

# Hints & Tips about Dementia

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## About Hints & Tips

Guideposts Trust is pleased to provide you with 'Hints & Tips about Dementia', which we hope you will find useful as a starting point. We are also able to support you with your own individual and local needs in more detail should you need it. We provide a free service for anybody affected by dementia be it as a partner, child, carer, friend or if you have dementia.

As a member of the Dementia Action Alliance we work in partnership with dementia services and organisations across the country in order to identify local, timely and appropriate information and support for you.

**24 Hour Dementia Helpline:** 0845 120 4048

**Email:** [info@dementiaweb.org.uk](mailto:info@dementiaweb.org.uk)

**Web:** [www.dementiaweb.org.uk](http://www.dementiaweb.org.uk)

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Primarily Hints & Tips is a guide only, it is not intended as a substitute for independent/expert advice; always consult a qualified professional about your own care or the person you care for.

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# 1. Understanding Dementia

## What is dementia?

- Dementia is the name given to a collection of symptoms that occur when the brain becomes damaged through disease. The disease causes loss of brain cells and the brain subsequently reduces in size. This damage to the brain changes the way that the brain functions and how a person responds to and copes with daily living
- There are many diseases with symptoms described as 'dementia' the most common is Alzheimer's disease
- Dementias are usually progressive which means that they get worse and cannot be cured
- No two people will respond to dementia in the same way although there are similarities within each disease

## What happens with dementia?

As a result of brain damage due to dementia, people may experience problems with:

- Memory loss, especially short term memory loss
- Interpreting what is going on around them
- Thinking things through, concentrating
- Understanding instructions
- Initiating, or starting something

- Calculating risk
- Learning new things
- Identifying familiar objects, places, people
- Using reason and judgement
- Being able to plan, forecast

## Supporting people with dementia what can I do?

- Try to put yourself in the person's situation and understand what they might be trying to say or what they are feeling and relate to that
- If memory loss is a problem, give tactful prompts about what time of day it is, what day it is, what you are going to do next
- A regular routine might help a person feel more secure and make it easier for them to remember what usually happens during the day
- Try not to contradict the person or get into an argument – you'll both end up exhausted! Try to 'go with the flow' and acknowledge what the person has said, even if you know it's incorrect
- Involve the person with daily activities and events, to keep their skills alive and be part of what is going on around them
- Break down tasks into sections that can be achieved step by step. For instance, lay out clothes in the order that they will be put on

- You might both find it enjoyable to share some happy memories from the past. Photographs and souvenirs may help jog a memory. A person who has short term memory loss may be able to remember things from a long time ago quite clearly
- Using questions that start with 'What / Where / How / Who / When' may be quite challenging to a person who has difficulty remembering so it might be worth trying to avoid these
- Sing!! Singing with a person who has dementia has been found to be an effective means of communication. Melody and rhythm can help a person who has become 'stuck' with their language or movement. A person with quite developed dementia and word finding difficulty may still be able to sing songs learned in their youth. Using these retained skills as part of the care you give to a person with dementia, may help their sense of well being and self-esteem
- Smile! Enjoy your time together – and don't forget to look after yourself

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## 2. Person Centred Care

### What is person centred care?

- It is a way of caring for a person with dementia as an individual with unique qualities
- It means looking at the world from the person's point of view 'standing in their place' and appreciating how they might be feeling
- This is very different from treating all people with dementia as if they are the same – it makes the care you give 'individual'

### What can I do to be 'person centred' when somebody has dementia?

These are a few ideas:

- Help the person do things for themselves as much as possible
- Make the most of a person's strengths
- Communicate as well as you possibly can, explaining what you are doing
- Try to foster an atmosphere of freedom, not control
- Share your day with the person as opposed to 'doing things to' a person

- Help the person to be included, to feel part of a community, carrying on with activities they have enjoyed before
- Treat the person as you would wish to be treated

**What should I try to avoid?**

Try not to:

- Restrict the person in order to fit in with a rigid routine. Although some routine is necessary, a degree of flexibility will help to give you both more of a feeling of freedom
- Treat the person like a child or speak to them in a childlike fashion even when you may feel like you are having to 'parent' the person you care for
- Use power to control the person. A person who has dementia can be very vulnerable. It may feel easy for you to slip into a powerful role and control situations. Achieving agreement to do something can feel like a more positive way to do things
- Ignore the person or confuse them by speaking quickly. Participating in communication can be hard work but the person you care for may feel a sense of having contributed
- Make fun of 'strange' or unusual behaviour. There may be meaning behind behaviours that need to be understood
- Deny choice altogether – instead make choice simple, less complicated. Show two items of clothing or suggest two options for lunch

