

CARING FOR DEMENTIA PATIENTS AT THE END OF LIFE: NURSES' POINT OF VIEW

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INTRODUCTION

DEMENTIA: Progressive loss of brain function affecting memory, communication and identity. Over time, patients become totally dependant ¹.

Global Concern: 50 million affected, rising incidence linked to *aging* ².

End-of-Life Care prioritizes comfort and quality of life. Patients with dementia receive SUBOPTIMAL care and NEED specialized healthcare approaches ^{5,6,7}.

Nursing Role: Central to explore complexities and enhancing patient experience.

#7 LEADING CAUSE OF DEATH ³

OLDER ADULTS AFFECTED ⁴

OBJECTIVE

To explore the experiences of nurses involved in end-of-life care for individuals with dementia, seeking to gain insights that could help improve the quality of care provided to this vulnerable population.



METHODOLOGY

DATA BASES:



¿What are nurses' experiences with providing end of life care to patients with dementia?

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Nurses*	Experiences AND Palliative Care*	Dementia*

*MeSH terms + synonyms combined with the boolean term OR

ARTICLE SELECTION:

N=184 FROM DATABASES



N=95 SCREENED



N=10 ARTICLES INCLUDED

LITERATURE REVIEW

INCLUDED:

DATE: 2014-2024

LANGUAGE: English and Spanish

Testimonies from Nurses

EXCLUDED:

Grey literature

Testimonies from other health professionals



RESULTS

LIMITATIONS TO QUALITY CARE

Time constraints + limited resources + heavy workloads = **BURNOUT** ^{8,9,10}

Threats to the continuity of care: Economic measures, temporary staff ¹¹

EDUCATION / INTERDISCIPLINARY COLLABORATION



Understanding of pharmacology: legal/moral responsibilities

! IMPORTANCE OF TEAMWORK !



COMMUNICATION / PAIN MANAGEMENT

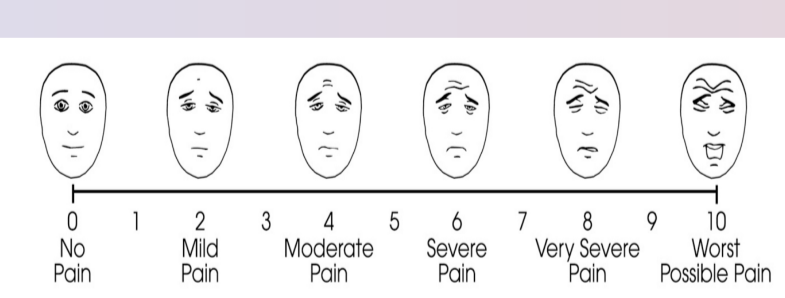
Pain management in dementia is complex due to **communication impairments** ^{10,11,12}.

Facilitators ^{9,12}:

- Life story
- Interprofessional cooperation
- Familiarity with behavioral patterns
- Experience

PAY ATTENTION TO NON-VERBAL CUES! Agitation / facial expression / mood changes / behavioural indicators

Observational Pain Tools (OPTs): quick pain detection, determination of its severity and control of treatment efficacy ¹³.



PAINAD/Abbey Pain Scale

Non-pharmacological pain relief options: Heating pads, listening to music, touch, massages...¹²

WORKING WITH THE FAMILY

- Family members are valuable resources ^{9,14}.
- Advance Care Planning:** Empowers patient voice and autonomy ¹⁷.
- Active Listening: Person centered-care, shared decisions, fosters cooperation ¹⁴.
- Supporting Families: Addressing misconceptions, providing **information** ^{11,14,18}.
- Existential Support: Open discussions, empathy, preparation.



PHILOSOPHY OF PALLIATIVE CARE

DIGNITY

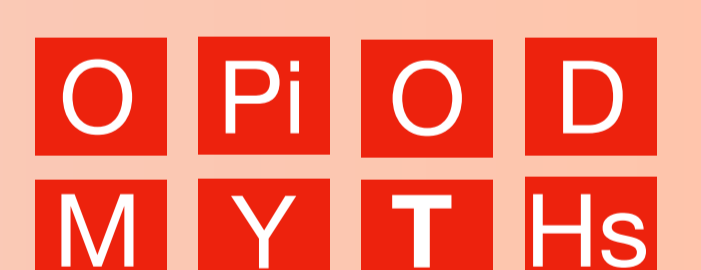
- Recognizing individuality
- Building Trust
- Respecting wishes ¹⁵

COMFORT

- Pain control
- Hygiene
- **Alleviate suffering** ¹⁴

PEACE

- Safe environment
- Familiarity with health professionals
- Being surrounded by loved ones ^{14,15}



MORPHINE



CONCLUSION

Nurses face multifaceted challenges in this area of healthcare, including **time constraints**, **communication barriers**, and **knowledge gaps**. We highlight the need for **interdisciplinary collaboration** and the benefits of **family involvement** to achieve person-centeredness. Despite the obstacles, nurses strive to uphold quality care and dignity for their patients.

IMPLICATIONS

Research: Further investigation needed. Exploring pain tools & non-drug methods for better dementia care.

Practice: Educate nurses, enhance teamwork for better dementia care.

Education: Teach palliative & dementia care for future nurses.

BIBLIOGRAPHY

