



Indiana Dementia Training for Direct Care Providers

Dementia and Bathing

Course Description:

Older adults who need assistance with bathing often find the activity to be both physically and emotionally demanding, as do their caregivers. This lesson focuses on bathing considerations for clients with dementia and techniques for home care providers to assure that personal hygiene and comfort needs are addressed.

Learning Objectives:

1. Describe the factors that contribute to upset during bathing for clients with dementia.
2. Identify how to improve the bathing experience of clients with dementia.
3. Recognize when to stop the bathing experience of clients with dementia.
4. Apply the strategies of improving the bathing experience to help clients with dementia feel safe, remain calm, and enjoy bathing.

This activity contains a post-test. You must complete the entire learning activity and test and score an 80% or higher to obtain a certificate of completion. Partial credit will not be given.

Contact Hours: 30 minutes, including a required quiz.

Dementias, such as Alzheimer's disease, Lewy body dementia, vascular dementia, and frontotemporal dementia are all progressive disease processes and with time the tasks and skills required by those with dementia to perform bathing will be lost. And, as with most things with dementia, the losses may not be consistent, which adds to the problem with recognizing that a person with dementia may require assistance. Also, those with dementia are often very resistant to admit that they require assistance and may even go out of their way to try to convince their family and caregivers that they are doing just fine.

There are many cognitive changes happening in a person with dementia that make bathing more difficult:

- Memory loss- they may not remember being told to bathe or the steps they have already completed.
- Agnosia-or the inability to recognize familiar objects so they may no longer recognize the bathtub, soap, or even their image in a mirror.
- Aphasia-or the inability to form words to express oneself easily as well as the inability to understand spoken word. So a person may have a hard time expressing that they are cold or uncomfortable.
- Apraxia-or the inability to motor plan an action. So they may no longer be able to, on request, step into the tub or shower



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- Inability to interpret the body's senses-so they may not recognize pain or may become very sensitive to touch and feel that even something like the water from the shower on their skin is painful.
- Sequencing-no longer can they complete multistep processes in the right order so may get into bath with clothes on or not wash parts of their body.
- Visuospatial issues- many with dementia, experience issues causing problems with them seeing items lacking contrast, so a white tub against a white floor will be hard to see or they can't interpret the depth of the water in the tub.
- Initiation-is lost, so they cannot "willfully" perform action, so many sit in a chair all day even though they recognize they need to bathe.
- Insight-is recognizing one's abilities and this is a major issue in dementia. Many no longer recognize that they can no longer be safe or independent with bathing and therefore will resist your efforts to help them.

Bathing is the most complex ADL with the most steps and therefore, it is usually the first which the person will require assistance. Bathing can be a frightening experience for a person with dementia who may not understand why others think they need a bath or that others think they can't do it when they know they can. It can be a frightening experience for someone who no longer understands what is happening or who may be uncomfortable or unfamiliar with the environment. They may no longer be able to communicate their desire or wishes, which makes issue worse. So first and foremost, we want to help the person feel in control by involving them with each step of the bathing at the appropriate level.

It is important to know the level of care or support that a person requires prior to helping with bathing, as you want them to do as much as possible for themselves. They may also require less assistance at certain times of the day when they are at their most alert.

Degrees of Assistance:

Independent: means they can be relied upon to carry out the tasks independently. The problem is, unless a caregiver really observes every step of the process, it is difficult to recognize when a person moves from independent to needing just a bit of help.

Requires set up/organization, but can complete with minimal assistance: Next they will need help setting up or organizing all that is necessary for bathing. That includes assembling all the towels, clean clothes, soaps, and running the water.

Can participate with simple verbal commands or assistance with initiating tasks and modeling: This includes providing verbal cues and talking them through each step of the process using short words or phrases. As dementia progresses, a person can participate with assistance but may need help initiating the task or getting it started. Modeling the action you want them to perform can be helpful. A person may be able to imitate your actions because it takes the thinking out of the motor planning.



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Can participate with hand over hand guidance: By placing your hand over their hand to begin the motion of bathing or shampooing hair, a person will often be able to continue the process once you help them get started.

Bridging: those who are unable to perform any part of the task can focus on the tactile senses and perhaps bridge the memory into action. While bathing, if you let them hold onto a washcloth or hold the shampoo, it may help them be more aware of what you are doing and can help decrease their anxiety.

Consider also, the ultimate goal for bathing. First and foremost, it should be with the intent of preventing skin breakdown, infection or possibly odor. But the reality is, older person's most likely do not need to bathe daily, so if this is an upsetting task, determine if it is possible to just bathe 1-2 times a week and supplement with washing the perineal area during toileting.