- Dismiss what the person is saying if it seems unreal. What is happening to them and what they tell you is real to them
- Shout or use threatening body language. A person who has dementia can often retain the ability to sense your mood from your language and body posture even if they can no longer articulate what they are witnessing

**And what about me?**

- Being person centred starts with you! You need support and some time to look after yourself so that you can continue caring, 're-charge your batteries'

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## 3. Communication

### Problems that dementia causes

- The person you are caring for may be trying to interpret a world that no longer makes sense to them because their brain is interpreting information incorrectly
- Sometimes you and the person you care for will misinterpret each other's attempts at communication. These misunderstandings can be distressing for both parties
- A person with dementia may repeat what they are saying, may be slow to find a word or have difficulty finding the correct word, particularly the names of objects, places, people
- They may find it difficult to 'initiate' or start to do something, follow a conversation, follow a television programme, read a book or magazine
- They may start to say something and then forget what they were talking about. They may say things that are not true
- Many of these problems worsen as the person's dementia develops

### How you can help

- Try to be 'person centred' in your dealings with them – appreciate the person's difficulties, help them by focusing on what they can still do
- Acknowledge and clarify the person's feelings and what they are trying to communicate. This helps to 'validate' their experience
- Try not to contradict or argue, just 'go with the flow'. It may sound like a tall order to do this but an argument will exhaust you both and there will be very few winners. Winning an argument relies on remembering what has been said or agreed – and the person you care for may not be able to recall what has happened

### 10 top tips

- Make sure you have the person's attention before speaking to them. A person who has dementia may take some time to 'tune in' to what is happening. Have they just woken up, do they need time to adjust?
- Speak clearly and calmly. Try to avoid speaking sharply or raising your voice as this can cause distress to a person who has dementia
- Processing information will take the person longer than it used to – so allow time for a message to 'get through'
- Use simple, short sentences. A person who has memory loss is likely to remember the last thing that has been said
- Make sure that the lighting is sufficient for the person to see you and, if wearing glasses, that they are clean

- Make sure that any hearing aid is fitted and working. Reduce unnecessary background noise. A person who has dementia will have difficulty concentrating on too many things at once. Sounds like the TV, washing machine, vacuum cleaner etc can be very distracting
- Avoid too many closed questions (questions which require a 'Yes' or 'No' answer) – you might always get “No”! Instead of asking ‘Would you like a cup of tea?’ which might be declined – even though you know the person is thirsty – try something like ‘I’m just going to make a cuppa – do you fancy a biscuit with yours?’
- If the person you care for doesn’t understand what you are saying, try getting the message across in a different way
- As the dementia progresses, the person may become less able to start a conversation, so you may have to start taking the initiative
- In conversation, use familiar names and family phrases and jokes that the person has known for a long time. This can give a person a frame of reference for communication when everything else seems hard to grasp

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## 4. Diagnosis, Health Care and Therapies

### Diagnosis

- There are many conditions which have symptoms similar to dementia. This is why it is important to seek a diagnosis if you have concerns – the condition may *not* be dementia and may instead be a treatable illness
- If possible, keep a diary or note of any signs and symptoms that concern you. It could help with the diagnostic process
- It might be difficult to make a diagnosis, especially in the early stages of dementia. It might take quite some time for doctors to be able to confirm the likelihood that a person has a dementia, and what has been the cause
- A GP or specialist in the hospital or memory clinic (consultant psychiatrist, neurologist, geriatrician etc) may request blood tests, assess current mental abilities with a test called an MMSE<sup>i</sup>, review medical history, ask about current behaviours and problems, refer the person for a scan – all to help towards making the right diagnosis
- It can be important to know what type of dementia a person has. This is because different types of dementia can be affected by the different medications that are currently available. Some symptoms can be alleviated, some made worse if the wrong medication is prescribed

<sup>i</sup> MMSE Mini Mental State Examination.



