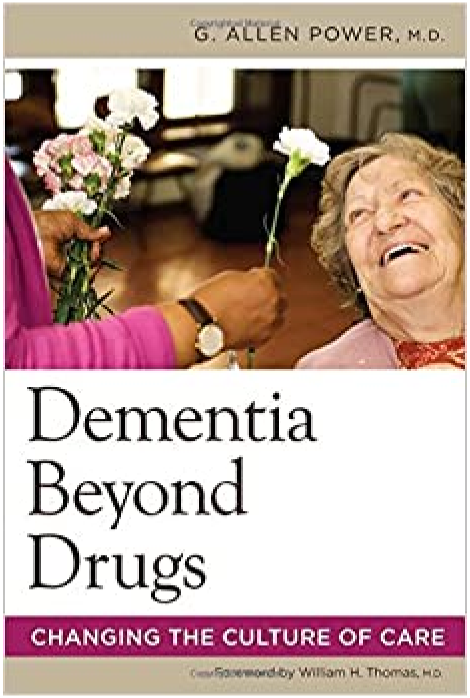
Dementia Beyond Drugs



Synopsis

An experienced geriatrician exposes why our current system of nursing homes and long-term care produces misery in our elders, particularly those with dementia, and foils the efforts of genuinely caring and compassionate staff to provide a better life for them. Through illuminating examples, see how a radically different approach to dementia care reduces the need for harmful psychotropic drugs and transforms how we engage the people living with this debilitating disease.

