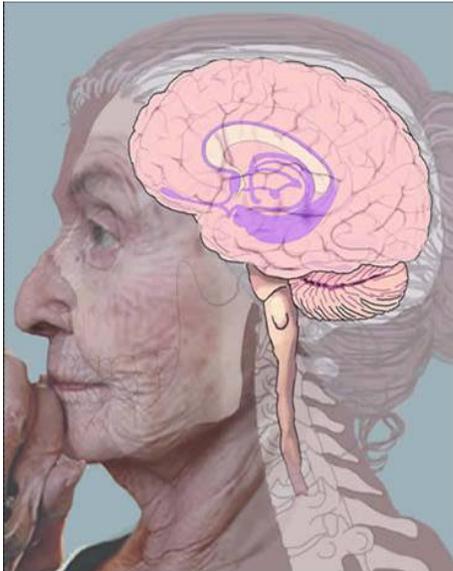


The Limbic Region



Key Functions:

- links behaviour and memories
- storing of new memories
- emotional control
- controls auto-regulatory functions (e.g. sleep-wake cycle, body temperature, appetite, thirst)

Associated Dysfunctions and Behaviours:

a. Impaired Filtering and Analysis of Events

- may assume that someone else has taken, stolen and/or misplaced objects
- may be unable to consider the possibility that they may have misplaced the object themselves or have a faulty memory, and therefore accuse others
- impaired filtering and analysis of events may lead to misinterpretation, anger, suspiciousness, and blaming others

Effective Care Strategies:

- environmental adaptations, redirecting and a non-confrontational approach are the most effective care strategies for these kinds of deficits
- it is important that the individual's belongings are kept in places that are meaningful and/or easily accessible to them, and that clutter is minimized
- caregivers should offer reassurance and orient them towards their important objects before an issue or escalation occurs
- caregivers should not challenge or dispute, but offer their assistance and validate the feelings that are presented (e.g. "I see that you are quite upset that you cannot find your radio, I'd like to help you find it; perhaps we could look in your closet")

b. Emotional Control, Emotional Lability or Blunting

- may display extreme and rapidly changing emotions such as irritability, depression and anxiety
- may be prone to blunting emotions

- may appear uninterested or emotionally unaffected by events in his/her immediate environment

Effective Care Strategies:

- where an individual has difficulty with emotions, there needs to be validation and acknowledgement by the care team in a manner that is not blaming or condescending
- each emotional presentation should be viewed in the context of the individual's needs met and possibly unmet
- the environment and routines should be kept consistent so that the individual knows what to expect and when to expect it; however, flexibility should be enabled by caregivers to prevent and/or minimize the impact of emotions on the individual and/or those around them
- regular isolation of the individual and/or assumptions based upon usual responses should not guide care
- distraction with engaging and/or enjoyable activities based upon the individual's interests are effective to redirect and/or minimize the effects of mood on behaviour

c. Impaired Auto-Regulatory Functions

- an inability to regulate sleep, appetite, thirst and body temperature
- may lose track of when he/she would normally be awake or sleeping (day-night reversal)
- may feel cold deep in the bones or may feel extremely hot
- may experience extreme thirst or appetite

Effective Care Strategies:

- environmental modifications represent an appropriate care strategy and should be combined with a supportive and non-confrontational approach
- the environment should use cues such as lights, curtains and clocks to assist individuals to know what time of day it is (e.g. lights dim with travel path to bathroom the being the only lit area, routine of curtain opening in the morning, and/or visible large number clocks)
- caregivers should modify their responses at night (i.e. quiet voice, limited verbal communication with no social chatting)
- individuals should be discouraged from prolonged napping during the day and early evening as this also contributes to sleep disturbance
- individuals that have difficulty with body temperature regulation, should be offered ways to self-regulate their comfort by providing sweaters/clothing that are easy to doff and don without assistance
- caregivers should not challenge, undermine or minimize the individual's experiences by stating "it's not hot/cold in here, what's wrong with you". Individuals should be offered things that can be done to increase their comfort (e.g. a warm blanket from the dryer, a hot water bottle, open window, provide fan or offer a fresh air walk)
- expression of thirst or appetite should be viewed as a genuine need unless there is consistent documentation and/or direct caregiver observation to the contrary

- difficulties with thirst and appetite satiety should be managed with environmental modification and a “gentle approach”
- a gentle approach would include things such as providing appropriate amounts of food and water based upon dietary need and then using activity, distraction and/or deferral at appropriate times (e.g. “well, you’ve just had a tea, let’s go to the activity room and see what’s happening there, and when you come to the dinner table at 6 o’clock there will be another tea for you then)
- part of environmental modification includes routine; the more consistent the routine the better for individuals
- in some circumstances it may be necessary to use physical barriers to access; however, this should be used as a last resort as it has the potential to result in frustration and/or anger on the part of the individual with the deficit