## Health care

- If there is a memory clinic in your area, the person you care for may be linked with the clinic for the prescribing of medication and subsequent reviews
- The person's GP may continue to be the key health professional who looks after their care and reviews their condition
- You may be helped by a community psychiatric nurse, or someone from a mental health team or a dementia specialist nurse called an Admiral Nurse<sup>ii</sup>

## Medication and therapies

- There are four drugs available, mainly to alleviate symptoms of Alzheimer's disease. These are Donepezil (also known as Aricept), Galantamine (also known as Reminyl) and Rivastigmine (also known as Exelon). A fourth drug, Memantine (also known as Ebixa) works differently
- Not everyone can benefit from medication. Some people seek help from different forms of therapy
- The Royal College of Psychiatrists lists Complimentary and Alternative Therapies on its web site **www.rcpsych.ac.uk**. There is a section on brain function and dementia with guidance about herbal medications, foodstuffs and nutritional supplements advising how a product works and how beneficial it is

ii For more details about Admiral Nurses contact Dementia UK 020 7874 7200

- Music therapists are regulated by the Health and Care Professions Council. They are skilled musicians, trained to use improvisation to draw a person into shared music making, engaging and communicating with them. Music therapy can have a positive effect on a person's well being
- Music and singing are increasingly used individually and in groups of people who have dementia along with their carers. The Alzheimer's Society pioneered 'Singing for the Brain' groups which can help with articulation, concentration, focus and motivation
- General exercise and keeping physically fit can impact on a person's well being. Taking part in day-to-day activities gives a person a sense of worth that can then enhance mood
- Sensory rooms, which can be developed in a domestic setting, are designed to offer special sound and visual effects, tactile experiences, vibration, use of aromas and soothing music or sounds of nature. Some people who have dementia can be stimulated by such rooms, some may find a means of expression and others may be helped to relax
- The charity 'Pets as Therapy' provides volunteers with their P.A.T. Dogs and P.A.T. Cats to hospitals, hospices, residential care homes, day centres, special needs schools and many other establishments, providing comfort, companionship and therapy. Some people who have dementia have derived great benefit from contact with pets
- Dementia dog – is a new project based in Glasgow seeking to match people with dementia with assistance dogs nationally – visit **www.dementiadog.org** for further details



## 5. Personal Care

### Washing and dressing

- Someone with dementia may no longer realise that they need to wash or change their clothes. They may have memory loss and not realise that they have not washed for some time. They may have lost the ability to 'initiate' washing or dressing (unable to start to do something unprompted or unaided). They may have very strong beliefs that they are continuing to keep clean as they always have done
- It's really important to bear these thoughts in mind if somebody needs help with their personal care. It may explain why your efforts may sometimes be met with resistance, alarm or disbelief!
- A closed question such as 'Would you like me to help you have a wash/bath?' may be met with a rather final 'No thank you'. You could try a gentle reminder or prompt, or devise an occasion or outing which would encourage the person to want to be doubly sure about personal hygiene
- Finding an approach that works can be trial and error. Some people find chatting about a pleasant event whilst getting a bath ready works well
- Using familiar language for an activity can also help things along. Families often have esoteric language associated with the bathroom and these words can act as cues as to what to do

- Arranging the setting for personal care is another consideration. A person may want to make sure that they feel private. And that it is warm enough to start getting undressed

### Taking part

The person you care for is more likely to take part in their personal care and bathing if:

- Your approach is 'person centred'
- The environment reinforces the purpose of washing, bathing etc
- The surroundings and equipment used are what the person is familiar with
- The person is not in pain or discomfort or has a physical illness which affects their mobility
- There are no distractions whilst washing/dressing/bathing. Privacy is observed and the person's dignity maintained
- You 'cue' the person in to the action of washing or 'mirror' the action yourself

### A few do's and don'ts

- If you know what music the person enjoyed and relaxed to, try playing that whilst in the bathroom. Or try soothing, nature sounds

- Try singing together! This has been found to be a really effective way of helping a person relax whilst washing and dressing
- Don't have the bath filling up when the person enters the bathroom – dementia can distort how a person experiences sound and the noise can be very alarming
- It may be helpful for the person to have something in their hands whilst you help wash them – such as a flannel, sponge or washable soft toy

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## 6. Keeping Active and Occupied