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Customer Reviews

2010 Book of the Year Awardee "...this is a book of hope and humor, and most of all a call to challenge the traditional biomedical model that medicates first rather than seeking alternatives." --American Journal of Nursing, January 2011"This is one of the most original works of geriatrics in a long time. It deserves a wide readership and much discussion." --D. O. Staats, MD, Doody’s Book Review Service, Oct. 2010Allen Power’s new book, Dementia Beyond Drugs: Changing the Culture of Care, has just stripped you of your last excuse for not understanding what it takes to bring about real culture change within residential care settings while at the same time reducing the administration of psychotropic drugs. He has answers for questions you’ve had about assisting people living with dementia. Al’s grasp of the subject is comprehensive and his style of communicating is informative, accessible, and inspiring. If you implement the information that Al suggests, you can be the person you’ve always wanted to be when assisting others living with dementia. He’s one of the best guides out there on the pathway to understanding care that treats individuals with dementia with the personal attention, respect, and dignity they deserve. (Carol Ende, Executive Director Eden Alternative 2009-11-04)Ã¢â ¬Å“Allen Power is my kind of physician -- one who understands the research and who has a big heart. Drawing on years of experience, he presents a compelling case for eliminating the vast majority of antipsychotic medications used to treat unpleasant symptoms of dementia. Family members and caregivers will embrace his compassionate, relationship-based approach. Dementia Beyond Drugs should be required reading for every long-term care provider.Ã¢â ¬Â• (Beth Baker Journalist & Author, Old Age in a New Age: The Promise of Transformative Nursing Homes 2009-11-11)Ã¢â ¬Å“This extremely important book directs our attention to the virtue and value of engaging individuals with dementia as people rather than as cases to be managed with drugs. Dr. Power’s deep appreciation of how a humane environment can help persons with dementia to flourish rather than to wither should be required reading for all involved with residential care.Ã¢â ¬Â• (Steven R. Sabat, Ph.D., Department of Psychology Georgetown University 2009-11-23)"Dementia Beyond Drugs: Changing the Culture of Care is a totally engaging book that clearly illustrates the restorative effects of humane care in combination with advances in modern medicine. Dr. Al Power makes a compelling case for deep system change, where knowing the person is paramount in our approach to compassionate elder care." (Rose Marie Fagan, Co-Founder Pioneer Network 2009-12-01)Ã¢â ¬Å“This book is groundbreaking, courageous and awesome, representing a new milestone in dementia care. Dr G. Allen Power dares to challenge the current paradigm and urges readers to walk the walk of culture change, creating a better world for people with dementia. This thoroughly researched, practical and deeply compassionate book is a must for all working in the field of dementia.Ã¢â ¬Â• (Hilary Lee, MSc, OTR, Chair The Society for the Arts in Dementia Care, Inc. 2009-11-25)Ã¢â ¬Å“Al Power has authored a book that fills an enormous gap in our understanding of how we, as individual caregivers and as a society, can improve the care for those with dementia. Written with his characteristic directness, warmth, and compassion, these pages are filled with new insights and clues as to how to avoid dangerous drug therapy and restore dignity and comfort to these individuals. This book will be a landmark in geriatrics and has something of value to family caregivers and seasoned physicians as well.Ã¢â ¬Â• (William J. Hall, MD, Paul Fine Professor of Medicine and Director of the Center for Healthy Aging University of Rochester, School of Medicine 2009-11-23)Ã¢â ¬Å“Using story after powerful story to reveal the shortcomings of a biomedical approach to care, Dr. Power has helped us open our eyes to a new way of viewing those living with dementia. We have created worlds where our elders with dementia do not want to be, then medicated them to keep them there. Dr. Power’s "Experiential Model" offers us a viable and humanistic alternative to caring for those with dementia. This model challenges care providers to not only open their eyes, but to also see the beauty and potential of the human spirit that remains. Our elders living with dementia are our greatest teachers and Dr. Power has been an exceptional student. He has learned their lessons well and, in this important book, now shares them with us. I hope we are ready and willing to learn.Ã¢â ¬Â• (Nancy A. Fox, Chief Life Enhancement Officer Pinon Management 2009-11-23)"This is a 'must have' book for your library if you care about persons with dementia. It is filled with practical, valuable information and insights that can transform practice. I highly recommend it." (Joanne Rader, RN, MN, PMHNP Nurse Specialist Consultant 2010-01-21)In a moving wake-up call to geriatrics professionals and caregivers, G. Allen Powers delivers a blueprint for the effective care of aging dementia patients in his book Dementia Beyond Drugs: Changing the Culture of Care. He calls for a sea change in the approach to dementia care, replacing the use of drugs with compassion, caring, and genuine efforts to treat patients with dignity and respect. Through case studies and personal accounts, Powers discards the pervasive model of dementia care utilizing antipsychotic medications that alter patientsÃ¢â ¬â„¢ behavior and attempt to promote compliance. He encourages practitioners to embrace a cultural change in dementia care that focuses on the patient as an individual. He suggests that in many cases where communication and interaction can identify a source of confusion or agitation, drugs become unnecessary. PowersÃ¢â ¬â„¢ insiderÃ¢â ¬â„¢s view of the need for sweeping changes in institutional care captivates readers through his vivid descriptions of experiential encounters and practical, humane solutions. Thought-provoking anecdotes prompt readers to evaluate situations and draw parallels to similar patient concerns. To effect the changes Powers proposes requires attitudinal modifications aimed at empowering caregivers to seek solutions that improve dementia patientsÃ¢â ¬â„¢ quality of life and ability to navigate their environments without medication whenever possible. And Powers makes a powerful case for practitioners to ascertain that the possibility exists for the great majority of dementia patients. (Aging Well Magazine 2010-07-18)For the past decade Dr Al Power, a specialist geriatrician, Associate Professor of Medicine at the University of Rochester, New York, Eden Alternative Educator and Mentor, has been taking every opportunity to discuss the use, or rather the overuse of medication in the management of dementia. This book brings together the essence of those talks in a lucid and easily understood manner. More importantly the book includes a minimum of Ã¢â ¬ËœmedicalÃ¢â ¬â„¢ language making it accessible to most of the elder care workforce. The book is subtitled Ã¢â ¬ËœChanging the Culture of CareÃ¢â ¬â„¢ and in many ways this is the primary purpose of the book. In discussing alternatives to drugs Dr Power delivers