

# Alzheimer's/Dementia Care

Dementia is characterized by the loss of or decline in memory and other cognitive abilities. It is caused by various diseases and conditions that result in damaged brain cells.



Alzheimer's is a disease.

Dementia is a symptom.

# Alzheimer's the most common type of dementia

**Alzheimer's is the most common form of dementia**, a general term for memory loss and other intellectual abilities serious enough to interfere with daily life. Alzheimer's disease accounts for 50 to 70 percent of dementia cases.

**Alzheimer's is not a normal part of aging**, although the greatest known risk factor is increasing age, and the majority of people with Alzheimer's are 65 and older. But Alzheimer's is not just a disease of old age. Up to 5 percent of people with the disease have early-onset Alzheimer's.

**Alzheimer's is not the only cause of memory loss.**

Many people have trouble with memory — this does NOT mean they have Alzheimer's. In fact, most do not. There are many different causes of memory loss.

Alzheimer's worsens over time. Alzheimer's is a progressive disease, where symptoms gradually worsen over a number of years. In its early stages, memory loss is mild, but with late-stage Alzheimer's, individuals lose the ability to carry on a conversation and respond to their environment. Alzheimer's is the sixth leading cause of death in the United States. Those with Alzheimer's live an average of eight years after their symptoms become noticeable to others, but survival can range from three to 20 years, depending on age and other health conditions.

Alzheimer's has no current cure, but treatments for symptoms are available and research continues. Although current Alzheimer treatments cannot stop Alzheimer's from progressing, they can temporarily slow the worsening of symptoms and improve quality of life for those with Alzheimer's and their caregivers.



*Creating "Extraordinary Care"  
By Changing Our Perspectives*

True PASSION is what will really make the difference  
between  
mediocre care and extraordinary care.

# Other Dementia Types

## **Vascular dementias, including multi-infarct dementia –**

Vascular dementia is the next most common type of dementia, and is caused by poor circulation of blood to the brain.

**Parkinson disease** – People with this disease typically have limb stiffness (which causes them to shuffle when they walk), speech problems, and tremor (shaking at rest). Dementia may develop late in the disease, but not everyone with Parkinson disease has dementia.

**Lewy Body Dementia**– This is caused by abnormal microscopic deposits of protein in nerve cells, called Lewy bodies, which destroy the cells over time. These deposits can cause symptoms typical of Parkinson disease, such as tremor and muscle rigidity, as well as dementia similar to that of Alzheimer disease. The drugs used to treat Alzheimer disease also benefit some people with Lewy body disease.



**Alcohol-related dementia** – Brain damage can be caused by drinking too much alcohol. It is important that people with this type of dementia give up drinking alcohol completely to stop the disease progressing.

**Pick disease (frontotemporal dementia)** – Pick disease is another rare disorder that damages cells in the front part of the brain. Behavior and personality changes usually precede memory loss and language problems.



# Approaches that work...

Smile and approach slowly and calmly.

Speak slowly and in a calm and reassuring voice.

Introduce yourself and say what you are there to do.

Listen, really listen, to the person.

Have a minimum number of people interacting with the person at any one time.





Give immediate response to the person's identified needs.

Use touch as reassurance only if you know that the person responds positively to it.

Avoid disapproving or angry facial expressions and reactions.

Stay calm, take a deep breath, and be gentle in your manner.

Respect the person's space.

Be aware of the person's verbal and non-verbal behavior.

Always approach from the front and speak his/her name.

Decrease stimulation, noise and activity.

Give the person time to work through anger or anxiety and gently redirect.

If a person becomes resistant, back off and re-approach in a moment.

Remove the person from a stressful activity.

Acknowledge the person's feelings and allow time to cool off.

Break a task down into small steps to avoid asking a resident to do too much at once.

# The power of therapeutic touch in Alzheimer's Care

From the moment of diagnosis to the end of life, men and women with Alzheimer's disease or related dementia as well as their caregivers are faced with pressures and strains that rarely let up.

Touch with compassion is one source of care giving that might ease the burden and enhance life.

With the current emphasis on reducing the use of chemical and physical restraints in caring for the frail and elderly, early research is demonstrating success in therapies such as touch, music and pet.



As the disease progresses, it greatly limits the activities the person is able to engage in. Focused, non-intrusive touch can engage the attention of such a person and draw him or her back into present time and space temporarily.

Touch is a basic human need. Persons with Alzheimer's disease are among the most touched deprived population. When touch is offered in a compassionate, skillful, caring way it can be effective in eliciting a response, even in the final stage of the disease.



# Combativeness

Environmental causes of combative behavior can be varied. These can trigger combative behavior:

- ⌘ Very bright or dim lights
- ⌘ Blaring radio or TV
- ⌘ Cluttered rooms
- ⌘ Roommate or routine changes
- ⌘ Constant traffic of people
- ⌘ Disregard for resident preference

Acts that can contribute:

- ⌘ Being authoritarian
- ⌘ Making gestures that startle or frighten
- ⌘ Rough or hurried handling during care-giving
- ⌘ Being impatient
- ⌘ Being loud
- ⌘ Demeaning conversation



# Recognize “behaviors” as unmet needs.

- ∞ In dealing with disruptive or combative behavior, one must determine what the individual is trying to communicate through their behavior. If a resident resists care, assess and try to understand the cause.
- ∞ Refusing to be bathed, for instance, may mean an individual’s sense of modesty is being offended.
- ∞ Refusing dinner or medication may mean a resident has fears of being poisoned.
- ∞ Or, refusing to cooperate may be a way of exerting power and control, to avoid feeling helpless.
- ∞ **Attend to safety** of the combative resident, other residents, staff, visitors, and the environment. Provide support and communicate with the team. Never force a resident to participate in any care or activity.