

Subject: Re: Letter from Memory Doctor
From: Hanh Cao Yu <hanh.cao.yu@stanfordalumni.org>
Date: 2/8/2023, 7:14 AM
To: Hien Cao <hcaosc@gmail.com>
CC: Huy Cao <mark.cao@gmail.com>

Fyi, Dad is understandably VERY upset. This is the first time that he has broken down and will likely become depressed.

I talked with him about the assessment and doctor's major recommendations yesterday. This morning, I will only give him the parts of the letter addressed directly to him. The parts of the caregiver will seem insulting if he can understand.

I've reformatted (larger font, bolding) and re-organized the letter so that he can understand.

I SUGGEST WE ALL READ CAREFULLY THROUGH THE ENTIRE LETTER SEVERAL TIMES. I will share the letter with Mom so that she knows what we need to do. Hien....please help with the DMV response instructions.

H.

On Tue, Feb 7, 2023 at 1:58 PM Hien Cao <hcaosc@gmail.com> wrote:

Hello,
Hello,
It was so nice to meet you for memory evaluation.

Here is some useful information .
Diagnosis-dementia

Your health and safety is our priority hence we suggest that you do not drive, as this will increase risk of accidents.
please allow help with making your healthcare and financial decisions as we found that you may not have full capacity to make these decisions.
Please allow help at home.
Please take **vitamin d3, 1000** units daily .
For pain may use tylenol arthritis 3 times per day, avoid motrin and aleve as This could affect you kidneys and increases risk of heart and brain problems.
If you are taking any 'PM ' pain reliever ,Please stop the PM pain reliever, or any other benadryl products or products that say 'PM'

Here is a link for fall prevention exercises-
<https://mydoctor.kaiserpermanente.org/ncal/article/balance-exercises-for-fall-prevention-519268>

Here is a video link on fall prevention--
<https://healthy.kaiserpermanente.org/health-wellness/videos/live-healthy/fall-preventi>

Side effects of Memory medications are as follows--

Nausea, diarrhea, insomnia, nightmares, headaches, low heart rate

These medications do not slow the progress of disease and have been shown to be helpful in only small percentage of people.

For caregiver-

Behavioural interventions for dementia related behaviours-

- focus on identifying antecedents of behaviours
 - avoid behaviour triggers
 - positive reinforcement of desirable behaviors
 - music during cares, meal times
 - reminiscence
 - validating beautiful memories from past
 - environmental modification- light, sound.
 - distraction techniques(by food, activity, movement or music, stuffed animals, family pictures)
 - activities
 - aroma therapy
 - back rub or massage
 - break cares into small portions, distributed through the day, avoid doing one full care at a time.
- Approach for care when mood is good.

Dementia is a loss of mental skills that affects daily life. It is different from mild memory loss that occurs with aging. Dementia can cause problems with memory, thinking clearly, and planning. It is different for everyone. But it usually gets worse slowly. Some people who have dementia can function well for a long time. But at some point it may become hard for the person to care for himself or herself.

It can be upsetting to learn that a loved one has this condition. You may be afraid and worried about what will happen. You may wonder how you will care for the person. There is no cure for dementia. But medicine may be able to slow memory loss and improve thinking for a while. Other medicines may help with sleep, depression, and behavior changes.

Dementia is different for everyone. In some cases, people can function well for a long time. You can help your loved one by making his or her home life easier and safer. You also need to take care of yourself. Caregiving can be stressful. But support is available to help you and give you a break when you need it.

The Alzheimer's Association offers good information and support. If you are caring for someone with dementia, you can help make life safer and more comfortable. You can also help your loved one make decisions about future care. You may also want to bring up legal and financial issues. These are hard but important conversations to have.

How can you care for your loved one at home?

Taking care of the person

1. If the person takes medicine for dementia, help him or her take it exactly as prescribed. Call the doctor if you notice any problems with the medicine.
2. Make a list of the person's medicines. Review it with all of his or her doctors.
3. Help the person eat a balanced diet. Serve plenty of whole grains, fruits, and vegetables every day. If the person is not hungry at mealtimes, give snacks at midmorning and in the afternoon. Offer drinks such as Boost, Ensure, or Sustacal if the person is losing weight.
4. Encourage exercise. Walking and other activities may slow the decline of mental ability. Help the person stay active mentally with reading, crossword puzzles, or other hobbies.

