



Understanding *Dementia* — Stages & Symptoms

For families, caregivers & home nursing staff — Mumbai

Dementia is not a single disease — it is an umbrella term for a group of symptoms affecting memory, thinking, and daily functioning. The most common type is **Alzheimer's disease**. Dementia is **progressive**, meaning symptoms worsen over time — but with the right support, patients can live with dignity and comfort at every stage.

PROGRESSION OF SYMPTOMS — EARLY · MIDDLE · LATE STAGES

EARLY STAGE

Person is largely independent — subtle changes often mistaken for normal ageing

● Forgetting recent events

Repeats questions or stories told minutes ago; forgets appointments or names of new acquaintances.

● Word-finding difficulty

Struggles to recall the right word mid-sentence; substitutes vague words like "that thing."

● Misplacing objects

Leaves items in unusual places — spectacles in the fridge, keys in the bathroom — and cannot retrace steps.

● Mood & personality changes

Increased anxiety, suspicion, or withdrawal from social activities once enjoyed.

● Poor judgement

Makes uncharacteristic decisions — financial, hygiene, or safety-related — that seem out of character.

● Difficulty with complex tasks

Struggles with cooking a known recipe, managing finances, or planning a familiar journey.

↓ progression ↓

MIDDLE STAGE

Increasing dependence — supervision needed for most daily activities

● Confusion about time & place

Does not know the date, season, or where they are — may believe they are in a place from the past.

● Not recognising familiar people

May not recognise close family members or long-time friends; confuses one person for another.

● Wandering & getting lost

Leaves home without a clear purpose; cannot find the way back even in familiar neighbourhoods.

● Behavioural disturbances

Agitation, aggression, suspicion (accusing others of stealing), or inappropriate social behaviour.

● Difficulty with self-care

Needs help with bathing, dressing, toileting, and medication management.

● Sleep disturbances

Day-night reversal — sleeping in the day, wandering or calling out at night ("sundowning").

↓ progression ↓

LATE STAGE

Full dependence — focus shifts to comfort, dignity, and palliative care

● Loss of speech

May speak only a few words or lose verbal communication entirely; may respond to touch and tone of voice.

● Loss of mobility

Unable to walk, sit up, or hold the head without support. Bedridden with high risk of pressure sores.

● Swallowing difficulties

Risk of choking or aspiration pneumonia. Diet modification and careful hand-feeding are essential.

● Incontinence

● Severe disorientation

● Susceptibility to infections

Complete loss of bladder and bowel control. Full nursing care is required for hygiene and skin health.

No awareness of surroundings, time, or identity. May not recognise even the primary caregiver.

Pneumonia and urinary tract infections are leading causes of hospitalisation and mortality at this stage.



Early diagnosis changes everything

If you notice memory changes in a loved one, **do not wait and watch**. A formal neuropsychiatric evaluation can identify the type and stage of dementia, rule out reversible causes (thyroid, B12 deficiency, depression), and start a management plan that slows progression and improves quality of life. **Book a consultation at drpavansonar.com**



Dr. Pavan Sonar

MBBS · DPM · DNB Psychiatry · MS Counselling & Psychotherapy · Sexologist · Life Coach
drpavansonar.com

Andheri West · Bellevue Hospital
Malad West · Riddhivinayak Hospital
Malad East · New Sanjeevani Hospital
Borivali West · Bhagat Polyclinic
+91 85918 40141

Medical Disclaimer: This pamphlet is for general educational purposes only and does not constitute medical advice or a clinical diagnosis. Dementia must be formally assessed by a qualified psychiatrist or neurologist. Individual presentations vary significantly — please consult a professional for personalised guidance.

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Dementia — Managing Your Loved One at Home

Practical strategies for daily care, safety & emotional wellbeing

Most dementia patients are cared for at home — by family members who are **learning as they go**. The right environment and the right communication approach can significantly reduce distress for the patient and exhaustion for the caregiver. These strategies are practical, evidence-based, and immediately usable.

