



Changing Words, *Touching Lives*

A Book on Dementia Language Guidelines

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Words can hurt.

Pull the tab to see the effect of using the right words.

Hurt can come in different forms; it doesn't have to be physical. Sometimes words can hurt, too. And when they do, it's more than just skin deep.

The aim of this book is to enable readers, who may be caregivers for persons living with dementia or others who interact with them, to use the appropriate words that will not hurt them.

Certain words have been printed on images of skin on the pages featuring the Dementia Language Guidelines (pages 6 – 12). The words you see at first are words that have the potential to hurt and scar persons living with dementia if we use them.

But if we care enough to keep these words out of conversations about dementia or with persons living with dementia (by pulling out the tabs), we can prevent them from being hurt and scarred by our words.

The words we use can have a significant and lasting impact. Hence it is important to adopt the use of the appropriate words early, not just for the sake of persons living with dementia, but also to change the mindset of the community towards it.

A few years ago, we realised the importance of using the correct language when talking about dementia and were inspired by our colleagues from Dementia Australia to develop our very own localised Dementia Language Guidebook.

The Singapore guidebook is in our four national languages and will refer to the local terms for dementia and the appropriate local words to use. This Guidebook is part of ADA's nationwide campaign “#DespiteDementia”, which hopes to increase awareness of dementia and the importance of reducing the stigma associated with it. Adopting the person-centred approach, this Dementia Language Guidebook also enables its readers to see people with dementia as individuals, and beyond the condition.

The production of this guidebook would not have been possible without the help of many organisations and individuals who contributed their time and resources. In no particular order of importance, this includes Yohanna Abdullah and Siti Aisha Binte Salim, our Malay translators;

*“... We can
all contribute and
enable persons with
dementia to live
in happiness and
with dignity in their
own homes and our
communities...”*

V Prema, Smita Giridhar, M. Mariappan, C Kasinthra and C Sangary, our Tamil translators; Grace Yee and Wendy Wei, our two caregivers who believed in what we hope to achieve with our Dementia Language Guidelines and took time to contribute their reflections; Steven Lau, a person living with dementia for sharing with us his thoughts on this guidebook; our ADA volunteer Ng Swee Larn; Dr Philip Yap, Senior Consultant, Geriatrician & Palliative Care Physician at Khoo Teck Puat Hospital; our friends from Club HEAL, and last but not least, Lien Foundation, our co-collaborator for this important project.

We sincerely hope that everyone, especially those who write and talk about dementia, will refer to this guide and play a part to reduce the stigma about dementia. We can all contribute and enable persons with dementia to live in happiness and with dignity in their own homes and our communities.

Jason Foo
Chief Executive Officer
Alzheimer's Disease Association
Feb 2020



1 in 10 people above the age of 60 has dementia, according to the Institute of Mental Health in Singapore, with the condition affecting 1 in 2 of those above 85. This translates to an estimated 82,000 cases locally in 2018. The number is expected to exceed 100,000 by 2030 and go beyond as our population ages rapidly.

240,000 by 2050

With such astounding numbers, it is impossible to rely on any one organisation or even the government to address this pressing issue.

Unfortunately, dementia stigma is still very prevalent in Singapore, as discovered in a nationwide survey by Alzheimer's Disease Association (ADA) and Singapore Management University (SMU) in 2019. The 'Remember.For.Me' survey revealed that among persons with dementia interviewed, 3 in 4 felt rejection and loneliness, and more than 1 in 2 felt that others acted as though they were less competent due to their condition.

**Additionally,
nearly 30% of
caregivers surveyed
felt embarrassed while
caring for their loved
ones with dementia
in public.**

The need for more dementia education and awareness was also underlined with more than half of our general public rating themselves low in dementia knowledge, indicating discomfort when interacting with persons with dementia.

To help Singapore reduce this stigma, ADA and Lien Foundation have produced this Dementia Language Guidebook and hope that it will help us use the appropriate language when writing or speaking about dementia.