a Ã¢â ¬ËœprimerÃ¢â ¬â„¢ for a philosophy of care based on the development of relationships with the elder being cared for. It can be seen as a companion volume to the Eden Alternative Handbook. The book is divided into three sections. The first, Paradigms and Problems, includes a discussion of the shortcomings of most drug research associated with dementia and the relationship between many of the challenging behaviour associated with dementia and the institutional environment which provokes many of those behaviours. The second section, Shifts, describes a different approach, what Dr Power calls an experiential model. This model sees dementia, not as a burden on individuals and society in general but as a life experience, and emphasises the absolute need to see each person with dementia as an individual with individual needs. Our challenge is to understand the world from their perspective, rather than attempt to corral them into ours. The third section, Solutions, describes some specific examples of using the experiential model to understand some of the more common problems that arise with dementia. This book should be read by everybody who is disappointed by what they see as the current paradigm for residential care and who knows there must be a better way. (Eden Alternative UK & Ireland 2010-07-20)**Description** This book gives the intellectual history of the Eden Alternative -- a restructuring of long-term care for demented persons. In shifting the attention from the institution to the person, different paradigms of care emerge. **Purpose** The purpose is to demonstrate a different way of caring for demented persons in long-term care. This is a large segment of long-term care and the author meets the objectives handsomely. **Audience** The audience is persons who care for demented person in long-term care. This covers a wide swath of individuals -- physicians, nurses, social workers, psychologists, administrators. The author is an expert in the area. **Features** The first of the book's three sections, on paradigms and problems, outlines the gaps in historical treatments of demented persons and lays the groundwork for discussing the Eden Alternative approach to care of these patients. The second part describes how changing to a more person-centered model of care brings better outcomes. The final section, on solutions, describes approaches to paranoid behavior, anxiety and agitation, communication, and "I want to go home." Throughout, well-articulated vignettes and clear descriptions of new approaches to care, linked to well-cited references, give the underpinnings for new approaches to care. Finally, an appendix lists resources. **Assessment** This is a most intriguing book. It broadens the traditional medical model, which, in its most classic form, gave medications to treat symptoms and therefore mitigate suffering. A deeper understanding of the psychological nature of persons with Alzheimer's disease permits a better understanding of what lies behind their behaviors. The book gives the beginnings of how to operationalize this understanding by changing the physical layout of long-term care facilities and by changing the agenda of these facilities. How to understand what demented persons mean in their language and actions and, in turn, how we can best respond are laid out in this timely book. It synthesizes a large body of new knowledge and presents it with very good vignettes. The gentle storytelling is done here to great effect. This is one of the most original works in geriatrics in a long time. It deserves a wide readership and much discussion. -- Weighted Numerical Score: 92 - 4 Stars! (David O. Staats, MD Doody’s Review Service 2010-10-08)"This is one of the most original works in geriatrics in a long time. It deserves a wide readership and much discussion." (Doody’s Review Service 2010-10-08)"This book should be read by everybody who is disappointed by what they see as the current paradigm for residential care and who knows there must be a better way." (Eden Alternative UK & Ireland 2010-07-20)"In a moving wake-up call to geriatrics professionals and caregivers, G. Allen Powers [sic] delivers a blueprint for the effective care of aging dementia patients..." (Aging Well Magazine 2010-07-18)Power (medicine, U. of Rochester), an internist, geriatrician, and nursing home practitioner, outlines ways to address the symptoms of dementia without using medication, for those involved in patient care, including nurses, social workers, occupational therapists, medical directors, and administrators, as well as family members and students. He describes the current view of dementia and its behavioral expressions, trends in medication use worldwide, and the research the prescribing patterns are based on; the problems with this model of care; a new experiential model of care for people with dementia to experience well-being and growth with little or no medication; and approaches to care based on his work with the Eden Alternative, a movement that is working to change elder care. (Book News, Inc. 2010-09-01)With the demographic imperative of the worldÃ¢â ¬â„¢s rapidly aging population, optimal care of older adults is a compelling concern. The prevalence of dementia is anticipated to increase as a consequence of these population trends. Current models of dementia care have limitations. In his book Dementia Beyond Drugs: Changing the Culture of Care, G. Allen Power proposes a transformative culture change from the conventional institutional model of dementia care to a person-centered model that is far more reliant on individualized interactions, communication, and cultivation of relationships than on pharmacotherapy, regimented schedules, and treatment plans. With a careful review and synthesis of the literature, PowerÃ¢â ¬â„¢s book is sufficiently comprehensive and detailed to be useful for clinicians and anyone involved in patient care or administrative aspects of long-term care. It is also sufficiently accessible to be relevant for a lay audience. The text is infused with stories that emphasize the topics discussed and assist the reader in recognizing the compelling humanity of dementia care. The book has relevance to psychologists as it provides a context for the consideration of changes in the current modes of dementia care, presents evidence of the limitations of current therapeutic interventions, explains the various models of care that undergird the patient-centered model that the author proposes, and offers potential applications of the model. In addition, the model of care provided may be instructive for informal caregivers, friends, and family members. Power proposes what he describes as an Ã¢â ¬Å“experiential approach to dementiaÃ¢â ¬Â• (p. 77). Although care partners understand the symptoms of dementia, for example, problems managing finances, geographic disorientation, or difficulty dressing, Power explains, Ã¢â ¬Å“If we are to provide the best care for people with dementia, we need to spend a lot more time trying to understand what it feels like to live with dementiaÃ¢â ¬Â• (p. 5). Optimal dementia care requires moving from the biomedical context of symptoms to the experiential context of the individual with dementia. Increasing sensitivity to the experience of having dementia provides the opportunity to increase understanding of unmet needs. Power asserts that Ã¢â ¬Å“transformation is the foundation of enlightened care. The institutional model will never succeed in this endeavorÃ¢â ¬Â• (pp. 16Ã¢â ¬â œ17). The first section of the book examines the current paradigm of dementia care. Power discusses the conventional care environment, which involves an institutional model that emphasizes pharmacotherapy. He presents a review of antipsychotics, including a discussion of potential adverse effects (Schneider et al., 2006), limited data demonstrating efficacy in management of challenging behaviors in dementia, and the question of whether the primary impact of antipsychotics and other medications used to treat challenging behaviors is sedation. Power explains that care partners may perceive that individuals treated with psychoactive medications appear calm. He asserts that the medications result in a less active and more sedated individual who is more accurately described as Ã¢â ¬Å“calmatose.