

# How to Bathe a Person with Dementia: An Evidence-Based Guide

Ellen Costello, PT, PhD, Assistant Professor of Physical Therapy, The George Washington University, School of Medicine and Health Sciences, Washington, DC, USA.

Mary A. Corcoran, OTR, PhD, Professor of Clinical Research and Leadership, The George Washington University, School of Medicine and Health Sciences, Washington, DC, USA.

Bathing individuals with dementia has been reported as one of the most difficult activities of daily living and often results in unwanted behaviours. A review of the literature on bathing practices for those with dementia resulted in few empirically tested bathing techniques. Based on this review and the authors' clinical experience, the following guidelines are presented: (1) consider a towel/bed bath in lieu of a shower/tub bath—be flexible; (2) educate the caregiver (improved outcomes are noted)—communication is key; and (3) optimize the environment to meet the needs of the individual and to maintain safety.

**Key words:** dementia, Alzheimer's disease, bathing, caregiver, hygiene

## Introduction

Alzheimer's disease and related dementias significantly impact individuals' perception and interpretation of their environment. For those with dementia, bathing has been described as one of the most complex activities of daily living<sup>1</sup> and frequently results in agitated and aggressive client behaviour.<sup>2,3</sup> Thus, bathing—a typically pleasurable experience—can present many challenges for individuals with dementia and their caregivers.<sup>4,5</sup> The Canadian Study of Health and Aging Working Group reported that only 5% of individuals caring for older adults in their home were paid caregivers,<sup>6</sup> leaving family and friends to provide the majority of care for those with dementia. Caregivers, both paid and unpaid, report that it is one of the most difficult tasks in caring for those with dementia.<sup>3,7-9</sup> Thomas reported that among older Canadians with dementia, approximately 60% have a bathing-specific disability compared with only

7% of those without dementia.<sup>10</sup> Thus, a review of the current literature was undertaken to determine best practices for bathing individuals with dementia.

## Method

Studies were identified by searching electronic databases including MEDLINE, PubMed, CINAHL, Cochrane Controlled Trials, PsycINFO, and ERIC between the years of 1995 and 2009. Key search terms included *dementia*, *Alzheimer's disease*, *bathing*, *hygiene*, and *caregiving*. Study quality was assessed using Sackett and colleagues'<sup>11</sup> criteria for level of evidence. Two researchers independently searched the literature, came to a consensus identifying levels of evidence for each article reviewed, and identified and agreed to themes that emerged. Grading of evidence ranged from level 1 (most rigorous; e.g., randomized controlled trial [RCT]) to level 5 (least rigorous; e.g., expert opinion). The majority of the identified stud-

ies are drawn from the nursing and gerontology literature.

## Results

Few RCTs have been published on this topic; hence, no meta-analysis was identified that analyzed bathing practices for those with dementia. One systematic review by Thiru-Delvam<sup>12</sup> was identified, though a number of more recent publications would suggest an update is timely. A number of single or group case studies reports and expert opinion articles on best bathing practices for those with dementia were identified (levels 4 and 5); however, only two intervention studies addressing bathing practices for those with dementia were found. Sloan *et al.*<sup>13</sup> investigated patient comfort and behaviours using two different bathing techniques, and Hoeffler and colleagues<sup>14</sup> studied patient agitation in addition to nursing perceptions of the bathing experience for those with dementia in long-term care facilities. Only one identified intervention study targeted bathing for those with dementia who were living at home. This qualitative, descriptive study by Mahoney *et al.*<sup>1</sup> shed light on the need for one-to-one education and intervention in the home when addressing the bathing experience for both the caregiver and the client. One study group identified antecedents of physical assaults against caregivers during bathing of individuals with dementia, and it offers some insight into the bathing process.<sup>15</sup>

