

ALZHEIMER'S DISEASE



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PURPOSE & KEY TERMS

- The purpose of this section is to help the learner understand Alzheimer's disease or other dementia and what needs to be considered when screening for a potential resident.
- Alzheimer's disease
- Catastrophic reaction
- Dementia
- Sundowner's syndrome

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OBJECTIVES

- The learner will be able to:
 - Describe what Alzheimer's disease is and how the disease progresses;
 - List key questions to ask when screening potential residents with a diagnosis of Alzheimer's disease or other dementia;
 - Describe the guidelines for dementia care;
 - List techniques used in the management of wandering, inappropriate and/or repetitive behavior;
 - Explore your own physical and emotional limits regarding the type of care required for residents with Alzheimer's disease or other dementia.

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INTRODUCTION

- Alzheimer's disease is a chronic, irreversible progressive illness.
- It produces changes in nerve cells of the brain, particularly in the cerebral cortex, which is responsible for intelligence, creativity, memory, learning, problem-solving, reasoning and judgment.

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INTRODUCTION CONTINUED

- Two changes in nerve cells characteristic of Alzheimer's disease are tangles and plaques:
 - Tangles are bundles of nerve fibers that form inside the nerve cell, interfering with the transfer of information through the cell; and
 - Plaque forms as nerve endings of cells deteriorate, preventing messages from traveling from one cell to another.

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PROGRESSION OF ALZHEIMER'S DISEASE

- **Early stages** - the person may be able to maintain appropriate behavior for short periods of time in familiar settings.
- **Disease progression** - the person may lose ability to judge between safe and unsafe conditions and may need help with ADLs.
- **Later stages** - the person must depend on others for total care:
 - Death results from complications such as malnutrition generally from three to 15 years.

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IMPACT ON INDIVIDUAL

- Poor self control:
 - May be rude and aggressive or may exhibit inappropriate sexual behavior.
- Changes in eating habits:
 - May forget they just ate and they may repeatedly ask to eat again; and
 - In later stages, instincts to chew and swallow may be lost.

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IMPACT ON INDIVIDUAL CONTINUED

- Loss of bowel and bladder control:
 - May forget the signals of a full bladder; and
 - Can forget how to find and use the toilet.
- Changes in perception:
 - Hallucinations may occur, normal vision and sounds experienced are not understood, causing fear and anxiety.
 - Some individuals become suspicious and accuse others of theft, unfaithfulness and conspiracy against them.

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TREATMENT AND MANAGEMENT

- To date there is no cure, but there are medications to help manage the disease.
- Medical management and daily care are directed toward treatable health and behavioral problems and prevention of complications.
- It is essential that care providers understand the disease process and convey a kind interest and calm openness.

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INDIVIDUALIZED CARE

- Individualized care requires the caregiver to gather information from the family, friends, previous caregivers, the doctor and any other source that would have personal knowledge of the resident's history:
 - Since the individual has lost memory, the caregiver will need to know this history in order to understand the individual's preferences and needs.

GUIDELINES FOR COMMUNICATION

- Communication with a person who has dementia becomes more difficult as the disease progresses:
 - Gradually the person loses the ability to understand or use spoken and written language.
 - The person's short attention span and losses in hearing and vision add to the challenge.
- Some suggested interventions:
 - Call the resident by name;
 - Establish eye contact;

GUIDELINES FOR COMMUNICATION CONTINUED

- Present one question or statement at a time;
- Speak slowly and clearly;
- Allow the resident time to think and respond;
- Use words the person uses;
- Use positive statements;
- Use gestures and visual aids;
- Use humor and praise;
- Use touch as appropriate; and
- Speak softly.

GENERAL CARE

- The goal for people living with Alzheimer's disease is to understand how they see their world and to create an environment where they can function best. Predictability and structure are important.
- The amount of care, supervision and help with tasks needed by a resident with Alzheimer's disease depends upon the extent of the disease.
- Suggested interventions:
 - Maintain consistent routines;

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GENERAL CARE CONTINUED

- Provide visible boundaries;
- Provide calm surroundings;
- Provide space for exploration and exercise;
- Use memory aids;
- Simplify tasks and activities – demonstrate;
- Make the environment safe;
- Limit choices;
- Provide opportunities to socialize;
- Allow private time to be alone or with family; and
- Support enjoyable activities.

