil, but also allow the individual to decide whether or not the food and drink look appealing. In addition to vision, olfaction and gustatory sensations can be determinants in what one chooses to eat or drink, as well as how enjoyable the experience of self-feeding is. Furthermore, these sensations contribute to one’s ability to discern smells and flavors of various foods and drinks. Tactile skills impact one’s ability to handle eating utensils, form the necessary grasp around utensils or drinking vessels, as well as determine whether the items are too hot or cold to eat.

**Emotion regulation skills.** Although self-feeding itself is not a social activity, the social environment in which this occupation occurs requires the ability to demonstrate emotional regulation skills. Residents must exhibit patience when waiting for their food, control levels of frustration when seeing others receive food first, as well as regulate their reactions to food they do not like. Josephine frequently comments on how long she has been waiting for her food, or that others are already eating, however she is able to remain calm and act in a polite manner.

**Cognitive skills.** Selection of proper eating and drinking tools is an initial step in engaging in the occupation of self-feeding. In setting up and arranging a meal, one must choose the size of the eating and drinking vessels, types of eating utensils required, as well as whether a plate is more appropriate than a bowl. Although Josephine is not involved in setting up and arranging her meal, she uses the cognitive skill of judgment in selecting whether a fork, knife, or spoon is appropriate for the food she is eating, as all three types of utensils are provided to the residents at each meal. Josephine also determines which food can be picked up with her hands instead of using utensils, such as a sandwich or breakfast roll.

**Communication and social skills.** Simple verbal exchanges and conversations can often be heard between residents during mealtime. Residents may gesture to each other by waving in order to initiate a verbal exchange, or to get the attention of an RA who is sitting at a different table. Conversations between residents do not go beyond inquiring how one is enjoying their food, why one is not eating the food in front of them, or the reason why one has not received their plate yet.

**Body Functions and Structures**

**Structures of the nervous system.** The hypothalamus influences the occupation of self-

feeding, as it regulates the metabolic processes related to eating, as well as controls hunger

levels (Nolte, 2009).

**Eyes, ear, and related structures.** An intact visual system supports engagement in self-feeding.

**Structures involved in voice and speech.** N/A

**Structures of the cardiovascular, immunological, and respiratory systems.** Structures including the heart, blood vessels, and lungs impact the cardiovascular and respiratory functioning required for self-feeding.

**Structures related to digestive, metabolic, and endocrine systems.** Proper functioning of digestive organs, including the oral cavity structures, esophagus, stomach, small and large intestines, and rectum are directly involved with eating, and are therefore associated with the occupation of self-feeding. Similarly, hormonal structures including the pituitary gland are necessary in regulating metabolic functioning and hunger levels.

**Structures related to genitourinary and reproductive systems.** N/A

**Structures related to movement.** Sufficient(ROM) of the upper extremity is required to bring self-feeding tools and materials to one’s mouth.

**Skin and related structures.** Skin integrity is necessary to effectively manipulate eating and drinking tools and materials.

**Contexts and Environments**

**Cultural.** Though a sense of interdependence for older adults is valued in many cultures, much of Western society emphasizes the importance of retaining independence for as long as possible. Josephine seems to value her independence in self-feeding, as she can eat and drink at her own pace without relying on the assistance of RAs.

**Personal.** An 84-year old female, Josephine is currently experiencing late stages of dementia however is not currently exhibiting overt comorbidities. Her overall health status allows her to independently self-feed, and does not dictate any dietary restrictions. Facility admission documents state that she graduated high school, and was a homemaker for several decades while caring for her husband and two sons.

**Temporal.** Mealtime at the memory care facility has a specific daily schedule, with breakfast, lunch, and dinner occurring at 8:00am, 12:00pm, and 4:00pm respectively. Residents remain in the dining hall for the duration of one hour for each meal.

**Virtual.** N/A

**Physical.**  The dining hall is located in the central part of the memory care facility, with wide, open doorways that accommodate two wheelchairs coming into the room simultaneously. Approximately 12 dining tables fill the room, with each table accommodating a maximum of four people. Additionally, the tables selected by the facility accommodate residents sitting in wheelchairs of various sizes. The dining hall contains adequate space for walkers and canes to be placed on the side of the room.

**Social.** Mealtime is an inherently social context, as residents sit across from and next to each other at tables, with the opportunity to engage in conversation. Furthermore, RAs often initiate small talk with residents when serving food and while sitting at the dining tables.

**Problem Statements**

1. Client’s attempts to get out of bed ŝ assistance results in ↓ safety & ↑ fall risk.
2. ↑ anxiety & aggression levels @ nighttime results in ↓ safety to client and caregivers.
3. Client requires TA in showering 2◦ impaired balance & general cognitive declines.
4. Client requires Max Ⓐ to transfer from 4WW→toilet 2◦ impaired balance.
5. Client requires frequent VC to toilet 2◦ memory declines & impaired cognitive functioning.

**Prioritization of Problem Statement**

Problem statements regarding Josephine’s tendencies to get out of bed at night, as well as her episodes of aggression and increased anxiety are of primary concern due to safety risks to herself, and potentially to the caregivers who attempt to calm her. Due to the nature of progressive dementia and context of delivery services at the memory care facility, it is expected that most residents will require significant assistance with ADLs. Therefore, caregivers are trained to constantly oversee activities including showering, toileting, and functional mobility. Though these occupations provoke safety concerns of similar nature to when Josephine gets out of bed, her four wheel walker and shower chair decrease risk for falls and injury. Concerning toileting, Josephine’s inconsistency with communicating to caregivers when she needs to use the bathroom is somewhat regulated by her use of briefs throughout the day. Furthermore, the use of verbal cueing to toilet is currently an appropriate strategy as her memory and cognitive declines are not expected to improve.

References

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