## Emergent Themes

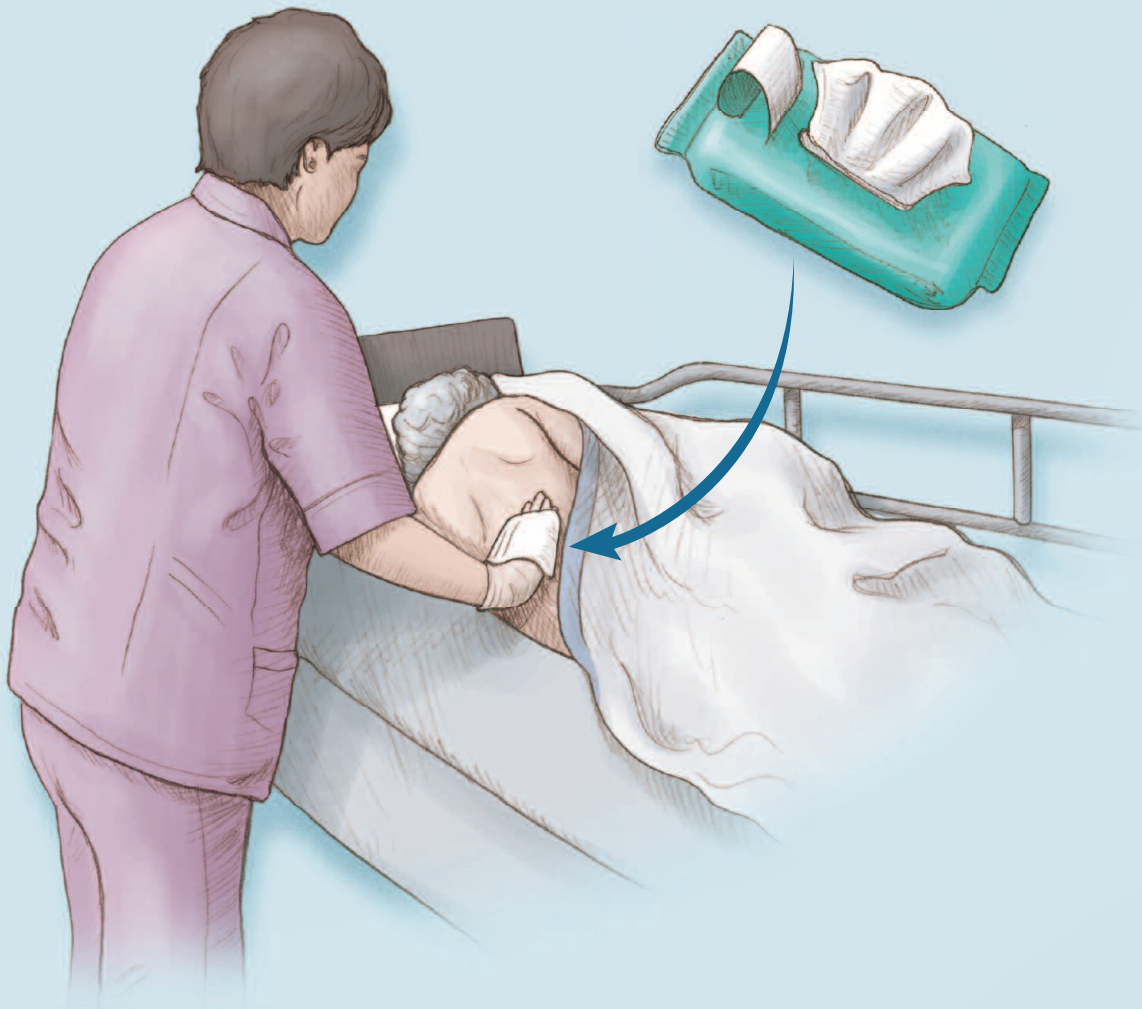
### Thermal or Towel Bath versus Tub Bath or Shower: Be Flexible

Although tub bathing or showering twice a week for individuals residing in nursing homes and related facilities has been the bathing care norm in the past,<sup>16,17</sup> the most recent literature demonstrates a shift toward variations of the traditional bed bath as an alternate bathing method for those with dementia living in long-term care facilities. Use of the thermal bath<sup>18</sup> or towel bath<sup>13,19</sup> demonstrated an overall reduced frequency of agitated and aggressive behaviours as compared with the tub bath (level 4)<sup>18</sup> or usual care