Ã¢â ¬Â• Power further explains, When considering the use of any psychotropic drug for a behavioral expression, it is important to ask how the drug is going to solve the problem. Is there something about the way the drug lowers dopamine levels in the brain that makes a wandering person stop wanting to explore his or her environment, or that makes a person who hates being bathed suddenly find the experience more enjoyable? The challenge is to explain the mechanisms behind the drugs in use, particularly when a mismatch with the care environment is clearly triggering the distress. Other than in cases of true psychosis, it is difficult to reach any conclusion except that we are sedating the behavior, and therefore the person. (p. 30) Power provides a history of the modern nursing home. Long-term care was linked to the Medicare and Medicaid Act of 1965. Consequently, the aging process is conceptualized in the context of diseases and functional impairments. The emphasis on medical treatment means that nursing home residentsÃ¢â ¬â„¢ Ã¢â ¬Å“homesÃ¢â ¬Â• are by definition an institutional setting. He explains that reimbursement and financial incentives built upon the disease model serve as a counterintuitive care model. Facilities receive greater reimbursement for illness than for health, and when health is restored, reimbursements are reduced. For example, a nursing home resident who develops a pressure sore will require daily wound care, with consequent high levels of reimbursement. When the wound heals successfully, reimbursement drops. Power also provides a comprehensive assessment of the impact of the institutional model. Residents sustain several losses with nursing home placement: material losses through the relinquishment of personal living space and belongings and separation from friends and loved ones; and nonmaterial losses including loss of privacy, dignity, control, and meaning. The same regimented schedule that provides efficient completion of tasks and cost savings for the facility staff may lead to loss of meaningful activities for residents. Power provides the example of a certified nursing assistant who was chastised for escorting a resident outside to enjoy the sunset. Power asserts that the implementation and persistence of the institutional model are a direct consequence of societal perceptions of aging. Consequently, any change in the infrastructure will require a massive paradigm shift. Society views aging as a loss: Ã¢â ¬Å“To put the societal view simply, aging is decline. It is a slide from something good to something bad. The best we can do is try to manage this decline to whatever degree we canÃ¢â ¬Â• (p. 58). Power goes on to explain William ThomasÃ¢â ¬â„¢s perspective on the stages of human development. Thomas (2004) conceptualized development as involving two states: doing and being. Doing involves activities that are observable and measurable; being often entails intangible acts. Society places high value on doing and thus on adulthood as the stage of development associated with high levels of doing. Power discusses the impact of the Ã¢â ¬Å“cult of adulthoodÃ¢â ¬Â• on older adults. Societal messages emphasize concern for the burden of an aging society rather than conveying interest in the wisdom that may be provided. The primary impact of the cult of adulthood in long-term care is the reduction of a person with dementia to a problem list of impairments and abilities. The institutional environment is not limited to the spectrum of long-term care. People with dementia may have a similar experience in the community with the loss of purposeful social engagement. The second part of the book outlines a paradigm shift that emphasizes patient-centered experiential care. Power proposes a new model of dementia care that emphasizes the unique individuality of the people with dementia and highlights the importance of respecting autonomy and nurturing meaningful interactions rather than assessing cognitive and functional deficits. The biomedical model emphasizes objective performance at the expense of subjective data. However, psychometric batteries cannot provide insight into the person with dementiaÃ¢â ¬â„¢s psychological experience (Sabat, 2001). Power proposes a fundamental change in the language and terminology used to describe dementia care. For example, rather than discussing behavioral problems, Power proposes the term behavioral expressions. The change in terminology takes the burden of responsibility for behaviors from the person with dementia to a concept that connotes the fact that such behaviors likely represent the articulation of an unmet need. Thus, the care partner, a term to replace caregiver, is challenged to address the more complex task of assessing the pattern of behavioral expressions to determine the triggers. Do verbalizations increase when the resident needs to void? Does agitation resolve when the water temperature is adjusted? The final section of the book offers solutions to improve dementia care. The author emphasizes the importance of good communication and sustained interactions. He refers to Bell and TroxelÃ¢â ¬â„¢s (1997) concept of addressing the person with dementia as a close friend, as delineated in The Best Friends Approach to AlzheimerÃ¢â ¬â„¢s Care. This change in perspective alters the dynamic from a patientÃ¢â ¬â œhealth care provider interaction to a more positive and empowering encounter. Power offers methods to improve communication, reduce medication use, and provide dementia care with greater dignity, compassion, and respect for the individual. The concept of person-centered care is well supported by the medical literature (Cherry et al., 2008; Penrod et al., 2007; Specht, Taylor, & Bossen, 2009). Dementia Beyond Drugs: Changing the Culture of Care is an important addition to the field. Power characterizes the current state of long-term care and the limitations of the biomedical model, and he compels the reader to advocate for dementia care that is more compassionate, more humane, and more respectful. He provides a blueprint for a comprehensive culture change that requires society to recognize that while dementia affects cognition and function, dementia care must recognize that persons with dementia are not defined by their disease. Power calls for dementia care that embraces the ethical tenets of autonomy and respect. With the aging of the population, it is a compelling and timely message.