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GROOMING AND DRESSING

- Good grooming and appropriate dress help maintain a resident's self-esteem. Suggested interventions:
 - Assist with grooming;
 - Compliment the resident's appearance;
 - Supervise dressing; and
 - Adapt clothing to make dressing easier.

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BATHING

- People who have dementia often find bath time frightening:
 - Reasons for acting out include bathroom noises, lights, mirror reflections (bathroom appears crowded with people), being undressed by someone, nakedness, running water hitting the skin, and fear of being washed down the drain.
- Remember the resident has the right to refuse care.

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BATHING CONTINUED

- Suggested interventions to reduce problems associated with bathing:
 - Offer choices which promote a feeling of control;
 - Never argue about whether a bath is needed;
 - Do not rush;
 - Use familiar caregivers; and
 - Ensure safety.

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MEALTIME AND DIET

- Persons with dementia may forget how to use utensils.
- They may refuse or spit out food.
- May lose the ability to make proper food choices or control eating behavior.
 - For example, they may put gravy on salad instead of potatoes.
- If the resident loses weight, consult a health care professional or dietitian.

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BOWEL AND BLADDER CONTROL

- Loss of bladder and bowel control is common in the later stages of Alzheimer’s disease.
 - Initially – it may occur occasionally or during sleep
 - Later – my not be able to remember the appropriate toileting for example may urinate in the closet or wastebasket.
- Residents who suddenly become incontinent should be evaluated by a health care professional.

BOWEL AND BLADDER CONTROL CONTINUED

- Many elderly people with dementia regain control if the cause for the incontinence is treatable. Treatable causes include:
 - Coffee intake
 - Medication effects
 - Dehydration
 - Pain
 - Reduced mobility
 - Vision changes
 - Bladder infection
 - Constipation

SUGGESTED INTERVENTIONS

- Post a picture of a toilet on the bathroom door
- Positive reinforcement
- Use toileting phrases
- Use cues
- Establish a regular bathroom routine
- Schedule bathroom breaks

SLEEP AND REST

- Alzheimer's disease damages our internal clock that keeps us aware of the passage of time:
 - Hours are like minutes, day and night are confused;
 - Wakefulness/confusion at night - a major challenge.
- Nighttime waking is a common problem:
 - Lack of exercise, daytime napping, pain and toileting.
- Vivid dreams and darkness make it difficult for persons with dementia to tell the difference between reality and fantasy.

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SUGGESTED INTERVENTIONS

- Encourage daytime activities
- Discourage the use of stimulants
- Provide soft music/warm milk at bedtime
- Toilet before going to bed
- Monitor television and social activities
- Use night lights
- Use tape that glows in the dark
- Reassure and reorient
- Keep a sleeping routine – discourage sleeping late
- Use of sleeping pills increases mental confusion

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BEHAVIORS

- Alzheimer's disease affects no two people exactly the same.
- Behaviors may be symptoms of unmet needs the resident cannot express
- Behaviors could be caused by brain damage. Some of the problematic behaviors are:
 - *Catastrophic reaction;*
 - *Wandering, sundowner's syndrome;*
 - *Repetitive behavior; and*
 - *Inappropriate sexual behavior.*

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CATASTROPHIC REACTION

- Catastrophic reaction refers to the way people with dementia respond to situations that overwhelm their capacity to think, perform and control emotions. Symptoms of catastrophic reaction:
 - Agitation
 - Anger
 - Anxiety, fear
 - Blushing
 - Pacing, hand wringing
 - Physical aggression
 - Stubbornness
 - Verbal aggression
 - Wandering
 - Weeping

CATASTROPHIC TRIGGERS

- Asked to think about too many things at once
- Complicated questions/decisions
- Feelings of insecurity/fear
- Misunderstanding people/events
- Delusions, hallucinations, illusions
- Sudden change in the environment/routine
- Small mishaps such as spilled milk
- Unpredictable surroundings/routine
- Unfamiliar people, places, noises
- Bad weather such as high winds, thunder or lightening
- Being contradicted or scolded especially in front of others
- Impatience/irritation, or frustration conveyed by others
- Being talked about as though not present

SUGGESTED INTERVENTIONS

- Assess the situation – look for a message and a pattern of behavior
- Reassure
- Redirect attention. Use the person’s short memory/attention span to your advantage
- Simplify daily activities
- Remedy mishaps without making an issue.
- Remove the resident from the stressful situations and stay calm.

