

# EFFECTIVE COMMUNICATION IN ALZHEIMER'S DISEASE

## THE VALUE OF EFFECTIVE COMMUNICATION

When treating older adults, you and the extended healthcare team play an essential role in caring for and supporting both the patient and the caregiver. Effective communication is a critical component of the patient's health management plan. In fact, studies show that effective patient communication, high patient satisfaction, and improved health outcomes are closely related.<sup>1</sup>

## COMMUNICATION CHALLENGES

Through the normal process of aging, older patients present certain challenges to communication, as they are more likely than younger patients to<sup>1</sup>:

- Have a hearing deficit
- Experience decline in short-term memory
- Withhold valuable information if they feel the healthcare provider (HCP) is busy or if they view a symptom as a natural part of aging

Add to that the cognitive impairments common in patients with Alzheimer's disease, and effective communication becomes even more challenging.<sup>1</sup> While both the patient and the caregiver are important members of the healthcare team from diagnosis through management, specific strategies for effective communication with the older patient may be critical to help ensure an optimal treatment outcome.



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# COMMUNICATION CHALLENGES WITH OLDER PATIENTS

These are some of the common challenges in communication with older patients who have dementia, plus potential solutions to help address those challenges.

| Challenge <sup>1</sup>           | Description <sup>1</sup>  | Solution <sup>1</sup>   |
|----------------------------------|---|---|
| <b>Tone/pitch</b>                | Using extremely variable pitch can produce a tone that older adults may perceive as “baby talk,” making them feel disrespected and potentially eliciting aggressive behaviors. (Patients may react negatively to a negative tone (eg, become agitated in response to an impatient tone of voice). | Use a soft speaking tone. Avoid speaking loudly or in a high-pitched voice. Keep the tone of the conversation encouraging and positive. <sup>1</sup>  |
| <b>Cadence</b>                   | Speaking slowly requires listeners to remember words longer before they can comprehend the complete sentence.   | Speak at your normal rate and focus on enunciating words clearly.   |
| <b>Question type</b>             | Questions should be designed to accomplish particular tasks, not to “test” the patient. Patients may have difficulty answering questions that require episodic memory—recall of a specific event that occurred at a particular time.  | Use closed-ended questions to gather specific information. Use open-ended questions to encourage conversation. Do not ask questions that tap into episodic memory.  |
| <b>Sentence structure/syntax</b> | Sentences that do not begin with the subject followed by the main verb challenge the ability to temporarily store and process information. Examples: Come to the kitchen and you can have lunch.  | Use sentences that begin with the subject-plus-verb structure. Avoid beginning a sentence with conjunctions such as if, because, even though, or as long as).   |
| <b>Comprehension</b>             | Elderly patients with dementia might not understand a sentence the first time it’s spoken.  | Paraphrase the problem sentence in either of 2 ways: <ul style="list-style-type: none"> <li>• Repeat the sentence, omitting the part that the patient does not understand</li> <li>• Repeat the sentence in different words to reinforce meaning</li> </ul> |

## Reference

1. The Gerontological Society of America. Communicating with older adults: an evidence-based review of what really works. [http://www.agingresources.com/cms/wp-content/uploads/2012/10/GSA\\_Communicating-with-Older-Adults-low-Final.pdf](http://www.agingresources.com/cms/wp-content/uploads/2012/10/GSA_Communicating-with-Older-Adults-low-Final.pdf). Accessed July 23, 2013.