

Caring for elderly adults with cognitive impairment in containment

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In France, nearly one million older adults suffer from cognitive decline and have only partial access to information. In the current pandemic context, they have a lot of difficulties to understand prevention instructions, to learn and memorize barrier gestures, and they require sustained attention from those around them.

At home, these people live as a couple or alone. Their limited access to modern means of telecommunication, with which they are often unfamiliar, increases their loneliness and leads to a feeling of abandonment. In institutions, the initial ban on visits, separate meals in their rooms and the suppression of group activities cause misunderstanding and anxiety. This discomfort for residents is exacerbated in their relationships with caregivers subject to change, often exhausted and stressed by unusual working conditions. The appearance of new symptoms requires that caregivers provide multiple explanations and intense moral support to initiate any new treatment. The provision of oxygen to compensate for hypoxia, which can lead to agitation and delirium, is always poorly tolerated. Finally, approaching the end-of-life phase is an hurdle that patients and caregivers face in the worst conditions in the absence of face-to-face contacts with close family members.

Faced with the situations of moral distress that are multiplying in institutional settings, the National Academy of Medicine recommends that:

- caregivers should communicate intimately and intensely with the residents by referring as much as possible to their intimate story (personal, family, professional, cultural or spiritual history);
- to continue to facilitate regular contact between residents, their families and close friends through written messages or available means of telecommunication;
- to respect the daily ritual of washing, meals, leisure time and exchanges which must be maintained in their regularity;
- to imperatively maintain the remaining capacities of each resident by paying particular attention to nutrition, hydration and mobility;
- to reinforce the clinical surveillance of the residents and to be particularly attentive to any new clinical manifestations such as the onset of pain, diarrhoea, fever or breathing difficulties;
- to ensure that advance directives have been signed by the resident prior to any cognitive decline, and to identify and maintain contact with the referral person to facilitate any decision-making if necessary;
- to ensure that every patient entering the acute respiratory distress phase, but not transferable to an intensive care unit, will be able to benefit from basic care that will spare him/her any moral or physical suffering.

The recent authorisation of family visits to nursing homes (EHPAD) and medico-social establishments requires that everything is done to facilitate and organize them in such a way that visitors strictly comply with essential hygiene rules and barrier measures.