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Care in the Last Stages of Alzheimer's Disease

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<u>Español</u>

When a person reaches the later stages of <u>Alzheimer's disease</u>, <u>everyday caregiving</u> may become even harder. This page offers ways to cope with changes that take place during late-stage Alzheimer's.

Helping the person move around

If the person with Alzheimer's can't move around on their own, <u>ask their health care provider</u> for a referral or for resources to help you. A physical or occupational therapist, home health aide, or nurse can show you how to move the person safely, such as changing their position in bed or in a chair.

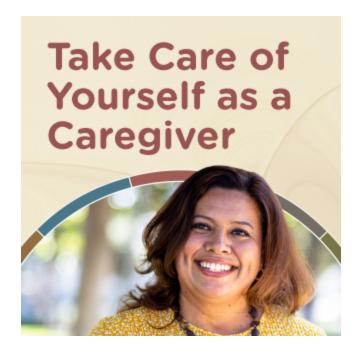
Also, a physical therapist can show you how to move the person's joints, using range-of-motion exercises. During these exercises, you hold the person's arms or legs, one at a time, and move and bend them several times a day. Movement prevents stiffness of the arms, hands, and legs. It also prevents pressure sores (sometimes called bedsores), which are open sores that can develop when a person stays in one position for a long time.

How to make someone with late-stage Alzheimer's more comfortable:

- Buy special mattresses and wedge-shaped seat cushions that reduce pressure sores. You can purchase these
 at a medical supply store, drugstore, or online. Ask a home health aide, nurse, or physical therapist how to best
 use them.
- Move the person to a different position at least every two hours.
- Use a lap board to rest the person's arms and support the upper body when they are sitting up.
- Give the person something to hold, such as a washcloth, while being moved. The person will be less likely to grab onto you or the furniture. If they are weak on one side, stand on the weak side to help the person change positions.

To avoid hurting yourself when moving someone with Alzheimer's:

- Know your limits when lifting or moving the person; don't try to do too much. Also, be aware of how you position your body. If you need additional supports, such as a back brace, have that in place before moving the person.
- Bend at the knees and then straighten up by using your thigh muscles, not your back.
- Keep your back straight, and don't bend at the waist.
- Hold the person as close to you as possible to avoid reaching away from your body.
- Place one foot in front of the other, or space your feet comfortably apart for a wide base of support.
- Take small steps to move the person from one seat to another. Don't twist your body.



<u>Share this infographic</u> and help spread the word about caring for yourself while caring for others.

What to do about incontinence

Incontinence means a person can't control their bladder and/or bowels. Most people with Alzheimer's will experience incontinence at some point. Incontinence can happen at any stage of this disease, but it is more often a problem in the later stages. Sometimes people with Alzheimer's can have accidents because they have trouble finding the bathroom or recognizing a toilet as a toilet. Incontinence may cause the person to feel shame or embarrassment.

Incontinence can be particularly challenging for caregivers, who may have to change clothes, underwear, or bedsheets

frequently. A doctor can help figure out why incontinence is happening. In some cases, incontinence is caused by certain medications, a urinary tract infection, an enlarged prostate, diabetes, or drinking caffeine. In these cases, the doctor may be able to treat the incontinence. In other cases, the incontinence cannot be treated.

Learn more about dealing with incontinence.

Eating well

People with Alzheimer's often lose interest in food. This may start in the earlier stages of the disease and worsen over time. You can help the person <u>eat well</u> by trying these tips for preparing food for someone with late-stage Alzheimer's:

- Give the person small amounts of food at a time.
- Describe to them the food they are eating. Get tips for communicating with a person with Alzheimer's.
- Sit to the side of the person while helping them eat because sitting in front may be intimidating.
- Encourage eating by switching between a bite of the meal and a bite of something sweet.
- Make sure the person has swallowed before introducing more food. Sometimes food can be pocketed in the cheeks.
- Give the person high-calorie, healthy foods to eat or drink, such as protein milkshakes or foods prepared with healthy fats. If the person is still not getting enough calories, talk with their doctor about a dietary supplement.
- Ask the doctor whether the person would benefit from a <u>multivitamin</u> — a tablet, capsule, powder, liquid, or injection that adds vitamins, minerals, and other important nutrients to a person's diet.

Helping a person with Alzheimer's eat can be exhausting. Planning meals ahead and having the food ready can make this task a little easier for you. But remember that people with Alzheimer's may not eat much at certain



Read and share this infographic on making mealtimes easier for people with Alzheimer's.

times and then feel more like eating at other times. No matter how well you plan, the person may not be hungry when you're ready to serve food.

Swallowing problems

In the later stages of Alzheimer's, the person may no longer be able to chew and swallow easily, which increases their risk of choking. If the person chokes on a bite of food, there is a chance that the food could go into the lungs. This can cause pneumonia, which can lead to death.

