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CARING FOR SOMEONE WITH MID TO LATE STAGE ALZHEIMER'S DISEASE

 Alzheimer's disease - progressive mental deterioration that can occur in middle or old age, due to generalized degeneration of the brain.

• It is the most common cause of premature

senility.











DEMENTIA

Apat Dementia isn't a specific disease...

Dementia generally involves:

memory loss.

Memory loss has different causes. So memory loss alone doesn't mean you have dementia.

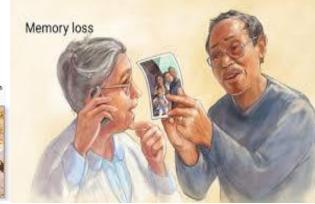
• **Alzheimer's disease** is the most common cause of a progressive dementia in older adults, but there are a number of causes of dementia.

Basically, dementia is a collective term used to describe the problems that people with various underlying brain disorders or damage can have with their memory, language and thinking.

In mid to late stage **Alzheimer's** the person has difficulty expressing:

- his or her needs in words
- less able to reason
- loses awareness of what is socially acceptable.





Alzheimer's Disease









*ADAM

- Caregivers must accept and adapt to unpredictability.
- A sense of humor benefits both caregiver and the person with Alzheimer's.
- Caregivers need respite care, the support of other caregivers and spiritual nourishment.

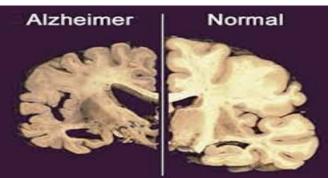
 Important components of caregiver health include regular exercise, a good diet and adequate rest.





- Alzheimer's doesn't affect every person in the same way.
- As the disease spreads, it impacts different parts of the brain.

 Similar situations and behaviors are managed in different ways from person to person.







People do not die of Alzheimer 's itself, but usually of another condition some 8 to 10 years after Alzheimer's symptoms begin.

Common causes of death include:

- stroke
- heart attack
- complications after a fall
- pneumonia and failure to eat.



Things the person enjoyed in the past may still make a positive, pleasurable activity even though the person's ability to participate in the activity



may be changed significantly.



My family member has
Alzheimer's disease.
He might say or do
things that are unexpected.
Thank you for your
understanding.



CAREGIVER'S DUTIES

- A caregiver duty is to plan activities for the person with Alzheimer's who is no longer able to initiate them.
- The purpose of an activity is to make the person feel good.
- One-on-one activities are usually better than group activities.
- Caregivers may have difficulty in telling whether the person enjoyed any given activity because positive responses are lacking.
- One way to tell is the absence of agitation or efforts to leave.





• Daytime naps should be short enough not to interfere with the person's ability to sleep at night.

 Confusion as to time of day can be lessened by establishing a location for napping that is not the bed or bedroom.



- As the dementia advances, commotion or excitement become increasingly difficult for the person.
- Shorter visits that focus on the person for 15 to 30 minutes may work better than longer visits.
- To include the person with Alzheimer's in a large gathering, appoint someone to escort the person to a calm part of the event, serve as companion for the visit and then escort the person home when he or she requests.





Unpleasant activities of the day should be balanced with those less stressful and more enjoyable.

A tool to balance activities is the **Three S's**:

- Stressors activities that cause anxiety, agitation or anger
- Soothers activities known to be relaxing for the person
- **Signs of trouble brewing** include raised voice, scowl or other indications of agitation. When these signs are preset, a soother is used to help calm the person.

Core principle:

- Stop when the person says "**no**" in either word or behavior, rather than trying to impose your way.
- Behaviors of the person with Alzheimer's disease express a need or desire that can no longer be voiced.
- Behaviors don't come out of nowhere.
- Something triggers them, such as a memory, the surroundings or your behavior or attitude.
- Caregivers must examine the surroundings and themselves for clues about what triggered the problematic response rather than trying to change the person with Alzheimer's.

Regardless of the behavior, the person with Alzheimer's is doing the best he or she can.

Core principle:

- Respect the person's feelings by acknowledging the concern.
- Once you have acknowledged the concern, then you can use distraction or stalling.







Core principle:

• Follow the lead of the person with Alzheimer's.

• Through careful observation, caregivers can gather clues from the person's behavior and be guided by them rather than imposing rigid expectations on the person









 As the disease advances, repetitive questions become a crying out of just on word or sound.

Using knowledge of past habits, rituals and values, caregivers may discover something that is soothing in times of distress.





• No single technique is likely to be effective every time or with every caregiver.

• It is important to discuss ideas with others and generate a variety of ideas to try when distressing situations arise.









 Alzheimer's disease does not cause physical pain, but the person may have a medical condition that does cause pain.

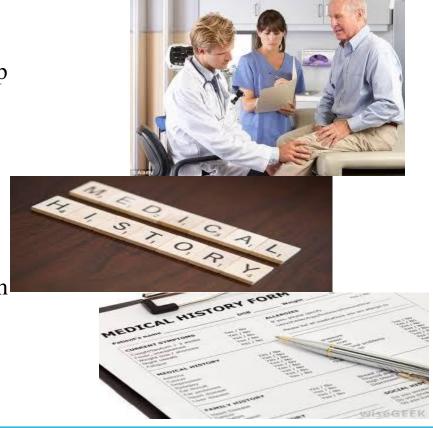
• Untreated pain can lead to other problems such as restlessness, appetite loss, resistance to care or striking out.



• Learn the person's medical history to help you identify painful areas.

• People with advanced dementia cannot always tell you where they hurt.

• If you think an area may be painful, touch that area and ask the person if it hurts.



- Tell the nurse or doctor when you think the person is in pain.
- The most effective treatment is aroundthe-clock medication on a routine basis.
- A mild pain reliever might be enough or something stronger might be needed.



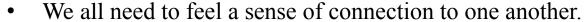
- Toileting problems and loss of bowel and bladder control are expected in mid to late stages of Alzheimer's disease.
- Signs to the bathroom and leaving the door open so that the toilet is seen can be helpful.
- Track and record any episodes of incontinence for several days to look for a pattern.
- This information can help you anticipate when the person is likely to need the bathroom.

• Taking the person to the bathroom 15 minutes before can help prevent

accidents.



- The human need for intimacy and sexuality results in a wide variety of behaviors as the disease progresses.
- Actions are more instinctual and awareness of socially acceptable behaviors is lost.
- Sexual behavior might be an expression of sexual drive or a need for connection with another human being.
- Inappropriate sexual behavior is not frequent with Alzheimer's patients.
- Meaningful touch is important for everyone.





- As a caregiver you can avoid triggering inappropriate touch or speech by maintaining professional behavior.
- Undressing in public or touching the genitals may appear to be sexual, but it could be caused by tight or wet clothing, skin irritation, the need to use the bathroom or bladder or prostate problems.





- Never shame, tease or scold sexually inappropriate behavior.
- Persons with dementia cannot be held to the same expectations as adults without dementia.
- Sexual preference does not change when someone has Alzheimer 's disease.
- People remain either heterosexual or homosexual.

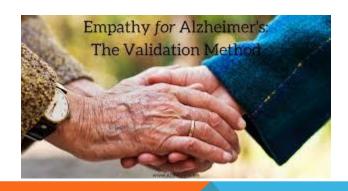






- It is important to reinforce the person's gender identity through activities that support a sense of self.
- Each individual must be treated with respect and in a way that helps to preserve self-esteem.









THE END