LANGUAGE IMPAIRMENT: A REVIEW OF THE EFFICACY OF NON-VERBAL COMMUNICATION IN WORKING WITH PATIENTS WHO HAVE DEMENTIA

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Abstract: Communication is the main currency through which we make transactions in the social world. Without it, interactions among people would be mechanical. Dementia is one of the mental disorders with the abilities of excluding one from participating in a social world. The aim of this study was to review literature on the efficacy of nonverbal communication when working with people living with dementia.

A narrative style of literature review was used in writing this article. It involved conducting an online search of articles from the following scientific databases (2000-2019): ProQuest Central, ScienceDirect, Wiley online library, Springer Link, and Oxford Journals. Only articles that had been peer reviewed were selected in writing this review. The process of selecting articles involved pairing the word dementia in every search with the following key words: communication, epidemiology, types, nonverbal, touch, instrumental, expressive, facial expressions and eye contacts, and personal space. Themes were then extracted from the selected articles.

From our findings we concluded that nonverbal communication is an important component for working with people living with dementia. This is because people living with dementia have a reduced capacity to use the verbal form of communication. This now makes it necessary for professionals providing care to people living with dementia to be acquainted with nonverbal forms of communication.

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Introduction

Communication is the main currency through which we make transactions in the social world. Without it, interactions among people would be mechanical. Despite this immense importance of communication in a day to day interactions among people, there are several mental disorders that greatly disrupts how it functions. One of these mental disorders is dementia. Dementia is a cognitive disease that affects the abilities of people to fully participate in the social world. According to Gill et al. (2002) people with dementia are more likely to be disengaged and isolated compared to those who don't suffer from it. People who suffer from it, normally show progressive impairment of memory, language and intellectual abilities. Some may lose the ability to remember things, recognize or name objects they are familiar with while others may fail to recognize and/or differentiate various sources of sound. For instance, some may fail to recognize the voices of their own children/spouses. Thus, verbal impairment among people living with dementia is of great concern to both lay and professional care providers. Our aim in writing this review article is to determine the effectiveness of non-verbal communication when providing care to patients who are diagnosed with dementia.

In writing this article we adopted a narrative type of literature review. It involved us conducting an online search of articles from the following scientific databases (2000-2019): ProQuest Central, ScienceDirect, Wiley online library, Springer Link, and Oxford Journals. We only selected articles that were peer reviewed, and those whose contents discussed both dementia and nonverbal communication. To identify articles that satisfied these two criteria, we used a Boolean operator. For this, we used the conjunction 'AND' to pair the word dementia with the following key words, one at a time; communication, epidemiology, types, nonverbal, touch, instrumental, expressive, facial expressions and eye contacts, and personal space. After settling for the articles to be included in the study, we analysed each article extracting key themes that emerged from them.

Dementia

Dementia is a syndrome of brain diseases that signifies a deviation from the normal decline of brain functions due to aging. It is a characterized by the impairment of the brain's abilities to execute higher levels of cognitive functions such as of memory, language and intellectual skills (Kay & Tasman, 2006; Musilová & Mačkinová, 2017). It results from damage and deterioration of nerve cells that control cognition, speech and language processes (Sylvester et al., 2018). It is a disorder that is more common

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among individuals older than 65 years. There are four main subtypes of dementia; Alzheimer's Disease, Dementia with Lewy Bodies, Frontotemporal dementia, and Vascular Dementia.

Alzheimer's Disease (AD)

Alzheimer's Disease is a progressive degenerative disease of the brain**.** It is the most common cause of dementia among the four subtypes of dementia. Its prevalence doubles every 5 years after the age 65. This comes to it being the leading cause of dementia after age of 85 years old, at 50% (Daniel et al., 2007). Its progression normally starts with an asymptomatic phase, followed by a symptomatic phase and finally the dementia phase (Lucilla et al., 2019). The exact cause of Alzheimer Disease is yet to be identified but there are a number of risk factors that have been found to contribute to its development. These risk factors are old age, female gender, the gene (APOE-4), diabetes, smoking, traumatic head injuries, nutritional deficiency, low levels of education, and exposure to neurotoxins such as aluminium. AD is characterized by extreme loss of memory of events that occurred either before or after acquiring the disease. Also, patients suffering from AD have a diminished ability reason well or make good decisions. In addition, AD is also associated with diseases such as down syndrome, Creutzfeldt-Jakob disease, and Parkinson's disease (Jan et al., 2018; Naheed, 2012; Margaret et al., 2003).

Dementia with Lewy Bodies

Dementia with Lewy Bodies is the 2nd most common cause of dementia after Alzheimer's Disease. It accounts for 15-30% all diagnosis of dementia. Its onset begins at around the age 60-80 years old and is estimated that individuals diagnosed with it will have a survival time of 8-10 years (Hasmet et al., 2014). The core features that present this dementia are a fluctuation of alertness coupled with bouts of visual hallucinations, and difficulties in maintaining body balance (McKeith et al., 2005).