Thank you for taking this step with us to build a more dementia-inclusive Singapore. Download the soft copy of these guidelines here:

alz.org.sg/wordshurt

Dementia in Singapore



Overview

The content in the following pages are adapted and translated from Dementia Australia's "Dementia Language Guidelines", which was developed to promote the consistent use of appropriate language when talking about dementia or people with dementia.

In general, appropriate language must be:

Respectful

***Non-
Stigmatising***

Empowering

Accurate

Inclusive

All content has been organised for practical use as a quick reference in various situations. The detailed Australian guideline may be found in the link below:

<https://www.dementia.org.au/resources/dementia-language-guidelines>

Talking about Dementia

Dementia is an umbrella term used to describe symptoms of impairment in memory, communication and thinking.

Many of the words to avoid are outdated and were used when it was thought that symptoms presented were simply a normal part of ageing, rather than caused by specific types of disorders of the brain.



Pull the tab to make this word that can hurt and leave a scar disappear.

Preferred Words

Dementia

Alzheimer's Disease and other forms of dementia

A type of dementia

Symptoms of dementia

முதுமை மறதி

அல்சைமர் நோய் மற்றும் பிற வகையான முதுமை மறதி

ஒரு வகை முதுமை மறதி

முதுமை அறிகுறிகள்

失智症

阿茲海默症与其他类型失智症

失智症的一种类

失智症的症状

Demensia

Penyakit alzheimer dan bentuk lain demensia

Sejenis demensia

Gejala demensia

Talking about People with Dementia



Pull the tab to make this word that can hurt and leave a scar disappear.

Preferred Words

**Person/People
with dementia**

失智症人士
被诊断失智症的人士

**Person/People
living with
dementia**

**Person/People
with a diagnosis of
dementia**

நபர் அல்லது
முதுமை மறதி
உள்ளவர்கள்

**Orang yang
menghidapi
demensia**

நபர் அல்லது
முதுமை மறதியுடன்
வாழும் மக்கள்

**Orang yang hidup
bersama demensia**

முதுமை மறதி
நோயைக்
கண்டறிந்த நபர் /
நபர்கள்

**Orang yang
mempunyai
diagnosis demensia**

Words such as ‘demented’, ‘sufferer’ and ‘victim’ are demeaning and derogatory, and contribute to the stigma associated with dementia and places the condition before the person.

We should always remember to use words that maintain the dignity of the person, and that do not place judgements on the individual just because they have dementia.



Talking about People with Dementia Under 65



Pull the tab to make this word that can hurt and leave a scar disappear.

The term 'Young onset dementia' is preferred to prevent confusion when talking about people with dementia under 65, as 'Early onset' is sometimes also applied to the earlier stages of dementia when the first symptoms are observed and experienced.

Preferred Words

**Young onset
dementia**

年轻病发性失智症

இளம் தொடக்க
முதுமை மறதி நோய்

**Demensia
permulaan muda**



Talking about Behavioural and Psychological Symptoms of Dementia



Pull the tab to make this word that can hurt and leave a scar disappear.

Preferred Words

Changed behaviour(s)

行为转变

Expressions of unmet need(s)

其需求无法被满足

Behavioural and psychological symptoms of dementia (BPSD) in a clinical context

失智症的行为与心理征兆 (医学用语)

反应行为

Responsive behaviours

நடத்தையில் மாற்றம்/
மாற்றங்கள்

பூர்த்தி செய்யப்படாத
தேவைகளின் வெளிப்பாடுகள்

முதுமை மறதியின் நடத்தை
மற்றும் உளவியல் அறிகுறிகள்
(BPSD) (மருத்துவ சூழலில்)

பதிலளிக்கக்கூடிய நடத்தைகள்

Perubahan pada tingkah laku

Menunjukkan keperluan yang tidak dipenuhi

Gejala tingkah laku dan psikologi demensia

Tingkah laku yang mudah bertindak

It is important to understand that behavioural changes are caused by changes to the brain and can also be affected by medication and the individual's social and physical environment.

By avoiding the words that hurt, we ensure that we are not defining the person living with dementia by their symptoms.