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AlzheimerÃ¢â ¬â„¢s disease. The New England Journal of Medicine, 355, 1525Ã¢â ¬â œ1538. doi:10.1056/NEJMoa061240 Specht, J. K., Taylor, R., & Bossen, A. L. (2009). Partnering for care: The evidence and the expert. Journal of Gerontological Nursing, 35, 16Ã¢â ¬â œ22. Retrieved from http://www.jognonline.com/default.asp Thomas, W. H. (2004). What are old people for? How elders will save the world. Acton, MA: VanderWyk & Burnham. (Monique M. Williams PsycCRITIQUES 2011-03-23)Dementia Beyond Drugs: Changing the Culture of Care is an important addition to the field. Power characterizes the current state of long-term care and the limitations of the biomedical model, and he compels the reader to advocate for dementia care that is more compassionate, more humane, and more respectful. He provides a blueprint for a comprehensive culture change that requires society to recognize that while dementia affects cognition and function, dementia care must recognize that persons with dementia are not defined by their disease. Power calls for dementia care that embraces the ethical tenets of autonomy and respect. With the aging of the population, it is a compelling and timely message. (Monique M. Williams PsycCRITIQUES 2011-03-23)In Dementia beyond drugs: Changing the culture of care, geriatrician G. Allen Power asks readers to rethink the way care is provided to older adultsÃ¢â ¬â ¢in particular, to older adults with dementia. In fact, Power suggests that we Ã¢â ¬ËœÃ¢â ¬Ëœradically alter the way we look at the challenging behavioral expressions so commonly seen in people with dementiaÃ¢â ¬â„¢Ã¢â ¬â„¢ (p. 2). Power focuses on what he calls an experiential approach to dementia, one where we Ã¢â ¬ËœÃ¢â ¬Ëœspend a lot more time trying to understand what it feels like to live with dementiaÃ¢â ¬â„¢Ã¢â ¬â„¢ (p. 5). While PowerÃ¢â ¬â„¢s call for change is not new, he does offer a unique perspective on how to apply culture change philosophies that move elder care out of the biomedical realmÃ¢â ¬â ¢including such approaches as the Eden Alternative, the Green House Model, and Person-Centered Care, among others. One of the strengths of PowerÃ¢â ¬â„¢s work is his ability to synthesize the wealth of care literature and techniques, and, using examples from his experiences working in long-term care and his training as an Eden Alternative Educator, place them in a practical context for working with persons with dementia. Also noteworthy is PowerÃ¢â ¬â„¢s understanding that change requires many components, and that change in one area (e.g., physical environment) is not enough to effect culture change overall. Written in language that is accessible to a wide audienceÃ¢â ¬â ¢from students and family members to care staff and other medical professionals, Dementia beyond drugs: Changing the culture of care lays the groundwork for not only why culture change must occur but also what must happen for it to occur. The book begins with a prologue that Power characterizes as Ã¢â ¬ËœÃ¢â ¬Ëœa story of failureÃ¢â ¬â„¢Ã¢â ¬â„¢ (p. xv). The story looks both at one womanÃ¢â ¬â„¢s unfortunate experience with dementia care and