### Why a person with dementia needs to be active

- Being active and being occupied engages an individual in a rewarding and purposeful pursuit. It is a way of passing the time that has an outcome, however small or transitory that might be
- Activity and occupation should provide an opportunity to promote a sense of usefulness, well being, motivation and stimulation
- Activities are still worth the effort even if the person has problems with the sequence and completion of the task. ‘Success’ is measured by taking part, by enjoying, being satisfied and stimulated
- Although the person you care for may not be able to recall any part of the activity once it has finished, they may have benefited greatly during the activity and may retain an ‘emotional memory’ that is pleasant and fulfilling

### Well and ill being

- ‘Well being’ and ‘ill being’ indicators are ways of measuring and monitoring a person’s sense of worth, contentment, self-esteem, confidence and hope. When a person’s needs are being met, they will feel positive about themselves and the environment they live in. If the person’s needs are not being met their well-being declines

- Activity and occupation can support a person's well being

### Types of activity

- **Therapeutic:**  
Reminiscence therapy, music/art therapy, sensory and multi sensory stimulation, doll therapy, reflexology, aroma therapy, massage (hand massage or foot massage)
- **Day to day living:**  
Involvement in everyday tasks and activities promote a sense of independence. For many people they are continuing to do something they enjoy and this helps them feel useful
- Washing and dressing, making a meal/cooking under supervision, dusting, sweeping, washing and drying dishes, folding clothes, tidying a room, sorting out a drawer, collecting the newspaper from the local shop, attending church
- **Leisure:**  
Arts and crafts, games, music, dancing, singsong, cinema, drama, reading, walking, gardening, needle work / knitting
- **A Developmental Model**  
Some activities may be more appropriate for people at different stages in their dementia:
  - Early dementia: Games, sports, quizzes, crafts
  - Early to middle dementia: Music, dance, drama, stories, reminiscence
  - Middle to late dementia: Movement, massage, soft toys/ dolls multi sensory stimulation
  - Late dementia: Singing, rocking, stroking, holding

## 7. Eating and Drinking

### Problems with eating and drinking

- A person with dementia who has memory loss may not realise that they haven't had a drink or some food for some time. They may stare at food or drink and not make the connection that they need to eat or drink it
- They may have lost the ability to 'initiate' eating and drinking (be unable to start to do something unprompted or unaided). The person may have very strong beliefs that they are continuing to eat and drink as they always have done
- Monitoring a person's intake of food and drink is vital. When did you last see the person eating/drinking? If you've made a drink for the person, did you see it being consumed? How much did they consume? How do you keep a note of these details?
- Try to be alert to signs that someone may be very hungry or thirsty – restless, difficult or angry behaviour may be as a result of hunger and/or thirst
- Look out for signs of dehydration which is a serious threat to a person's health. Signs might be: persistent tiredness, nausea, confusion, back pain, rapid breathing, dry mouth, lethargy, heartburn, muscle weakness, dizziness, headaches, dry eyes, constipation, darker coloured urine

## Maintaining independence

A person with dementia may eat and drink better if:

- There are environmental cues which reinforce the purpose of eating and drinking e.g. sounds and smells associated with food and drink
- The food and drink that is offered is the person's preferred choice
- The person does not have an illness that affects appetite or eating
- There are no distractions whilst eating
- The crockery is bold coloured, red has proved to be very effective but try any bold colour that especially an older person can easily see
- Special cutlery is provided for those who have difficulty holding/using cutlery. Using a spoon may be easier than coordinating a knife and fork for some people

## A few suggestions

- Try to make eating and drinking into a sociable pleasant event – sitting at a table laid with a tablecloth rather than offering food to a person who hasn't moved from a chair
- Offer a variety of finger foods for a person who can no longer use knives, forks or spoons
- Direct any artificial light towards what is on the plate to enable a person to see. Or sit a person near a window

- Timing is so important. If you can hit on the right time for a person with dementia to have a meal you may have more success than offering meals at set times
- Also try new recipes and flavours as the sense of taste may change with the progression of dementia. Incorporate herbs and spices as methods of giving flavour
- Share the mealtime experience giving the chance to 'cue' the person into what is happening and 'mirror' your actions
- If you have any concerns about somebody's nutritional intake, request a dietician referral via your GP
- If you have concerns regarding somebody's abilities to swallow, contact your GP for a speech and language therapy referral
- Make sure that they are not experiencing any problems with teeth or ill fitting dentures if they suddenly stop eating
- If only half of the plate of food has been eaten try turning it 180 degrees – they may not be seeing the food on the other side of the plate