We should always remember that people with dementia are individuals like us and their medical diagnosis and symptoms should not be the defining aspect of their lives.

Talking about the Impact of Dementia



Pull the tab to make this word that can hurt and leave a scar disappear.

The impact of dementia on each person living with the condition varies from one person to another. They will also relate differently at different times of their diagnosis. While we need to be truthful and realistic about the impact of dementia, the words we use do not need to be negative, pessimistic or disempowering.

Preferred Words

Disabling

失去能力

Challenging

挑战性

Life changing

生活转变

Stressful

压力

முடக்குகிறது

Kurang keupayaan

சவால்மிக்கது

Cabaran

வாழ்க்கை மாறுகிறது

Pertukaran cara

மன அழுத்தம்

hidup

தரக்கூடியது

Tekanan



Talking about Caring for People with Dementia



Pull the tab to make this word that can hurt and leave a scar disappear.

Preferred Words

**Impact of supporting
(someone) with dementia**

支援 (某人) 所带来的影响

支援 (某人) 所带来的效果

**Effect of supporting
(someone) with dementia**

முதுமை மறதியை (யாரோ)
ஆதரிப்பதன் தாக்கம்

**Kesan menjaga
seseorang demensia**

முதுமை மறதியை (யாரோ)
ஆதரிப்பதன் விளைவு

Only a person with dementia can truly understand what it is like to live with dementia. Similarly, only a caregiver knows what it is like to care for a loved one with dementia.

Using words like 'burden' assumes that the caregiving role is entirely negative, or that caring for a person with dementia is difficult.



Talking about Dementia in a Medical Context and Research



Pull the tab to make this word that can hurt and leave a scar disappear.

It is important to remember that even in research and in a medical context, the focus is on the person and the preferred words that maintain their dignity and individuality should be used.

Preferred Words

- Dementia as a condition
- Person/people with dementia
- Person/people living with dementia
- Person/people with a diagnosis of dementia
- Participant (if in a research trial)
- Condition
- Medical condition

- 失智症的一种状态
- 失智症人士
- 被诊断失智症的人士
- 参与者（在研究试验中）
- 状况
- 医疗状况

- முதுமை மறதி எனும் நிலை
- முதுமை மறதி உள்ளவர்/ உள்ளவர்கள்
- முதுமை மறதியுடன் வாழ்பவர்/ வாழ்பவர்கள்
- முதுமை மறதி நோயைக் கண்டறிந்த நபர் / நபர்கள்
- பங்கேற்பாளர் (ஒரு ஆராய்ச்சி சோதனையில் இருந்தால்)
- நிலை
- மருத்துவ நிலை

- Demensia sebagai kondisi
- Orang yang menghidapi demensia
- Orang yang hidup bersama demensia
- Orang menghidap demensia
- Peserta (dalam sesuatu kajian)
- Kondisi
- Kondisi perubatan

Reflections

"I really enjoyed the weekly sessions with my grandmother at Memories Café, and I saw how much my grandmother appreciated it too. Hence, when I was approached, I wanted to help push further the good work that ADA was doing.

Additionally, as a social worker myself, I saw the power words had, and how the same word said in different context and tones can mean a world of difference to the person on the receiving end. Whether it be in the context of interacting with persons with dementia, or just with your loved ones, being mindful of the words you choose to say can really build up or tear down the other person."

~ *Grace Yee*

Caregiver to her grandmother with dementia

"For me, respect is paramount when engaging anybody and this includes persons living with dementia. If the term used is not empowering but puts the elderly in a place of need and helplessness, it is not good. So, 痴呆 is bad. Persons with dementia need to feel that they can contribute. After all, they do have a wealth of experiences behind them!"

~ *Wendy Wei*

Caregiver to her mother with dementia

"It always makes me cringe whenever I hear people describe persons with dementia as 'demented', 'suffering' or 'aggressive'. My dad had lived with dementia for almost 10 years and those are words which I will never associate him with. In fact, he was the most unassuming, witty and wise guy I know. I am glad to be personally involved in this project and I really hope that these language guidelines will help to educate others and reduce the stigma about the condition."