The following suggestions may help with swallowing:

- Cut food into small pieces and make sure the food is soft enough for the person to eat.
- Grind or blend food to make it easier to eat.
- Offer soft foods, such as yogurt, applesauce, mashed avocado, sweet potatoes, and bananas.
- Don't use a straw, which may cause more swallowing problems. Instead, have the person drink small sips from a cup.
- Offer drinks of different temperatures warm, cold, and room temperature — to see which might be easiest for the person to drink.



- Don't hurry the person. Give them time to chew and swallow each mouthful before taking another bite.
- Encourage the person to feed themselves as much as possible during meals. If the person needs support, try using overhand, underhand, or direct hand feeding approaches.
- Don't feed a person who is drowsy or lying down. They should be in an upright, seated position during the meal and for at least 20 minutes after the meal.
- Say "swallow" to remind the person to swallow.

If you think the person with Alzheimer's may have swallowing problems, talk with the person's doctor or home health care team. Doctors can test the person's swallowing and give professional advice for how to reduce the risk of choking.

Body jerking

Some people with Alzheimer's develop <u>myoclonus</u>, which is sudden muscle spasms or jerks in the arms, legs, or whole body. This can look like a seizure, but the person doesn't pass out. Tell the doctor right away if you see signs of myoclonus. The doctor may prescribe one or more medicines to help reduce symptoms.

Skin problems

Once a person stops walking or stays in one position too long, they often develop sores or other skin issues. Skin problems can be extremely uncomfortable for someone in the last stages of life. Barrier products such as creams and ointments can help keep the person's skin clean and moisturized. Massaging the skin with unscented lotion can provide pain relief and comfort in addition to protecting the skin. You can also try these tips:

- · Apply a balm or petroleum jelly to the lips.
- · Gently dab an eye cream or gel around the eyes.
- Try placing a damp cloth over the person's closed eyes.
- If the inside of the mouth seems dry, giving ice chips (if the person is conscious) or wiping the inside of the person's mouth with a damp cloth, cotton ball, or specially treated swab might help.

Foot care

It's important for the person with Alzheimer's to take care of their feet. If the person can't, you will need to help them by soaking their feet in warm water, washing them with mild soap, and checking for cuts, corns, and calluses. Foot care also includes putting lotion on the person's feet so that the skin doesn't become dry and cracked, and cutting or filing their toenails. Talk to a foot care doctor, called a podiatrist, if the person has diabetes or sores on the feet.

Sitting or lying in one position can put constant pressure on sensitive skin, which can lead to painful pressure sores. When a pressure sore first forms, the skin gets discolored or darker. Watch carefully for these discolored spots, especially on the heels, hips, lower back, and back of the head. Ask the person's doctor what to do if you find redness or sores. Reaching out to the doctor early can help prevent more serious damage to the skin. To help prevent skin or pressure sores, you can:

- Move the person at least every two hours if they are sitting up.
- Move the person at least every hour if they are lying down.
- Put a pad filled with foam, gel, air, or water on top of the mattress. The pad should be comfortable and fit snugly around the person's body.

End-of-life care

Planning for the end of a person's life and knowing what to expect can make this time easier for everyone. Often, hospice and palliative care programs can help coordinate care, get referrals, and provide additional resources.

In the final stages of Alzheimer's, a person may not be able to tell you that they are in pain. Instead, people with Alzheimer's may express pain with groans or sighs and may grimace when touched. They may become upset or

aggressive and may sit in unusual positions to guard the part of their body that hurts. If you think the person with Alzheimer's is in pain, talk with the health care team about pain medication and other forms of pain management.

You may find it hard to provide emotional or spiritual comfort at this stage of the disease. However, even in advanced stages of dementia, a person may benefit from such connections. Try telling the person a story or showing them photos. Being touched or massaged can also be soothing. Listening to music, white noise, or sounds from nature seems to relax some people and lessen agitation. Just your being present can be calming to the person.

Caring for people with Alzheimer's or another form of dementia at the end of life can be physically and emotionally demanding. When a person with Alzheimer's dies, their caregivers can experience a range of emotions. These may include sadness, loss of purpose, guilt, and relief. It is important to realize such feelings are normal.

Learn more about <u>care at the end of life</u> and <u>hospice and palliative care</u>.

You may also be interested in

- Finding tips for taking a person with Alzheimer's to the hospital
- Learning about <u>how to cope with agitation and aggression in Alzheimer's</u>
- · Reading about making decisions for someone at the end of life

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Explore the Alzheimers.gov website for information and resources on Alzheimer's and related dementias from across the federal government.

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https://eldercare.acl.gov

CaringInfo

National Hospice and Palliative Care Organization 800-658-8898 <u>caringinfo@nhpco.org</u> <u>www.caringinfo.org</u>

Family Caregiver Alliance

800-445-8106

info@caregiver.org

www.caregiver.org

Hospice Foundation of America

800-854-3402

info@hospicefoundation.org

www.hospicefoundation.org

National Respite Locator Service

www.archrespite.org/respitelocator

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