Tactics that worked today may not work tomorrow. Catastrophic reactions are related to brain changes. You must allow the resident extra time. Creativity, flexibility, calmness and kindness are essential caregiving techniques.

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WANDERING

- Be prepared for wandering problems before accepting a resident with memory loss. Wandering behavior may require 24-hour supervision. Someone who never wandered before may eventually do so.
 - *You are responsible for determining if a potential resident has ever wandered prior to coming into your home or have any history of leaving a residence and getting lost.*

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WANDERING CONTINUED

- If the person has history of wandering, you are required to assess the arrangements in your home to determine if you can meet the resident's needs.
 - Your home must provide a secure environment that allows freedom of movement (e.g., fenced backyard) and an alarm system to alert you if the resident leaves your residence.

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WANDERING TRIGGERS

- You must have a plan in place to prevent wandering and a plan for what to do if the resident does become lost.
 - Some professionals believe it is more frequent in people who have always enjoyed the outdoors and walking for exercise.
 - Other causes may be stress from a confusing situation, restlessness, boredom, anxiety, need for exercise or a desire to do something. The afflicted person may say, "I have to catch the next bus or I'll be late for work."

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WANDERING INTERVENTIONS

- Discuss potential for wandering with the resident's family.
- Ensure a means of easily identifying the resident.
- If walking is a regular activity for the resident, note how far, where and how fast they walk.
- Schedule walks for the same time each day.
- Offer reassurance – do not restrain.
- Redirect – suggest an activity they enjoy.

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SUNDOWNER'S SYNDROME

- Sundowner's Syndrome refers to behaviors that predictably occur in the late afternoon or early evening.
 - The cause is unknown. It may be that as the lighting and activity in the home changes, confusion may increase; it could be that the stimulating effects of daily activities accumulate and by evening the person is less able to cope.
 - The resident may be restless, wander away or act out unless you take action to prevent the problem.

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SUGGESTED INTERVENTIONS

- Evaluate for stressors:
 - Glare
 - Noise
 - Unexplained activities
 - Odors
 - Pain
 - Hunger
 - Thirst
 - Discomfort from a full bladder
 - Poorly fitted clothing

SUGGESTED INTERVENTIONS CONTINUED

- Keep your home well-lit
- Schedule major activities early in the day
- Alternate activity with rest periods
- Daily activities need to be within the resident's ability to cope – no surprises.
- Maintain a routine schedule each day
 - Allow for individual preferences and needs
- Assess sleep pattern.

REPETITIVE BEHAVIOR

- Individuals with Alzheimer's disease forget what has just been said or done. They may ask the same question repeatedly or follow you everywhere you go (shadowing).

SUGGESTED INTERVENTIONS

- Divert attention
 - Give them something to do such as folding clothes, sorting mail, dusting or going for a walk.
 - Ask the family what they liked to do before they became ill.
 - Try to find something of interest.
- Use visual cues
 - Resident's picture on his or her bedroom door.
- Reassure
 - Try to address the person's fear or anxiety.

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INAPPROPRIATE SEXUAL BEHAVIOR

- In some cases, people with Alzheimer's disease may make verbal or physical sexual advances toward others, or remove clothing or masturbate in public areas.
 - They forget the social rules governing sexual behavior.
 - This behavior is a result of brain changes and does not indicate a loss of morality.
 - The behavior should not be taken personally.

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INAPPROPRIATE SEXUAL BEHAVIOR TRIGGERS

- Boredom
- Mental confusion
- Discomfort:
 - Itching or an infection.
- Loneliness:
 - Need for affection, touch, companionship.
- Need to use bathroom
- Response to non-sexual gestures:
 - Friendliness, teasing or comforting from another.

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SUGGESTED INTERVENTIONS

- Remain calm and unemotional.
- Handle each situation in an appropriate manner:
 - If a resident has undressed, give the person a cover-up. Act as though nothing unusual has happened.
- Consider clothing that is harder to remove.
- Consider what led to the behavior. If circumstances can be changed, do so.
- Report behavior in a professional manner:
 - If you discuss the behavior with family, convey only the facts; skip unnecessary details.

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DISCUSSION/QUESTIONS



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