~ *Mary-Ann Khoo*

ADA staff and ex-caregiver to her dad with Alzheimer's Disease

"A lot of people misunderstand persons with dementia and tend to write off our abilities. It is also important for friends to understand that they should not label. Selection of words is very important."

~ *Steven Lau*

Diagnosed with dementia since 2014

F.A.Q.

What is the difference between Alzheimer's Disease and dementia?

The term "dementia" is used to describe a set of symptoms. Symptoms of the different forms of dementia can vary a great deal and can include memory loss, confusion, and mood and behaviour changes. Alzheimer's Disease is the most common type of dementia. Other types include vascular dementia, dementia with Lewy bodies and fronto-temporal dementia.

What are some of the signs and symptoms of dementia?

Dementia affects each person in a different way, depending upon the impact of the disease and the person's personality before becoming ill. The signs and symptoms linked to dementia can be understood in three stages:

Mild stage: Often overlooked because the onset is gradual. Common symptoms include:

- o Forgetting recent events and asking repetitive questions
- o Becoming withdrawn, lethargic or agitated
- o Having difficulty planning daily activities

Moderate stage: Signs and symptoms become clearer and more restricting, and include:

- o Losing track of time and space and getting lost
- o Forgetting names of common objects and familiar people
- o Repeating words
- o Neglecting personal hygiene

Severe stage: Near total dependence and inactivity, with serious memory disturbances, and more obvious physical signs and symptoms, which include:

- o Inability to recognise family members
- o Requiring help in personal care such as bathing
- o Speech becomes difficult to understand
- o Inability to comprehend what is being said

Is there a cure?

There is currently no cure for dementia. However, medicines have been developed for Alzheimer's Disease to temporarily alleviate symptoms or slow down their progress in some people.

Dementia care focuses primarily on:

- o Early diagnosis
- o Optimising physical health, cognition, activity and well-being
- o Identifying and treating accompanying physical illness
- o Detecting and treating behavioural and psychological symptoms
- o Providing information and long-term support to carers

Is there anything I can do to reduce the risk of developing dementia?

There is no sure way to prevent dementia, but some of the risk factors for dementia, which are the same for cardiovascular disease, can be managed.

Studies suggest it may be particularly important to keep healthy in mid-life to help lower your risk of developing dementia. By leading a healthy lifestyle, you will lower your risk of these diseases, and it's likely to lower your risk of dementia too.

To improve your health:

- o Keep active and exercise regularly
- o Do not smoke
- o Maintain a healthy weight
- o Eat a healthy balanced diet
- o Control high blood pressure
- o Maintain safe cholesterol levels

Apart from keeping healthy, what are some tips for improving “brain fitness”?

As you age, it is important to keep yourself active and mentally engaged. Even a slight change in otherwise routine activities can challenge your mind.

For example:

- o Brushing your teeth with your non-dominant hand
- o Closing your eyes while getting dressed or performing other tasks
- o Wearing earplugs to experience the world without sound
- o Turning pictures or clocks upside down
- o Starting a new hobby or learning to play an instrument

Do people with dementia still have emotions?

People with dementia often experience changes in their emotional responses. They may have less control over their feelings and how they express them. While some may be easily irritable or prone to rapid mood changes, others may appear unusually uninterested in things and be distant. Many also feel depressed, anxious, frustrated and fearful. This could be a result of their loss in communication ability, access to memories and general functionality.

Some may also react more emotionally to a situation than might be expected because some of their factual memories or ability to think clearly about the situation have declined. It is important to look beyond the words or behaviours to understand the feelings that the person might be trying to express. Strong emotions may also be caused by unmet needs. Carers should try to work out what these needs are and meet them where possible. It is also important to remember that people with dementia can similarly feel happy, safe and calm like everyone else.

Do people living with dementia know that they are living with the condition?

This would be dependent on the stage of the condition when a person is diagnosed. The earlier the diagnosis, the more likely he/she will be cognitively aware of what is going on. As the disease progresses, this may change. There are also many people living with dementia who are undiagnosed and not aware that their symptoms are not signs of normal mental ageing.

