



Content:

- A description of Alzheimer's Disease
- Symptoms of Alzheimer's Disease
- Changes in a person's day to day functioning with Alzheimer's Disease
- The Aide's role in working with a client with Alzheimer's disease
- Definition of Dementia

- ◆ Dementia is an illness that affects the brain and eventually causes a person to lose the ability to perform daily self-care. Alzheimer's disease is the most common type of dementia (Alzheimer's disease accounts for 60 to 80 percent of dementia cases) and is a devastating condition that results in the loss of memory and other cognitive abilities, and in the ability to care for oneself independently.
- ◆ Vascular dementia which occurs after a stroke is the second most common dementia type.
- ◆ Difficulty remembering names and recent events is often an early clinical symptom; lack of interest and depression are also often an early symptom of Alzheimer's disease.
- ◆ Later symptoms include problems with judgment, disorientation, confusion, behavior changes, and difficulty speaking, swallowing, and walking.
- ◆ There is no "typical" client with Alzheimer's disease. Symptoms and behaviors vary. As the disease progresses through various stages, the client loses more and more control over the ability to function mentally and physically.
- ◆ Treatment of dementia depends on its cause. In the case of most progressive dementias, including Alzheimer's disease, there is no cure and no treatment that slows or stops its progression. There are drug treatments that may temporarily improve symptoms.

Facts about Alzheimer's Disease:

- ◆ Millions of Americans now have Alzheimer's disease or another dementia. Dementia isn't a specific disease, instead, dementia describes a group of symptoms affecting intellectual and social abilities severely enough to interfere with daily functioning. **Many causes of dementia symptoms exist. Alzheimer's disease is the most common cause of a progressive dementia.**
- ◆ More women than men have dementia.
- ◆ There is not a known cause for Alzheimer's.
- ◆ Physical changes take place in the brain- plaques and tangles form in the brain
- ◆ Brain cells which send messages to each other - called "neurons" cannot relay the messages as well due to the plaques and tangles.

Risk Factors of Alzheimer's:

- ◆ Family history of Alzheimer's
- ◆ Over 65
- ◆ History of serious head injury

Doctors diagnose Alzheimer's and other types of dementia based on a careful medical history, a physical examination, laboratory tests, and the characteristic changes in thinking, day-to-day function and behavior associated with each type

Mixed Dementia- In mixed dementia abnormalities linked to more than one type of dementia occur simultaneously in the brain. Recent studies suggest that mixed dementia is more common than previously thought. Brain changes: Characterized by the hallmark abnormalities of more than one type of dementia —most commonly, Alzheimer's and vascular dementia, but also other types, such as dementia with Lewy bodies.

Four Quick Alzheimer's Facts

1. Due to memory problems associated with Alzheimer's, people with Alzheimer's will have problems with social skills (conversation, memory)
2. Alzheimer's disease damages the part of the brain that controls orientation, so people get lost
3. The *emotional* center of a person with Alzheimer's gets damaged
4. The part of the brain that regulates appetite also gets damaged

Alzheimer's signs and symptoms:

*Forget familiar things such as people's names, phone numbers, what month it is (as people age, it's normal to have occasional memory problems, such as forgetting the name of a person you've recently met). However, Alzheimer's is more than occasional memory loss. It's a disease that causes brain cells to malfunction and ultimately die. When this happens, an individual may forget the name of a longtime friend or what roads to take to return to a home they've lived in for decades)

*Lose interest in favorite activities
*Feel more suspicious
*Feel stressed when making decisions

With Alzheimer's one's sense of self is often lost- there must be a give and take in providing care to the client with Alzheimer's.

What are ways the In-Home Aide can provide care?

- ◆ Remember - providing care for a person with Alzheimer's disease isn't easy.
- ◆ Respect small choices- does the client have a favorite robe, shampoo, soap, etc.
- ◆ Keep it simple- one thing at a time rather than multiple items at one time- rapid fire sort of requests can be confusing and frustrating for a person with Alzheimer's. Repeat instructions as often as needed. Do not change topics suddenly.
- ◆ Find good reasons- maybe give a good reason for taking a bath such as getting clean for company to come, etc.
- ◆ Slow it down- engage the client in the task as this may reduce agitation, resistance and combative behavior.
- ◆ Don't overload tasks- if you feel like you need more time or you notice the tasks are overwhelming for the client on the plan of care, talk with your supervisor about your observations for possible changes that may be needed.
- ◆ Be aware of the client wandering - particularly in late afternoon and evening.
- ◆ Maintain a safe environment- lock doors to unsafe areas, keep doors to outside locked (per plan of care instructions).

IMPORTANT CUES

There are three important cues to use in working with clients with dementia:

- Visual- what you show them
- Verbal- what you tell them
- Touch- how you touch (physically assist) them

Start with good visual cues; add verbal cues (make sure verbal cues match up with visual cues); and then add touch.

