

# Understanding Dementia: Apraxia

## The 8 As of Dementia

<b>Anosognosia</b>	<b>Apraxia</b>
<b>Amnesia</b>	<b>Altered Perceptions</b>
<b>Aphasia</b>	<b>Apathy</b>
<b>Agnosia</b>	<b>Attention Deficit</b>

## What is Apraxia?

Apraxia is a neurological disorder characterized by the inability to perform learned (familiar) movements on command, even though the command is understood and there is a willingness to perform the movement. Both the desire and the capacity to move are present but the person simply cannot execute the act. There are many different types of apraxia the person can experience because of the changes in the brain.

The most common include:

**Ideomotor apraxia** is the inability to make the proper movement in response to a verbal command despite having intact knowledge of tasks.

**Ideational apraxia** is the inability to correctly coordinate or carry out activities in a sequence of actions that multiple and complex step tasks such as dressing, eating, and bathing.

**Buccofacial apraxia (also orofacial apraxia)** is the inability to carry out facial movements on command involving the face, mouth, tongue, larynx, and pharynx

**Verbal apraxia (also apraxia of speech)** is the difficulty coordinating mouth and speech movements. This differs from aphasia. With verbal apraxia, the person has a hard time making the necessary muscle movements to produce clearly articulated speech

**Limb-kinetic apraxia** is the inability to make fine, precise movements with extremities-arm, leg, finger and hand movements

**Gait apraxia** is a motor planning deficit in mobility. Persons with gait apraxia have a hard time getting started with walking. These walking difficulties can increase the risk of falls.

Reference: <https://www.elizz.com/> - caregiver resources

## Apraxia and caregiver dependence

Apraxia significantly decreases the person's ability to perform basic day-to-day activities. As the dementia progresses, the person becomes increasingly dependent on the caregiver. It can be frustrating and upsetting for the person with dementia and the caregiver when help is needed with everyday tasks like using utensils or getting dressed.

### Getting dressed: how to help

- Give short, simple instructions for each step required
- Minimize distractions that compete for attention
- Demonstrate the action required
- Set out clothes in the correct order to help them dress independently
- Use adaptive clothing, rather than buttons and zippers. Hidden magnets or Velcro can be used for garment and footwear closures.
- Consider a home support worker to help with personal care like grooming and dressing

Any caregiver dealing with someone with apraxia is going to need ample time and patience. The person may need to be repeatedly shown the task/activity as showing them once will rarely do it.

If the person does not get what you are asking them to do, sometimes it is best to set aside the task and return to it at another time. Repeating the task over and over again, without a positive response or any success, will only serve to distress everyone and may lead to emotional reactions.

Professionals can help family caregivers adapt and adjust as needed. Finding alternative ways to do daily tasks can reduce frustration levels for caregivers and those receiving the care.

- Montessori-based dementia activities use rehabilitation principles including guided repetition, task breakdown, and progressing from simple to complex failure free tasks.
- Physiotherapists can help with at home exercise programs which consist of muscle strengthening, gait and balance training.
- Modifications of home environment (declutter furniture, install grab bars and railings).
- Speech-language pathologists can provide an Oral reading activity for apraxia of speech that can be practiced at home.
- Occupational therapists can assess the need for assistive technology such as a safety system e.g. automated lights, shut-off devices, fall detectors, or to maintain skills using electronic games and apps.