Where can I go to find out if I have dementia?

Start by discussing your concerns with your doctor or contact the nearest hospital.

About Lien Foundation

The Lien Foundation is a Singapore philanthropic house noted for its model of radical philanthropy. It breaks new ground by investing in innovative solutions, convening strategic partnerships and catalysing action on social and environmental challenges. The Foundation seeks to foster exemplary early childhood education, excellence in eldercare and effective environmental sustainability in water and sanitation. It supports innovative models of eldercare, advocates better care for the dying and greater attention on dementia care.

About Forget Us Not

Dementia is fast replacing cancer as the world's most dreaded medical condition. Being dementia-friendly is the first step in enabling persons with dementia to continue to live with dignity in the familiar neighbourhoods they may have called home for decades.

This is why Lien Foundation has partnered with the Alzheimer's Disease Association and Khoo Teck Puat Hospital in the Forget Us Not campaign to build a community of care where the condition is normalised and accepted as a disability; where people readily chip in to help friends, relatives, neighbours or colleagues who are caring for someone with the condition or have been diagnosed themselves.

About Alzheimer's Disease Association

ADA was formed in 1990 because of a growing concern for the needs of persons with dementia and their caregivers. Through our work, the Association hopes to reduce stigma by increasing awareness and understanding of dementia; enabling and involving persons with dementia to be integrated and accepted in the community; and leading in the quality of dementia care services for persons with dementia and their families.

ADA aims to strive towards a dementia-inclusive society through its four strategic service pillars: centre-based care; caregiver support; academy and community enabling. Our work allows us to be recognised as Singapore's leading organisation in dementia care — a catalyst, enabler, educator and advocate — that inspires society to regard and respect persons living with dementia as individuals to lead purposeful and meaningful lives.

Preferred Words

TALKING ABOUT DEMENTIA

Dementia
Alzheimer’s Disease and other forms of dementia
A type of dementia
Symptoms of dementia

TALKING ABOUT PEOPLE WITH DEMENTIA

Person/People with dementia
Person/People living with dementia
Person/People with a diagnosis of dementia

TALKING ABOUT IMPACT OF DEMENTIA

Disabling
Challenging
Life changing
Stressful

TALKING ABOUT CARING FOR PEOPLE WITH DEMENTIA

Impact of supporting (someone) with dementia
Effect of supporting (someone) with dementia

TALKING ABOUT DEMENTIA IN A MEDICAL CONTEXT AND RESEARCH

Dementia as a condition
Person/people with dementia
Person/people living with dementia
Person/people with a diagnosis of dementia
Participant (if in a research trial)
Condition
Medical condition

TALKING ABOUT PEOPLE WITH DEMENTIA UNDER 65

Young onset dementia

TALKING ABOUT BEHAVIOURAL AND PSYCHOLOGICAL SYMPTOMS OF DEMENTIA

Changed behaviour(s)
Expressions of unmet need(s)
Behavioural and psychological symptoms of dementia (BPSD) in a clinical context
Responsive behaviours

Words To Avoid

TALKING ABOUT DEMENTIA

Dementing illness
Demented
Affliction
Senile dementia
Senility
Going on a journey

**TALKING ABOUT DEMENTIA
IN A MEDICAL CONTEXT
AND RESEARCH**

Illness
Disease (unless speaking about
a type of dementia such as
Alzheimer's Disease)
Subject
Case
PWD - abbreviation for a person
with dementia
PWYOD - abbreviation for
a person with young onset
dementia

**TALKING ABOUT PEOPLE
WITH DEMENTIA**

Sufferer
Victim
Demented person
Dements
Afflicted
Offenders/Absconders/
Perpetrators
Patients (when used outside the
medical context)
Subject
Vacant dement
Fading away/Disappearing
Empty shell
Shadow
Not all there
Losing him/her
Lost their mind
Attention seeker
Inmates - for those in care
facilities

