Meeting the needs of persons with dementia: Challenges facing speech–language pathologists

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Abstract

Persons with dementia are the fastest growing clinical population within the speech–language pathologist's scope of practice. In Canada, there are currently 546,000 individuals living with dementia. Providing adequate care to this growing population presents challenges to speech-language pathologists. In this paper, two challenges are presented. The first challenge concerns the lack of speech–language pathology services available for persons with dementia. The second challenge concerns the lack of education surrounding the need for speech–language pathology services for persons with dementia.

Persons with dementia (PWD) represent a significant segment of the Canadian and global population. Worldwide, nearly 46.8 million individuals are living with dementia.[1] In Canada, that number is currently 546,000, which is expected to increase by 66 % before the year 2031.[2] The World Health Organization has named dementia as the leading cause of disability and dependency among older adults.[1] Dementia is a progressive neurological condition that is defined as, "a significant cognitive decline from a previous level of performance in one or more cognitive domains" (p. 605).[3] The cognitive decline must interfere with an individual's independence in everyday activities.

Within the field of speech–language pathology, individuals with communication–associated dementia problems are the fastest growing clinical population.[4] Communication issues affect PWD due to an impairment to the central executive system, affecting working memory and episodic memory.[5] Examples of communicative tasks adversely affected by dementia range from responding appropriately to comments, to holding in mind the topic of conversation.[5] Speech–language pathologists (SLPs) can provide a variety of communication interventions for PWD to address a wide range of goals, such as: promoting meaningful social participation; decreasing frequencies of responsive behaviours; improving abilities to perform activities of daily living; or, supporting the expression of needs and wants. For example, an SLP could target the stimulation of spared cognitive processes, by using spaced retrieval training or the creation of memory books.[6-9] Alternatively, an SLP might target the communicative functioning of PWD through environmental modifications, such as communication partner education or validation therapy.[10,11]

Providing adequate speech–language pathology services to PWD in Canada faces some challenges. In this paper, two such challenges are presented. First, PWD are an under–served population by way of speech–language pathology services. Second, education surrounding the benefits and efficacy of speech–language pathology services for PWD is minimal.

Denying service to a significant segment of the population

Despite the size of the clinical population and available treatment options, an alarming number of PWD do not receive SLP services for their communicative needs. A survey by Hopper et al. (2007) attempted to shed light on the nature of SLP service delivery for individuals with dementia in the Canadian context.[12] The survey found that 60 % of respondents agreed that while PWD may benefit from SLP services, caseload demands prevent providing services. Moreover, 76.3 % of respondents identified the following as one of the top barriers to services: other patients with more acute concerns have priority. This suggests that although most SLPs agree that our services may benefit PWD, SLPs are unable to provide services due to other more acute conditions, such as dysphagia, receiving priority.

It has been ten years since Hopper et al. (2007) conducted their survey, and there is no further evidence that service provision for individuals with dementia has changed in Canada.[12] In fact, in the past ten years, the number of people living with dementia has only increased. As long as dementia services remain a low priority, thousands of individuals in Canada will continue to be underserved by SLPs.

Receiving the appropriate education and knowledge

Universities with SLP academic programs, such as the University of British Columbia, are making great strides to introduce educational components surrounding services for PWD. However, many academic speech–language programs often provide only minimal preparation for service delivery for PWD.[4] Beyond academia, practicing SLPs have voiced that a lack of knowledge regarding how to treat PWD can impede their provision of adequate service.[12] With little service delivery in the field, it can be difficult for SLP students to gain hands–on experience with PWD during practicums.

In addition to education for students and practicing SLPs, our colleagues from other disciplines could also use additional training. Another barrier to service for PWD stems from a lack of referrals from other professionals.[12,13] Other health workers may not be aware of what SLPs can offer for PWD, and therefore, do not refer our services.[12] Similarly, individuals receiving a dementia diagnosis are unlikely to know to ask for a referral for SLP services.

In conclusion, adequate service provision for PWD requires addressing both SLP caseload limitations and the lack of education surrounding the need for SLP services. The Speech–Language and Audiology Canada (SAC) Code of Ethics states that the value of professionalism entails "seek[ing] to advance the quality and provision of professional services through advocacy, public education," and, to "work collaboratively with members of both their own profession and other professions in the interest of delivering the best quality of care" (p. 2).[14] To abide by these principles and deliver the best quality of care to PWD, much headway is needed to increase the availability of SLP services for Canadians with dementia.

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