

## HUGS

We can support the person by using the HUGS approach which may help the person feel respected and therefore be less confrontational and more at ease.

### H - Honour the person's perspective

**Seek to understand** what person believes or understands about themselves and the situation.

**Highlight the strengths** a person has ie what they are capable of. Look for what person does well and provide opportunities to do those things and/or talk about them.

### U - Use empathy

**Hold awareness** that the person is not deliberately being difficult, they are unwell, that the part of the brain that would help them know they need help is damaged

**Have compassion for yourself** - supporting a person with anosognosia can be difficult

### G - Get alongside

**Avoid trigger words** like memory loss or dementia.

**Identify a family member/friend/health professional that is trusted** by person to support, guide, advocate and/or have the difficult conversations eg stopping driving

### S - Strategise interactions and support

**Only ask questions or assign task if you know the person can answer or do the task.** Simplify or modify tasks if needed.

**Set up Third Party Consent** at medical practice to enable open conversations with whānau

**Set up Enduring Power of Attorney (EPA)**

## Where to get Support

Dealing with Anosognosia and Dementia can be tough, but there is help available if you need it.

Health Improvement Practitioners (HIPs) are available free of charge at most practices across Wellington, Porirua, Kāpiti and Wairarapa for enrolled patients of that practice.

Contact your local practice to find out more or book an appointment.

Find out more about HIPs and what they can support you with



**Health New Zealand**  
**Te Whatu Ora**

  
**TE ATIAWA KI KĀPITI**

This article was written by HIPs at Tū Ora Compass Health, with support from Dementia Wellington, Outreach Nurse at Tawa Medical Centre and Family supporters.

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# Anosognosia with Dementia



Anosognosia is a condition resulting from physical changes in brain cells (in the right pre-frontal lobe) that prevents a person realising they have a neurological or psychiatric condition; it is often referred to as 'lack of insight.'

The person may range from being slightly unaware, to being completely unaware of having Anosognosia. It can be a symptom in the early stage of dementia and becomes more apparent as the condition progresses.

Anosognosia differs from denial or fear of diagnosis. Denial is a strategy used to reject something that a person wants to ignore, partially avoid, or reject outright because it is too difficult or causes too much stress.



## Challenges for the person with anosognosia

The person genuinely may not understand 'what all the fuss is about'. ie may not understand why people are concerned about their safety or diagnosing them with a cognitive impairment.

Self-estimates of functioning may be inaccurate, people with anosognosia may overestimate their abilities. This can lead to their safety being compromised with everyday activities such as walking, cooking, personal hygiene and driving, for example.

People can be vulnerable to scams or predatory behaviour from others because they believe they are invulnerable. Family relationships can also become strained and can lead to a person being socially isolated.

## Challenges for the family of the person with anosognosia

Trying to help or get help for a person who insists there is no need for help can be frustrating, distressing, and sometimes frightening for families.

Loyalty to the man and standing of the family member may prevent open discussions about the issue with family, friends and health professionals. A person's right to privacy can be a barrier to families being able to convey concerns to medical professionals and to liaising with other professionals and services such as the Bank, Pharmacy, or Lawyer.



## Challenges for GPs, nurses, other health professionals

Picking up on early signs of cognitive change is difficult when the person is unaware of changes. The person may refuse medical assessments, treatments or support services offered and take offence at being offered them. Using rehabilitation methods has limits when trying to support patients, and there may be a limit to what families and health professionals are able to achieve.