**TALKING ABOUT BEHAVIOURAL
AND PSYCHOLOGICAL
SYMPTOMS OF DEMENTIA**

Challenging behaviours
Difficult behaviours
Difficult
Faded away, empty shell or
not all there
Disappearing
Aggressor
Wanderer
Obstructive
Wetter
Poor feeder
Vocaliser
Sexual dis-inhibitor
Nocturnal
Screamer
Violent offender
BPSD (the person has "BPSD")

**TALKING ABOUT IMPACT
OF DEMENTIA**

Hopeless
Unbearable
Impossible
Tragic
Devastating

**TALKING ABOUT PEOPLE WITH
DEMENTIA UNDER 65**

Pre-senile dementia
Early onset dementia

**TALKING ABOUT CARING FOR
PEOPLE WITH DEMENTIA**

Caregiver burden
Burden of caring

词汇

言论失智症

失智症
阿兹海默症与其他类型失智症
失智症的一种类
失智症的症状

言论失智症人士

失智症人士
被诊断失智症的人士

失智症所带来的影响

失去能力
挑战性
生活转变
压力

关怀所带来的影响

支援（某人）所带来的影响
支援（某人）所带来的效果

失智症的医疗状况与研究

失智症的一种状态
失智症人士
被诊断失智症的人士
参与者（在研究试验中）
状况
医疗状况

65岁以下的失智症人士

年轻病发性失智症

失智症的行为及心理症状

行为转变
其需求无法被满足
失智症的行为与心理征兆
(医学用语)
反应行为

避免词汇

言论失智症

痴呆症
發狂
痛苦
老年性痴呆
衰老
步入另一个旅程

失智症的医疗状况与研究

疾病
疾病（除非探讨关于失智症类型，
像是阿兹海默症）
学科
个案
PWD（失智症人士的缩写）
PWYOD
（年轻病发性失智症的缩写）

言论失智症人士

患者
受害者
痴呆者
痴呆
折磨
罪犯，逃逸者或肇事者
病人（较常用于医学上）
话题
茫然的痴呆者
消失或者不见
空壳
影子
神志不清
失去他/她
失去想法
寻求注意力
囚犯（特别是护理机构）

失智症的行为及心理症状

挑战性的行为
困难的行为
困难
逐渐消失，空壳或神智不清
不见
侵略者
徘徊者
防碍
尿床
可怜的喂食者
发声者
性抑制
夜行者
呐喊者
暴力罪犯者
这人有“行为与心理问题”

失智症所带来的影响

无希望（绝望）
无法容忍
不可能
悲剧
毁灭性

65岁以下的失智症人士

提早衰老失智症人士
早期失智症人士

关怀所带来的影响

照护者的负担
关怀所带来的负担

KEKATA YANG LEBIH SESUAI

**BERBICARA TENTANG
DEMENSIA**

Demensia
Penyakit alzheimer dan bentuk
lain demensia
Sejenis demensia
Gejala demensia

**BERBICARA MENGENAI ORANG
YANG MENGALAMI DEMENSIA**

Orang yang menghadapi
demensia
Orang yang hidup bersama
demensia
Orang yang mempunyai
diagnosis demensia

KESAN-KESAN DEMENSIA

Kurang keupayaan
Cabaran
Pertukaran cara hidup
Tekanan

KESAN PENJAGAAN

Kesan menjaga seseorang
demensia

**BERBICARA TENTANG
DEMENSIA DALAM
KONTEKS PERUBATAN
DAN PENYELIDIKAN**

Demensia sebagai kondisi
Orang yang menghadapi
demensia
Orang yang hidup bersama
demensia
Orang menghidap demensia
Peserta (dalam sesuatu kajian)
Kondisi
Kondisi perubatan

**ORANG BERUMUR 65 KE
BAWAH YANG MENGHADAPI
DEMENSIA**

Demensia permulaan muda

**GEJALA-GEJALA KELAKUAN
DAN PSIKOLOGI DEMENSIA**

Perubahaan pada tingkah laku
Menunjukkan keperluan yang
tidak dipenuhi
Gejala tingkah laku dan psikologi
demensia
Tingkah laku yang mudah
bertindak