5. Talk openly with the doctor about any behavior changes. Many people who have dementia become easily upset or agitated or feel worried. There are many things that can cause this, such as medicine side effects, confusion, and pain. It may be helpful to:
 - Keep distractions to a minimum. It may also help to keep noise levels low and voices quiet.
 - Develop simple daily routines for bathing, dressing, and other activities. And remind your loved one often about upcoming changes to the daily routine, such as trips or appointments.
 - Ask what is upsetting him or her. Keep in mind that people who have dementia don't always know why they are upset.
6. Take steps to help if the person is sundowning. This is the restless behavior and trouble with sleeping that may occur in late afternoon and at night. Try not to let the person nap during the day. Offer a glass of warm milk or caffeine-free tea before bedtime.
7. Be patient. A task may take the person longer than it used to.
8. For as long as he or she is able, allow your loved one to make decisions about activities, food, clothing, and other choices. Let him or her be independent, even if tasks take more time or are not done perfectly. Tailor tasks to the person's abilities. For example, if cooking is no longer safe, ask for other help. Your loved one can help set the table, or make simple dishes such as a salad. When the person needs help, offer it gently.

Staying safe

- Make your home (or your loved one's home) safe. Tack down rugs, and put no-slip tape in the tub. Install handrails, and put safety switches on stoves and appliances. Keep rooms free of clutter. Make sure walkways around furniture are clear. Do not move furniture around, because the person may become confused.
- Use locks on doors and cupboards. Lock up knives, scissors, medicines, cleaning supplies, and other dangerous things.
- Do not let the person drive or cook if he or she can't do it safely. A person with dementia should not drive unless he or she is able to pass an on-road driving test. Your state driver's license bureau can do a driving test if there is any question.
- Get medical alert jewelry for the person so that you can be contacted if he or she wanders away. If possible, provide a safe place for wandering, such as an enclosed yard or garden.

Taking care of yourself

- Ask your doctor about support groups and other resources in your area.
- Take care of your health. Be sure to eat healthy foods and get enough rest and exercise.
- Take time for yourself. Respite services provide someone to stay with the person for a short time while you get out of the house for a few hours.
- Make time for an activity that you enjoy. Read, listen to music, paint, do crafts, or play an instrument, even if it's only for a few minutes a day.
- Spend time with family, friends, and others in your support system.

Go to <https://kp.org/health>

Enter **B382** in the search box to learn more about '**Helping A Person With Dementia: Care Instructions.**'

TEN REAL-LIFE STRATEGIES FOR DEMENTIA CAREGIVING

As caregivers, we often use intuition to help us decide what to do. No one ever gave us lessons on how to relate to someone with memory loss. Unfortunately, dealing with Alzheimer's disease and other dementias

is counter-intuitive; i.e., often the right thing to do is exactly opposite that which seems like the right thing to do. Here is some practical advice:

BEING REASONABLE, RATIONAL AND LOGICAL WILL JUST GET YOU INTO TROUBLE. When someone is acting in ways that don't make sense, we tend to carefully explain the situation, calling on his or her sense of appropriateness to get compliance. However, the person with dementia doesn't have a "boss" in his brain any longer, so he does not respond to our arguments, no matter how logical. Straightforward, simple sentences about what is going to happen are usually the best.

PEOPLE WITH DEMENTIA DO NOT NEED TO BE GROUNDED IN REALITY. When someone has memory loss, he often forgets important things, e.g., that his mother is deceased. When we remind him of this loss, we remind him about the pain of that loss also. When someone wants to go home, reassuring him that he is at home often leads to an argument. Redirecting and asking someone to tell you about the person he has asked about or about his home is a better way to calm a person with dementia.

YOU CANNOT BE A PERFECT CAREGIVER. Just as there is no such thing as a perfect parent, there is no such thing as a perfect caregiver. You have the right to the full range of human emotions, and sometimes you are going to be impatient or frustrated. Learning to forgive your loved one as well as yourself is essential in the caregiving journey.

THERAPEUTIC LYING REDUCES STRESS. We tend to be meticulously honest with people. However, when someone has dementia, honesty can lead to distress both for us and the one we are caring for. Does it really matter that your loved one thinks she is the volunteer at the day care center? Is it okay to tell your loved one that the two of you are going out to lunch and then "coincidentally" stop by the doctor's office on the way home to pick something up as a way to get her to the doctor?