Figure 1:  
**Bathing Individuals With Dementia**

#### Thermal or Towel Bed Bath

- Demonstrates an overall reduced frequency of agitated and aggressive behaviours as compared with the tub bath or usual care (showering) for those with dementia
- Involves use of heated, commercially available, premoistened disposable washcloths or towels; alternatively, a home-made version uses a large plastic bag with multiple washcloths and towels with heated water at 40°C–43°C (105°F–110°F) and no-rinse soap



#### Tub Bath or Shower

- Person-centred showering also demonstrates a significant decrease in aggressive behaviour and an increase in comfort
- Person-centred showering involves individualizing the experience for the client by providing a wide variety of choices (e.g., towel, bath products, music, distracters)

### Key Points

Be aware of the likes and dislikes of the individual, and modify the bathing experience to best meet the person's needs.

Communication is key. Allow the individual to participate as much as possible using simple commands. A sense of control should reduce anxiety and unwanted behaviours. Break down tasks into smaller subtasks for ease of understanding.

Be flexible and creative. Keep bathing options open, including bathing techniques and time of day. Consider towel bathing instead of showering or tub bathing.

Allow enough time for bathing so that the individual or caregiver does not feel rushed; this should reduce anxiety levels for both parties.

Ensure the individual's modesty; not only will the individual stay warm and more comfortable, but conscious or unconscious feelings of embarrassment will be reduced.

Set up a safe, secure, private, and calming environment. Use soothing music, limit aural and visual distracters, use a calming voice, keep lighting soft, and add home-like touches to the room.

Keep the individual gravitationally secure. Use equipment such as grab bars, shower chairs or benches, and non-skid mats to ensure safe transfers into and out of the tub or shower.

(showering) for those with dementia (level 1b).<sup>13</sup> The thermal or towel bath involves the use of heated, commercially available, premoistened disposable washcloths or towels; alternatively, a home-made version uses a large plastic bag with multiple washcloths and towels with heated water at 40°C–43°C (105°F–110°F) and no-rinse soap (Figure 1). Much of the additional evidence supporting the use of variations of the bed bath for this population comes from expert opinion.<sup>20–22</sup> Limitations of the intervention studies included a small sample size<sup>18</sup> and a lack of generalizability to other care settings.<sup>13,18,23</sup>

Person-centred showering also demonstrated a significant decrease in aggressive behaviour and an increase in comfort as compared with a control group who received their usual care.<sup>13</sup> Person-centred showering involves individualizing the experience for the client by providing a wide variety of choices (e.g., towel, bath products, music, distracters). In this bathing approach, negative behaviours are viewed as the client's means of expressing discomfort, fear, or anxiety,<sup>23</sup> which cue the caregiver to an

unfulfilled need. Sloan and colleagues demonstrated that regardless of the bathing method chosen (towel bath versus shower), putting client preferences first resulted in reduced agitation and aggression.<sup>13</sup>

### Educate the Caregiver

Antecedents of aggressive behaviour toward the caregiver during the bathing experience have been documented by a number of researchers.<sup>15,24</sup> Caregiver behaviours that elicit aggressive behaviour from the client include a lack of or poor communication (e.g., spraying water without a verbal prompt), and touching of personal space (axilla, the perineum, or feet).<sup>15,24</sup> A decline in the client's physical function or fear of pain has also been cited as a precursor to neg-

ative behaviours.<sup>25</sup> Three case series studies,<sup>14,26,27</sup> one RCT,<sup>13</sup> and a quasi-experimental study<sup>28</sup> have demonstrated that education or training of the caregiver has resulted in improved outcomes for both the client and caregiver (reduced aggressive client behaviours and improved caregiver perceptions, respectively). Educational objectives common to all studies included an emphasis on client privacy and modesty, improved communication skills, distraction techniques, and overall caregiver flexibility. Although some study limitations are noted (small sample size, no true control group), it appears that a patient-focused versus a task-focused approach to bathing is effective in reducing unwanted behaviours.<sup>13,14,26–28</sup> However, the generalizability of these findings is limited due to facility-specific bathing care guidelines and variations inherent to each educational program. Weaker evidence for caregiver and staff training is also found in a case report<sup>29</sup> and expert opinion.<sup>20,30</sup>