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## 8. Behaviours that Challenge

### What does challenging behaviour mean?

- There are some 'behaviours' which are not common or inevitable when a person develops dementia. But they do occur occasionally and are described as 'challenging behaviours'
- These behaviours are often signs that someone is trying to communicate a need that they have. But we, as carers, have been unable to recognise or address the need they have. For example:
  - A person has been showing signs of needing to go to the toilet and now they have had an 'accident' and have become distressed. They are pulling at their wet clothing and have started to bang on the furniture. They hit out at anyone nearby and can not be pacified
  - This is an example of when a person had a need; it was not identified and so was not met. This has left the person feeling distressed, uncomfortable, humiliated and angry

### What does challenging behaviour look like?

- Here are some more examples of behaviours that challenge the person with dementia and their carer(s). They can also be seen as expressions of a need that has not been met:

- Wandering or walking. The term 'wandering' is often used to describe a person walking about in a seemingly aimless fashion, looking for something or someone. We might more properly describe the activity as walking, not wandering. The person with dementia may have a purpose when walking – but the challenge for the carer is to understand what the purpose is and how to resolve the need to walk
- Aggressive behaviour (such as hitting out, spitting, scratching, swearing) may, in some circumstances, be a normal response to a difficult situation. It may be that the person behaves in this way because they are trying to communicate a host of emotional or physical problems
- Passive behaviour (such as sitting for long periods staring into the distance, not joining in with contact with others). When a person sinks into very passive behaviour they become uncommunicative and no longer engage in the world around them. They seem to have 'opted out' of life
- Not eating and drinking, consequently at risk of losing weight and dehydration. Malnourishment is not an inevitable part of dementia but weight loss often accompanies the disease. Dehydration can occur rapidly with a person who has dementia with memory loss. Dehydration can cause a person to become very confused and display behaviours which may be mistakenly diagnosed as being psychotic

## What to do?

- **Walking:** Consider whether the person is walking to look for interest and companionship. Are they wanting to continue walking outside each day because it has been their habit to do this? Can this continue? Can the person you care for be included in purposeful activity?
- **Aggression:** Have a look for triggers that might prompt a reaction. Watch for signs of agitation. Ask yourself if the person's basic needs for warmth, food, fluid, rest, affection, respect, privacy and dignity are being met. Are they in pain, bored, frustrated?
- **Passive behaviour:** Try to include the person in day-to-day activities so that they are not isolated from the world around them. When did they last join in activity that prompted pleasant memories, sharing past achievements and family events? Ask for a medical opinion and assessment if depression is suspected
- **Weight loss and dehydration:** Regularly monitor a person's food and fluid intake. Try to find out what the person weighs and monitor this as an accurate measure. Incorporate the person's choices, preferences and habits when designing mealtimes. Be aware of the common signs of dehydration so that intervention can be instigated soon

## 9. Care at Home and Care Homes

### Care at home

- Many people who have dementia develop complex needs. They may require care or supervision through the day and also during the night. This need for care is often more than one person – a carer – can manage alone
- When a person's needs are developing and another pair of hands is required, it's time to seek extra input
- If you have family members/friends who can be engaged to share the task of caring, you will benefit from having a rota and agreeing a consistent way of caring. It will help the person who has dementia if carers respond to their needs in a similar fashion
- If you wish to engage paid carers you could contract privately. Find out which agencies are registered in your area by contacting the Care Quality Commission Telephone: **03000 616161**.  
Web site: **<http://www.cqc.org.uk/>**
- The person who has dementia is entitled to an assessment of their needs. Contact the local social services department and request an assessment. If care is needed, it may be provided by the local authority or an agency contracted by them. A financial assessment will assess the person's contribution towards this care



- The government has introduced other ways of arranging care services via direct payments and individual and personal budgets. More information about these and general care at home can be sought from your local authority or from a voluntary body such as Age UK. The guide Care at Home is available by telephoning **0800 169 65 65** or can be downloaded from this section of the Age UK website <http://www.ageuk.org.uk/home-and-care/help-at-home/>