PowerÃ¢â ¬â„¢s own development and insight into the shortcomings of the traditional nursing home model. The 14 chapters that follow are organized into three sections that take readers on a journey, looking first at what Power sees as the problems of the current model of care, then at the specific changes that are needed, and finally at the ways of achieving those changes. Interspersed in each of the chapters are illustrative vignettes and personal accounts. While PowerÃ¢â ¬â„¢s focus is primarily on long-term care institutions, he addresses the similar challenges found in community care as well. In Part 1, Ã¢â ¬ËœÃ¢â ¬ËœParadigms and Problems,Ã¢â ¬â„¢Ã¢â ¬â„¢ Power first takes a broad approach describing our problematic societal perspective on aging in general as well as the flaws of our current understanding of the experience of dementia. While Power is careful to criticize the system rather than the people working in the system, he does point out numerous ways the system is broken. Some of these ways, to name just a few, include the use (or misuse) medication to try to control dementia Ã¢â ¬ËœÃ¢â ¬ËœbehaviorsÃ¢â ¬â„¢Ã¢â ¬â„¢; the routinization, medicalization, and depersonalization of daily life for persons with dementia; and the misguided funding system that reimburses more for medical care and less for care successes achieved through nonmedical means. Part 2, Ã¢â ¬ËœÃ¢â ¬ËœShifts,Ã¢â ¬â„¢Ã¢â ¬â„¢ offers chapters that explore the way in which the system could be changedÃ¢â ¬â ¢first by comparing and contrasting the biomedical model that Ã¢â ¬ËœÃ¢â ¬Ëœsees dementia mostly as a neuropathologyÃ¢â ¬â„¢Ã¢â ¬â„¢ (p. 77) and an experiential approach where it is the person with dementiaÃ¢â ¬â„¢s perception of the world that needs to be understood. In this section, Power provides numerous examples for how to gain such understanding. He also examines ways in which care environments (both in long-term care and in the community) can be deinstitutionalized and how meaning can be reintroduced into older peopleÃ¢â ¬â„¢s daily lives. Finally, in Part 3, Ã¢â ¬ËœÃ¢â ¬ËœSolutions,Ã¢â ¬â„¢Ã¢â ¬â„¢ Power offers some practical strategies and examples of how to deal with care challenges (e.g., communication, anxiety, agitation, paranoia) that might otherwise be Ã¢â ¬ËœÃ¢â ¬ËœtreatedÃ¢â ¬â„¢Ã¢â ¬â„¢ with medication. While it is unlikely that these solutions will provide a cure-all for every situation, they are likely to give readers at all levels pauseÃ¢â ¬â ¢enough to consider that there might be another way of doing things. Indeed, Dementia beyond drugs: Changing the culture of care is all about asking us to rethink how we Ã¢â ¬ËœÃ¢â ¬ËœdoÃ¢â ¬â„¢Ã¢â ¬â„¢ care for persons with dementia. (Rona J. Karasik, Professor & Director, Gerontology Saint Cloud State University, Saint Cloud, MN Educational Gerontology 2011-12-21)"Power has the ability to synthesize the wealth of care literature, examples from his work in long-term care, and his training as an Eden Alternative Educator---placing them all in a practical context for working with persons with dementia...Dementia Beyond Drugs is all about asking us to rethink how we "do" care for persons with dementia." (Rona J. Karasik, Professor & Director, Gerontology Saint Cloud State University, Saint Cloud, MN Educational Gerontology 2011-12-21)

