

## The Client

*If you ask Lydia, she does not have dementia. Maybe she needs a little help around the house because of her Parkinson's disease, but dementia? Absolutely not. After all, she was a high-powered attorney—her brain is perfectly sharp.*

*Her sister Deborah would tell a different story. Deborah watched Lydia's cognitive functions steadily deteriorate (a condition that often accommodates later-stage Parkinson's). Deborah suspected her sister needed help. But until we assessed the situation, no one knew just how much.*

## The Challenge

When Deborah contacted us, a traditional home care agency was “working” with Lydia, although they didn't seem to be doing any actual work.

We discovered that there was no schedule in place, the house was a mess, medications were being skipped or doubled, Lydia was only sleeping a few hours a night, and she regularly wandered the streets hallucinating. The care of the subpar agency was built around their own convenience, not Lydia's increasingly challenging needs. Deborah was astounded to learn that changing sheets and meal preparation is actually the bare minimum of care, and that our approach goes far above and beyond the basics.



## The Solution

Our first hurdle was to earn Lydia's trust. To avoid upsetting her, we accommodated her belief that she doesn't have dementia. We changed how we answered the phone, removing “dementia care” from our greeting. We also scrubbed all dementia references from any caregiver resume that Lydia might review. We realized that sometimes excellent care isn't just about influencing a client's behavior—but reviewing and adjusting our own.

Next, we conducted an in-depth assessment and created a customized care plan. Instead of asking, “How can we take care of our Parkinson's patient with paranoid delusions?” we approached the challenge as “How do we best take care of *Lydia*?”



We identified the three factors that most affect Lydia's quality of life: diet, exercise, and medication. Once we had those factors under control, we knew the rest of Lydia's care plan would fall into place.

We learned that Lydia used to ski, so we found a personal trainer who works with her on a ski machine. We knew that Lydia's nutrition needed an overhaul but that she wants to be in control: our solution was to encourage her look in the fridge and decide what she wants before we make it. (And if she wants ice cream, we simply ask if she's sure—invariably, she'll rethink her decision and opt for something healthier.) Taking her medications consistently has been a vital element in lessening Lydia's Parkinson's symptoms. To avoid skipping or doubling doses, we have Lydia on a strict schedule and communicate frequently with her doctor to adjust the dosage as needed.

## The Outcome

Thanks to her proactive sister, Lydia's situation has stabilized. Her house is clean, her fridge is stocked. She exercises regularly and visits a speech therapist. She no longer hallucinates or has night terrors. In fact, she regularly plays chess with her caregivers (and wins)—something that was previously unthinkable. Lydia still refuses to admit her own dementia, but that doesn't matter. What matters is that every day is a good day for Lydia—and for the sister who was determined to improve her quality of life.

**If someone you know with dementia is refusing care, needs medical help or has no quality of life, call us. We'll help you find a solution.**