MAKING AGREEMENTS DOESN'T WORK. If you ask your loved one to not do something ever again, or to remember to do something, it will soon be forgotten. For people in early stage dementia, leaving notes as reminders can sometimes help, but as the disease progresses, this will not work. Taking action, rearranging the environment, rather than talking and discussing, is usually a more successful approach. For example, getting a teakettle with an automatic "off" switch is better than warning someone of the dangers of leaving the stove on.

DOCTORS AND NURSE PRACTITIONERS OFTEN NEED TO BE EDUCATED BY YOU. Telling the doctor or nurse practitioner what you see at home is important. The provider can't tell during an examination that your loved one has been up all night pacing. Sometimes providers, too, need to deal with therapeutic lying; e.g., telling the patient that an antidepressant is for memory rather than depression.

YOU CAN'T DO IT ALL. IT'S OK TO ACCEPT HELP BEFORE YOU GET DESPARATE. When people offer to help, the answer should always be "YES." Have a list of things people can do to help you, whether it is bringing a meal, picking up a prescription, helping trim the roses or staying with your loved one while you run an errand. This will reinforce offers of help. It is harder to ask for help than to accept it when it is offered, so don't wait until you "really need it" to get support.

IT IS EASY TO BOTH OVERESTIMATE AND UNDERESTIMATE WHAT YOU LOVED ONE CAN DO. It is often easier to do something for our loved ones than to let them do it for themselves. However, if we do it for them, they will lose the ability to be independent in that skill. On the other hand, if we insist individuals do something for themselves and they get frustrated, we just make our loved one's agitated and probably haven't increased their abilities to perform tasks. Not only is it a constant juggle to find the balance, but be aware that the balance may shift from day to day.

TELL, DON'T ASK. Asking "What would you like for dinner?" may have been a perfectly normal question at another time. But now we are asking our loved one to come up with an answer when he or she might not have the words for what they want, might not be hungry, and even if they answer, might not want the food when it is served after all. Saying "We are going to eat now" encourages the person to eat and doesn't put them in the dilemma of having failed to respond.

IT IS PERFECTLY NORMAL TO QUESTION THE DIAGNOSIS WHEN SOMEONE HAS MOMENTS OF LUCIDITY. One of the hardest things to do is to remember that we are responding to a disease, not the person who once was. Everyone with dementia has times when they make perfect sense and can respond appropriately. We often feel like that person has been faking it or that we have been exaggerating the problem when these moments occur. We are not imagining things—they are just having one of those moments, to be treasured when they occur.

GENERAL RECOMMENDATIONS:

1. If there are any concerns about caregiver resources, patient safety, process of choosing a facility to move to, Medi-cal or VA benefits, please call our social worker directly. Call the our Department phone above and they will send a message to the social worker.
2. If agitation is occurring, look at **what is triggering** the agitation. Work on changing the circumstances around the trigger, like how a family member responds to the patient. If that does not work, contact us. Do NOT rely on tranquilizers like lorazepam or Ativan which add to confusion and builds up in the body.
3. The Alzheimer's Association website is www.alz.org. style='font-size: 11pt; font-family: Arial; color: #000000; white-space: pre-wrap; '> It is an excellent website and something we refer to in the clinic about **all types** of memory problems. Their 24-hour phone number is 1-800-272-3900. Also check out the Family Caregiver Alliance at www.caregiver.org
4. We have a free class that is devoted to going over what to expect after a diagnosis of dementia has been made, about the medications, and future planning, called the **Step 3 class and step 4 class**.
5. The Alzheimer's Association has Caregiver Training classes in Livermore and Brentwood. Call the Alzheimer's Association at 1-800-272-3900 for these classes.'

HELPFUL RESOURCES

Activities

13 Engagement Ideas

https://teepasnow.com/blog/13-engagement-ideas-while-practicing-social-distancing/?utm_source=Main+List+%28PAC+and+Pines+Combined%29&utm_campaign=88c5c62729-EMAIL_CAMPAIGN_2019_12_11_09_46_COPY_01&utm_medium=email&utm_term=0_e0c0b5e3df-88c5c62729-712371653&mc_cid=88c5c62729&mc_eid=2a6f6df1e1

Activity Ideas for Dementia Residents

<https://www.nccdp.org/resources/AlzheimersDementiaActivityIdeas.pdf>

Dementia Caregiving & Coronavirus: 9 Activities

<https://www.alzsd.org/dementia-caregiving-coronavirus-how-to-plan-at-home-activities-while-socially-isolating/>