### Optimize the Environment

The physical environment (room layout, available equipment) and social environment (emotional tone, noise level, competing distractions) have been identified as factors in all dementia-related behaviours,<sup>31–33</sup> so one can reasonably assume that this relationship extends to bathing. Two small studies (level 1b and 2b) tested music as an adaptation to the social environment and reported decreased aggression and improved cooperation by individuals with dementia during bathing.<sup>34,35</sup> Two level 1b studies independently reported a reduced dependency in activities of daily living (including bathing) resulting from teaching family caregivers to use environmental modifications (physical and social) to manage

### Clinical Pearls

Consider a towel or bed bath in lieu of a shower or tub bath for a person with dementia—be flexible.

The caregiver should approach bathing as a relaxing, spa-like experience.


dementia-related issues.<sup>36,37</sup> A small level 2b study demonstrated a relationship between nighttime spa bathing and improved behaviour, sleeping, and cooperation.<sup>38</sup>

Our literature search revealed a knowledge gap regarding empirically tested best practices for *physically* helping older individuals with dementia into a tub or shower, despite the fact that bath transfers have been identified as one of the most problematic bathing subtasks for the general older population.<sup>39</sup> These difficulties are related to limitations in range of motion, low falls efficacy,<sup>40</sup> and sensory or perceptual problems typically associated with aging.<sup>41</sup> Only one descriptive study addressed the transfer process in any detail and identified a particular mechanical elevating seat as fearful to the patient during tub transfers.<sup>9</sup> Yet chronic health conditions affecting one's functional ability are common and have been self-reported by almost half of Canadian women and men in the 75–79 age group.<sup>42</sup> Moreover, studies have shown that the incidence pain or painful conditions in older adults who are institutionalized can range from 43% to 71%.<sup>43–45</sup> Joint limitations, pain during movement or weight bearing, and weakness—all commonly experienced by most aging adults—directly affect the bathing process itself and the ability to safely transfer into the tub or shower. Despite this, the management of comorbid conditions in the bathing process for those with dementia has not been rigorously addressed in the literature. Clinical recommendations based on expert opinion suggest that clients should be evaluated for pain prior to bathing and treated with routine analgesics or nonpharmacological approaches (e.g., moist heat to painful joints)<sup>17,19,21,46</sup>; however, no specific guidelines are noted.

Although there is consensus among occupational and physical therapists regarding the value of adaptive equipment in the bathroom, it has been reported that environmental adaptations are underused in homes for older adults, possibly due to a lack of information or financial resources.<sup>39,47</sup> An environmen-

tal evaluation and follow-up by a qualified health profession (e.g., an occupational or physical therapist or registered nurse) to ensure the proper use and installation of equipment may result in a safer and more efficient bathing experience, especially for those individuals living at home.

## Conclusion

Although bathing individuals with dementia has been addressed in the literature, there are few instances of empirically tested interventions to guide those looking for best practices. Here, guidelines for bathing those with dementia are suggested and are summarized in the key points. These guidelines are based on a limited number of RCTs, a variety of case series articles or expert opinion, and the authors' own clinical experiences. 

No competing financial interests declared.