Also, it is important to be flexible. It's okay to let your client go into a bath or shower with all their clothes on at first, if that is what makes them most comfortable. If they say they already took a bath, tell them, "oh no...that's too bad, I did not realize that. I was trying to do you a favor and I have your bath all ready for you and I even pre-warmed your towels. I hate to let it go to waste."

Some client's will do well with a physician's order for a bath a certain number of days. Others have good luck with writing the agreed upon baths on the calendar and having the client cross out the bath after they have completed it. With repetition, this can become a procedural memory and they will be able to go to the calendar to see if they have crossed off the item yet.

Assemble everything ahead of time and remove any unnecessary items that could add to their confusion. Make sure the room is warm and the water is the correct temperature. Go slow, giving the person enough time to process your questions and requests. If they have apraxia, they may have a hard time upon being asked to get their body to do what you want them to do. It may be better to ask them instead to step on the purple bathmat or the blue mat in the shower.

If you suspect pain may be contributing to their upset, consider having the family provide a pain reliever about an hour prior to the bathing process. And finally, try to perform the part of the bath that is most anxiety-producing for the person last. For some, that may be their face, hair or the genital area.

And, although most of us think of the traditional bath or shower when we think about bathing, there are many types of baths that can be used when a person no longer enjoys a traditional bath or shower



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Bath Types

Most of us think of the traditional bath or shower when we think about bathing, but there are many types of baths that can be used when a person no longer enjoys a traditional bathing experience.

- The massage bath or towel bath
- Bathing wipes
- Dry shampoo
- Commode bath
- 7-day bath

The Towel Bath Procedure:

The massage bed bath or towel bath is a popular and effective means to provide a great bathing experience for someone who is frightened or resistant to traditional bathing approaches. In the book, *Bathing without a Battle*, this bathing technique is outlined and has been extensively researched in all care settings.

Basically, what this bath entails is it uses two large towels or bath blankets, two or more washcloths, and two regular towels or a couple of smaller towels. These are placed in a plastic bag like a heavy-duty trash bag. You will want to add ½ ounce of no-rinse soap and enough warm water to soak the towels and washcloths. You will want them to be wet but not dripping wet. So similar to a wrung-out washcloth you would use to wash your face. Close the bag and it is a mobile bath solution you can take anywhere the client would like to “clean up”.

- Use the 2 larger towels for the front and back of the trunk and arms. Gently place the towels over the body and massage gently. There is no need to rinse.
- The smaller towels can be used to massage the front and back of the legs.
- One washcloth can be used for the genital area and the other for the face.

The no-rinse soap has been researched and found to be just as effective, if not more so, at eliminating bacteria. This technique has been shown to reduce hitting and lashing out behaviors and increased conversation with the client by 50%. It also only increases the time spent on bathing activities by 3.1 minutes. This can be done under the covers if that helps the person remain warm and more comfortable. This bathing technique can be found in the book, *Bathing without a Battle*. See the resources for more information.

Another bathing option that can reduce stress is using bathing wipes. These can also be heated a bit and are great to use after toileting and can be gentler on the skin.

Dry shampoo is a good alternative to those who do not like their hair washed and can prolong the time in between getting shampooed. For some, just a weekly trip to the beauty shop or barber and supplementing with dry shampoo is enough to have clean hair.



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The commode bath also detailed in *Bathing without a Battle*, is useful for those who may not like to be bathed in the bed and are resistant to get into the bath/shower. After they have used the toilet, you can wash their upper body and face while they are sitting on the toilet, using either bathing wipes or no-rinse soap. As the person stands, their lower body and perineal area can be quickly washed and patted dry before pulling on the pants.

The 7-day bath is for those who are quite resistant. The body is broken up into different areas and one major area is the focus each day. If the perineal area is cleaned as needed, this type of bath can still be an effective means for maintaining health and keeping clean.

So, it is clear that there are many considerations in determining why a person with dementia may be resistant or reluctant to perform a bath or shower. Behavior problems vary in frequency from day to day and even minute to minute. Do not ever “power through” a bath when a client is upset. It can make them upset for hours or even days after an unpleasant event and can make it such that they no longer will bathe at all.

If they do begin to show signs of distress, apologize and follow these guidelines:

- **Stop immediately.**
- Look for a pattern or trigger. Are you making demands that are creating stress or are beyond the person’s ability? Are they feeling rushed? Were they touched without warning? Were they cold or in pain?
- Make adjustments. If the reason for their upset can be corrected, make that adjustment. You may also try to use distractions, such as singing, a snack or friendly conversation.
- Re-approach at another time. If a person is still agitated and you can’t determine or fix the cause, stop the process and re-approach at another time.

Resources:

Barrick et al. (2008) *Bathing Without a Battle: Person-Directed Care of Individuals With Dementia*. New York: Springer

Reviewed 4/12/22