PERKATAAN-PERKATAAN YANG HARUS DIELAKKAN

BERBICARA TENTANG DEMENSIA

Penyakit menggilakan
Kurang waras/siuman
Penderitaan
Demensia tua
Nyanyuk
Dalam perjalanan

BERBICARA TENTANG DEMENSIA DALAM KONTEKS PERUBATAN DAN PENYELIDIKAN

Penyakit
Penyakit - kecuali bercakap tentang sejenis penyakit demensia seperti penyakit Alzheimer's
Subjek
Kes
PWD - ringkasan untuk orang yang menghadapi demensia
PWYOD - ringkasan untuk orang yang mendapat demensia di umur muda

BERBICARA MENGENAI ORANG YANG MENGALAMI DEMENSIA

Penderita
Mangsa
Orang gila
Menggila
Tertindas
Pesalah/pelaku
Pesakit (bila digunakan di luar konteks perubatan)
Subjek
Pengunduran kosong
Kehilangan/kepuedaran
Tong kosong
Bayangan
Kehadiran yang tak penuh
Kehilang seseorang
Kehilangan pemikiran
Seseorang yang mencari perhatian
Penghuni - bagi mereka yang dalam pusat penjagaan

GEJALA-GEJALA KELAKUAN DAN PSIKOLOGI DEMENSIA

Tingkah laku yang mencabar
Tingkah laku yang rumit
Rumit
Kekosongan, tiada kehadiran
Menghilang
Penyerang
Tiada hala tujuan
Obstruktif
Seseorang yang sering kencing
Kurang upaya untuk makan
Pengiring/Seorang yang vokal
Seseorang yang tiada kawalan seks
Waktu malam
Teriak/Pemekik
Pesalah yang ganas
Kelakuan yang mencabar

KESAN-KESAN DEMENSIA

Tidak boleh diharapkan
Tidak bertanggung
Mustahil/Tidak mungkin
Tragik
Sungguh dahsyat

ORANG BERUMUR 65 KE BAWAH YANG MENGHIDAPI DEMENSIA

Demensia pra-nyanyuk

KESAN PENJAGAAN

Beban penjaga
Beban menjaga

உபயோகிக்கப்பட வேண்டிய வார்த்தைகள்

**டிமென்ஷியா பற்றி
பேசுவது**

முதுமை மறதி
அல்சைமர் நோய் மற்றும் பிற
வகையான முதுமை மறதி
ஒரு வகை முதுமை மறதி
முதுமை அறிகுறிகள்

**டிமென்ஷியா
உள்ளவர்களை பற்றி
பேசுவது**

நபர் அல்லது முதுமை மறதி
உள்ளவர்கள்
நபர் அல்லது முதுமை மறதியுடன்
வாழும் மக்கள்
முதுமை மறதி நோயைக்
கண்டறிந்த நபர் / நபர்கள்

**டிமென்ஷியாவின்
விளைவுகள்**

முடக்குகிறது
சவால்மிக்கது
வாழ்க்கை மாறுகிறது
மன அழுத்தம் தரக்கூடியது

பராமரிப்பின் விளைவுகள்

முதுமை மறதியை (யாரோ)
ஆதரிப்பதன் தாக்கம்
முதுமை மறதியை (யாரோ)
ஆதரிப்பதன் விளைவு

**முதுமை மறதி நோயை
பற்றி ஒரு மருத்துவ சூழலில்
மற்றும் ஆராய்ச்சியில்
பேசப்படுகிறது**

முதுமை மறதி எனும் நிலை
முதுமை மறதி உள்ளவர்/
உள்ளவர்கள்
முதுமை மறதியுடன் வாழ்பவர்/
வாழ்பவர்கள்
முதுமை மறதி நோயைக்
கண்டறிந்த நபர் / நபர்கள்
பங்கேற்பாளர் (ஒரு ஆராய்ச்சி
சோதனையில் இருந்தால்)
நிலை
மருத்துவ நிலை