## References

- Mahoney E, Trudeau SA, Penyak SE, et al. Challenges to intervention implementation: lessons learned in the bathing persons with Alzheimer's disease at home study. *Nurs Res* 2006;55:S10–6.
- Miller RI. Managing disruptive responses to bathing by elderly residents. Strategies for cognitively impaired. *J Gerontol Nurs* 1994;20:35–9.
- Miller FM. Physical aggressive resident behavior during hygiene care. *J Gerontol Nurs* 1997;23:24–39.
- Kovack C, Meyer-Arnold E. Coping with conflicting agendas: the bathing experiences of cognitively impaired older adults. *Sch Inq Nurs Pract* 1996;10:23–36.
- Cohen-Mansfield J, Werner P, Reisberg B. Temporal order of cognitive and functional loss in a nursing home population. *J Am Geriatr Soc* 1995;43:974–8.
- Canadian Study of Health and Aging Working Group. Patterns of caring for people with dementia in Canada. *Can J Aging* 1994;13:470–87.
- Harris PB. Listening to caregiving sons: misunderstood realities. *Gerontology* 1998;38:342–52.
- Kasper JD, Steinbach U, Andrews J. Factors associated with ending caregiving among informal caregivers to the functionally and cognitively impaired elderly population. Washington (DC): U.S. Department of Health and Human Services, Johns Hopkins University, 1990; <http://aspe.hhs.gov/daltcp/reports/factors.htm>. Accessed August 22, 2009.
- Namazi KH, Johnson BD. Issues related to behavior and physical environment: bathing cognitively impaired patients. *Geriatr Nurs* 1996;17:234–9.
- Thomas VS. Excess functional disability among demented subjects? *Dement Geriatr Cogn Disord* 2001;12:206–10.
- Sackett DL, Straus SE, Richardson WS, et al. Evidence-Based Medicine: How to Practice and Teach EBM, 2nd edition. New York: Churchill Livingstone; 2000.
- Thiru-Delvam B. Bathing Persons with . Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Dissemination Core, 2004; [http://www.guideline.gov/summary/summary.aspx?doc\\_id=6220&nbr=003991&string=dementia+AND+bathing](http://www.guideline.gov/summary/summary.aspx?doc_id=6220&nbr=003991&string=dementia+AND+bathing). Accessed August 26, 2009.
- Sloan PD, Hoeffler B, Mitchell CM, et al. Effect of person-centered showering and the towel bath on bathing-associated aggression, agitation, and discomfort in nursing home residents with dementia: a randomized controlled trial. *J Am Geriatr Soc* 2004;52:1795–804.
- Hoeffler B, Talerico KA, Rasin J, et al. Assisting cognitively impaired nursing home residents with bathing: effects of two bathing interventions on caregiving. *Gerontology* 2006;46:524–32.
- Somboontanont W, Sloane PD, Floyd FJ, et al. Assaultive behavior in Alzheimer's disease: identifying immediate antecedents during bathing. *J Gerontol Nurs* 2004;30:22–9.
- Rader J, Lavelle M, Hoeffler B, et al. To bathe or not to bathe: that is the question. *J Gerontol Nurs* 1994;20:53–5.
- Sloane P, Rader J, Barrick A, et al. Bathing persons with dementia. *Gerontology* 1995;35:672–8.
- Dunn JC, Thiru-Chelvam B, Beck C. Bathing: pleasure or pain? *J Gerontol Nurs* 2002;28:6–13.
- Rader J, Barrick AL, Hoeffler B, et al. The bathing of older adults with dementia. *Am J Nurs* 2006;106:40–8.
- Rasin J, Barrick AL. Bathing patients with dementia. *Am J Nurs* 2004;104:30–3.
- Flori L. Don't throw in the towel: tips for bathing a patient who has dementia. *Nurs* 2007;July:22–3.
- Dougherty J, Long CO. Techniques for bathing without a battle. *Home Healthcare Nurse* 2003;21:38–9.
- Sloane PD, Hoeffler B, Somboontanont W. Bathing without a battle: providing more person-centered experiences for long-term care residents with dementia. *Res Pract Alzheimers Dis* 2006;11:294–9.
- Ryden MB, Bossenmaier M, McLachlan C. Aggressive behavior in cognitively impaired nursing home residents. *Res Nurs Health* 1990;14(2):87–95.
- Cohen-Mansfield J, Marx MS, Rosenthal AS. Dementia and agitation in nursing home residents: how are they related? *Psy-*