HOME MANAGEMENT STRATEGIES

Safety & environment

HOME SETUP

- › Remove loose rugs and clutter — fall prevention is critical
- › Install grab bars in bathroom, near toilet and shower
- › Use door alarms or locks to prevent wandering outdoors
- › Label drawers, rooms, and objects with large, clear text
- › Ensure good lighting throughout — especially at night
- › Store medications, sharp objects, and cleaning products securely

Daily routine & structure

CONSISTENCY

- › Keep a fixed daily routine — same wake, meal, bath, sleep times
- › Use a large-print clock and calendar — review together each morning
- › Offer one task at a time with simple, step-by-step instructions
- › Involve the patient in simple activities: folding, sorting, watering plants
- › Limit unnecessary changes — familiar environments reduce confusion

- › Create a quiet, calm space for rest — reduce background noise and TV

Communication **HOW TO SPEAK**

- › Speak slowly, clearly, and calmly — face-to-face at eye level
- › Use the person's name at the start of every conversation
- › Ask one question at a time — prefer yes/no over open questions
- › Do not argue or correct — enter their reality with empathy
- › Use touch gently to reassure — a hand on the shoulder calms
- › Smile and maintain warm, non-threatening body language

Nutrition & hydration **PHYSICAL CARE**

- › Offer small, frequent meals — appetite decreases with progression
- › Ensure adequate water intake — dementia patients often forget to drink
- › In late stage, modify food texture to soft or pureed to prevent choking
- › Never rush eating — allow ample time; sit beside the patient
- › Check for dental pain — it often causes unexplained refusal to eat
- › Track weight monthly — significant loss signals nutritional decline

Managing difficult behaviours **AGITATION & SUNDOWNING**

- › Identify triggers — pain, hunger, fatigue, overstimulation are common
- › During agitation: stay calm, use a soft voice, gently redirect attention
- › For sundowning: increase light exposure during the day, calm the evening
- › Familiar music from their younger years often soothes significantly
- › Never physically restrain unless there is immediate danger
- › Consult the psychiatrist if aggression or delusions persist — medication helps

Hygiene & personal care **DIGNITY FIRST**

- › Maintain hygiene routines at the same time every day
- › Always explain what you are doing before touching the patient
- › Allow the patient to do as much independently as possible — preserve dignity
- › Use adaptive clothing — velcro instead of buttons, slip-on shoes
- › Check skin daily for redness or sores — reposition bedridden patients every 2 hours
- › Oral hygiene is critical — brush teeth twice daily even if the patient resists

TO DO & TO AVOID — A CAREGIVER'S QUICK REFERENCE

✓ ALWAYS DO THIS

- ✓ Speak with patience, warmth, and a calm tone at all times
- ✓ Validate their feelings even when their words make no sense
- ✓ Maintain eye contact and use their preferred name
- ✓ Offer simple choices: "Tea or water?" not open-ended questions
- ✓ Celebrate small successes — a finished meal, a calm morning
- ✓ Keep familiar photos, objects, and music around them
- ✓ Inform all family members about consistent care strategies
- ✓ Attend regular psychiatric follow-ups — medication review matters
- ✓ Take care of your own health — you cannot pour from an empty cup
- ✓ Ask for help — neighbours, relatives, professional home care

✗ NEVER DO THIS

- ✗ Argue, correct, or say "I told you this already"
- ✗ Quiz memory — "Don't you remember? I just told you!"
- ✗ Leave the patient alone for extended periods in middle/late stage
- ✗ Use a harsh, loud, or threatening tone even when frustrated
- ✗ Dismiss delusions or hallucinations with mockery or dismissal
- ✗ Rush the patient during meals, dressing, or bathing
- ✗ Introduce too many new faces or environments at once
- ✗ Stop medication without consulting the psychiatrist
- ✗ Ignore your own signs of caregiver burnout — it is real and serious
- ✗ Feel ashamed — dementia is a medical illness, not a family failure

CAREGIVER BURNOUT

Caring for a dementia patient is one of the most emotionally demanding roles a person can take on. **Burnout is not weakness — it is a medical reality.** Signs include exhaustion, resentment, social withdrawal, and neglecting your own health. If you are experiencing these, speak to Dr. Pavan Sonar — support for caregivers is part of comprehensive dementia care.

When to seek urgent psychiatric help

Contact your psychiatrist immediately if: the patient becomes **physically aggressive**, develops **severe paranoid delusions** (convinced someone is trying to harm them), shows **signs of self-neglect or falls**, or if you as a caregiver feel you **cannot cope safely**. Hospitalisation is sometimes the most compassionate choice — it is not failure.



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