

PRACTICAL SUGGESTIONS FOR UNDERSTANDING BATHING RESISTIVENESS

POSSIBLE CAUSES

PHYSIOLOGICAL OR MEDICAL CAUSES:

- Depression, causing loss of interest in personal hygiene
- Physical Illness, causing loss of interest, energy, and ability for self care. (eg. Flu, chest or urinary tract infection)
- Different sensation of water due to brain damage
- Changed sense of perception of hot and cold temperature. This may be caused by damage to the hypothalamus region of brain which regulates "internal thermostat"

ENVIRONMENTAL CAUSES:

- Poor lighting – unable to see bathtub or shower
- Cannot find the bathroom
- Lack of privacy (especially in long term care settings)
- Room temperature too cold
- Water too deep
- Water too hot or cold

OTHER CAUSES:

- Socio-cultural aspects of bathing to consider for this population of elders; we must remember that many people in this generation:
 - did not bathe daily, possibly not even weekly or monthly
 - did not often bathe immersed in water
 - never appeared nude before strangers or other family members
 - are frightened of water
 - are not as familiar with showers, mechanical lifts Jacuzzis/ whirl pool baths

OTHER CAUSES cont'd.

- Fear of falling
- Fear of water or of being hurt by it
- Disruption in daily routine or schedule
- Unfamiliar caregivers
- Mechanics of taking a bath too overwhelming (too many steps involved)
- Purpose of bath forgotten
- Humiliation of being reminded to take a bath
- Agitated from an upsetting situation, such as an argument with caregiver.
- Feeling if being rushed by caregiver
- Feeling embarrassed and vulnerable about being naked or having another person in the bathroom.
- Fatigue
- Fear of hair washing, which is no longer understood
- Person kept waiting too long while caregiver prepares bath
- Fear of soap, washcloth, sound of running water, bath equipment
- Distant past, life experiences. Some older adults are survivors of wars and concentration camps. Showers were recognized as places of death and torture. Others may have had bad experiences in washrooms, that they never discussed/ shared with anyone.

COPING STRATEGIES

- EXPLAIN, activity you are introducing. Give person a reason to want to do it..."It is laundry day, I need your clothes for the washer" OR "You'll want to be nice and clean and fresh before going out to restaurant/ church" OR " Your family is coming to visit".

COPING STRATEGIES cont'd.

- Instead of insulting person with dementia and putting them on the defense by saying they "smell"; TRY SAYING: "freshening up"; "feeling better"; "While the water is hot"; "Before the hot water is used up"; "This will help you sleep". Try asking the person to help you in the bathroom.
- Evaluate the best time of day for bathing. Try to be consistent with their past bathing routine before onset of illness (morning, noon, night; how often). Also consider time of day person is most relaxed, and type of bathing (tub, shower, sponge bath)
- Make sure bathroom is warm enough and inviting BEFORE person accompanied into bathroom.
- Pull down blinds, close curtains and doors to create a feeling of privacy
- Remove bathroom articles not necessary for the bath (they could provide distraction from task at hand)
- Provide adequate lighting in bathroom, especially during evening hours
- Contrasting non-slip mat on bottom of tub(indicates where tub ends) Light bubbles on surface will show where water begins. Placing a damp contrasting towel over the edge of the tub will help define the edge of the tub.
- Break bathing procedure down into many, simple steps. Introduce ONE STEP AT A TIME. (Start with undressing, then into the tub, sitting down, using soap and washcloth)
- Collect all necessary equipment (towel, soap, washcloth, skin lotion, supplies for mouth/tooth care) Give items in order of use to help person do what they can for themselves. Encourage person to contribute to this routine as much as possible
- Spend a few minutes socializing and sitting to develop sense of trust and comfort
- Start with an invitation "I have a nice warm bath ready for you – let's go this way"

COPING STRATEGIES cont'd.