## How to Bathe a Person with Dementia

- chol Aging 1990;5:3–8.
26. Hoeffer B, Rader J, McKenzie D. Reducing aggressive behavior during bathing cognitively impaired nursing home residents. *J Gerontol Nurs* 1997;23:16–23.
  27. Mickus MA, Wagenaar DB, Averill M, et al. Developing effective bathing strategies for reducing problematic behavior for residents with dementia: the PRIDE approach. *J Mental Health Aging* 2002;8:37–43.
  28. Wells DL, Dawson P, Sidani S, et al. Effects of an abilities-focused program of morning care on residents who have dementia and on caregivers. *J Am Geriatr Soc* 2000;48:442–9.
  29. Cohen-Mansfield J, Parpura-Gill A. Bathing: a framework for intervention focusing on psychosocial, architectural, and human factors considerations. *Arch Gerontol Geriatr* 2007;45:121–35.
  30. Winslow E, Jacobson AF. Reducing disruptive behavior during bathing. *Am J Nurs* 1997;97:20.
  31. Dunn W, Brown C, Youngstrom MJ. Ecological model of occupation. In: Kramer P, Hinojosa J, Royeen CB, eds. *Perspectives in human occupation*. Philadelphia: Lippincott, Williams, & Wilkins; 2003:222–63.
  32. Kovar MG, Lawton MP. Functional disability: activities and instrumental activities of daily living. In: Lawton MP, Teresi JA, eds. *Annual Review of Gerontology and Geriatrics: Focus on Assessment Techniques*. New York: Springer Publishing; 1994:57–75.
  33. Koss E, Gilmore GC. Environmental interventions and functional ability of AD patients. In: Vellas B, Fitten J, Frisoni G, eds. *Research and Practice in Alzheimer's Disease*. New York: Springer; 1988:185–93.
  34. Thomas DW, Heitman RJ, Alexander T. The effects of music on bathing cooperation for residents with dementia. *J Music Ther* 1997;34:246–59.
  35. Clark ME, Lipe AW, Bilbrey M. Use of music to decrease aggressive behaviors in people with dementia. *J Gerontol Nurs* 1998;24:10–7.
  36. Gitlin L, Corcoran M, Winter L, et al. A randomized, controlled trial of a home environment intervention: effect on efficacy and upset in caregivers and on daily functioning of persons with dementia. *Gerontology* 2001;41:4–14.
  37. Graff MJL, Vernooij-Dassen MJM, Thijssen M, et al. Community based occupational therapy for patients with dementia and their caregivers: randomized controlled trial. *BMJ* 2006;333:1196–201.
  38. Deguchi A, Nakamura S, Yoneyama S, et al. Improving symptoms of senile dementia by a night-time spa bathing. *Arch Gerontol Geriatr* 2000;29:267–73.
  39. Naik AD, Concato J, Gill TM. Bathing disability in community-living older persons: common, consequential, and complex. *J Am Geriatr Soc* 2004;52:1805–10.
  40. Murphy SL, Nyquist LV, Strasburg D, et al. Bath transfers among older adult congregate housing residents: assessing the person-environment interaction. *J Am Geriatr Soc* 2006;54:1265–70.
  41. Bakker R. Sensory loss, dementia, and environments. *Generations* 2003;27(1):46–51.
  42. Statistics Canada. Canadian Community Health Survey: Health among older adults 2000. Ottawa (ON): Statistics Canada, 2000; <http://www.statcan.gc.ca/cgi-bin/af-fdr.cgi?l=eng&loc=http://www.statcan.gc.ca/studies-etudes/82-003/archive/1999/4934-eng.pdf&t=Health%20among%20older%20adults%202000>. Accessed August 26, 2009.
  43. Marzinski LR. The tragedy of dementia: clinically assessing pain in the confused nonverbal elderly. *J Gerontol Nurs* 1991;17:25–8.
  44. Parmelee PA. Pain in cognitively impaired older person. *Clin Geriatr Med* 1996;12:473–87.
  45. Ferrell BA. Pain evaluation and management in the nursing home. *Ann Intern Med* 1995;123:681–7.
  46. Sparks MB. Inpatient care for persons with Alzheimer's disease. *Crit Care Nurs Q* 2008;31:65–72.
  47. Mann WC, Hurren D, Tomit M, et al. Use of assistive devices for bathing by elderly who are not institutionalized. *Occup Ther J Res* 1996;16:261–86.