G. Allen Power, M.D., is a board-certified internist and geriatrician and Clinical Associate Professor of Medicine at the University of Rochester, New York. He is also a Fellow of the American College of Physicians American Society of Internal Medicine. Dr. Power has practiced medicine for 27 years, the last 20 of which have been in long-term care and rehabilitation.As a Certified Eden Alternative Educator, Dr. Power serves as an Eden Mentor at St. John s Home in Rochester, New York, where he has worked since 2000. Dr. Power has lectured on geriatric and culture change topics both nationally and internationally. He has been interviewed for print and broadcast media including BBC Television, The Washington Post, The Singapore Straits Times, The Wall Street Journal, and WHYY radio among many others. Dr. Power is also quoted in the book Old Age in a New Age: The Promise of Transformative Nursing Homes by Beth Baker (2007, Vanderbilt University Press).An accomplished musician and songwriter, Dr. Power s music has been performed on three continents. His song of elder autonomy, If You Don t Mind, was performed by Peter, Paul and Mary, and Walter Cronkite used his song I ll Love You Forever in a 1995 Discovery Channel documentary on American families.Find more at alpower.net and allenpower.wordpress.com.

Let me start by saying I run a skilled nursing facility that also houses long term care patients. Many of them have dementia, and it is sometimes difficult to get the staff to understand how to effectively work with those patients without frustrating themselves and/or the patient.I don’t remember how I discovered this book, but I’ve bought at least 5 copies of it, and the one after it so far. There are countless books that try to explain how to work with someone with dementia, but this one is by far the best. The examples that the author gives are spot on, and his suggestions for techniques to soothe a patient and get on their level are second to none. It’s amazing to me how simple it can be, but how hard we make it. I’ve implemented many of his strategies in the past, and always had success in doing so.My favorite thing about this book is that it’s written in such a way that healthcare providers AND family members can easily read and understand it. It’s also not a boring, "medical" book. It’s very interesting and easy to understand.I really can’t say enough good things about this book. Although it is a bit pricey in terms of books, it’s worth every single penny, and I’ll continue to buy copies of it.

Geriatricians and all those involved with providing care for frail seniors should read this book, especially family members. Allen Power is a geriatrician and the Chief Medical Officer of a large nursing home on the East Coast. The vast majority of the resident were taking psychotropic medications for behavioral issues, tied to mental health diagnoses. Within a short year, the percentage of residents taking psychotropic medications plummeted from 60+ percent to less than 10 percent. What changed? How did he do that? Nothing was changed externally, no staffing changes, facility modifications. HE changed his attitude and approach to undesired behavior of the residents. Instead of assuming that he has to fix that behavior, usually with sedation or anti-psychotic meds, he interpreted that behavior as an expression for an unmet need. Engaging the resident in identifying that unmet need led to a collaborative problem solving situation instead of "I'm going to make you stop doing that". Many frail seniors cannot speak or articulate their needs, have dementia, and respond by acting out when frustrated. Allen Power saved millions of dollars in psychotropic medications and the residents are happier, more functional, healthier in general and maintained their DIGNITY. All he did was change himself. Powerful and revolutionary in the field of long-term care.

