

## The 7 A's of Dementia

### 1. Anosognosia: No Knowledge of Illness or Disease



#### Deficits:

- (Greek) **a** = no; **nosos** = illness/disease; **gnosia** = knowledge of)
- Lack of insight into deficits or illness
- Person lives in the present, but accesses a life of the past (when they were well)
- Unable to understand or perceive that they need assistance
- Particularly likely if temporo-parietal pathology
- Behavioural and safety issues result

#### Associated Behaviours:

- May unknowingly place self at risk in a number of domains, for example:
  - self-transferring or ambulating when not physically able
  - driving
  - doing finances
- May not realize that they are in a hospital or long-term care home (they may think they are at home, at work, at school etc.)
- May be unaware of consequences of behaviour on others, i.e. “how it makes other people feel”
- May become angry with caregivers or resist care, including becoming physically aggressive (e.g. pushing away, slapping, or kicking)

#### Effective Care Strategies for Anosognosia

- Explain to family members and care givers that behaviours such as resistiveness, anger, and aggression are not wilful or intentional.
- Use a non-confrontational approach to resistive or aggressive behaviours.
- Avoid punitive approaches that attempt to instil remorse, or belabour how the person's behaviour makes other people feel.
- Realize that negative interactions may provoke an angry or frustrated mood that persists all day.
- If required, caregivers should “step back” and regain their composure prior to responding to the resistive or aggressive behaviours.
- When re-approaching the individual, smile, use positive words and a friendly and relaxed tone. This approach is crucial to the success of a second attempt if a caregiver needs to proceed with a task or activity