General Information

National Alliance on Mental Illness (NAMI): COVID-19 Information & Resources

<https://www.nami.org/getattachment/Press-Media/Press-Releases/2020/COVID-19-and-Mental-Illness-NAMI-Releases-Importan/COVID-19-Updated-Guide-1.pdf?lang=en-US>

Tips For Dealing with Social Isolation Anxiety:

- 1) Try to call your loved one more often and provide reassurance
- 2) Discuss and plan activities during the day, such as working on puzzles, looking at picture books, coloring, listening to their favorite music (from TV, youtube or CD)
- 3) Encourage to do some chair and balance exercises
PBS 'Sit and Be Fit' - <https://www.youtube.com/watch?v=n8s-8KtfgFM>
OR. go to - <https://healthy.kaiserpermanente.org/health-wellness/health-encyclopedia/he.av2500#av2501>
- 4) Avoid watching TV/news too much
- 5) Here are links for other activities at home or at facility you may find useful:

13 Engagement Ideas While Practicing Social Distancing

https://teepasnow.com/blog/13-engagement-ideas-while-practicing-social-distancing/?utm_source=Main+List+%28PAC+and+Pines+Combined%29&utm_campaign=88c5c62729-EMAIL_CAMPAIGN_2019_12_11_09_46_COPY_01&utm_medium=email&utm_term=0_e0c0b5e3df-88c5c62729-712371653&mc_cid=88c5c62729&mc_eid=2a6f6df1e1

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Dementia Caregiving & Coronavirus: 9 Activities

<https://www.alzsd.org/dementia-caregiving-coronavirus-how-to-plan-at-home-activities-while-socially-isolating/>

Please call the Memory Center in 2 months to schedule a follow up phone call with **Mary Cochran Abraham: (925) 313-4577**. We know it can be overwhelming caring for a loved one with dementia. This call will provide a chance for you to check in with us so that we can assist you with any issues related to Ho Cao's dementia.

If you have moved out of the area, transitioned to hospice, or have made a permanent move into a nursing home, we would appreciate it if a family member could contact us to prevent further outreach.

Regarding Department of Motor Vehicle (DMV) reporting;

California state law requires me to send a form to the Department of Public Health if there is a concern regarding safety while driving. They notify the Department of Motor Vehicles. I have no choice in this matter.

From the DMV: 'Driving is an activity that uses a number of cognitive skills in a complex manner. These cognitive skills include memory, visual processing, attention, and the ability to analyze driving-related situations to make appropriate decisions. Medical conditions and medications common to seniors have an impact on cognitive abilities.'

Your muscle strength, endurance, flexibility, and muscle reaction to stimuli are all necessary for operating your vehicle and for turning your head to view traffic. Age-related physical changes and musculoskeletal diseases (such as arthritis) may affect your ability to drive safely and comfortably.'

Please be advised that I, as your Memory Center provider, do NOT have the authority to grant you driving privileges, nor to speed up the review process; only the DMV has that authority.

After a report has been filled with the Department of Public Health, they notify the DMV who will send paperwork to you to fill out. The DMV may suspend your license until they have further information about your condition.

What to do with the paperwork sent by the DMV to you:

--You should complete your portion including your medical record number, sign in the appropriate places on the first page, and do one of the following:

--**email** to DSAROMI@kp.org (recommended)

---send in the **mail to:**

Diablo Kaiser Release of Information Office
320 Lennon Ln
Walnut Creek CA 94598

Ph 925-817-5661 Hours of Operation Monday through Friday: 8:30am – 5:00 pm.

--Please request that the DMV form be sent to the Memory Center in Martinez to be completed.

--I will complete the medical part and the Release of Information Office will return to you by email.

YOU ARE RESPONSIBLE FOR RETURNING THE PAPERWORK TO DMV.

--You will be called by the DMV to schedule testing or to inform you of any decisions they have made about your driving.

All questions regarding driver's license status, reinstatement of driving privileges, hearings, appeals, etc. should be directed to:

Department of Motor Vehicles
Licensing Operations Division
Driver Safety Branch
7677 Oakport St. Suite #220
Oakland, CA 94621
Phone (510) 563-8900

Your MEMORY CENTER TEAM--

KAISER PERMANENTE MEMORY CENTER
925-313-4577 (Martinez)

Social Workers: **Tina Adams: (925) 494-8172**

Please note that e-mail is for non urgent communication only as my in box is not monitored during after hours or in my absence. For urgent questions or medication

refills please contact the member service hotline.

Warm regards,
Shruti Datta MD, FACP
Memory Care Specialist.

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Hanh