Frontotemporal dementia

Frontotemporal dementia is a group of disorders that causes dementia as a result of shrinkage (atrophy) of the frontal (behind the forehead) or temporal lobes (around the ear regions). Atrophy of these lobes results in difficulties in either comprehending or producing language. Other problems that may emerge due to damage of these cells are; changes in personality and behaviours as well as the inability to coordinate body parts such as legs, hands or head movements (Boxer, 2011).

Vascular Dementia (VaD)

VaD is a type of dementia that is a result due to the disruption of blood supply to the brain. This disruption of blood supply may be as a result of blockage or breakage of arteries supplying the brain with blood. Insufficient supply of blood causes brains cells to die, which in turn leads to dementia when areas of brain that process memory are affected. Cardiovascular diseases are the commonest causes of VaD. Dementia that results from this type is normally characterized by a pattern of sudden memory loss, followed by a stable phase and finally a deterioration phase (Hoffman & Platt, 2001).

Epidemiology

Approximately 40-50 million people worldwide are currently living with dementia. It is further projected that by the year 2050 at least 100-130 million people will be suffering from this mental disorder (GBD, 2016; Dementia, 2016; Zhenyan et al., 2019). Of the four subtypes of dementia; Alzheimer's Disease is the most common followed by Vascular dementia. Frontotemporal dementia is the 2nd most common subtype of dementia in children while Dementia with Lewy Bodies affects most elderly people in developed countries (Suvarna et al., 2011).

Clinical Signs

The progression of dementia normally starts with signs of impairment of memory for recent events, which is later proceeded by impairment in judgment, visual-spatial skills and eventually difficulties in effectively communicating verbally (Goldstein, 2001). Memory impairment is a general sign that cuts across all the four subtypes of dementia, though each may have specific signs associated with it. Impairment of memory may be presented by signs such as loss of ability to either recall very recent events that have occurred within a span of few seconds, events that have occurred after some minutes to several years, or significantly important past information such as personal information like birthdates or the name of one's spouse. Another dominant sign of the impairment of memory is the loss of the ability to name or recognize objects. Some may also have difficulties in distinguishing or localizing the

sources of a sound. In addition, some demented patients may lose the ability to coordinate motor activities such performing activities that require some sequences (Kay & Tasman, 2006).

Effectiveness of non-verbal communication

According to Maggie & Arlene (2017) as dementia worsens in severity, abilities to vocalize words may disappear altogether. This loss may be signified by difficulties in retrieving some words especially nouns, as well as a reduction in phrase length, substituting words incorrectly, difficulties in repeating sentences, and comprehending speech (Marc et al., 2010). This leaves non-verbal forms as the only channel through which lay and professional caregiver may communicate with people living with dementia. Nonverbal communication is a form of communication that involves transmitting information from one individual to another by the use of non-linguistic means. Non-linguistic means may involve the use of body postures and movements, facial expressions and eye contacts, personal space, touch and physical reactions such as breathing rapidly.

There are two types touch that are essential when caring for people with dementia. These two types of touch are: instrumental and expressive touch. The former refers to a kind of touch performed to carry out a specific task such as part of conducting a physical examination like palpation or assisting a patient to stand. The latter is a type of touch carried out to express emotions such as a pat on the back. Instrumental touch can also be used in assisting patients in completing some tasks such as those geared towards performing self-care activities. Expressive touch conveys feelings of support, comfort and care. Touch as a nonverbal form of communication has been found to confer to patients feeling of self-confidence and security, improve emotions and behaviours such as isolation and disorientation. Touch has further been found to increase attention and correcting responses in patients who are in states of confusion caused by mental illnesses (Belgrave, 2009; Gill et al., 2002; Gleeson & Timmins, 2004).

Facial expression is another important nonverbal that may be used in communicating with people living with dementia. Chronic pain is the most common problem among older patients aged 85 years old. Self-reporting of this pain can be a dauting task for this category of patients especially if they are suffering from dementia. This difficulty can be attributed to a reduced ability to employ verbal communication when reporting as well as the deterioration of pain receptors due to advanced age. Most studies have indicated that old people are able to show their pain through facial expressions. A widely used tool for coding facial expression is the *Facial Action Coding System.* The Facial Action Coding System comprises of 44 action units. Examples of these action units that codify pain are squinting or the narrowing of eyes, wincing, winkling of the nose, raising of the upper cheek or lips, and grimacing (Miriam et al., 2007; Thomas et al., 2014; Rosa et al., 2015). Thus, a care provider can easily know when their patients are going through pain by just observing them without being told.

Gestures of non-verbal communication may be subject to various challenges such as misinterpretation, being ignored or incomprehensively judged. These challenges may lead to either patients or care providers to withdraw or detach themselves from participating in social activities or providing care. for care providers to be effective in addressing the needs of patients living with dementia, there is a need for them to acquaint themselves with a better understanding of nonverbal communication. They should not only be able to interpret the nonverbals, but also be able to know the socio-cultural norms that govern their usage. For instance, a nonverbal gesture may be considered appropriate in one society but inappropriate in another.

Conclusion

We conclude that nonverbal communication is an important component for working with people living with dementia. This is because people living with dementia have a reduced capacity to use verbal communication. Since all care providers always want the best for the patients, it is necessary for them to familiarize or take various classes on nonverbal communications.

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