**65 வயதுக்கு கீழ்
டிமென்ஷியா உள்ளவர்கள்**
இளம் தொடக்க முதுமை மறதி
நோய்

**டிமென்ஷியாவுடன்
சம்மந்தப்பட்ட நடத்தை
மற்றும் உளரீதியான
அறிகுறிகள்**

நடத்தையில் மாற்றம்/மாற்றங்கள்
பூர்த்தி செய்யப்படாத
தேவைகளின் வெளிப்பாடுகள்
முதுமை மறதியின் நடத்தை
மற்றும் உளவியல் அறிகுறிகள்
(BPSD) (மருத்துவ சூழலில்)
பதிலளிக்கக்கூடிய நடத்தைகள்

தவிர்க்கப்படவேண்டிய வார்த்தைகள்

டிமென்ஷியா பற்றி
பேசுவது
அறிவாற்றல் இழத்தல்
அறிவாற்றல் இழந்தவர்
நோவு
முதுமையினால் ஏற்படும் மறதி
முதுமை
ஒரு பயணத்தில் செல்கிறது

முதுமை மறதி நோயை
பற்றி ஒரு மருத்துவ சூழலில்
மற்றும் ஆராய்ச்சியில்
பேசப்படுகிறது
நோய்களில்
மனநோய் (அல்சைமர் நோய்
எனப்படும் ஒரு வகையான
டிமென்ஷியாவை பற்றி
பேசுவதை தவிர)
வழக்கு
PWD (முதுமை மறதி
உள்ளவருக்கான சுருக்கம்)
PWYOD (முதுமை
மறதி இளவயதில்
தொடங்கியுள்ளவருக்கான
சுருக்கம்)

டிமென்ஷியா
உள்ளவர்களை பற்றி
பேசுவது
பாதிக்கப்பட்டவருக்கு
பாதிக்கப்பட்டவர்
சிதைந்த நபர்
நோவால் பாதிக்கப்பட்டவர்
குற்றவாளிகள், குற்றம் புரிபவர்
குற்றவாளிகள்,
தப்பியோடியவர்கள் அல்லது
குற்றவாளிகள்
நோயாளிகள் (மருத்துவ சூழலுக்கு
வெளியே பயன்படுத்தும்போது)
வெற்று நபர்
வெற்று ஷெல்
மறைதல்
பைத்தியக்காரர்
நிழல்
எல்லாம் அங்கே இல்லை
அவரை / அவளை இழத்தல்
அவர்களின் மனதை இழந்தது
கவனத்தை கோருவோர்
கைதிகள் (பராமரிப்பு வசதிகளில்
இருப்பவர்களுக்கு)

டிமென்ஷியாவுடன்
சம்மந்தப்பட்ட நடத்தை
மற்றும் உளரீதியான
அறிகுறிகள்
சவால் கொடுக்கக்கூடிய
நடத்தைகள்
சிரமம் கொடுக்கக்கூடிய
நடத்தைகள்
கடினமான
மறைந்து, வெற்று ஷெல் அல்லது
எல்லாம் இல்லை
மறைந்து
வலு சண்டைக்கு போதல்
நாடோடியாக
தடைசெய்யும்
படுக்கையில் சிறுநீர் கழித்தல்
மோசமான ஊட்டி
சத்தமாக பேசுகிறார்
பாலியல் தடுப்பு
இரவில் விழித்திருக்கிறார்
அலறுகிறார்
வன்முறை குற்றவாளி
BPSD (BPSD உள்ளவர்)

டிமென்ஷியாவின்
விளைவுகள்
நம்பிக்கையற்ற நிலை
தாங்க முடியாத நிலை
சாத்தியமற்றது
சோகமான/துயரமான நிலை
பேரழிவு

65 வயதுக்கு கீழ்
டிமென்ஷியா உள்ளவர்கள்
முதுமைக்கு முன் வரும்
டிமென்ஷியா முதுமை மறதி
ஆரம்பகட்ட முதுமை மறதி

பராமரிப்பின் விளைவுகள்
பராமரிப்பாளர் சுமை
அக்கறையின் சுமை



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