- Explain what you are going to do during each step. The person may be easily startled or upset by sudden movement or an unexpected procedure.
- Wrap a towel around shoulders of person sitting in tub (keeps them warm and decreases embarrassment of being undressed) **RESPECT PERSON'S PRIVACY AND DIGNITY**
- Start by gently offering warm, wet facecloth and placing it in person's hand. He/she may automatically start to bathe. Do not start by washing the face as this may startle and frighten person.
- Try bathing instructions written by a doctor on a prescription pad. For example "Bathe 2 or 3 times weekly"
- Prepare bath ahead of time. Check water level. Some people can only tolerate 1 inch of water in tub; others 3-4 inches
- Lay out soap, washcloth, towel and clean clothes in sequence so that the person with dementia won't have to wait
- Use a calm, relaxed, matter-of-fact approach. ("Mother, your bath water is ready.")
- Avoid getting into lengthy discussions about whether a bath is needed. Instead tell the person one step at a time what to do to get ready for the bath.
- Simplify task of bathing as much as possible. Do one step at a time, gently talking the person through each step. Combine visual and verbal cues when giving instructions. Use simple, respectful language.
- Try not to get nervous or excited or threaten the person who objects to taking a bath. This only causes additional agitation and frustration. It may be helpful to wait and try again later when person's mood is more favorable.
- Try offering the person one or two choices. ("Would you like to have a bath or shower?" or "Would you like to take your bath now or before going to bed?")

COPING STRATEGIES cont'd.

- Encourage a bath instead of a shower if person can get in and out of tub. Baths are generally safer, less frightening and easier for the caregiver to manage. Try a low chair in tub
- Try showering with the person. Sometimes this is the simplest solution, although not all caregivers are in a position to do this.
- Let person feel the water before getting into the tub. Sometimes gently pouring water over hands reassures the person that the water isn't too hot. Saying something like "The water feels nice" or "This feels good," may help calm the person.
- Don't bathe the person everyday, if bathing continues to be difficult. A partial sponge bath daily and a full bath every three or four days since the last bath.
- Offer a "reward" such as a favorite food or an activity like going for a drive in the car. This may be an effective way of cajoling the person into taking a bath. Having something to look forward to sometimes takes the focus off the task.
- Try using a bath chart or calendar to indicate when baths were given. For example, caregiver might point to a note or a sticker on a calendar to show the person that it has been three or four days since the last bath.
- Try separating hair washing from bathing. Some people with dementia associate bathing with having their hair washed and become terribly upset, because water being poured over their head frightens them. Sometimes hair washing can be done separately in a beauty shop. Try a shower cap when bathing, or it may be easier to wash hair in kitchen sink if there isn't a spray attachment in the bathtub. Also try dry shampoo.
- Be sure all parts of the body, especially the genital area, are thoroughly washed to avoid rashes and infections.

COPING STRATEGIES cont'd.

- Try giving the person with dementia a washcloth to hold or something to fiddle with for distraction while bathing.
- Play soft music in the background to create a calming and relaxing atmosphere.
- Try tomato juice added to bathwater, if persistent body odor is a problem
- Be sure person is thoroughly dry. Use a refreshing afterbath scent and dry skin lotion to keep the skin moisturized. Baby powder can also be used. Remember, powder on floor can be slippery. Cornstarch is an inexpensive odorless, nonallergic substitute for talcum powder.
- While the person is undressed, check the skin for rashes or sores. If any red areas or sores appear, notify the doctor immediately. Pressure sores or decubitus ulcers can develop quickly on people who sit or lie down much of the time.
- Check the person's toenails and trim them as necessary. Proper foot care is essential to prevent problems such as ingrown toenails. If trimming nails is difficult, have the person seen regularly by a podiatrist.
- Allow time to assist, unrushed, with this relaxing, refreshing bath. Make bath time positively significant.
- Try giving person a "nutrition boost" before beginning a bath. (cheese and crackers, peanut butter and jam sandwich, muffin, milk pudding, a shake or smoothie)
- Some creative care givers use a towel that is fastened with velcro around waist or chest that can be easily removed just before getting into water then easily put on once removed from tub area.
- If person is resistive to removal of nightgown or pajama bottoms, allow them to be left on. These can be removed in the tub while you are distracting him / her via conversation and explanation.

COPING STRATEGIES cont'd.