Care homes

- Moving into a care home is a big step to take – for both the person with dementia and for their carer. It can be a huge change in someone’s life and rarely takes place without a lot of heart searching, hard work and planning
- Major concerns are, for example, how to pay for a care home place, how to find the right home, how to ensure that care is as good as it should be, what happens after a person has moved in
- There are many organisations which have information and help answer some of these questions, just two are:
  - Age UK which has comprehensive information about ‘How to find a care home’ and related subjects – contact details above
  - The Alzheimer’s Society which has a series of fact sheets on matters related to care and support. Contact the head office on Telephone: **020 7423 3500** or access the web site at <http://www.alzheimers.org.uk/>. The Alzheimer’s Society also hosts a forum where carers can

‘talk’ to each other on-line, sharing their knowledge and experience of this and other subjects

- For people who have moved into a care home and their relatives there is a specialist organisation called the Relatives and Residents Association. This organisation has help, information and support which is informed by extensive experience of the care home industry. Telephone: **020 7359 8136**. Web site: <http://www.relres.org/>

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## 10. Support

### Acknowledging your needs

- Sometimes, there is such a gradual build up of caring responsibilities that you hardly notice the shift from being a spouse, partner, child or friend to becoming a 'carer'
- By the time you acknowledge this role for yourself, you may have been looking after a loved one who has dementia for many years
- 1 in 8 adults in the UK is a carer – that's about 6 million people. As a carer, you're part of a very large group that also saves this country £87 billion pounds each year!

### Entitlements

In this vital role of carer, what are you entitled to?

- **Carers Assessment:**  
Carers have a legal right to an assessment if the care they give to someone is for 'a substantial amount of time on a regular basis'. (Carers (Recognition & Services) Act 1995 and the Carers & Disabled Children Act 2000). If the person you care for is known to the local social services department, you may be offered a carer's assessment

If not, you can ask for one. The purpose would be to discuss with social services the help you need with caring, plus help to maintain your own health and balance caring with your life, work and family commitments

- **Financial Benefits:**

There are many benefits aimed at helping people with a disability and their carers – but eligibility conditions vary widely and individuals need to approach this subject with patience and persistence!

If you would like to know more about what to claim and how to claim try to get in touch with a local carers' support group (see contact details below), an Age UK branch or local Citizens' Advice Bureau

- **Time off:**

The local authority social services department has a responsibility for arranging services that help you to take a break from caring. This is usually done via a carer's assessment or may be part of the 'cared for' person's care package

You will need to ask for information on the range of providers of services which will help you to take a break, and how they can help to pay for break services

### Who cares for me?

- It may be hard to do this – but as a carer, you need to care for yourself too. Looking after your own health and well being is vital to the continuation of your caring role. Try to take time out that's just for **YOU**
- There are support organisations nationally and locally which recognise the role of carers. Carers UK, Telephone: **0808 808 7777**, web site: **www.carersuk.org**. Carers UK

has an on-line carers' forum and information sheets. They can also put you in touch with your local carers' groups or give information about what is available in your county

- Most areas now have courses to support and advise carers. A Government initiative is 'Caring with Confidence' – a series of locally delivered sessions for carers that inform and provide support. For more information, Telephone: **0800 849 2349** (Carer Information Line)

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## 11. Dementia Web, Helpline and Information Prescription

### Information Prescriptions

We will provide you with a written *Information Prescription* including a list of key services, dementia organisations and useful numbers for you in your local area, and also respond to any specific enquiry.

Four Easy Steps to your Personal and Local Information Prescription:

- Contact us by telephone, email or by post to request an Information Prescription.  
**Phone:** 0845 120 4048  
**Email:** info@dementiaweb.org.uk  
**Postal address:** Dementia web, Guideposts Trust, Willow Tree House, Station Lane, Witney, OX28 4BH
- Provide us with your name, address and postcode.
- Tell us about your dementia diagnosis e.g. Alzheimer's disease, vascular, Lewy Bodies etc.
- Let us know if you require any specific information for example: you have just been diagnosed, medication, power of attorney, benefits, care, personal and family support.

*Please note that we will not recommend any individual services or organisations and aim to provide you with an impartial selection of options for you to choose from.*



We would very much appreciate your feedback about Hints & Tips. Please complete the evaluation form and return in the enclosed free post envelope. If you do not have a copy of the evaluation form and envelope please call **0845 1204048**

As a charity we also very much welcome donations to support the publication of Hints & Tips, the work of Guideposts Trust and Dementia web. Please contact **01993 893565** for further information or to make a donation.

*Thank you.*

[www.dementiaweb.org.uk](http://www.dementiaweb.org.uk)



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