I bought this book way to late to have any impact on my mom's care. I wish I'd bought it several years sooner. Dementia is accelerated, I believe, by poor diet, and lack of exercise. My mom existed on cookies, ice cream and fruit; and she stopped swimming, which was her only form of exercise. Her rapid descent into full blown Dementia was heartbreaking. She lived a good long life, and passed away at 93. But the dementia didn't need to happen.

This book makes so much sense. I have been in long term care for over 20 yrs, The home I am working in now is Eden in construction. We are working hard to get it right and this book is such an inspiration for me, I find myself not just reading it but going back to study it. I am constantly going back to relate something happening in our home to compare how it was in the book, possibly to help offer a possible solution to a challenge. Our Manager was fortunate enough to hear Mr. Power speak. I do hope I will be as fortunate. The Man and the book are absolutely brilliant. I would highly recommend it for anyone that is close to someone with dementia or even curious about the subject.

Dementia Beyond Drugs is without a doubt the most important book to be written on the care of individuals with dementia in many years. Dr. Power takes the reader on a journey that is sorely needed for many in this field. He challenges us to think differently about dementia as an illness, and more importantly, to regard the person LIVING with dementia in a whole new way. As a gerontologist and long term care professional who considered herself very far down the culture change path, I found many new ideas and much inspiration from this book. I know this book will change the way I shape dementia care in my work for years to come. I couldn’t put it down.

Difficult to believe that this far into the 21st century there are still nursing homes using drugs instead of relationships to provide care to those suffering with dementia. Changing the long term care culture from a paternalistic medical model to a medical-social model where the person is before the task, their preferences and life-long habits are considered along with their needs, is essential. This book has truths that are easily assimilated into daily practice. This is about relationships and not a "program". No large budget required for kinder, gentler, more person-centered care.

As federal regulations are changing and the continued importance of culture change in nursing homes, this is a great resource to have on what we can do to make lives better for our residents. It is well written with many case scenarios. I have enjoyed reading it and plan to pass it along to other key staff members. If you want to change how your staff care for residents who have dementia and /or behaviors, this book will help.

I have a husband with Lewybody dementia and I needed to learn more about dementia in general, and that it is too easy to reach out for drugs. I am most grateful to Dr. Allen Power M.D. for specialising in this field. If I had the money I would attend his lecture in Melbourne.I recommend that this book be given to carers who have loved ones suffering with dementia

Dementia Beyond Drugs: Changing the Culture of Care Dementia Beyond Drugs A Loving Approach to Dementia Care: Making Meaningful Connections with the Person Who Has Alzheimer’s Disease or Other Dementia or Memory Loss (A 36-Hour Day Book) Thoughtful Dementia Care: Understanding the Dementia Experience The Dementia Handbook: How to Provide Dementia Care at Home Dementia with Lewy Bodies and Parkinson’s Disease Dementia: Patient, Family, and Clinician Working Together for Better Outcomes Finding Grace in the Face of Dementia: "Experiencing Dementia--Honoring God" Hypertension and You: Old Drugs, New Drugs, and the Right Drugs for Your High Blood Pressure Prescription Drugs: Understanding Drugs and Drug Addiction (Treatment to Recovery and Real Accounts of Ex-Addicts Volume III Ã¢â ¬â œ

Prescription Drugs Edition Book 3) Abusing Over the Counter Drugs: Illicit Uses for Everyday Drugs (Illicit and Misused Drugs) Percutaneous Absorption: Drugs--Cosmetics--Mechanisms--Methodology: Drugs--Cosmetics--Mechanisms--Methodology, Third Edition, (Drugs and the Pharmaceutical Sciences) New Drugs: Bath Salts, Spice, Salvia, & Designer Drugs (Downside of Drugs) Dementia Beyond Disease: Enhancing Well-Being Dementia Beyond Disease: Enhancing Well-Being, Revised Edition Infinity: Beyond the Beyond the Beyond Drugs And Society (Hanson, Drugs and Society) End Diabetes In 3 Weeks Without Drugs: A Step-by-Step Guide to Eating Right to Prevent and Reverse Type 2 Diabetes Without Drugs Hard Drugs: Cocaine, LSD, PCP, & Heroin (Downside of Drugs) New Drugs: Bath Salts, Spice, Salvia, & Designer Drugs The Truth about Prescription Drugs (Drugs & Consequences)