- Try cues such as turning on the spray nozzle; warning that a shower is coming.
- BE CREATIVE
- If person becomes agitated, STOP, try again later with a different tactic

OTHER CONSIDERATIONS

- Many families have found that a bath seat and a "hand-held" shower/ hose greatly reduces the bathtime crisis. The seat is safer and the controlled flow of water is less upsetting to the person with dementia.
- NEVER LEAVE THE PERSON ALONE IN THE TUB
- Always check the temperature of bath or shower, even if the person in the past has done it for himself.
- Avoid frequent use of bath bubbles and oils as they can make the tub slippery. They can also add to vaginal infections in women.
- If person is absolutely refusing a bath or sponge bath and if his/her lack of hygiene is intolerable, consult a doctor. For some people, medications **AS AN ABSOLUTE LAST RESORT** may ease the anxiety. Use only with very careful supervision. Sometimes these medications have side effects and occasionally they increase the agitation.
- In later stages of dementia when total assistance with personal care may be needed, thorough and careful attention to hygiene is important in preventing skin breakdown. This becomes a major challenge for caregivers coping with urinary and bowel incontinence.

OTHER CONSIDERATIONS cont'd.

- Please keep in mind that bathing is a very personal and private activity. Many people have never completely undressed in front of anyone else; creating an uncomfortable and vulnerable experience. When a caregiver offers to help someone who is confused, it is a strong statement that the person is no longer able to do for him/herself. This loss of independence can be terribly difficult for people with dementing illnesses and place them on the "defence". It is important to recognize that these feelings may be contributing to some of the resistance to bathing. **DO NOT TAKE IT PERSONALLY!**
- A generation ago, most people did not bathe and change their clothes as often as we do today. Taking a bath once a week may have been the way the person did things in his/her home.
- **IN LONG TERM CARE SETTINGS:**
 - be sensitive to approaches used when talking to residents about bathing
 - try making the bath schedule flexible to accommodate the person's mood
 - allow plenty of time for individuals to relax and enjoy a quiet, peaceful bath
 - train staff or family members who assist with bathing to allow people to do as much of bathing themselves whenever possible
 - consider making bathroom environment warm, familiar, and private.
 - Be aware some people with dementia become upset When required to take a whirlpool bath. Institutional equipment such as whirlpool baths can be impersonal and terrifying.
 - avoid using commode chairs when giving showers. This practice encourages people to be incontinent when bathing

OTHER CONSIDERATIONS cont'd.

- IN LONG TERM CARE SETTINGS cont'd.
 - Avoid forcing or arguing with a person to take a bath When he/she is resistant. This only causes further agitation

- MAKING THE BATHROOM / PERSON SAFE:
 - as a safety precaution, adjust temperature setting on the hot water heater so that the water is not scalding (between 120 – 130 degrees F)
 - since the person may have an altered sense of hot and cold, adjust the water temperature to his / her comfort
 - avoid leaving an impaired person alone in the tub or shower
 - remove locks from the bathroom door
 - use plastic instead of glass containers in the bathtub/ bathroom area
 - make sure hairdryers, electric razors, are out of reach
 - use a non-slip bathmat on the floor outside the tub. Be sure there are no puddles of water on the floor
 - if the person is concerned about falling while getting out of the tub, let the water drain out first.
 - If Lubriderm or other oil is used, be careful of slippery residue on the tub
 - Put a contrasting rubber mat or non-skid decals on the bottom of the tub or shower area
 - Install grab bars so that the person can get in and out of the tub easily. These bars can be mounted to the wall or they can clamp on the side of the tub
 - A hand-held spray attachment on a flexible hose can convert a tub into a shower. The attachment can be helpful for rinsing the person thoroughly and makes washing hair much easier.

OTHER CONSIDERATIONS cont'd.

MAKING THE BATHROOM/PERSON SAFE cont'd.

- Adjustable safety benches or bath chairs (which have holes in the seat so the water can drain) can be used in both tub or shower. These help make people feel more secure because they are sitting above the water. If safety benches aren't available, try a kitchen chair.
- Assistive devices are available at drug stores that have a "home care section" (Some Shopper's Drug Mart's; Dales Pharmacy in Brampton, Therapy Supplies, Medical Mart in Mississauga, and Sears catalogue also has some items)
- If in doubt about safety, contact CCAC (Community Care Access Centre) to arrange for an Occupational Therapist to come out to your home and make suggestions assuring a safe environment for your loved one with dementia.

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