If you start with touch it doesn't work well because the person doesn't understand what you are trying to get them to do.

More on the In-Home Aide's Role:

- **Let your supervisor know if the client appears to be having problems with keeping up with their finances**
- **Write reminders on the calendar for the client**
- **Ask your supervisor if the client would benefit from the use of a medicine planner**
- **Keep a list of important phone #s near the phone**
- **Ask your supervisor if putting pictures or labels on drawers or cabinets would help the client identify contents**
- **Encourage the client to have a set routine**
- **Have the client write down things they need to remember**
- **Encourage the client to use lists**
- **Suggest having a designated place for important objects such as the keys, glasses, remote etc.**
- **Ask your supervisor if the client's caregiver would benefit from joining a support group**
- **Maintaining a comfortable, simple, clutter-free environment can reduce behavioral symptoms.**

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Moderate or Mid Stage Alzheimer's

- ◆ Needs help with ADLs
- ◆ Needs reminders to eat
- ◆ Changes in sleep habits
- ◆ Restlessness or wandering
- ◆ Getting angry, suspicious, or easily upset
- ◆ Trouble recognizing family members
- ◆ Difficulty expressing self and understanding others

Approach and Communication Skills:

- Not arguing- requires the ability to communicate empathetically, and may include redirecting person with dementia toward a less distressing set of activities
- Strategies are adapted to meet the needs of patients with varying severity of impairment

Maintaining Good Nutrition:

***Dementia may lead to changes in eating or drinking(eating more or less) because those affected by it may not be able to prepare meals, remember to eat or drink, remember when they last ate, know or be able to say they are hungry or thirsty, or smell and taste in the same way they did before. Steps should be taken to enhance taste and encourage appropriate food intake. Provide extra time for eating.**

Encourage self-feeding; provide finger foods that the client can handle easily.

Offer foods that are high in protein and complex carbohydrates (fruits, whole grains, and vegetables) for between meal snacks, as indicated on the plan of care.

Give reminders on how to use utensils if needed - Remind the client to chew food slowly.

Serve foods and liquids that are not too hot or too cold to avoid burns.

Observe, Record & Report:

***Changes in confusion or wandering or mood**

***Changes in ability to perform ADL's and to communicate, changes in eating and drinking habits; weight loss or gain**

***Signs of infection**

***Refusal to take medication**

***Groaning or calling out**

***Making faces (grimaces)**

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For the person with Alzheimer's, activities structure the time. Activities also can enhance a person's sense of dignity and self-esteem by giving purpose and meaning to his or her life. Planning activities should focus on the:

Person - Keep the person's skills and abilities in mind. Be aware of physical problems. Pay special attention to what the person enjoys

Activity - Well-planned activities can improve the quality of life of those with dementia. Encourage involvement in daily life

Approach - Offer support and supervision. Be flexible and patient

Place - **Make activities safe.** Minimize distractions that can frighten or confuse the person

- ❖ **A planned day allows you to spend less time and energy trying to figure out what to do from moment to moment.**
- ❖ **Each person with dementia has a unique set of abilities and care needs that change over time as the disease gets worse.**

Think about this:

- ◆ All behaviors, including reactions to daily care are a form of communication. If you notice the client becoming upset with an activity that may need to be changed, notify the supervisor to evaluate the plan of care for any changes needed. Behavioral symptoms may be due to an underlying medical condition or pain.
- ◆ **If your client seems agitated, they may have pain that they cannot express, notify your supervisor if your client seems agitated.**

Communication techniques with a person with dementia:

- ✓ **Introduce yourself by name; use a comforting tone of voice**
- ✓ **Address the person by the name he or she prefers**
- ✓ **Approach the person from the front**
- ✓ **Speak to the person at eye level**
- ✓ **Speak slowly and calmly, and use short, simple words**
- ✓ **Allow enough time for the person to respond (counting to five between phrases is helpful)**
- ✓ **Focus on the person's feelings, not the facts; recognition of emotional cues when patients have difficulty expressing themselves verbally**
- ✓ **Increase the use of gestures and other non-verbal communication techniques**
- ✓ **Be patient, flexible and understanding**

Resources: Alzheimer's Association; AHHC Caring Connection April 2007; Caring Magazine June 2010; Teepa Snow MS, OT- One Day at a Time Training-September 2012; Mosby's Textbook for the Home Care Aide- 3rd edition; Mayo Clinic- Dementia. Dementia care practice recommendations for professionals working in a home setting, phase 4; The Aide's Role in Working with Clients with Dementia- AHHC of NC Teleconference June 11, 2015; NC-IOM task force on Alzheimer's disease and related dementia, health professionals training, Loretta Matters, MSN, RN; Center of Geriatric Nursing Excellence Duke University School of Nursing- June 26, 2015; Alz.org; The Senior Gems featuring Teepa Snow 2011.

